

Compendium

# Life Opportunities Survey: Wave Three, Final Report, October 2012 to September 2014

Statistics on the life opportunities people in Great Britain have and how these vary by social and demographic characteristics.

Contact:  
Gemma Thomas  
los@ons.gsi.gov.uk

Release date:  
10 September 2015

Next release:  
To be announced

## Chapters in this compendium

1. [An executive summary](#)
2. [Chapter 1 - Introduction](#)
3. [Chapter 2 - Impairment transitions](#)
4. [Chapter 3 - Work status](#)
5. [Chapter 4 - Participation restrictions](#)
6. [Chapter 5 - Social contact](#)
7. [Chapter 6 - Conclusions](#)

# An executive summary

Contact:  
Gemma Thomas  
los@ons.gsi.gov.uk

Release date:  
10 September 2015

Next release:  
To be announced

## Table of contents

1. [Life Opportunities Survey – Executive summary](#)
2. [What does the report examine?](#)
3. [Impairment transitions](#)
4. [Work status](#)
5. [Participation restrictions](#)
6. [Social contact](#)
7. [Conclusion](#)
8. [Background notes](#)

# 1 . Life Opportunities Survey – Executive summary

The Life Opportunities Survey (LOS) is a large-scale longitudinal survey of disability in Great Britain. It is the first major social survey in Great Britain to explore disability in terms of the social barriers to participation that people experience. The LOS compares the experiences of people with and without impairments across a range of areas, including education and training, employment, transport, leisure, social and cultural activities, and social contact.

The survey is wholly funded by the Department for Work and Pensions (DWP) and is carried out by the Office for National Statistics (ONS).

The LOS is a longitudinal survey in that it follows respondents over time and collects information on changes in the respondents' situations and experiences. Respondents were interviewed 3 times between June 2009 and September 2014:

- for the first time at Wave One (June 2009 to March 2011)
- for the second time at Wave Two (June 2010 to March 2012)
- for the third time at Wave Three (October 2012 to September 2014)

Each wave of the survey spanned 2 years. Respondents were followed up approximately 1 year after their initial interview, and then interviewed again around 2 and a half years later. This report focuses on answers given at Wave One and Wave Three.

The LOS follows the [social model of disability](#) and does not equate having an impairment with being disabled. People may have impairment(s) without being limited in their activities and therefore they may not consider themselves as disabled.

In this report, an adult is defined as having an impairment if they indicated that:

- they experience moderate, severe or complete difficulty within at least one area of physical or mental functioning
- certain activities are limited in any way as a result - "activities" refer to different areas of physical or mental functioning, such as walking, climbing stairs or reading a newspaper

For further background information on the survey, its development and definitions, please see [Chapter 1: Introduction](#).

## 2 . What does the report examine?

This report is based on data collected at Wave One and Wave Three of the Life Opportunities Survey (LOS). Adults were interviewed at Wave Three approximately 3 and a half years after their first interview. Building on [earlier reports](#), it updates previous analysis to consider responses at Wave Three. It first looks at how individuals experienced impairment at Wave One and Wave Three and any changes that took place between waves. The report then considers how individuals' work status changed between Wave One and Wave Three, before looking at characteristics by economic activity status at Wave Three.

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

The report looks at these topics for four groups of adults:

1. adults with impairment at both waves: adults who had at least 1 impairment at Wave One and at Wave Three
2. offset adults: adults who had at least 1 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 1 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

### 3 . Impairment transitions

[Chapter 2](#) examines changes in impairment status and impairment types that occurred between Wave One and Wave Three (approximately 3 and a half years).

#### Main Findings

##### Adults with impairment at both waves:

- For all adults with impairment at both waves, the number of impairments reported was relatively stable between Wave One and Wave Three
- Adults with impairment at both waves were more likely to have multiple impairments than a single impairment
- Adults aged 65 and over were more likely to report 3 or more impairments than those aged 16 to 64
- For adults with impairment at both waves there appears to be an association between age and reporting the following impairment types: mobility, dexterity, sight and hearing

##### Offset and onset-acquired adults:

- Just over a third (35%) of adults who reported impairment at Wave One did not report impairment at Wave Three (offset rate)
- Offset rates varied by age and impairment type with working age individuals almost twice as likely to have offset from impairment as adults aged 65 and over
- Around 1 in 6 people (18%) who did not report any impairment at Wave One reported at least 1 impairment at Wave Three (onset-acquired rate)
- Adults aged 65 and over were twice as likely to onset as adults aged 16 to 64
- Long-term pain had a high offset and onset rate, suggesting that adults' experience of long-term pain can fluctuate

#### **Severity of impairment:**

- Reported severity of impairment was different for those with impairment at both waves and those who acquired impairment (onset) at Wave Three
- For those with impairment at both waves, impairment severity was similar across the 4 main impairment types: long-term pain, chronic health condition, mobility and dexterity - with approximately two-thirds reporting "moderate difficulty" for each impairment
- A lower percentage of adults who were onset-acquired reported "severe" difficulty and frequency as "always" than adults with impairment at both waves. This was true for the 4 main impairment types

## **4 . Work status**

[Chapter 3](#) looks at changes in work status between Wave One and Wave Three by the 4 analysis groups. It then considers a range of characteristics for these 4 groups, such as education level by economic status at Wave Three. Finally, it looks at caring responsibilities by economic status at Wave Three.

#### **Main Findings**

- Working age adults without impairment at both waves were twice as likely to be employed at both Wave One and Wave Three than working age adults with impairment at both waves – 69% (this figure has been corrected from 66%) compared to 33%
- Working age 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. This was true for both employed and inactive adults
- Working age adults with impairment at both waves were more likely to work in semi-routine and routine occupations than those without impairment at both waves and were less likely to work in higher, managerial and administrative and professional occupations
- For employed adults, those with impairment at both waves were more likely to have caring responsibilities than those without impairment at both waves
- The majority of adults with caring responsibilities spent between 0 and 19 hours a week caring, regardless of impairment status

## 5 . Participation restrictions

An adult is considered to be restricted in participating in a life area if he or she experiences at least 1 barrier in that area. The type of barriers reported may differ depending on the life area and are not necessarily related to impairment. For example, "too expensive" may be a barrier to participating in certain leisure activities. [Chapter 4](#) looks at participation restrictions for the 4 groups of adults aged 16 and over, with a particular focus on the life area of leisure.

### Main Findings

- Adults with impairment at both waves and onset-acquired adults were more likely to report participation restrictions at both Wave One and Wave Three in nearly all life areas covered by the survey
- The majority of adults faced a participation restriction to leisure, more so than any other life area. This was regardless of impairment status
- Adults with impairment at both waves and onset-acquired adults reported that a health condition, illness or impairment was a barrier to participation in the life areas of leisure and social contact
- The majority of adults felt they had choice over how they spend their free time, regardless of impairment status
- Adults with impairment at both waves were more likely to report having little or no choice over how they spend their free time than other groups
- Having a health condition, illness or impairment was the top barrier to playing sport for adults with impairment at both waves
- Having a health condition, illness or impairment was also a barrier to playing sport for adults without impairments at both waves

## 6 . Social contact

[Chapter 5](#) explores how adults experienced participation restriction to social contact, and the barriers they faced. The chapter then looks at whether adults experience difficulties getting in or out of the home, as this may affect the level of social contact an individual has. Comparisons by age are made across the 4 analysis groups.

### Main Findings

- Having an impairment appears to be associated with lower levels of social contact
- Around a fifth of adults, regardless of impairment status, felt they had less contact in the last week with those they felt close to than they would like
- Adults aged 16 to 64 were more likely than those aged 65 and over to say they had seen people they felt close to less than they would like in the last week. This was true regardless of impairment status
- There appears to be an association between having an impairment and adults reporting seeing people they felt close to less than they would like in the last week. This association appears to be stronger for adults aged 65 and over than for adults aged 16 to 64
- Lack of time is a common barrier to social contact for all adults, but for adults with impairment at both waves "other people too busy" was a more common barrier than not having enough time themselves
- Around 1 in 10 adults with impairments at both waves reported difficulty getting in or out of the home

## 7 . Conclusion

This report has reinforced findings from [a previous LOS report](#), that adults' experience of impairment changes over time. While some adults experience impairment at both waves, a substantial minority of adults offset from impairment or onset to impairment. Impairment types can change over time, with some impairment types appearing particularly dynamic. For example, this report found that long-term pain as an impairment type had high onset and offset rates, suggesting that adults' experience of long-term pain can fluctuate. This dynamic nature of impairments means that personal perception is likely to play an important role in how impairments are experienced.

Age appears to be an important factor in how adults experience impairment. Adults aged 65 and over were more likely to onset to impairment and less likely to offset than adults aged 16 to 64. Those aged 65 and over with impairment at both waves were also more likely to report a higher number of impairments. This report also found evidence of an association between age and reporting certain impairment types: mobility, dexterity, sight and hearing.

As found in [an earlier LOS report](#), the majority of adults faced a participation restriction to at least 1 life area. Leisure was the life area where restriction was most commonly reported. This report showed evidence of an association between impairment and restriction to participation. Adults with impairment at both waves experienced restriction to participation to a greater extent than other groups. They were also more likely to report a health condition, illness or impairment as a barrier to participation.

It is important to bear in mind that the population covered by the LOS form a very diverse group with respect to the impairments and the severity of these impairments they report. The relationships between impairment and participation restrictions and impairment and general outcomes are also complex. For example, this report has found age may influence an adult's experience of impairment. Findings from the LOS should further be considered in the context of other research on disability to inform policy development.

## 8. Background notes

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

# Chapter 1 - Introduction

Contact:  
Gemma Thomas  
los@ons.gsi.gov.uk

Release date:  
10 September 2015

Next release:  
To be announced

## Table of contents

1. [Foreword](#)
2. [Background of the Life Opportunities Survey](#)
3. [Social model of disability](#)
4. [Brief outline of the LOS methodology](#)
5. [Wave Three Analyses](#)
6. [Interpreting survey results](#)
7. [Strengths and weaknesses](#)
8. [Availability of detailed and unpublished data](#)
9. [Background notes](#)



# 1 . Foreword

This report presents results based on the longitudinal findings from Wave One and Wave Three of the Life Opportunities Survey (LOS). Analysis focuses on Wave One and Wave Three to make full use of the longitudinal design of LOS. Considering impairment status at Wave One and Wave Three only also simplifies the classification of adults for analysis.

## 2 . Background of the Life Opportunities Survey

The Life Opportunities Survey (LOS) is a large-scale longitudinal survey<sup>1</sup> of disability in Great Britain. It is the first major national social survey which explores disability in terms of the barriers to participation that people experience. Prior to the development of the LOS, the last major survey on disability conducted in Great Britain had been the Family Resources Survey disability follow-up in 1996 to 1997. Before this, it was the Office of Population Censuses and Surveys (OPCS) national surveys of disability, carried out during 1985 to 1988. In 2005, the [Department for Work and Pensions](#) (DWP) carried out a feasibility study<sup>2</sup> which recommended a new survey dedicated to meet the evidence needs of policy for disabled people in Great Britain. Subsequently, the [Office for Disability Issues](#) (ODI) (part of the DWP) commissioned the Office for National Statistics (ONS) to develop the LOS.

The survey is wholly funded by the DWP and is carried out by ONS. The LOS was conducted over 3 waves with each wave of the survey spanning 2 years. Respondents in Wave Two were followed up approximately 1 year after their initial interview. Interviews with Wave Three respondents were carried out approximately 2 and a half years after Wave Two, and 3 and a half years after Wave One. Wave One of the LOS took place between June 2009 and March 2011; Wave Two began in June 2010 and finished in March 2012; Wave Three commenced in October 2012 and was completed in September 2014. This is the final wave of the survey.

### Notes for 1.1 Background of the Life Opportunities Survey

1. A survey where respondents are regularly re-interviewed after a set interval (for example, 1 year).
2. [Purdon et al. \(2005\)](#) Meeting DWP's long-term information needs on disability: A feasibility study.

## 3 . Social model of disability

According to the social model, disability is viewed as the disadvantage or restriction of activity and participation caused by aspects of society which take little or no account of the needs of people with impairment. Therefore, in line with the social model, the LOS assesses the level of participation of people with impairment and the barriers to participation they face.

Impairments relate to the loss of physiological and psychological functions of the body such as loss of sight, hearing, mobility or learning capacity, and should be distinguished from medical conditions or loss of bodily structure. For example, glaucoma is a medical condition whereas loss of vision is the impairment it causes. Activity limitations are restrictions an individual may have in executing physical or mental tasks or actions as a result of their impairment, for example, being unable to read newsprint at arm's length without glasses or other aids and adaptations.

The LOS collects self-reported data on impairment; this is dependent upon the respondent's perception of the limitations and severity of the impairment.

In this report, an adult is defined as having an impairment if they indicated that:

- they experience either moderate, severe or complete difficulty within at least 1 area of physical or mental functioning
- certain activities are limited in any way as a result. "Activities" refer to different areas of physical or mental functioning, such as walking, climbing stairs or reading a newspaper

The LOS collects information about all impairments that a respondent may have (it is possible for a respondent to report more than one impairment) and respondents are asked to self-classify their impairment according to a list of 14 impairment types:

- sight<sup>1</sup>
- hearing
- speaking
- mobility
- dexterity
- long-term pain
- chronic health condition<sup>2</sup>
- breathing
- learning
- intellectual impairment
- behavioural
- memory
- mental health condition
- "other"

At Waves One and Three of the survey, respondents were not asked to specify the underlying condition for each impairment type. However, respondents who reported a particular impairment were asked the level and frequency of the limitation caused by the impairment. Questions about long-term health conditions were also included.

This method of classifying impairment status is compatible with the International Classification of Functioning, Disability and Health (ICF) developed by the [World Health Organisation](#) (WHO).

The survey also collects information on:

- participation in different life areas
- the barriers that people face to participating in these life areas
- how levels of participation and barriers to participation change over time

Respondents are asked questions on a broad range of topics including employment, education and training, transport, leisure, social and cultural activities, the accessibility of buildings and use of public services. They are also asked questions about informal care, experiences of discrimination and crime and the financial situation of the household.

The LOS asks questions about people's experience of barriers in the following 8 life areas:

- education and training
- work
- economic life (the household's ability to make ends meet)
- transport
- leisure activities
- accessibility in the home
- accessibility outside the home
- social contact

An adult has a participation restriction if they experience at least 1 barrier to taking part in at least one of the 8 life areas.

Examples of barriers include: discrimination, the attitudes of other people, inaccessible buildings, public transport and information, lack of money, not having anyone to meet or speak to, as well as lack of support, equipment and adjustments.

Further information on the development of the survey, including details on the consultation with a reference group of disabled people and qualitative testing of the survey, can be found in the [Wave One Interim Report \(956.2 Kb Pdf\)](#).

## **Notes for 1.2 Social model of disability**

1. At Wave Three the question on limitation to activities due to impaired vision was amended to collect information for short and long sightedness as separate categories.
2. Wave Three included 2 additional categories to chronic health condition – Chronic Obstructive Pulmonary Disease (COPD) and Depression.

## **4 . Brief outline of the LOS methodology**

The following section of the report contains a brief summary of how respondents were followed up across the 3 waves and how they are classified into groups for the purpose of longitudinal analysis.

### 1.3.1 Follow-up of respondents from Wave One to Wave Two

A total of 37,500 households were sampled for the LOS Wave One survey, using a single stage (unclustered) design. In this first wave, all adults (with and without impairment) responding to the survey were interviewed. Classification of impairment status then took place after the interview. Each respondent's impairment status at Wave One was then used to assign them to 1 of 3 different groups which determined how they were followed up in Wave Two.

#### 1. Adults with at least 1 impairment

This group included all adults who reported at least 1 impairment at Wave One<sup>1</sup> (29%). These adults, as well as all adult members of their households, were interviewed in person at Wave Two.

#### 2. Control

Of the 71% of adults who did not report having an impairment at Wave One, a subset was selected to form a "control" group. The adults in this group were chosen to provide a comparison group that is similar to the adults with at least 1 impairment on several main characteristics associated with impairment: sex, age, region of residence, and the urban or rural classification of residence. The size of the control group was designed to be half that of the group of adults with at least 1 impairment, that is, for the Wave Two sample there were 2 adults with impairment for every 1 person in the control group. All of the adults in the control group, as well as all adult members of their households, were interviewed in person at Wave Two.

#### 3. Onset-screening

All of the remaining adults who did not have an impairment at Wave One and who were not selected for the control group, were assigned to the "onset screening group". These adults were not interviewed in person at Wave Two, unless they or an adult member of their household had acquired an impairment between Wave One and Wave Two. A brief telephone interview was conducted with the onset-screening group between Wave One and Wave Two in order to establish if anyone in their household had acquired an impairment.

For more information on the composition of the 3 follow-up groups, see the [Wave Two Interim Technical Report \(2.26 Mb Pdf\)](#).

### 1.3.2 Follow-up of respondents from Wave Two to Wave Three

All adults interviewed at Wave Two LOS were followed up with a face-to-face interview at Wave Three. This included adults who reported at least one impairment at Wave Two, as well as all adult members of their household and adults without an impairment at Wave Two and all adults in their household.

Adults in the onset screening group were also followed up at Wave Three. A brief telephone interview was conducted with the onset-screening group between Wave Two and Wave Three in order to establish if anyone in their household had acquired an impairment. These adults were not interviewed in person at Wave Three, unless they or an adult member of their household had acquired an impairment between Wave Two and Wave Three.

Diagram 1.1 shows a summary of time periods of waves and the LOS longitudinal design. The data collection periods overlap slightly for Wave One and Wave Two, although adults were interviewed for Wave Two approximately a year after their first interview. The time period between interviews at Wave Two and Wave Three varies between 28 months and 30 months. This variation in time lag is due to the move from quarterly to monthly data collection implemented at Wave Two. The time lag between Wave One and Wave Three is between 3 years and 4 months and 3 and a half years.

## Diagram 1.1: Timescale for LOS interviews

Time period	June 2009 – Mar 2010	June 2010 – Mar 2011	June 2011 – Mar 2012	Oct 2012 – Sept 2013	Oct 2013 – Sept 2014
Wave	Wave One Year One	Wave One Year Two			
		Wave Two Year One	Wave Two Year Two		
				Wave Three Year One	Wave Three Year Two
Fieldwork	Quarterly			Monthly	
Timelag	12 months between W1 and W2			Between 28 and 30 months between W2 and W3	

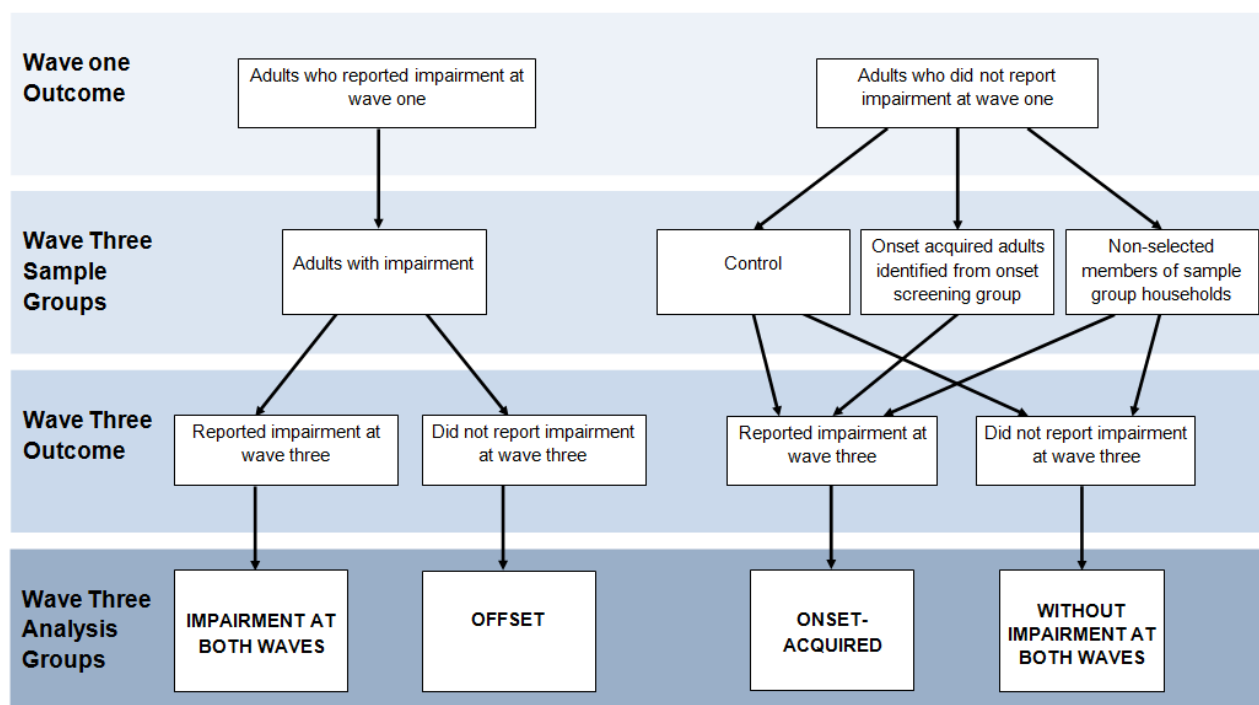
## Classification of individuals for Wave Three longitudinal analysis

Diagram 1.2 shows how adults have been classified for the Wave One to Wave Three longitudinal analysis. The classification takes into account impairment status at Wave One and Wave Three only. Diagram 1.2 also illustrates how adults who did not report any impairment at either Wave One or Wave Three flow through the survey. The more complex flow of adults through all 3 waves is illustrated in [Annex 2 \(79.3 Kb Pdf\)](#).

The following 4 groups are featured in the longitudinal analyses of this report:

1. adults who had at least 1 impairment at Wave One and at Wave Three are "adults with impairment at both waves"
2. adults who had at least 1 impairment at Wave One but no impairments at Wave Three are "offset adults"
3. adults who did not have any impairment at Wave One but had at least 1 impairment at Wave Three are "onset-acquired adults"
4. adults who did not have any impairment at Wave One or at Wave Three are "adults without impairment at both waves"

## Diagram 1.2: Classification of adults for LOS Wave Three longitudinal analysis



## Notes for 1.3 Brief outline of the LOS methodology

1. [Wave one results, 2009 to 2011](#)

## 5 . Wave Three Analyses

### Outline of chapters

This report explores impairment transitions over time, as well as adults' experiences at Wave Three of various life areas by impairment status.

Chapter 1 (this chapter) sets out the background for the LOS and outlines the LOS methodology. This chapter also discusses the importance of the main measures used in the analysis and highlights both the strengths and weaknesses of using LOS data.

[Chapter 2](#) will examine the scale of onset and offset transitions that have occurred between Wave One and Wave Three.

[Chapter 3](#) will describe differences across Wave One and Wave Three in work status transitions, with relation to impairment status transitions and other characteristics and circumstances such as age, economic status, occupation and caring responsibilities.

[Chapter 4](#) provides an overview of participation restriction across life areas followed by a focus on participation restriction to the life area of leisure. Chapter 4 also looks at barriers to participation, such as difficulties in accessing culture, sport and leisure activities, and the effect of impairment status on how adults choose to live their lives.

[Chapter 5](#) explores how the level of social contact experienced by adults varies according to impairment status. It also looks at barriers to social contact, such as difficulties in getting in or out of the home, by impairment status.

[Chapter 6](#) provides a summary of the findings of the report.

As noted above, there is a focus on 3 of the 8 LOS life areas: work, leisure activities and social contact. These topics were chosen to understand more about the experience of onset and offset transitions over time and to examine some of the barriers to participation and access in these life areas at Wave Three.

The data have been weighted to provide estimates for the general population. This is done to improve the estimates, adjusting for sample non-coverage and non-response. As LOS is a longitudinal survey, this adjustment has been done based on the population at Wave One. LOS is therefore not suitable for calculating cross-sectional estimates of impairment prevalence at Wave Two and Wave Three. Section 1.6 has more information on the specific strengths and weaknesses for LOS.

Further information on weighting of LOS Wave One to Wave Three data can be found in Section 1.5.

## **Longitudinal analysis groups**

Throughout the report comparisons are made between the 4 groups of adults as described in Section 1.2 - adults with impairment at both waves, offset adults, onset-acquired adults and adults without impairment at both waves. The 4 groups reflect the diversity of impairment status, in that impairment status may be stable, or may change over time. A person may have impairments at both waves or be without impairment at both waves. Alternatively, they may no longer have impairments or they may acquire an impairment at Wave Three.

## **Participation restriction and barriers**

An adult has a participation restriction in a life area if they experience at least 1 barrier in that area. For example, in community, leisure and civic life, respondents were asked if there were any activities that they would like to do more of but were not able to<sup>1</sup>. If they answered "yes", they were then asked to specify the barrier(s) experienced. Barriers in this life area included:

- too busy/not enough time
- too expensive
- no-one to go with
- fear of crime
- fear of crowds
- lack of availability
- lack of help or assistance
- a health condition, illness or impairment
- disability related reasons
- attitudes of other people
- difficulty with transport
- difficulty getting into buildings
- difficulty using facilities
- caring responsibilities
- feel that I am not welcome

For another life area, the barriers reported may be different. For example, "lack of job opportunities" is a barrier applicable to work, whereas "difficulty getting to stop or station" is a barrier applicable to the use of public transport such as local buses and long distance trains. Analysis of barriers is presented in charts showing the top barriers that were reported by each group at Wave Three.

The top barriers form the focus of our analysis given the small number of respondents selecting other barrier types. The top 4 barriers are considered in [Chapter 4](#) and the top 6 in [Chapter 5](#). Where direct comparisons between analysis groups or age groups are made within the text, these are statistically significant at the 95% confidence level unless otherwise stated. Where the text describes the most common barriers, or the ordering of barriers within an analysis group, no significance testing has been carried out.

## **Why is it important to study barriers to participation to understand disability?**

The results from the longitudinal analysis of the LOS will be used to further inform a new understanding of the dynamic nature of the disabled population and of the barriers faced by people with impairment. It is important to understand more about the dynamic nature of disability and the barriers people with impairments face. Such findings can be used to inform the development of policies relating to health and disability.

## **Notes for 1.4 Wave Three Analyses**

1. [Life Opportunities Survey Wave One Questionnaire \(678.4 Kb Pdf\)](#)

# **6 . Interpreting survey results**



## Units, presentation and accuracy

Detailed definitions of the terms and categories used in this report are provided in the [Glossary](#).

All estimates presented in the tables and charts have been analysed using longitudinal weights so that they have been adjusted for non-response, differential sampling probabilities of selection at Wave One, and loss to follow-up at Wave Two and Wave Three.

The weighting of the Wave One to Wave Three data was carried out in 2 steps:

Step 1: An adjustment to loss to follow-up was applied to the Wave One to Wave Two weights of all cases that were present in Wave One and responded in Wave Three. The same method was applied that was used in Wave Two, described in Annex 1 of the [Wave Two report](#). The adjusted weights were then calibrated to the Wave One population totals.

Step 2: The dataset used in step 1 was expanded to add the cases from the screening group that received a face-to-face interview in Wave Three (because they had "onset" to impairment). The same weight adjustment procedure was applied that was used in the Wave One to Wave Two dataset, described in Annex 1 of the [Wave Two report](#).

## Calculating percentages

Percentages reported throughout the document have been calculated using population estimates rounded to integers. When calculating percentages, the values of residual categories such as "no answer" or "don't know" have been excluded from the denominator.

## Sample attrition, household and individual response rates

The response rate for LOS Wave Three can be calculated at both household and individual level. The LOS Wave Three achieved a household level response rate of 66%. In this case responding households were those in which information was collected in person or by proxy for all adults. The survey achieved an individual response rate of 64%, among adults who were eligible for a face-to-face interview.

For longitudinal surveys, the sample is subject to attrition moving from 1 wave to the next. For the LOS, a subset of the original sample at Wave One were not contactable, did not respond, or refused further participation at Wave Two and Wave Three. More information on sample attrition and the household and individual response rates can be found in [Annex 3 \(106 Kb Pdf\)](#).

## Statistical significance

Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically significant at the 95% confidence level. Different tests were used when comparing differences between waves (non-independent) and differences between analysis groups or age groups (independent).

There are 3 notable exceptions to this:

## Chapter 2

For comparisons of offset and onset rates by impairment type (Tables 2.7 and 2.10), unless they involve comparing age groups, no significance testing has been carried out. This is because individuals can experience more than 1 impairment type, so any differences are not independent and would require a different form of significance testing.

Significance testing has not been carried out on Tables 2.1 to 2.4 and 2.11 to 2.14, comparing the severity and frequency of impairment types. This is because individuals can experience more than one impairment type, so any differences are not independent and would require a different form of significance testing.

## Chapter 4

The analysis of the types of barriers adults experienced are presented as a description comparing the top barriers. Where the text describes the most common barriers, or the ordering of barriers within an analysis group, no significance testing has been carried out. Where direct comparisons between analysis groups or age groups are made within the text, testing has been undertaken and differences are statistically significant at the 95% confidence level unless otherwise stated.

# 7 . Strengths and weaknesses

### Specific strengths of using the LOS:

- LOS is a longitudinal survey that has been designed to follow respondents over time to provide an insight and understanding into the transient nature of impairment. An important key component of the survey design is the ability to compare the experience of barriers to participation between people with impairment and those without impairment over time to assess the equality in access in different life areas. The formation, at Wave Two, of a control group from within the respondents who did not have any impairments at Wave One, allows experiences to be compared between the 2 groups. The analysis in this report compares Wave One with Wave Three.
- As the first longitudinal survey of its kind, the data collected provides a unique and rich source of data for use by analysts. It provides understanding about the transitions into and out of impairment, as well as different types and severity of impairment experienced by adults in Great Britain.
- Survey design. The LOS uses an unclustered sample designed to produce efficient estimates for the sample size and Great Britain. The unclustered sample allows greater precision to be achieved in LOS outputs because it helps to make the sample more representative of all groups in society <sup>1</sup>.
- The size of the Wave One sample was sufficient to accommodate for attrition over time. As a result, at Wave Three, the sample remains of a sufficient size to allow for comparisons and analysis to be conducted among subgroups of the sample.

### Specific weaknesses of using the LOS:

- Potential under- or over-reporting of impairment. The LOS collects self-reported impairment data which is dependent upon the respondent's perception of the limitations and severity of the impairment at the time of the interview. A self-reporting measure of this kind is prone to both over- and under-reporting as the perception of the existence and effect of impairment is dependent upon each respondent's own personal opinion on the day they are interviewed.
- One consequence of this is that the respondent's perception of the impairment may differ over time causing transitions to be recorded that may or may not be real. For example, the LOS definition of impairment is dependent upon the respondent reporting more than "mild" difficulty. If at Wave One they report "moderate" difficulty, they will be classed as having an impairment according to the LOS definition. However, if at Wave Two we assume that there has been no change in the impairment and the respondent reports "mild" difficulty, LOS will no longer class them as having an impairment. Using this example, the respondent will be treated as having offset from impairment at Wave Two. This approach has also been applied at Wave Three.
- Cross-sectional weights are not available on the LOS Wave Two and Wave Three datasets and therefore estimates of impairment prevalence cannot be calculated. Overall estimates of disability prevalence are available from the Family Resources Survey<sup>2</sup>.

The LOS is a sample survey and so is subject to weaknesses which also exist for other surveys, including:

- Non-sampling error. Estimates from all sample surveys, including those derived from the LOS data, will contain a degree of uncertainty due to non-sampling and sampling error. Non-sampling error generally arises from errors in the collection, measurement and processing of the data<sup>3</sup>. To minimise non-sampling error, the LOS questionnaire was administered using computer-assisted interviewing (CAI), which ensured that the questionnaire routing was followed correctly during the interview and inconsistencies and potential collection errors were able to be queried, and where appropriate, corrected during the interview<sup>1</sup>. Again, to minimise non-sampling error, as a result of errors arising from data collection, all of our ONS interviewers received both generic interviewer training and specific LOS training prior to working on the LOS. The LOS Wave One Technical Report provides further information about the data collection and processing of the data<sup>3</sup>.
- Sampling error. This relates to the fact that the sample chosen is only one of a large number of samples that could have been chosen. It follows then that any estimate derived from the sample is only one of a large number of estimates that could have been made. For users of survey data, the precision of the estimate is of interest, that is, how much the estimate would vary when different samples are drawn<sup>4</sup>. In general, the larger the sample size from which the estimate is derived, the more precise, or robust, is the estimate.
- Non-response and missing information. The information from a household which co-operates in the survey may be incomplete. This can be due to one of the following reasons: a partial refusal (for example, to income); because information was collected by proxy, therefore certain questions were omitted from the interview; or a particular item was missed because of a lack of understanding or an error.
- Survey coverage. The LOS Wave One sample was designed to cover private households in Great Britain. Therefore individuals in care or retirement homes, for example, will not be included. This means that figures relating to the severely disabled and the most elderly individuals may not be representative of the Great Britain population, as many will have moved into homes where they can receive more frequent help.
- The survey at Wave Two followed individuals and their households and remains a private household survey. This means that any respondents who moved into institutions (care or retirement homes, prison, etc) between Waves One and Two were not followed at Wave Two and were recorded as not eligible to participate in the survey. Similarly, respondents who moved into institutions between Waves Two and Three were not followed at Wave Three and were recorded as not eligible to participate in the survey.
- The LOS Wave Two set sample comprised only of households of individuals who had participated at Wave One and did not include any new households. This approach does not allow the sample to be refreshed to include any new population sub-groups that may have entered the country since the sample was drawn for Wave One. However, any adult or child who had entered a LOS household since the Wave One interview are included as new survey entrants at Wave Two. This approach has been applied at Wave Three.
- Survey bias. Although work has been undertaken to try to ensure that the figures that have been collected are valid and that adjustments are made for attrition, survey bias may still remain. This may be partly due to misreporting of certain data items and sampling error, but also may reflect non-response biases not controlled for in the weighting factors. As with Waves One and Two, efforts were continually made at Wave Three to minimise these issues, for example, through greater reliance on documentary evidence at the interview and maintaining response rates.

## Notes for 1.6 Strengths and weaknesses

1. [Wave One Technical Report](#)
2. [Family Resources Survey 2013 to 2014](#)
3. For more information on non-sampling errors please see Page 200 of the [Wave One Report](#)
4. The precision of the estimate can be gauged by its confidence interval – the range of values within which the population parameter is estimated to lie. The narrower the interval, the more precise is the estimate

## 8 . Availability of detailed and unpublished data

A summary of this report is available in alternative formats such as Large Print, Braille, Audio or Easy Read. [The Easy Read version \(1.35 Mb Pdf\)](#) is available via our website. Large Print and Braille copies are available from the ONS LOS team. The Audio version is available via the DWP website<sup>1</sup>. Contact the LOS team by email [LOS@ons.gsi.gov.uk](mailto:LOS@ons.gsi.gov.uk) or by telephoning +44 (0)1633 455703.

The LOS Wave Three datasets will be made publicly available in 2015, via the UK Data Service<sup>2</sup>.

### Notes for 1.7 Availability of detailed and unpublished data

1. [Life Opportunities Survey](#)
2. [UK Data Service](#)

## 9. Background notes

1. All tables contain figures based on sample estimates that have been weighted so that they apply to the overall population. This involves the use of a set of adjustment (or grossing) factors that attempt to correct for differential attrition between Wave One and Wave Three. The unweighted sample counts, shown in the tables as "sample size=100%", therefore can help users to judge the robustness of the information (the larger the sample size the more robust the relevant estimate). Note that the unweighted sample counts have been rounded to the nearest 10. All figures in this report have been rounded independently. Therefore, the sum of component items will not necessarily equal the totals shown.
2. Households who did not co-operate at both Wave One and Wave Three are omitted from all analyses. Those who omitted whole sections because they were partial refusals or interviewed by proxy are not included in the analyses of that section. The "no answers" arising from omission of particular items have been excluded from the base numbers shown in the tables and from the bases used when calculating percentages.
3. Missing answers are excluded from the tables and in some cases this is reflected in the sample bases, that is, these numbers vary between tables. For this reason, the weighted bases are excluded from tables as they are not recommended as a source for population estimates.
4. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

Compendium

## Chapter 2 - Impairment transitions

Contact:  
Gemma Thomas  
[los@ons.gsi.gov.uk](mailto:los@ons.gsi.gov.uk)

Release date:  
10 September 2015

Next release:  
To be announced

# Table of contents

1. [Main findings](#)
2. [Aims of the chapter](#)
3. [Number of impairments reported by adults at Wave One and at Wave Three](#)
4. [Impairment types reported at Wave Three by adults with an impairment at both waves](#)
5. [Severity of impairment reported by adults with impairment at both waves](#)
6. [Offset rates for adults who did not report any impairment at Wave Three](#)
7. [Offset rates of impairment types](#)
8. [Onset rates for adults who did not report any impairment at Wave One](#)
9. [Onset rates of impairment types](#)
10. [Impairment types reported by adults at Wave Three – onset-acquired impairment](#)
11. [Severity of impairment reported by adults at Wave Three - onset-acquired impairment](#)
12. [Background notes](#)

# 1 . Main findings

## Adults with impairment at both waves

- For all adults with an impairment at both waves, the number of impairments reported was relatively stable between Wave One and Wave Three
- Adults with impairment at both waves were more likely to have multiple impairments than a single impairment
- Adults aged 65 and over were more likely to report 3 or more impairments than those aged 16 to 64
- For adults with impairment at both waves there appears to be an association between age and reporting the following impairment types: mobility, dexterity, sight and hearing

## Offset and onset-acquired adults

- Just over a third (35%) of adults who reported impairment at Wave One did not report impairment at Wave Three (offset rate)
- Offset rates varied by age and impairment type, with working age individuals almost twice as likely to have offset from impairment as adults aged 65 and over
- Around 1 in 6 people (18%) who did not report any impairment at Wave One reported at least one impairment at Wave Three (onset-acquired rate)
- Adults aged 65 and over were twice as likely to onset as adults aged 16 to 64
- Long-term pain had a high offset and onset rate, suggesting that adults' experience of long-term pain can fluctuate

## Severity of impairment

- Reported severity of impairment was different for those with impairment at both waves and those who acquired impairment (onset) at Wave Three
- For those with impairment at both waves impairment severity was similar across the 4 main impairment types: long-term pain, chronic health condition, mobility and dexterity - with approximately two-thirds reporting "moderate difficulty" for each impairment
- A lower percentage of adults who were onset-acquired reported "severe" difficulty and frequency as "always" than adults with impairment at both waves. This was true for the 4 main impairment types

# 2 . Aims of the chapter

This chapter looks at changes in impairment status and impairment types that occurred between Wave One and Wave Three. To simplify the analysis, the focus is on impairment status at Wave One and at Wave Three only. Wave One interviewing took place between June 2009 and March 2010. Adults were interviewed again approximately 3 and half years later between October 2012 and September 2014. The analysis reflects the changing nature of impairment status through time and the different impairment types across the 2 waves.

Diagram 2.1 shows the four analysis groups described in [Chapter 1](#).

At Wave One and Wave Three, adults were classified as having impairment or not having impairment. Having impairment means that an adult reports at least 1 impairment. Adults were classified as having impairment at both waves if they had at least 1 impairment at Wave One and at Wave Three (group 1). However, impairment status can change or can remain stable over time. Some adults may report an impairment at Wave Three that was not reported at Wave One. This impairment may replace impairment at Wave One, or may be in addition to any impairments at Wave One.

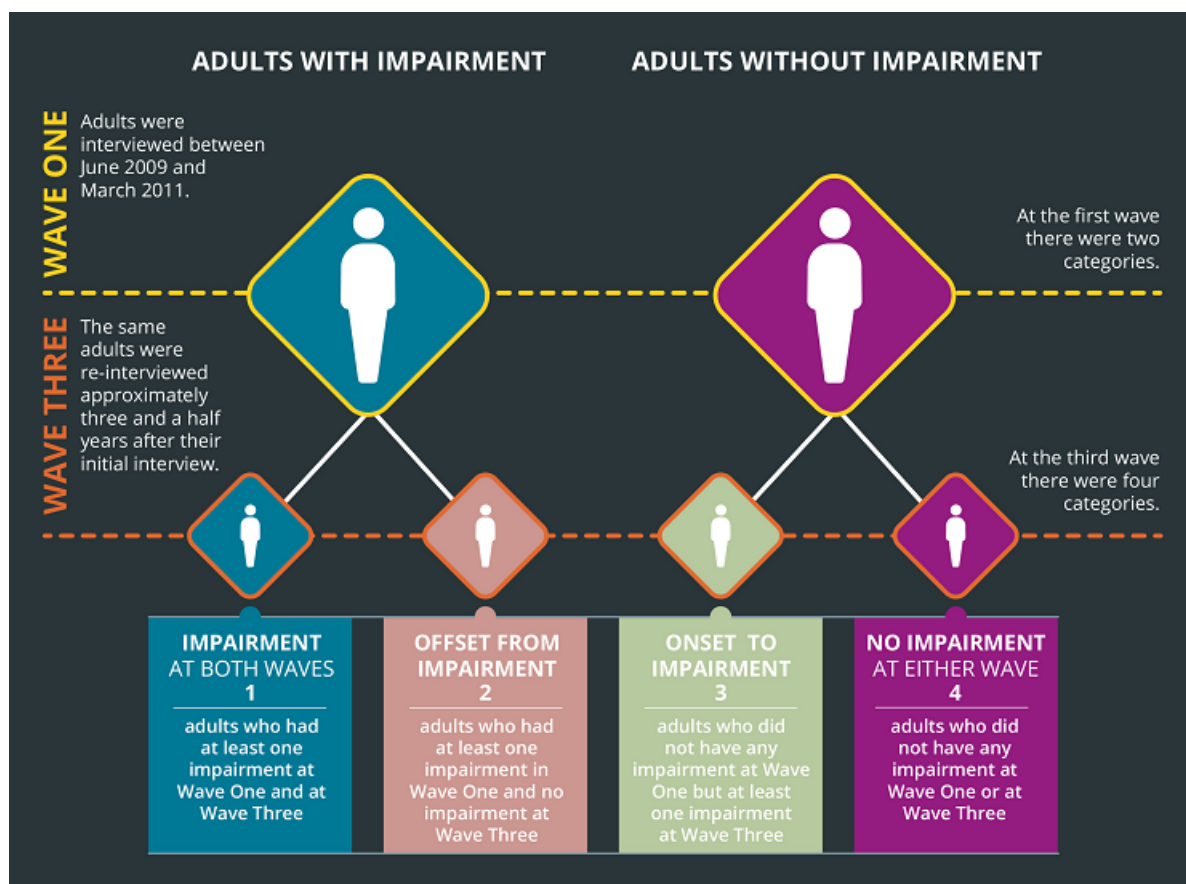
In the same way, impairment may be present at Wave One, but no longer reported in Wave Three. For example, suppose that someone reported mobility and dexterity impairments at Wave One. If at Wave Three this person no longer reported the dexterity impairment (but still reported the mobility impairment), then he or she would experience an offset of dexterity impairment but still be classified as having an impairment at both waves.

Where impairment status has changed from Wave One to Wave Three this is known as "offset" and "onset" of impairment. Offset from impairment means that adults have changed from reporting at least 1 impairment at Wave One to no longer reporting impairment at Wave Three (group 2). Where adults did not have impairment at Wave One, but reported at least one impairment at Wave Three, their impairment status is known as "onset-acquired" (group 3).

It is important to note that impairments are based on self-reporting and there are many reasons for onset and offset (for example, improvements in medication or carer assistance).

Finally, adults may not have reported an impairment at either Wave One or Wave Three (group 4).

**Diagram 2.1: Summary of analysis groups for Wave Three report**





### 3 . Number of impairments reported by adults at Wave One and at Wave Three

Adults may have more than one impairment. This section looks at adults who reported an impairment type at both Wave One and Wave Three and considers the number of impairments they had. While adults must have reported having an impairment at both Wave One and Wave Three to be included in the analysis, they may have reported a different impairment type.

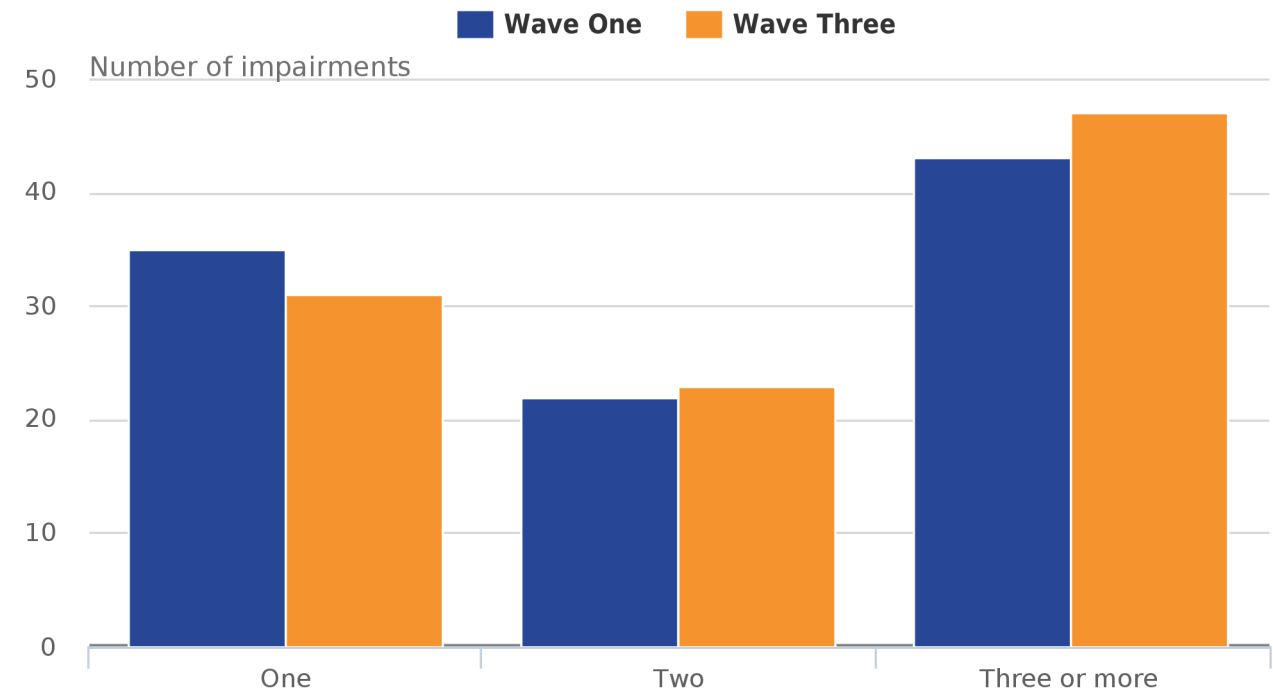
As can be seen in Figure 2.1, the number of impairments reported by adults was relatively stable between Wave One and Wave Three. There was a slight decrease in the percentage of adults reporting 1 impairment for all adults, although this change was not statistically significant. For those aged 16 to 64, this was largely accounted for by an increase in the percentage of adults reporting 2 impairments. For those aged 65 and over, the increase was seen in the percentage of adults with 3 or more impairments.

As found in an earlier [Life Opportunities Survey \(LOS\) report](#), adults who had an impairment were more likely to report having multiple impairments than a single impairment. Adults aged 65 and over were more likely than those aged 16 to 64 to report having 3 or more impairments, and less likely to report having only 1.

These findings suggest that there is an increase in the number of impairments experienced as people age.

**Figure 2.1: All adults with impairment at both waves: number of impairments reported at Wave One and Wave Three**

Great Britain



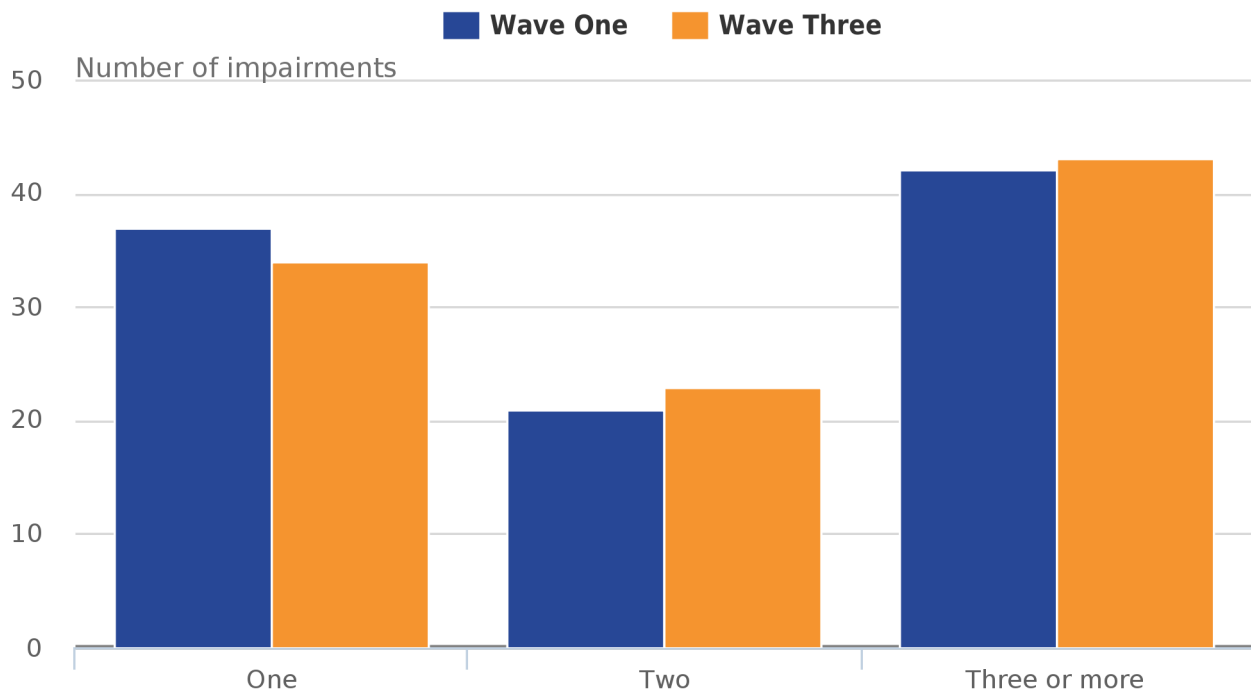
Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number

**Figure 2.2: Impairment at both waves: number of impairments reported at Wave One and Wave Three, working age adults (aged 16 to 64)**

Great Britain



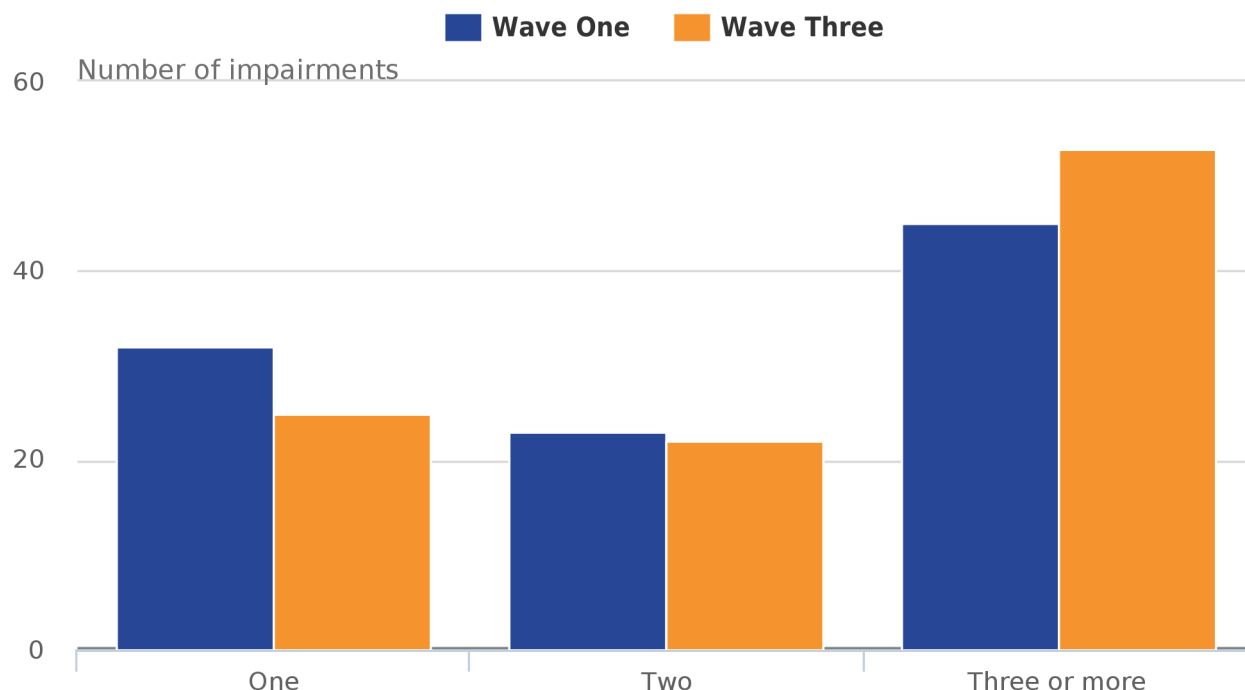
Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number

**Figure 2.3: Impairment at both waves: number of impairments reported at Wave One and Wave Three, adults aged 65 and over**

Great Britain



Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number

## 4 . Impairment types reported at Wave Three by adults with an impairment at both waves

Around two-thirds of adults who reported at least 1 impairment at Wave One had at least 1 impairment at Wave Three. Overall, 35% of adults no longer reported an impairment at Wave Three (Offset).

For adults with impairment at both waves, the most commonly-reported impairments for Wave One and Wave Three were long-term pain, chronic health condition<sup>1</sup>, mobility and dexterity (see Figure 2.4). This is regardless of age. There has been a noticeable increase at Wave Three in the percentage of adults reporting chronic health condition and mobility impairments. The addition of new categories to the chronic health condition may have influenced this result<sup>2</sup>. As the LOS has followed the survey population over 3 years these increases may reflect changes in impairment as individuals age. The adults reporting a particular impairment type at Wave One may not necessarily be the same group of adults reporting that impairment type at Wave Three.

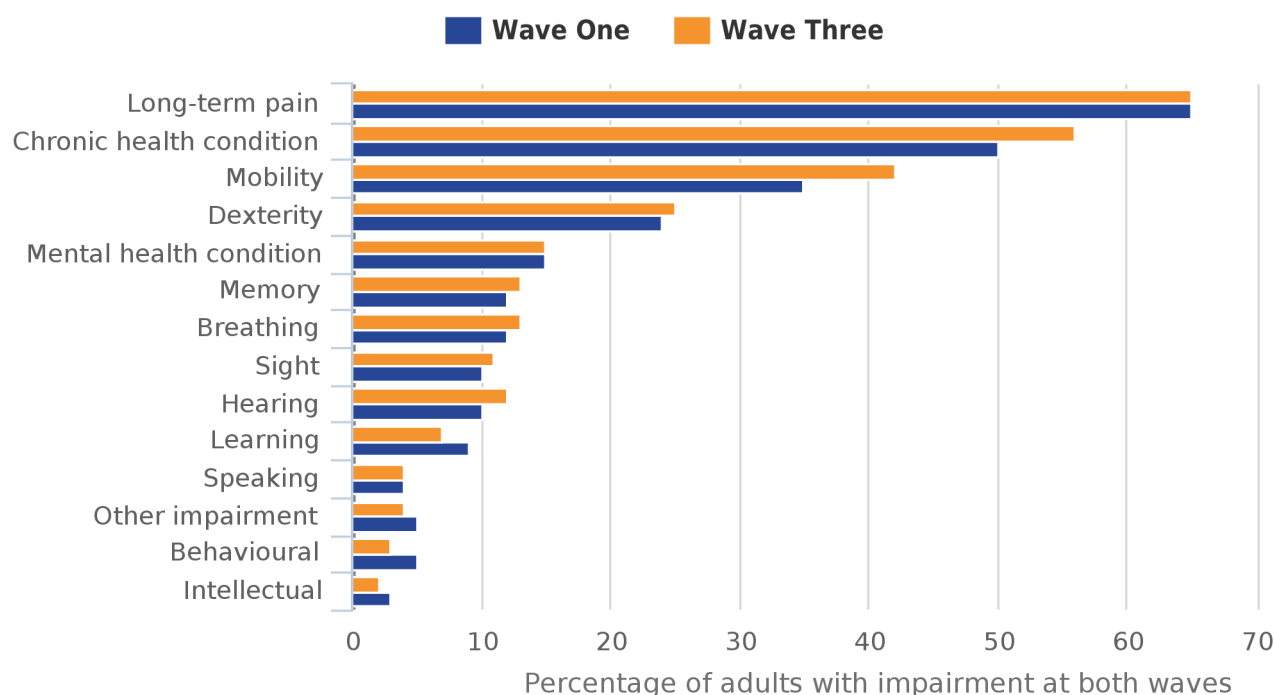
Looking at impairments by age group (Figures 2.5 and 2.6) there is an increase at Wave Three in the percentage of adults aged 65 and over reporting memory, breathing, sight and hearing impairments.

For ease of comparison, Figure 2.7 shows the percentage of impairment types reported at Wave Three for working age adults and adults aged 65 and over. Some impairment types are more frequently reported by those aged 65 and over than working age adults. For example, a higher percentage of those aged 65 and over reported mobility, dexterity, sight and hearing impairments at Wave Three. These impairment types may generally be associated with ageing. Memory is also often thought to deteriorate with age, but Figure 2.7 shows no statistically significant difference between the percentage of working age adults and those aged 65 and over with memory impairment. However, it should be noted that adults in residential homes were excluded from the sample for LOS. If those requiring more help and support are receiving it in a residential home this will affect the results presented here.

Adults aged 16 to 64 were more likely than those aged 65 and over to have reported a mental health condition (21% and 5%) and a learning impairment (11% and 1%) at Wave Three. It may be that working age adults are more likely to be diagnosed with such conditions, or more likely to report these conditions when interviewed.

**Figure 2.4: Impairment at both waves: impairment types reported at Wave One and Wave Three**

Great Britain



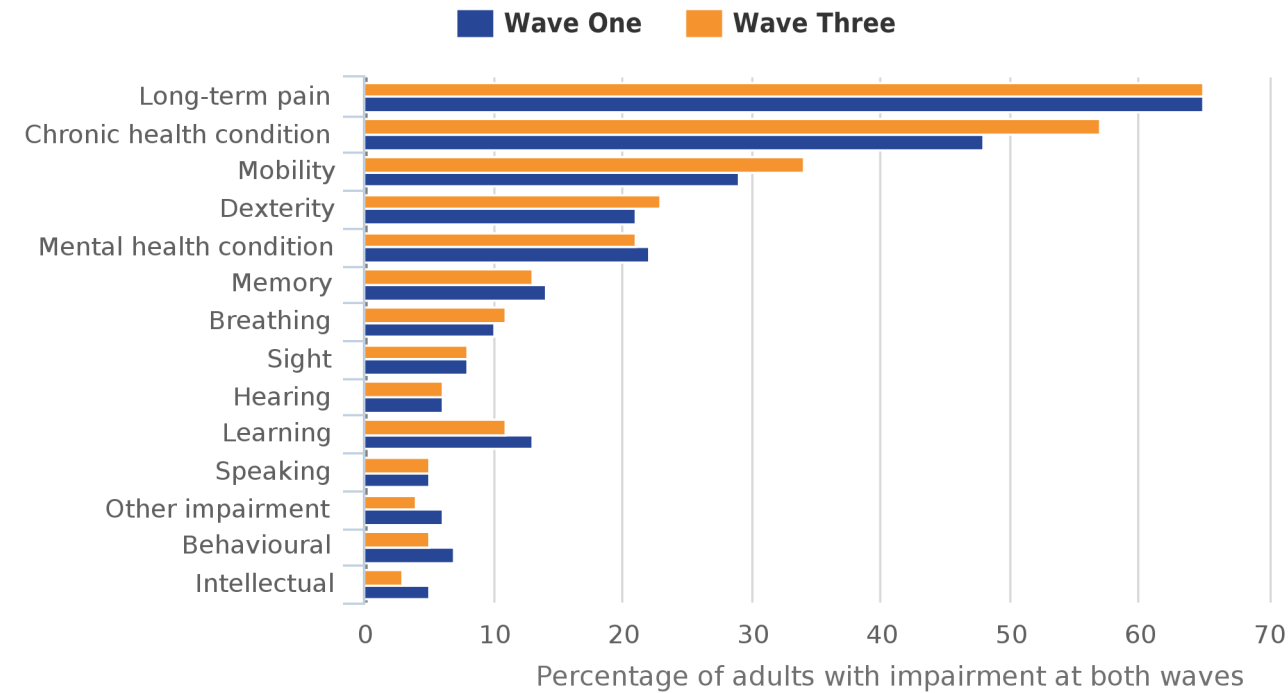
Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number

**Figure 2.5: Impairment at both waves: impairment types reported at Wave One and Wave Three, working age adults (aged 16 to 64)**

Great Britain



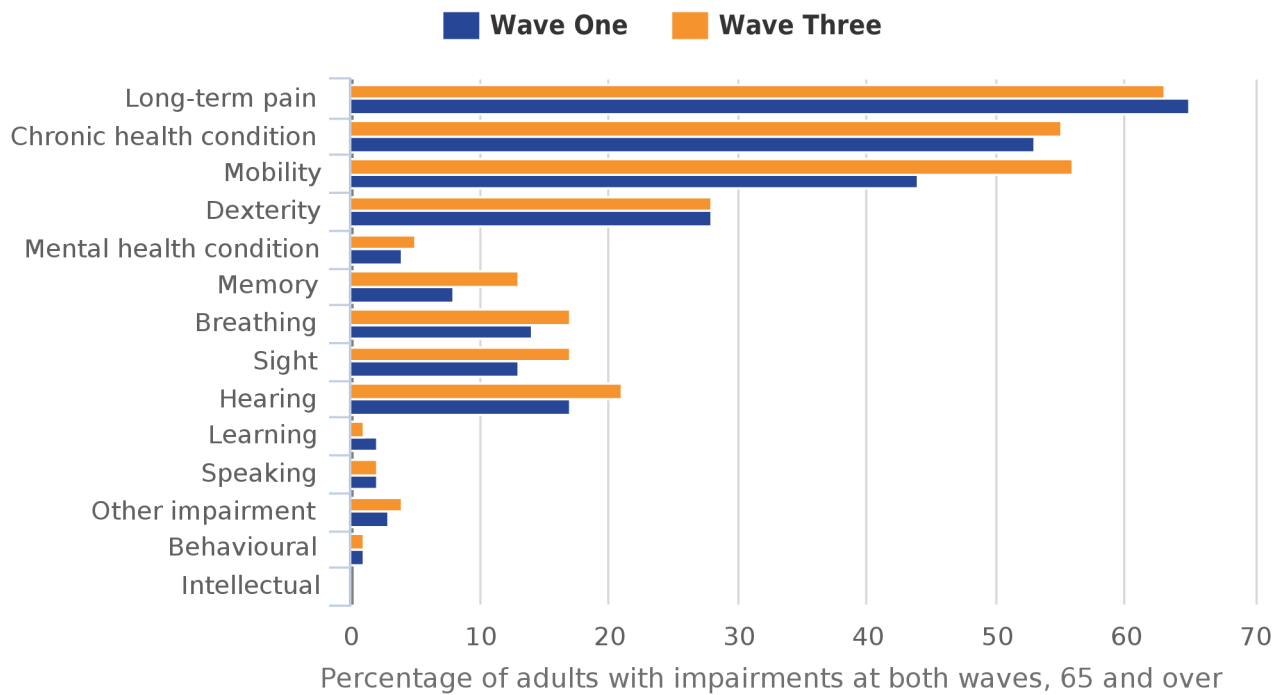
Source: Life Opportunities Survey - Office for National Statistics

Notes:

- 1. All percentages have been rounded to the nearest whole number

**Figure 2.6: Impairment at both waves: impairment types reported at Wave One and Wave Three, adults aged 65 and over**

Great Britain



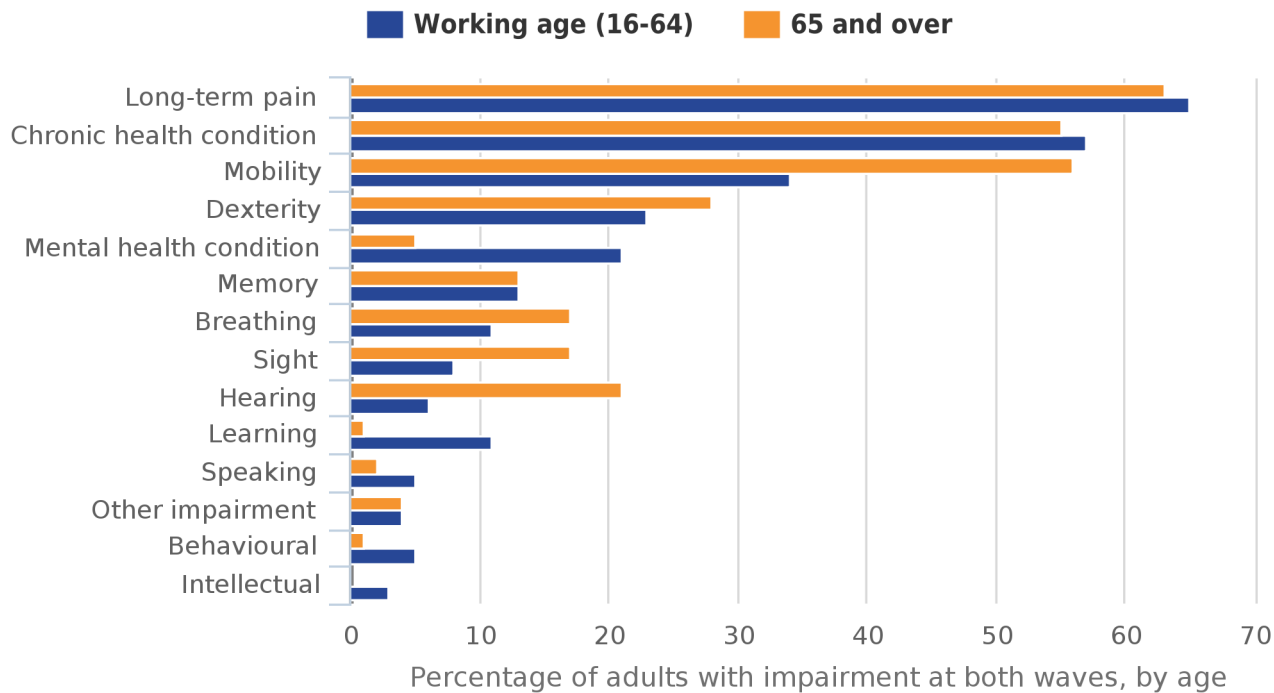
Source: Life Opportunities Survey - Office for National Statistics

**Notes:**

1. All percentages have been rounded to the nearest whole number
2. 0 - Less than 0.5 per cent, including none

Figure 2.7: Impairment at both waves: impairment types reported at Wave Three, by age

Great Britain



Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. 0 - Less than 0.5 per cent, including none

### Notes for 2.4 Impairment types reported at Wave Three by adults with an impairment at both waves

1. Chronic conditions are defined as long-term conditions that have lasted or are expected to last 12 months or more and that have been diagnosed by a health professional. These include but are not limited to: Asthma or severe allergies; Heart condition or disease; Kidney condition or disease; Cancer; Diabetes; Epilepsy; Cerebral Palsy; Spina Bifida; Cystic Fibrosis; Muscular Dystrophy; Migraines; Arthritis or rheumatism; Multiple Sclerosis (MS) ; Paralysis of any kind; Chronic Obstructive Pulmonary Disease (COPD); and Depression
2. Wave Three included two additional categories to chronic health condition – Chronic Obstructive Pulmonary Disease (COPD) and Depression

## 5 . Severity of impairment reported by adults with impairment at both waves

The severity of impairment can be assessed by looking at the level of difficulty<sup>1</sup> and frequency of the limitation associated with the impairment. Tables 2.1 to 2.4 show the level of severity reported at Wave Three for the 4 most commonly-reported impairments by adults with impairment at both waves<sup>2</sup> (long-term pain, chronic health conditions, mobility and dexterity).

For all 4 impairment types, approximately two thirds of adults with an impairment at both waves reported moderate difficulty for that impairment. This was the same for working age adults and those aged 65 and over.

When considering the frequency of limitation, the majority of adults reported experiencing limitation "often" or "always". This was true for the 4 impairment types considered here, and for both age groups. A lower percentage of adults who had a long term pain impairment reported always experiencing limitation (34%) than those who had a chronic health condition (52%), mobility impairment (57%) and dexterity impairment (49%).

There was a slight variation by age for some of the conditions. Compared to adults of working age, a greater percentage of adults aged 65 and over with long-term pain and chronic health condition "always" experienced limitation. In contrast, a higher proportion of adults of working age who had a dexterity impairment reported "always" experiencing a limitation (54%) than adults aged 65 and over (42%).

**Table 2.1: Impairment at both waves: severity of long-term pain at Wave Three, by age**

Frequency of limitation (percentage)						Sample size (Number)
	Rarely	Sometimes	Often	Always	Total	
Level of pain <sup>1</sup>						
Working age (16-64)						
Moderate	9	27	13	14	62	890
Severe	1	8	10	18	38	
Total	10	35	23	32		
65 and over						660
Moderate	6	24	15	19	64	
Severe	1	5	10	20	36	
Total	6	29	26	39		
All adults with an impairment at both waves						1550
Moderate	8	26	14	16	62	
Severe	1	7	10	19	38	
Total	8	33	24	34		

Source: Office for National Statistics

Notes:

1. Level of pain for long-term pain is measured by the intensity of pain – “mild”, “moderate”, or “severe”. Under the LOS definition, those who reported “moderate” or “severe” levels of pain, and rated the frequency of limitation as “rarely” or above were identified as having long-term pain
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10



**Table 2.2: Impairment at both waves: severity of chronic health condition at Wave Three, by age**

	Frequency of limitation (percentage)					Total Sample size (Number)
	Rarely	Sometimes	Often	Always		
Level of difficulty <sup>1</sup>						
Working age (16-64)						
Moderate difficulty	3	20	20	19	62	
Severe difficulty	1	4	5	29	38	
Total	3	24	25	48		570
65 and over						
Moderate difficulty	1	19	17	24	62	
Severe difficulty	0	1	3	34	38	
Total	1	21	20	58		470
All adults with an impairment at both waves						
Moderate difficulty	2	20	19	21	62	
Severe difficulty	0	3	4	31	38	
Total	2	23	23	52		1040

Source: Office for National Statistics

Notes:

1. Response categories for level of difficulty: 1. "No Difficulty"; 2. "Mild Difficulty"; 3. Moderate Difficulty 4; "Severe Difficulty"; and 5. "Cannot Do"; For some impairment types (chronic condition, breathing, learning, intellectual, behavioural, memory, and mental impairments), the levels range from 1 to 4

2. All percentages have been rounded to the nearest whole number

3. Sample sizes have been rounded independently to the nearest 10

4. 0 - Less than 0.5 per cent, including none

**Table 2.3: Impairment at both waves: severity of mobility impairment at Wave Three, by age**

Great Britain

	Frequency of limitation (percentage)					Sample size (Number)
	Rarely	Sometimes	Often	Always	Total	
Level of difficulty <sup>1</sup>						
Working age (16-64)						
Moderate difficulty	1	11	23	28	63	
Severe difficulty	..	2	5	29	36	
Cannot do	0	..	0	0	..	
Total	2	13	28	57		360
65 and over						
Moderate difficulty	1	16	18	28	63	
Severe difficulty	0	2	5	27	35	
Cannot do	0	0	0	2	2	
Total	1	19	23	57		440
All adults with an impairment at both waves						
Moderate difficulty	1	14	20	28	63	
Severe difficulty	..	2	5	28	36	
Cannot do	0	..	0	1	1	
Total	1	16	26	57		800

Source: Office for National Statistics

## Notes:

1. Response categories for level of difficulty: 1. "No Difficulty"; 2. "Mild Difficulty"; 3. Moderate Difficulty 4; "Severe Difficulty"; and 5. "Cannot Do"; For some impairment types (chronic condition, breathing, learning, intellectual, behavioural, memory, and mental impairments), the levels range from 1 to 4

2. .. - Cells have been suppressed due to small cell counts

3. All percentages have been rounded to the nearest whole number

4. Sample sizes have been rounded independently to the nearest 10

5. 0 - Less than 0.5 per cent, including none

**Table 2.4: Impairment at both waves: severity of dexterity impairment at Wave Three, by age**

Great Britain

Frequency of limitation (percentage)						Sample Size (Number)
	Rarely	Sometimes	Often	Always	Total	
Level of difficulty <sup>1</sup>						
Working Age (16-64)						
Moderate difficulty	0	20	19	22	61	200
Severe difficulty	0	2	6	30	38	
Cannot do	0	0	0	1	1	
Total	0	22	24	54		
65 and Over						180
Moderate difficulty	3	29	14	21	68	
Severe difficulty	0	4	7	19	30	
Cannot do	0	0	0	1	2	
Total	3	33	22	42		
All Onset-acquired						380
Moderate difficulty	1	24	17	22	64	
Severe difficulty	0	3	6	25	35	
Cannot do	0	0	0	1	2	
Total	1	27	23	49		

Source: Office for National Statistics

Notes:

1. Response categories for level of difficulty: 1. "No Difficulty"; 2. "Mild Difficulty"; 3. Moderate Difficulty 4; "Severe Difficulty"; and 5. "Cannot Do"; For some impairment types (chronic condition, breathing, learning, intellectual, behavioural, memory, and mental impairments), the levels range from 1 to 4

2. All percentages have been rounded to the nearest whole number

3. Sample sizes have been rounded independently to the nearest 10

4. 0 - less than 0.5 per cent, including none

### Notes for 2.5 Severity of impairment reported by adults with impairment at both waves

1. The response categories for level of difficulty were: 1. "No Difficulty"; 2. "Mild Difficulty"; 3. "Moderate Difficulty" 4; "Severe Difficulty"; and 5. "Cannot Do"; For some impairment types (chronic condition, breathing, learning, intellectual, behavioural, memory, and mental health impairments), the levels ranged from 1 to 4. For pain, the level of pain was measured by the intensity of the pain experienced: 1."Mild"; 2."Moderate"; 3. "Severe"
2. Analysis in Tables 2.1 to 2.4 is based upon only adults who reported the same impairment at both waves

## 6 . Offset rates for adults who did not report any impairment at Wave Three

Offset rates show the percentage of adults who have changed from reporting at least 1 impairment at Wave One to no longer reporting an impairment at Wave Three. The differences in offset rates reflect the differences in age group and number of impairments (as illustrated in Figure 2.3). The rates for the different groups in the population are based on their Wave One demographic characteristics: sex, age, ethnic group, region, tenure, education and occupation.

Overall, around a third of adults who had an impairment at Wave One did not have an impairment at Wave Three. Table 2.5 shows that offset rates for men and women are similar (35% and 33%). In general, the rates suggest that the likelihood of offsetting from impairment decreases with age. For example, around half of adults aged 16 to 24 who reported at least 1 impairment at Wave One had no impairments at Wave Three. In contrast, less than a fifth of adults aged 75 and over who reported at least 1 impairment at Wave One no longer reported any impairment at Wave Three. Overall, the offset rate is higher for working age (16 to 64) people, than for those 65 and over.

Age appears to be an important factor influencing the rate of offsetting rather than other demographic characteristics reported (see Table 2.6). The type of impairment experienced at Wave One may also influence an individual's experience. We turn to this in the next section.

**Table 2.5: Offset: offset rates by sex, age, ethnicity and region of residence at Wave One, and by age**

		Great Britain		
		Offset Rate (percentage)		
		Working Age (16-64)	65 and over	Total
Sex				
	Male	40	24	35
	Female	40	20	33
Age				
	16 to 24	50	n/a	50
	25 to 44	43	n/a	43
	45 to 64	36	n/a	36
	65 to 74	n/a	26	26
	75 and over	n/a	18	18
	Working age	40	n/a	40
	65 and over	n/a	22	22
Ethnicity				
	White	40	22	34
	Non-white	38	22	36
Region				
	England	40	22	34
	North East (inc. Yorkshire and Humber)	37	21	32
	North West (inc. Merseyside)	37	17	31
	East Midlands	42	27	37
	West Midlands	42	24	36
	East of England	44	24	38
	London	39	19	34
	South East	45	23	37
	South West	38	20	32
	Wales	34	16	27
	Scotland	38	26	35
	Urban	39	21	33
	Rural	44	23	36

Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number.
2. n/a - Not Applicable
3. See Appendix 1 for sample sizes

**Table 2.6: Offset: offset rates by tenure, highest qualification and NS-SEC at Wave One, and by age**

			Great Britain
		Offset Rate (percentage)	
	Working Age (16-64)	65 and over	Total
Tenure			
Own it outright	43	25	33
Buying it with the help of a mortgage or loan	48	20	46
Pay part rent and part mortgage (shared ownership)	[46]	..	[44]
Rent it	32	13	27
Live here rent free	[31]	[30]	30
Highest qualification			
Degree level qualification (or equivalent)	49	36	48
Higher educational qualification below degree level	47	35	46
A-levels or Highers	54	[27]	52
ONC National Level BTEC	42	[47]	42
O Level or GCSE equivalent (Grade A-C)	38	35	38
GCSE grade D-G or CSE grade 2-5 or Standard Grade level 4-6	44	[22]	43
Other qualifications (including foreign qualifications)	41	29	39
No formal qualifications	24	17	23
Socio-economic classification (based on occupation)			
Higher managerial, administrative and professional	49	24	41
Intermediate occupations	38	21	32
Small employers and own account workers	44	21	36
Lower supervisory and technical occupations	43	18	33
Semi-routine and routine occupations	36	22	31

Source: Office for National Statistics

Notes:

1. Qualifications were asked of those aged 16 to 69
2. Socio-economic classification is based on current occupation. Occupation was also asked of those who are not currently employed but had last worked within the past eight years
3. .. - Cells have been suppressed due to small cell counts
4. [ ] - Figures should be used with extra caution because they are based on fewer than 30 reporting individuals
5. All percentages have been rounded to the nearest whole number
6. See Appendix 1 for sample sizes

## 7 . Offset rates of impairment types

Offset rates can be calculated for a range of impairment types. Table 2.7 shows the offset rate of impairment types for adults who reported an impairment at Wave One but no longer reported any impairment at Wave Three <sup>1</sup>. For all impairment types offset may be due to an absence of impairment at Wave Three, a change in the perception of the impairment, or a change in treatment received for the impairment.

Looking at the overall offset rates for impairments, the highest offset rate was for long-term pain (31%). This perhaps reflects the fluctuating nature of long-term pain – as seen in section 2.5, a lower percentage of adults who had long term pain impairment experienced limitation "always" or "often" than those who had other impairments.

"Sight" has a relatively high offset rate. [A previous LOS report](#) found that the majority of adults who offset from a sight impairment offset to "mild", that is, they still had a sight condition but it only caused them mild difficulty.

Adults aged 65 and over were less likely to offset from a number of impairment types than those aged 16 to 64, including chronic health condition, long-term pain and dexterity.

**Table 2.7: Offset: offset rates by impairment types, and by age**

Impairment types	Great Britain		
	Offset rate (percentage)		
	Working Age (16-64)	65 and over	Total
Mobility	12	11	11
Dexterity	17	12	15
Speaking	17	[0]	14
Intellectual	..	..	3
Breathing	17	11	15
Memory	17	12	16
Behavioural	17	..	17
Mental health condition	24	17	23
Chronic health condition	25	14	21
Other impairment	24	17	22
Hearing	32	20	25
Sight	37	15	27
Learning	28	8	26
Long-term pain	37	18	31

Source: Office for National Statistics

Notes:

1. .. - Cells have been suppressed due to small cell counts
2. [ ] - Figures should be used with extra caution because they are based on fewer than 30 reporting individuals
3. All percentages have been rounded to the nearest whole number
4. 0 - Less than 0.5 per cent, including none

## Notes for 2.7 Offset rates of impairment types

1. Adults with impairment at both waves can also experience an offset of a specific impairment; these adults are not included in this analysis.

## 8 . Onset rates for adults who did not report any impairment at Wave One

This section looks at the onset rates for adults who did not have an impairment at Wave One but reported at least 1 impairment at Wave Three. These adults are known as "onset-acquired" <sup>1</sup>. The onset rate is the percentage of all adults without any impairment at Wave One, who became onset-acquired at Wave Three.



Almost a fifth of adults who did not have an impairment at Wave One reported an impairment at Wave Three – the overall "onset" rate was 18%. As can be seen in Table 2.8, onset rates increased with age, with those aged 65 and over around twice as likely to onset as working age adults. This is in line with what was found in Section 2.6, where adults were less likely to offset as they age.

Table 2.9 shows the onset rates for different demographic characteristics of the population including tenure, education and occupation. As was found with offset rates, age appears to be an important factor influencing the rate of onsetting, rather than other demographic characteristics. For many of the characteristics, adults aged 65 and over were more likely than working age adults to onset.

**Table 2.8: Onset rates by sex, ethnicity and region of residence at Wave One, and by age**

	Great Britain		
	Onset Rate(percentage)		
	Working Age (16-64)	65 and over	Total
Sex			
Male	14	28	16
Female	17	33	20
Age			
16 to 24	10	n/a	10
25 to 44	16	n/a	16
45 to 64	17	n/a	17
65 to 74	n/a	24	24
75 and over	n/a	41	41
Working age	15	n/a	15
65 and over	n/a	30	30
Ethnicity			
White	15	30	17
Non-white	20	29	21
Region			
England	16	30	18
North East (inc. Yorkshire and Humber)	16	33	18
North West (inc. Merseyside)	15	33	18
East Midlands	14	29	16
West Midlands	10	29	13
East of England	21	27	22
London	21	29	22
South East	12	33	16
South West	15	24	17
Wales	13	38	17
Scotland	12	29	15
Urban	16	31	18
Rural	14	28	17

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. n/a - Not applicable
3. See Appendix 1 for sample sizes

**Table 2.9: Onset rates by tenure, highest qualification[1] and NS-SEC[2] at Wave One, and by age**

	Great Britain		
	Onset Rate (percentage)		
	Working Age (16-64)	65 and over	Total
Tenure			
Own it outright	15	28	20
Buying it with the help of a mortgage or loan	13	26	13
Pay part rent and part mortgage (shared ownership)	[22]	..	[26]
Rent it	20	41	22
Live here rent free	[7]	[51]	20
Highest qualification			
Degree level qualification (or equivalent)	12	19	13
Higher educational qualification below degree level	17	19	17
A-levels or Highers	13	[21]	13
ONC National Level BTEC	13	[34]	13
O Level or GCSE equivalent (Grade A-C)	16	17	16
GCSE grade D-G or CSE grade 2-5 or Standard Grade level 4-6	24	[14]	23
Other qualifications (including foreign qualifications)	14	20	15
No formal qualifications	23	26	24
Socio-economic classification (based on occupation)			
Higher managerial, administrative and professional	14	27	16
Intermediate occupations	14	33	18
Small employers and own account workers	15	23	16
Lower supervisory and technical occupations	21	36	24
Semi-routine and routine occupations	18	33	21

Source: Life Opportunities Survey - Office for National Statistics Notes: 1. Qualifications were asked of those aged 16 to 69. 2. Socio-economic classification is based on current occupation. Occupation was also asked of those who are not currently employed but had last worked within the past eight years. 3. .. - Cells have been suppressed due to small cell counts. 4. [ ] - Figures should be used with extra caution because they are based on fewer than 30 reporting individuals. 5. All percentages have been rounded to the nearest whole number. 6. See Appendix 1 for sample sizes

## Notes for 2.8 Onset rates for adults who did not report any impairment at Wave One

1. Due to the longitudinal survey design there is a potential measurement bias in the onset rate reported by the LOS. A differential onset rate was identified at Wave Two between cases identified through the telephone screener, and those identified within face to face sample (that is, from the "control group" or co-residents of adults with impairments). The weighting method developed for the survey has been designed to adjust for this under estimation, but it should be noted that some bias may remain

## 9 . Onset rates of impairment types

This section looks at the percentage of all people without any impairment at Wave One, who then reported a specific impairment type at Wave Three<sup>1</sup>. It considers onset rates by impairment type.

The impairment type which had the highest onset rate for all adults was long-term pain (9.2%). We saw in Section 2.7 that long-term pain also has the highest offset rate of the impairment types considered on the LOS. This may suggest that long-term pain fluctuates.

For all impairment types, with the exception of mental health condition, the onset rate was higher for those aged 65 and over than for working age adults (see Table 2.10). The onset rate for long-term pain for adults aged 65 and over was almost twice that for working age adults; for chronic health condition it was around 3 times that of working age adults and for mobility it was around 9 times that of working age adults. For all adults the 4 impairment types with the highest rates were chronic health condition, mobility, long-term pain and mental health condition.

For working age adults, mental health condition impairment onset rate was slightly higher (1.9%) compared to adults aged 65 and over (1.0). For adults aged 65 hearing was in the top 4 onset rates, while for working age adults the onset rate for hearing was low.

**Table 2.10: Onset-acquired: onset rates by impairment type, and by age**

Great Britain			
Onset rate (percentage)			
Impairment types	Working Age (16-64)	65 and over	Total
Intellectual	..	0.2	0.1
Speaking	0.1	0.3	0.1
Behavioural	0.2	0.3	0.2
Other impairment	0.4	0.7	0.4
Learning	1.3	..	1.1
Memory	0.8	3.2	1.2
Breathing	1.2	3.1	1.5
Hearing	0.8	5	1.5
Mental health condition	1.9	1	1.8
Sight	1	4.1	1.5
Dexterity	1	4.5	1.5
Mobility	1.3	9.4	2.5
Chronic health condition	4.6	12.8	5.9
Long-term pain	8.3	14.2	9.2
Sample size (Number)	4,120	1,850	5,970

Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. .. - Cells have been suppressed due to small cell counts
2. All percentages have been rounded to the nearest 0.1
3. Sample sizes have been rounded independently to the nearest 10

## Notes for 2.9 Onset rates of impairment types

1. Analysis in this section has been restricted to looking at the onset rates for onset-acquired adults. Adults with impairment at both waves can also experience an onset of an additional specific impairment; these adults are not included in this analysis

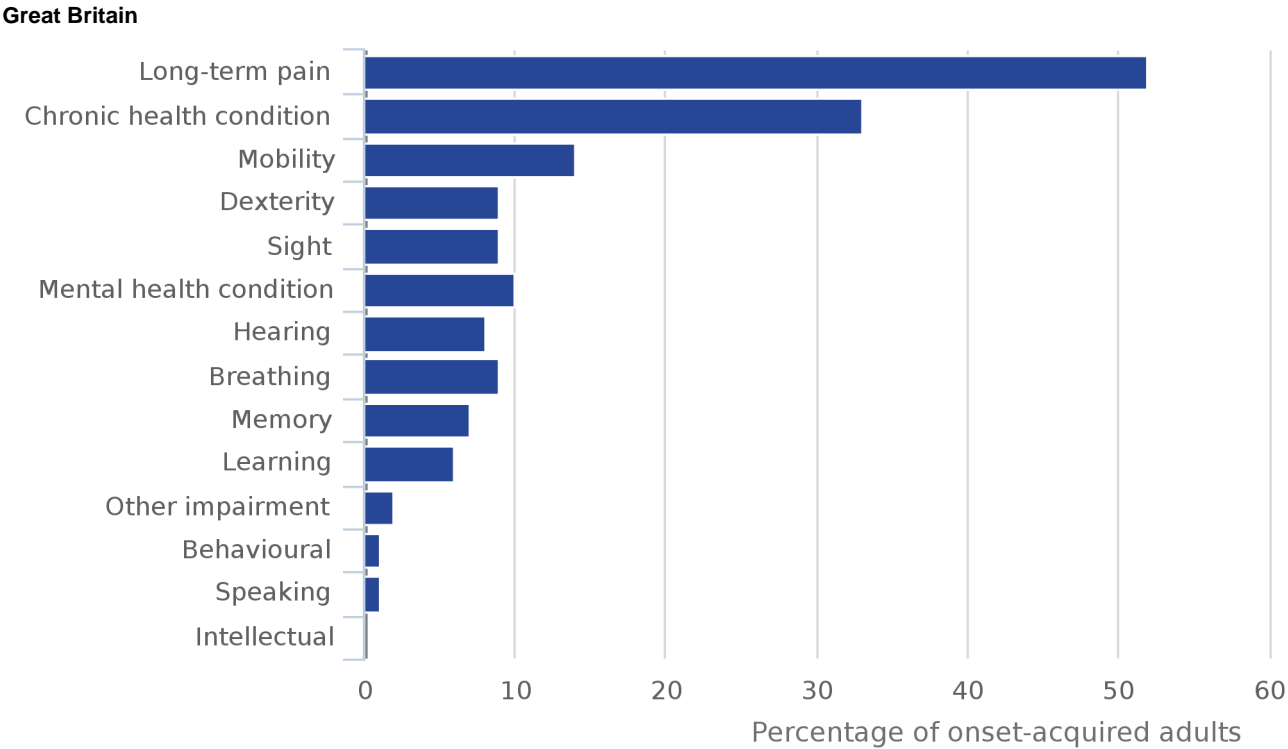
## 10 . Impairment types reported by adults at Wave Three – onset-acquired impairment

For adults who did not report an impairment at Wave One but reported at least one impairment at Wave Three, the 4 most commonly reported impairment types overall at Wave Three were long-term pain, chronic health condition<sup>1</sup>, mobility and mental health condition<sup>2</sup> (see Figure 2.8). The pattern of impairment types experienced by all onset-acquired adults at Wave Three was very similar to that experienced by adults with impairments at both waves (see Figure 2.4).

There appears to be an association between age and certain impairment types. Adults aged 65 and over were more likely to report chronic health condition, mobility, dexterity, memory, sight and hearing impairments than those aged 16 to 64. These impairment types may generally be associated with ageing.

In contrast, adults aged 65 and over were less likely to report a mental health condition. While a smaller proportion of adults aged 65 and over reported long-term pain than those aged 16 to 64, this difference was not found to be statistically significant.

**Figure 2.8: Onset-acquired: impairment types reported at Wave Three**



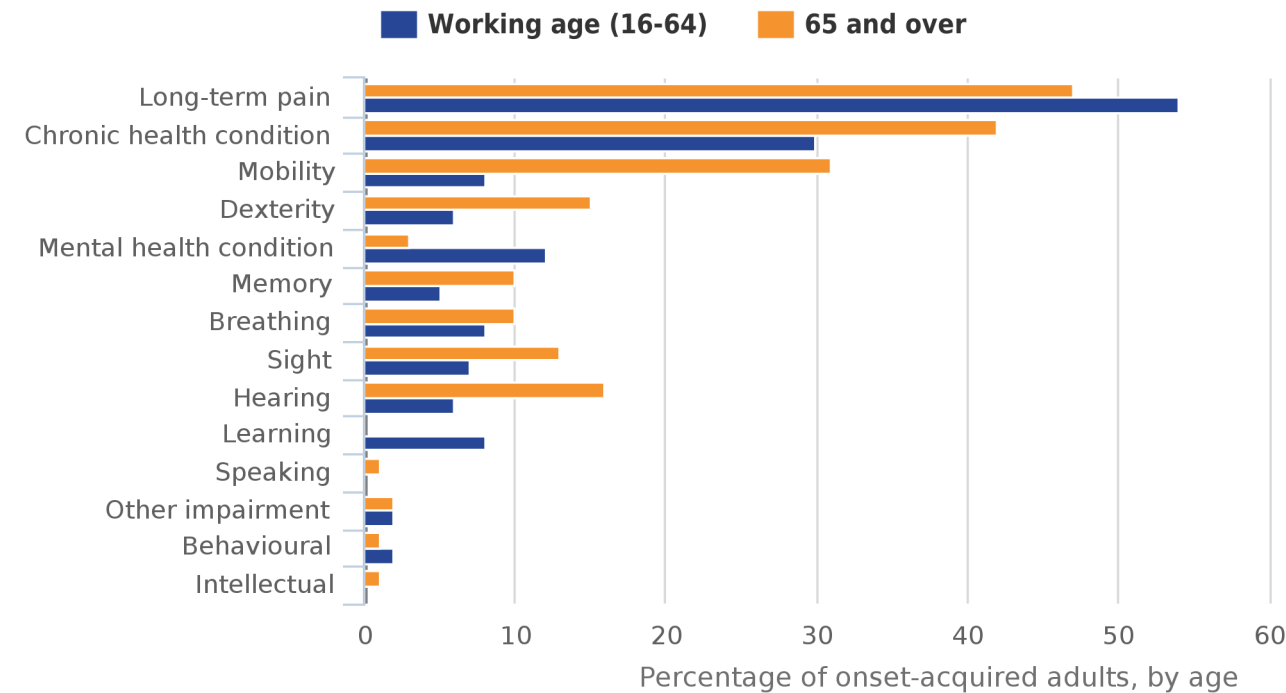
**Source:** Life Opportunities Survey - Office for National Statistics

**Notes:**

- 1. All percentages have been rounded to the nearest whole number
- 2. 0 - Less than 0.5 per cent, including none

Figure 2.9: Onset-acquired: impairment types reported at Wave Three, by age

Great Britain



Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. .. - Cells have been suppressed due to small cell counts
2. All percentages have been rounded to the nearest whole number
3. 0 - Less than 0.5 per cent, including none

### Notes for 2.10 Impairment types reported by adults at Wave Three – onset-acquired impairment

1. Chronic conditions are defined as long-term conditions that have lasted or are expected to last 12 months or more and that have been diagnosed by a health professional. These include but are not limited to: Asthma or severe allergies; Heart condition or disease; Kidney condition or disease; Cancer; Diabetes; Epilepsy; Cerebral Palsy; Spina Bifida; Cystic Fibrosis; Muscular Dystrophy; Migraines; Arthritis or rheumatism; Multiple Sclerosis (MS) ; Paralysis of any kind; Chronic Obstructive Pulmonary Disease (COPD); and Depression
2. The percentages may sum to more than 100 as respondents were able to report more than one impairment

## 11 . Severity of impairment reported by adults at Wave Three - onset-acquired impairment

Tables 2.11 to 2.14 show the 4 most commonly reported impairments by adults who onset: long-term pain, chronic health condition, mobility, and dexterity. In general, adults who were not impaired at Wave One but reported an impairment at Wave Three (onset-acquired), rated the severity of their impairments as low in terms of both the level ("moderate") and the frequency ("rarely" or "sometimes") of the limitation they experienced.

For long-term pain and chronic health condition, similar percentages of adults of working age and adults aged 65 and over reported moderate or severe difficulty. The percentages reporting severe difficulty for mobility impairments was higher for working age adults (26% compared to 14%). Percentages of working age adults reporting severe difficulty were also higher for dexterity impairments (26% compared to 16%).

**Table 2.11: Onset-acquired: severity of long-term pain at Wave Three, by age**

						Great Britain
Frequency of limitation (percentage)						
	Rarely	Sometimes	Often	Always	Total	Sample Size (Number)
Level of pain <sup>1</sup>						
Working Age (16-64)						
Moderate	18	43	8	4	72	
Severe	5	14	5	4	28	
Total	23	57	12	7		480
65 and Over						
Moderate	9	44	13	9	75	
Severe	3	8	9	5	25	
Total	12	52	21	15		290
All Onset-acquired						
Moderate	16	43	9	5	73	
Severe	5	12	6	4	27	
Total	21	56	14	9		770

Source: Life Opportunities Survey - Office for National Statistics

Notes:

1. Level of pain for long-term pain is measured by the intensity of pain – “mild”, “moderate”, or “severe”. Under the LOS definition, those who reported “moderate” or “severe” levels of pain, and rated the frequency of limitation as “rarely” or above were identified as having long-term pain
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10



**Table 2.12: Onset-acquired: severity of chronic health condition at Wave Three, by age**

Great Britain

Frequency of limitation (percentage)						Sample Size (Number)
	Rarely	Sometimes	Often	Always	Total	
Level of pain <sup>1</sup>						
Working Age (16-64)						
Moderate	18	43	8	4	72	480
Severe	5	14	5	4	28	
Total	23	57	12	7		
65 and Over						290
Moderate	9	44	13	9	75	
Severe	3	8	9	5	25	
Total	12	52	21	15		
All Onset-acquired						770
Moderate	16	43	9	5	73	
Severe	5	12	6	4	27	
Total	21	56	14	9		

Source: Office for National Statistics

Notes:

1. Level of pain for long-term pain is measured by the intensity of pain – “mild”, “moderate”, or “severe”. Under the LOS definition, those who reported “moderate” or “severe” levels of pain, and rated the frequency of limitation as “rarely” or above were identified as having long-term pain
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

**Table 2.13: Onset-acquired: severity of mobility impairment at Wave Three, by age**

Great Britain

Frequency of Limitation (percentage)						Sample Size (Number)
	Rarely	Sometimes	Often	Always	Total	
Level of difficulty <sup>1</sup>						
Working Age (16-64)						
Moderate difficulty	..	20	28	26	74	90
Severe difficulty	0	3	..	21	26	
Cannot do <sup>1</sup>	0	0	0	0	0	
Total	..	23	29	47		
65 and over						200
Moderate difficulty	2	37	22	25	85	
Severe difficulty	..	1	1	11	14	
Cannot do	0	0	0	..	..	
Total	2	38	23	37		
All Onset-acquired						280
Moderate difficulty	1	29	24	25	80	
Severe difficulty	..	2	1	15	19	
Cannot do	0	0	0	..	..	
Total	1	31	26	41		

Source: Office for National Statistics

Notes:

1. Response categories for level of difficulty: 1. "No Difficulty"; 2. "Mild Difficulty"; 3. "Moderate Difficulty"; 4. "Severe Difficulty"; and 5. "Cannot do"; For some impairment types (chronic condition, breathing, learning, intellectual, behavioural, memory and mental impairments), the levels range from 1 to 4. For pain, the level of pain is measured by the intensity of the pain experienced: 1."Mild"; 2."Moderate"; 3. "Severe"

2. .. - Cells have been suppressed due to small cell counts

3. All percentages have been rounded to the nearest whole number

4. Sample sizes have been rounded independently to the nearest 10

5. 0 - Less than 0.5%, including none

**Table 2.14: Onset-acquired: severity of dexterity impairment at Wave Three, by age**

Great Britain

Frequency of Limitation (percentage)						Sample Size (Number)
	Rarely	Sometimes	Often	Always	Total	
Level of difficulty <sup>1</sup>						
Working Age (16-64)						
Moderate difficulty	..	20	28	26	74	90
Severe difficulty	0	3	..	21	26	
Cannot do <sup>1</sup>	0	0	0	0	0	
Total	..	23	29	47		
65 and over						200
Moderate difficulty	2	37	22	25	85	
Severe difficulty	..	1	1	11	14	
Cannot do	0	0	0	..	..	
Total	2	38	23	37		
All Onset-acquired						280
Moderate difficulty	1	29	24	25	80	
Severe difficulty	..	2	1	15	19	
Cannot do	0	0	0	..	..	
Total	1	31	26	41		

Source: Office for National Statistics

Notes:

1. Response categories for level of difficulty: 1. "No Difficulty"; 2. "Mild Difficulty"; 3. "Moderate Difficulty"; 4. "Severe Difficulty"; and 5. "Cannot do"; For some impairment types (chronic condition, breathing, learning, intellectual, behavioural, memory and mental impairments), the levels range from 1 to 4. For pain, the level of pain is measured by the intensity of the pain experienced: 1."Mild"; 2."Moderate"; 3. "Severe"

2. .. - Cells have been suppressed due to small cell counts

3. All percentages have been rounded to the nearest whole number

4. Sample sizes have been rounded independently to the nearest 10

5. 0 - Less than 0.5%, including none

## 12. Background notes

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

# Chapter 3 - Work status

Contact:  
Gemma Thomas  
los@ons.gsi.gov.uk

Release date:  
10 September 2015

Next release:  
To be announced

## Table of contents

1. [Main findings](#)
2. [Aims of the chapter](#)
3. [Work status by age – impairment group comparisons](#)
4. [Work status – Impairment group comparisons](#)
5. [Work status and educational attainment](#)
6. [Work status and occupation](#)
7. [Economic activity and caring responsibilities](#)
8. [Hours spent on caring responsibilities inside or outside of the home](#)
9. [Background notes](#)

# 1 . Main findings

- Working age adults without impairment at both waves were twice as likely to be employed at both Wave One and Wave Three than working age adults with impairment at both waves – 69% compared to 33%
- Working age 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. This was true for both employed and inactive adults
- Working age adults with impairment at both waves were more likely to work in semi-routine and routine occupations than those without impairment at both waves, and were less likely to work in higher, managerial and administrative and professional occupations
- For employed adults, those with impairment at both waves were more likely to have caring responsibilities than those without impairment at both waves
- The majority of adults with caring responsibilities spent between 0 and 19 hours a week caring, regardless of impairment status

## 2 . Aims of the chapter

This chapter explores changes in economic activity<sup>1</sup> experienced by working age adults (aged 16 to 64) between Wave One and Wave Three. It then considers working age adults' educational achievement and occupation status at Wave Three. Finally, caring responsibilities and hours spent caring are considered. For this last section, comparisons with those aged 65 and over are made.

Adults are broken down by their economic activity at Wave Three. Economic activity (work status) is described as being employed<sup>2</sup>, unemployed, or economically inactive (that is, not being available for or seeking paid work)<sup>3</sup>.

Comparisons are made between adults who are employed and those who are inactive. The number of unemployed adults in each group was too small to include in the analysis.

Comparisons throughout are made between 4 groups of adults as described in [Chapter 2](#):

1. adults with impairment at both waves
2. offset adults
3. onset-acquired adults
4. adults without impairment at both waves

These groups reflect the diversity of impairment status, in that impairment status may be stable, or may change over time. A person may have impairments at both waves (group 1) or no impairment at both waves (group 4), or they may no longer have impairments (group 2) or they acquire impairments at Wave Three (group 3).

Where age is referred to, unless otherwise stated this is based on adults' age at Wave One.

### Notes for 3.2 Aims of the chapter

1. Further details on economic activity status see [Interpreting Labour Market Statistics](#)
2. Employment – Anyone doing 1 hour or more a week of paid work is counted in the employed group. This includes people on government supported training programmes if they are engaging in any form of work, work experience or work-related training and the self employed
3. Economically inactive people are not in employment but are not counted as unemployed either because they have not been looking for work in the last 4 weeks or because they are unable to start work within the next 2 weeks. The economically inactive population includes retired people, those looking after the family or home, those unable to work due to illness or disability and those students who choose not to look for work

### **3 . Work status by age – impairment group comparisons**

This chapter focuses on working age adults, with comparisons made by work and impairment status. Table 3.1 demonstrates that the distribution of age ranges is very different for the different work and impairment statuses. Inactive adults generally tended to be older than those who were employed. The difference by impairment status was much smaller for inactive adults than employed adults, although there were still a higher proportion of 19 to 24 year olds in the adults without impairment at both waves and onset-acquired groups than the adults with impairment at both waves and offset groups.

It is therefore possible that differences seen between the inactive and employed groups throughout this chapter are partly due to the different age profiles of these 2 groups. This should be considered when interpreting any results.

**Table 3.1: Age bands: Percentage of working age adults (16 to 64 at Wave One)[1] by impairment groups and work status at Wave Three[2]**

Great Britain					
	Percentage at Wave 3				
	19-24	25-49	50-64	65-68	Sample size (number)
Employed					
Adults with impairment at both waves	5	51	40	4	630
Offset	9	53	35	3	700
Onset-acquired	7	62	26	5	500
Adults without impairment at both waves	12	59	26	3	2,460
Total	10	58	28	3	4,290
Inactive					
Adults with impairment at both waves	4	29	46	21	910
Offset	3	27	40	31	280
Onset-acquired	10	31	32	28	270
Adults without impairment at both waves	18	20	35	27	770
Total	11	25	38	25	2,230

Source: Office for National Statistics

Notes:

1. All longitudinal analysis is based on the working age of adults as at Wave One but beyond this, we are interested in their work status at Wave Three. In Table 3.2, therefore, as we are looking at work status of a cohort three years on at Wave Three, the youngest age group used for analysis is age 19 to 24 years and the oldest is 65 to 68 years
2. Numbers of unemployed adults are too small to include
3. All percentages have been rounded to the nearest whole number
4. Sample sizes have been rounded independently to the nearest 10

## 4 . Work status – Impairment group comparisons

This section looks at changes in work status between Wave One and Wave Three across the 4 analysis groups.

### Changes in work status between Wave One and Wave Three

Looking across the 4 different impairment groups (Table 3.2) there was little movement into and out of employment, unemployment or inactivity between Wave One and Wave Three. This is consistent with findings of a [previous LOS report](#), which considered changes between Wave One and Wave Two.

In general, there was a slight drop in unemployment for all groups, although this change was only statistically significant for adults without impairment at both waves. Adults without impairment at both waves and offset adults<sup>1</sup> – those with impairment at Wave One but not Wave Three – experienced an increase in the percentage who were employed. These findings reflect official labour market figures, which saw employment rise and unemployment fall during the period between Wave One and Wave Three. Those adults with impairment at both waves and onset-acquired adults<sup>2</sup> saw an overall drop in employment between Wave One and Wave Three. For both these impairment groups, there was a rise in the percentage of economically inactive adults. This could in part reflect the ageing of the survey population, as noted in Section 3.3.

## Work status by impairment group

There were differences in work status between impairment groups. As seen in Chapter 2 and a [previous LOS report](#), adults with impairments at both waves were more likely to report severe difficulty and a higher level of frequency of limitation than offset and onset-acquired adults. They were also more likely to report a health condition, illness or impairment as a reason for not working than other groups. This may go some way towards explaining the patterns in work status described in this section below.

Compared with other groups, adults with impairment at both waves were less likely to be employed and more likely to be inactive. Table 3.2 shows around a third of adults with impairment at both waves were employed at both Wave One and Wave Three, compared with over two-thirds of adults without impairment at both waves. In comparison, 44% of adults with impairment at both waves were economically inactive at both Wave One and Wave Three, compared with only 10% of adults without impairment at both waves. This higher inactivity rate for those with impairment at both waves reflects official labour market figures for disabled people<sup>3</sup>. Those who reported impairment at only 1 of the waves – offset and onset-acquired adults – showed lower levels of inactivity and higher levels of employment than adults with impairment at both waves.

Offset adults and onset-acquired adults had similar levels of economic activity. The movement into or out of impairment did not appear to have a large effect on economic status. A slightly higher percentage of adults who offset, that is, reported an impairment at Wave One but not in Wave Three, moved from inactivity to employment (7%) than those who had an impairment at both waves (4%). This percentage was also higher than for the onset-acquired group (5%), but the difference was not statistically significant. The proportion of offset adults who moved from inactivity to employment was in line with those adults who had never reported impairment (7%).



**Table 3.2: Economic activity status for working age adults (16 to 64) at Wave One and Three, by groups**

Percentage of adults aged 16-64				Great Britain
Adults with impairments at both waves	Wave Three economic activity status			
	Employed	Unemployed	Inactive	Total Sample size (number)
Wave one economic activity status				
Employed	33	2	8	43
Unemployed	3	2	2	7
Inactive	4	2	44	50
Total	40	6	54	1,600
Offset				
Wave one economic activity status				
Employed	62	2	6	70
Unemployed	4	2	1	7
Inactive	7	1	15	24
Total	72	5	22	1,020
Onset acquired				
Wave one economic activity status				
Employed	62	2	9	74
Unemployed	3	1	2	5
Inactive	5	2	15	21
Total	70	4	26	810
Adults with no impairments at both waves				
Wave one economic activity status				
Employed	69	2	6	76
Unemployed	4	1	1	6
Inactive	7	1	10	18
Total	80	3	17	3,310

Source: Life Opportunities Survey - Office for National Statistics Notes: Numbers of unemployed adults are too small to include All percentages have been rounded to the nearest whole number Sample sizes have been rounded independently to the nearest 10.

### Notes for 3.4 Work status – Impairment group comparisons

1. The change in employment figures between Wave One and Wave Three for offset adults was not statistically significant
2. The change in the employed figures for onset-acquired adults was not statistically significant
3. See [table AO8 of Labour Market Statistics, July 2015](#)

## 5 . Work status and educational attainment

This section examines economic activity at Wave Three and the highest level of education achieved, by impairment status. For many adults these qualifications would have been achieved before the interviewing for LOS took place. It is therefore not possible to know their impairment status at the time, or the effect any impairment may have had on their educational attainment. These results should therefore be treated with caution.

Adults with impairment at both waves were less likely to have a degree and more likely to have no formal qualifications than adults without impairment at both waves. This difference was more pronounced for inactive adults, with less than a tenth of inactive adults with impairment at both waves having a degree, compared with a quarter of inactive adults without impairment at both waves. In a [previous LOS report](#), a health condition, illness or impairment was the second most common reason given by adults with impairment at both waves as to why they faced a restriction to participating in education.

**Table 3.3: Highest education: Percentage of working age adults (16 to 64) by impairment groups and work status[1]**

							Great Britain
Percentage at Wave 3							
	Degree level qualification (or equivalent)	Higher educational qual below degree (incl A-Levels /Highers/ONC National Level BTEC)	O-Level /GCSE /CSE	Other qualifications (including foreign qualifications below degree level)	No formal qualifications	Sample size (number)	
<b>Working Age (16-64)</b>							
<b>Employed</b>							
Adults with impairment at both waves	23	25	25	16	10	630	
Offset	24	33	23	12	7	700	
Onset-acquired	29	28	24	13	6	500	
Adults with no impairment at both waves	31	31	22	11	5	2,440	
<b>Inactive</b>							
Adults with impairment at both waves	8	15	24	18	35	900	
Offset	14	27	19	17	22	280	
Onset-acquired	15	22	29	14	21	270	
Adults with no impairment at both waves	25	34	21	11	10	770	

Source: Office For National Statistics

Notes:

1. Numbers of unemployed adults are too small to include
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

## 6 . Work status and occupation

As we have seen in Section 3.4, adults with impairment at both waves were less likely to be in employment than other adults. The type of occupation<sup>1</sup> people have may also be affected by impairment status. Table 3.4 shows occupation for employed adults.

Adults with impairment at both waves were more likely to be in semi-routine and routine occupations and less likely to be in higher managerial occupation than adults without impairment at both waves. This may reflect the lower qualification status reported by adults with impairment at both waves, as discussed in section 3.5.

As employment status, occupation and educational attainment are closely related it is difficult to separate the association between impairment and these 3 areas.

Further research is required to understand the relationship between impairment and work-related outcomes as this is a complex area.

**Table 3.4: Occupation: Percentage of working age adults (16 to 64) by impairment groups and work status [1]**

	Percentage at Wave 3					Sample size (number)
	Higher managerial, admin and professional occupations	Intermediate occupations	Small employers and own account workers	Lower supervisory and technical occupations	Semi-routine and routine occupations	
Working Age (16-64)						
Employed						
Adults with impairment at both waves	32	16	14	6	33	630
Offset	40	13	11	6	30	700
Onset-acquired	39	16	10	12	23	500
Adults with no impairment at both waves	43	17	9	7	24	2,450

Source: Office for National Statistics

Notes:

1. Numbers of unemployed adults are too small to include
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

## Notes for 3.6 Work status and occupation

1. [National Statistics Socio-economic Classification](#)

## 7 . Economic activity and caring responsibilities

Many people have to balance caring responsibilities within and outside of the home with their employment activity. Some also have to take account of their own impairment status. This section looks at how work status and impairment status relate to caring responsibilities inside and/or outside of the home. The definition of caring responsibilities for this analysis does not include routine child care responsibilities<sup>1</sup>.

Employed adults with impairment at both waves were more likely to report caring responsibilities than employed adults without impairments at both waves. This may be related to age. As seen in Section 3.3, a greater proportion of employed adults with impairment at both waves were over 50 than employed adults without impairment at both waves. Other research has found that older adults are more likely to have caring responsibilities<sup>2</sup>.

Although a higher percentage of inactive adults with impairment at both waves reported having caring responsibilities than inactive adults without impairment at both waves, this difference was not statistically significant.

Inactive adults without impairment at both waves were more likely to report caring responsibilities than employed adults without impairment at both waves. The same was true for offset adults – those with impairment at Wave One but not at Wave Three. The [previous 2014 LOS report](#) found that caring responsibilities<sup>3</sup> was one of the top 4 reasons for not being able to work given by adults without impairment at both waves.

**Table 3.5: Caring responsibilities: Percentage of working age adults (16 to 64) by impairment groups and work status[1]**

			Great Britain
Percentage at Wave 3			
	Adults with caring responsibilities inside /outside of the home	Adults with no caring responsibilities	Sample size (number)
Working Age (16-64)			
Employed			
Adults with impairment at both waves	29	71	550
Offset	23	77	650
Onset-acquired	23	77	470
Adults with no impairment at both waves	18	82	2,350
Inactive			
Adults with impairment at both waves	32	68	700
Offset	31	69	240
Onset-acquired	32	68	240
Adults with no impairment at both waves	28	72	720

Source: Office for National Statistics

Notes:

1. Numbers of unemployed adults are too small to include
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

**Table 3.6: Caring responsibilities: Percentage of adults aged 65 and over by impairment groups[1]**

Great Britain			
Percentage at Wave 3			
	Adults with caring responsibilities inside /outside of the home	Adults with no caring responsibilities	Sample size (number)
65 and over			
Adults with impairment at both waves	28	72	870
Offset	25	75	300
Onset-acquired	24	76	430
Adults with no impairment at both waves	26	74	980

Source: Office for National Statistics

Notes:

1. Numbers of unemployed adults are too small to include
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

### Notes for 3.7 Economic activity and caring responsibilities

1. This refers to caring informally for others, for example, a sick, disabled or elderly relative. Caring responsibilities include looking after or giving special help to (other than in a professional capacity) someone who has long-term physical or mental ill health or disability, or problems related to old age. This could include children if they are sick or disabled, but not routine child care
2. [Family Resources Survey, 2013/14](#)
3. Note that "caring responsibilities" as a barrier to working did not exclude child care

## 8 . Hours spent on caring responsibilities inside or outside of the home

Caring responsibilities (not including routine child care), whether working or not, can take up many hours a week. Focusing just on those who have caring responsibilities, Tables 3.7 and 3.8 show the number of hours adults spent each week looking after or helping others. These adults will be referred to as "carers" throughout this section.

The number of caring hours varied, with most carers spending up to 19 hours a week on caring responsibilities inside and/or outside of the home.

For working age carers who were economically inactive, a similar percentage were caring for more than 50 hours a week across the impairment groups. These percentages are higher than for those carers who were employed, although the differences were not statistically significant. Caring for this many hours could prevent adults working, and these caring responsibilities may be the reason adults are inactive. However, this is unlikely to explain all the difference.

Further research is required to understand the relationship between impairment, work-related outcomes and informal caring responsibilities as this is a complex area.

**Table 3.7: Hours spent on caring responsibilities inside or outside of the home: Percentage of working age adults (16 to 64) by impairment groups and work status[1]**

					Great Britain
Percentage at Wave 3					
	0-19 hours	20-49 hours	50 hours or more	Varies - 20 hours or more	Sample size (number)
Working Age (16-64)					
Employed					
Adults with impairment at both waves	75	9	11	5	170
Offset	81	12	4	4	160
Onset-acquired	56	28	11	5	140
Adults with no impairment at both waves	80	9	7	4	530
Inactive					
Adults with impairment at both waves	51	18	22	9	240
Offset	64	11	20	6	80
Onset-acquired	61	12	20	7	90
Adults with no impairment at both waves	65	8	20	7	240

Source: Office for National Statistics

Notes:

1. Numbers of unemployed adults are too small to include
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

**Table 3.8: Hours spent on caring responsibilities inside or outside of the home: Percentage of adults aged 65 and over, by impairment groups[1]**

Great Britain					
	Percentage at Wave 3				Sample size (number)
	0-19 hours	20-49 hours	50 hours or more	Varies - 20 hours or more	
Adults aged 65 and over					
Adults with impairment at both waves	61	12	18	10	240
Offset	69	10	15	6	80
Onset-acquired	60	13	18	9	110
Adults with no impairment at both waves	73	8	16	3	260

Source: Office For National Statistics

Notes:

1. Numbers of unemployed adults are too small to include
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10

## 9. Background notes

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

Compendium

# Chapter 4 - Participation restrictions

Contact:  
Gemma Thomas  
[los@ons.gsi.gov.uk](mailto:los@ons.gsi.gov.uk)

Release date:  
10 September 2015

Next release:  
To be announced

## Table of contents

1. [Main findings](#)
2. [Aims of the chapter](#)
3. [Changes in participation restriction across life areas](#)
4. [Life areas where a participation restriction was most commonly experienced](#)



5. [Choice in how free time is spent](#)
6. [Participation restrictions to leisure, culture and sport](#)
7. [Difficulty in accessing culture, sports and leisure](#)
8. [Barriers to participation in sport](#)
9. [Background notes](#)

# 1 . Main findings

- Adults with impairment at both waves and onset-acquired adults were more likely to report participation restrictions at both Wave One and Wave Three in nearly all life areas covered by the survey
- The majority of adults faced a participation restriction to leisure, more so than any other life area. This was regardless of impairment status
- Adults with impairment at both waves and onset-acquired adults reported that a health condition, illness or impairment was a barrier to participation in the life areas of leisure and social contact
- The majority of adults felt they had choice over how they spend their free time, regardless of impairment status
- Adults with impairment at both waves were more likely to report having little or no choice over how they spend their free time than other groups
- Having a health condition, illness or impairment was the top barrier to playing sport for adults with impairment at both waves
- Having a health condition, illness or impairment was also a barrier to playing sport for adults without impairments at both waves

## 2 . Aims of the chapter

This chapter explores how participation restriction was experienced by adults in different areas of their life, and whether there were changes to their experience of restriction between Wave One and Wave Three <sup>1</sup>.

The LOS collected information about adults' participation restriction in 8 different life areas:

- education and training
- work
- economic life (ability to pay household bills)
- transport
- leisure activities
- social contact
- accessibility in the home
- accessibility outside the home

An adult has a participation restriction in a life area if he or she experiences at least 1 barrier in that area. This chapter will provide an overview across life areas and will then focus on participation restriction at Wave Three to leisure activities, with a particular focus on sport.

Comparisons are made between the 4 analysis groups described in [Chapter 2](#):

1. adults with impairment at both waves
2. offset adults
3. onset-acquired adults
4. adults without impairment at both waves

These groups reflect the diversity of impairment status, in that impairment status may be stable, or may change over time. A person may have impairments at both waves (group 1) or no impairment at both waves (group 4), or they may no longer have impairments (group 2) or they acquire impairments at Wave Three (group 3).

## **Notes for 4.2 Aims of the chapter**

1. Wave One interviewing took place between June 2009 and March 2011, while Wave Three interviews occurred between October 2012 and September 2014

## **3 . Changes in participation restriction across life areas**

This section considers changes in participation restrictions adults have experienced between Wave One and Wave Three.

As found in [an earlier LOS report](#), there appears to be an association between impairment and participation restriction. This can be seen in Table 4.1, where almost 40% of onset-acquired adults – those with impairment at Wave Three but not at Wave One – experienced an increase in the number of life areas where they faced a participation restriction. This was a higher percentage than any other group, although the difference between the onset-acquired group and the impaired at both waves group was not statistically significant. In contrast, offset adults – those with impairment at Wave One but not at Wave Three – were more likely to report a decrease in participation restriction than other groups.

Adults with impairment at both waves were more likely than adults without impairment at both waves to report an increase in the number of life areas where they faced a participation restriction. However, they were just as likely to report a decrease as an increase. This would perhaps indicate there has been no systematic change in restrictions adults face to participation in life areas and highlights the diversity of experience of these groups. The picture may be different when individual life areas are considered. This is explored in section 4.4.

**Table 4.1: Percentage of adults with an increase, no change, or a decrease in the number of life areas[1,2] with barriers between Wave One and Wave Three, by groups**

All adults aged 16 and over

Great Britain

	Change in participation restriction			Sample size (number)
	Increase	No change	Decrease	
Adults with impairment at both waves	35	30	35	2710
Offset	21	32	47	1240
Onset-acquired	39	30	30	1230
Adults with no impairment at both waves	26	37	37	3690

Source: Office for National Statistics

Notes:

1. Transport has been excluded from the figures in this table. The questions relating to participation restriction to transport were different in Wave One and Wave Three. Including transport in the analysis may give a false picture of a change in the number of life areas with participation restriction
2. 'Shopping as a leisure activity' and 'other' were added to the questionnaire in Wave Three as activities adults could report an area of restriction under the life area of leisure. These have been included when constructing Table 4.1. Excluding these does not change the overall pattern of changes in participation restriction
3. All percentages have been rounded to the nearest whole number
4. Sample sizes have been rounded independently to the nearest 10
5. Transport is not reported here as the questions relating to participation restriction to transport were different in Wave One and Wave Three, so are not comparable

## 4 . Life areas where a participation restriction was most commonly experienced

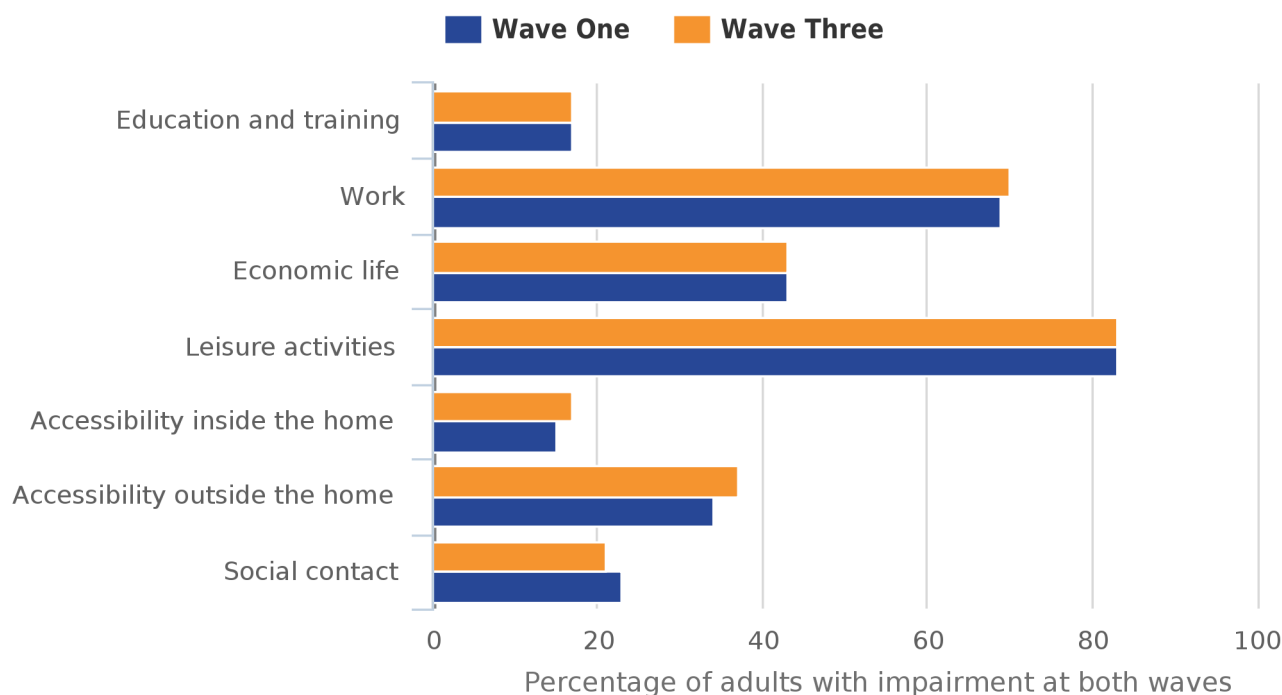
The likely association between impairment and participation restriction appears to hold for the majority of life areas. Adults with impairment at both waves were more likely than adults without impairment at both waves to report a participation restriction in all the life areas considered on the LOS. This was true at both Wave One and Wave Three, as shown in Figure 4.1 and Figure 4.4, although the difference for "Social Contact" at Wave Three was not statistically significant. This likely association is also reflected in Figures 4.2 and 4.3.

Offset adults were more likely to report a participation restriction in each of the life areas in Wave One – when they reported having impairment – than they were in Wave Three (Figure 4.2). For onset-acquired adults, a higher percentage experienced a participation restriction at Wave Three than at Wave One (Figure 4.3), although the differences were not statistically significant. 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.

Leisure remained the life area in which most adults experienced a participation restriction, regardless of impairment status.

**Figure 4.1: Adults with impairment at both waves: Percentage experiencing a participation restriction at Wave One and Wave Three, by life areas[1,2]**

Great Britain



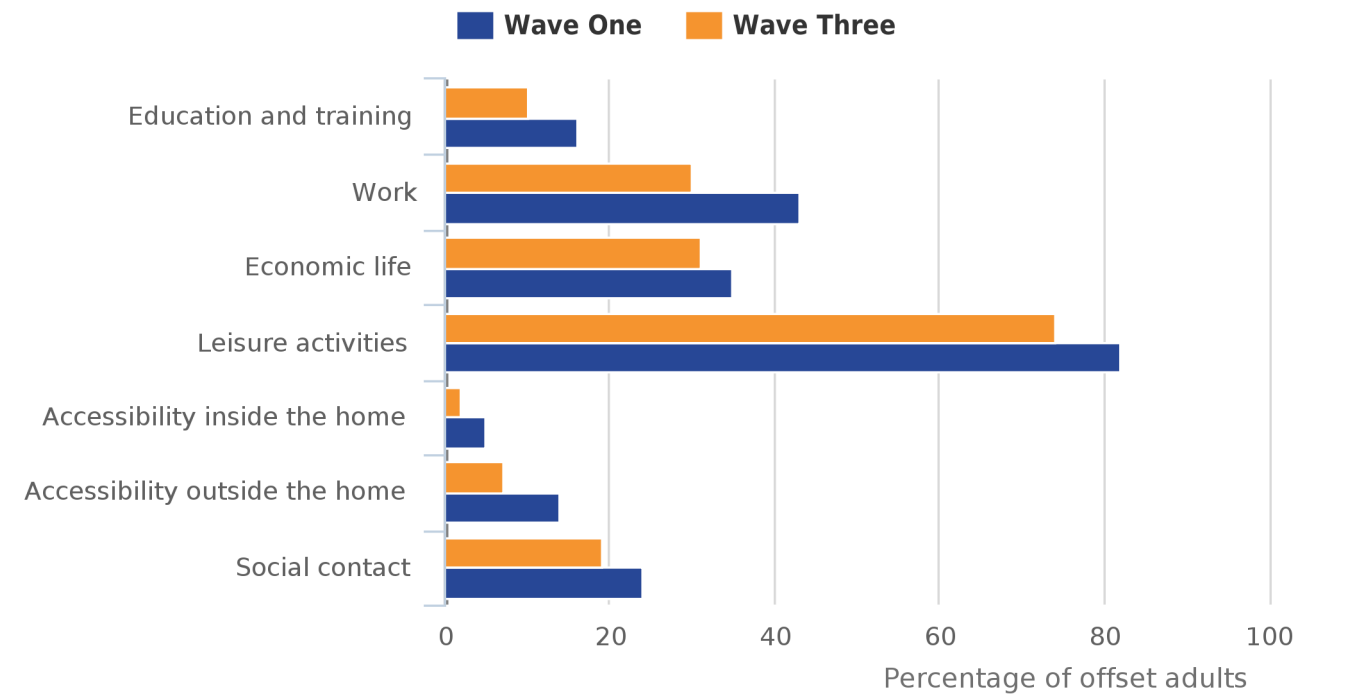
Source: Office for National Statistics

**Notes:**

1. Transport is not reported here as the questions relating to participation restriction to transport were different in Wave One and Wave Three, so are not comparable
2. "Shopping as a leisure activity" and "other" were added to the questionnaire in Wave Three as activities adults could report an area of restriction under the life area of leisure. These have been included when constructing Table 4.1. Excluding these does not change the overall pattern of changes in participation restriction
3. All percentages have been rounded to the nearest whole number
4. Sample sizes have been rounded independently to the nearest 10

**Figure 4.2: Offset adults: Percentage experiencing a participation restriction at Wave One and Wave Three, by life areas[1,2]**

Great Britain



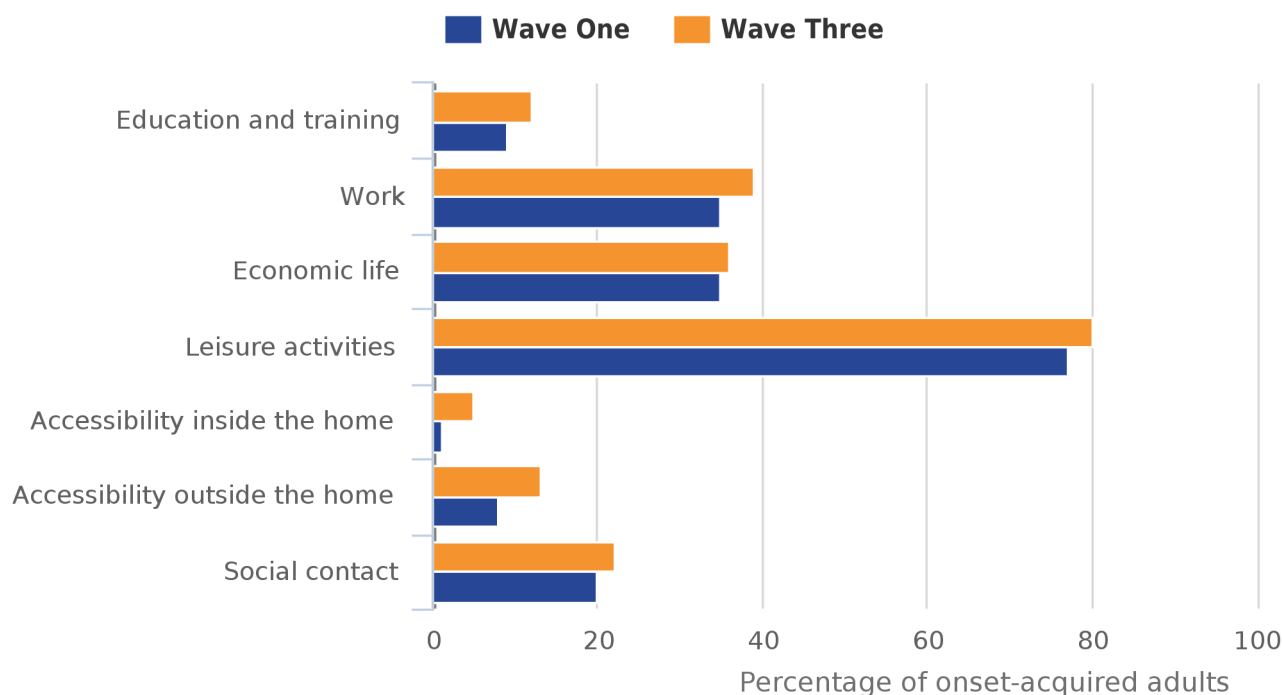
Source: Office for National Statistics

Notes:

1. Transport is not reported here as the questions relating to participation restriction to transport were different in Wave One and Wave Three, so are not comparable
2. "Shopping as a leisure activity" and "other" were added to the questionnaire in Wave Three as activities adults could report an area of restriction under the life area of leisure. These have been included when constructing Table 4.1. Excluding these does not change the overall pattern of changes in participation restriction
3. All percentages have been rounded to the nearest whole number
4. Sample sizes have been rounded independently to the nearest 10

**Figure 4.3: Onset-acquired adults: Percentage experiencing a participation restriction at Wave One and Wave Three, by life areas[1,2]**

Great Britain



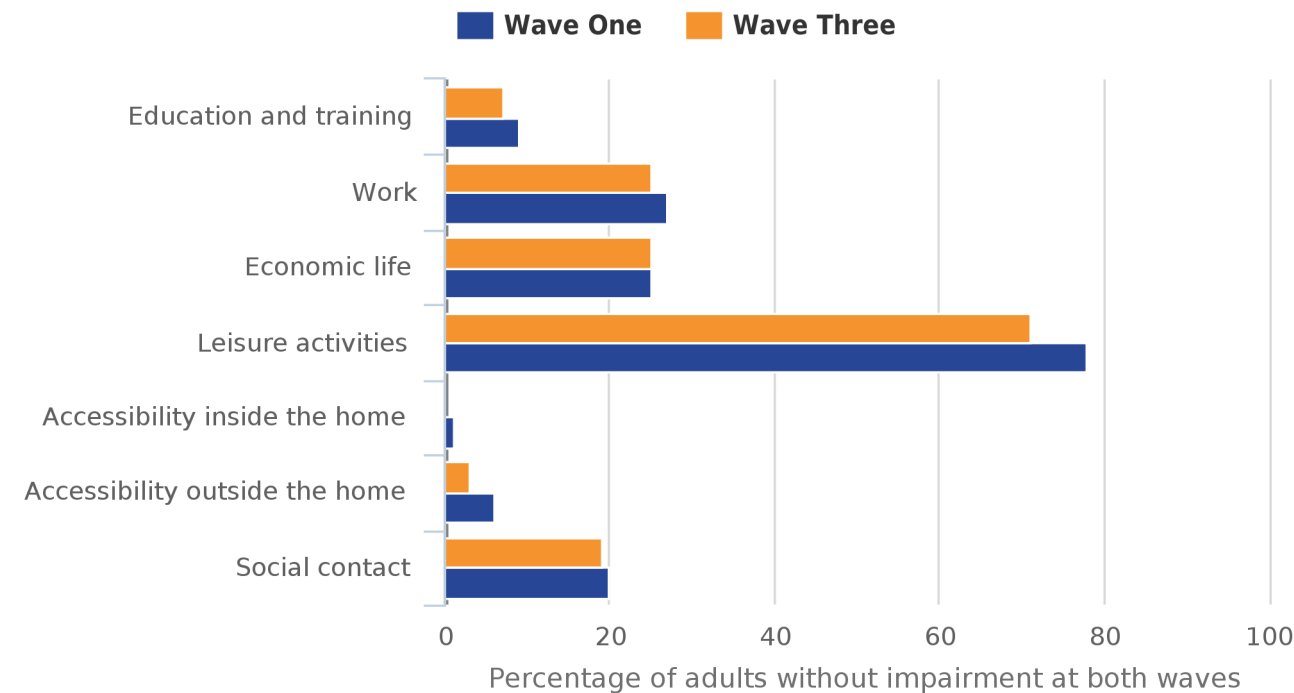
Source: Office for National Statistics

**Notes:**

1. Transport is not reported here as the questions relating to participation restriction to transport were different in Wave One and Wave Three, so are not comparable
2. "Shopping as a leisure activity" and "other" were added to the questionnaire in Wave Three as activities adults could report an area of restriction under the life area of leisure. These have been included when constructing Table 4.1. Excluding these does not change the overall pattern of changes in participation restriction
3. All percentages have been rounded to the nearest whole number
4. Sample sizes have been rounded independently to the nearest 10

**Figure 4.4: Adults without impairment at both waves: Percentage experiencing a participation restriction at Wave One and Wave Three, by life areas[1,2]**

Great Britain



Source: Office for National Statistics

Notes:

1. Transport is not reported here as the questions relating to participation restriction to transport were different in Wave One and Wave Three, so are not comparable
2. "Shopping as a leisure activity" and "other" were added to the questionnaire in Wave Three as activities adults could report an area of restriction under the life area of leisure. These have been included when constructing Table 4.1. Excluding these does not change the overall pattern of changes in participation restriction
3. 0 - Less than 0.5 per cent, including none
4. All percentages have been rounded to the nearest whole number
5. Sample sizes have been rounded independently to the nearest 10

## 5 . Choice in how free time is spent

We saw in Section 4.4 that the majority of adults faced a participation restriction to leisure. Previous research has found that disabled people value choice over leisure activities but they often feel constrained in this area <sup>1</sup>. The LOS asked adults how much choice they had over how they spent their free time.

The majority of adults reported some or a lot of choice in how they spend their free time. However, adults with impairment at both waves were more likely than other groups to report having little (21%) or no (5%) choice. For adults without impairment at both waves, only 9% reported little or no choice in how they spend their free time.

Section 4.6 explores the different areas of leisure where adults faced a participation restriction and the barriers they faced.



**Table 4.2: Extent of choice on how adults spend their free time at Wave three, by group**

All adults aged 16 and over

					Great Britain
	Level of choice (percentage)				Sample size (number)
	A lot of choice	Some choice	Little choice	No choice	
Adults with impairment at both waves	43	31	21	5	2710
Offset	58	30	11	1	1240
Onset-acquired	53	30	14	2	1230
Adults with no impairment at both waves	59	32	8	1	3690

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Notes for 4.5 Choice in how free time is spent**

1. Rabiee, P. and Glendinning, C. (2010) [Choice: what, when and why? Exploring the importance of choice to disabled people](#), Disability & Society, 25, 7, 827-839

## 6 . Participation restrictions to leisure, culture and sport

This section looks at adults who have reported a participation restriction in the area of leisure and explores which activities they faced a restriction to participating in. Adults were shown a list of activities relating to leisure, culture and sport and were asked whether there were any they would like to do more of but were not able to. Where adults selected more than 3 activities, they were asked to select the 3 activities that they would most like to do.

Figures 4.5 to 4.8 show that while the percentage of adults with impairment at both waves reporting a restriction to participating in leisure activities tended to be greater than for other groups, the types of leisure activities they faced restriction to were the same. This implies that having an impairment may affect participation in all areas of leisure, although this effect is likely to vary between individuals.

The top 3 areas adults would like to do more but faced a participation restriction, regardless of impairment type, were going on holiday, spending time with family and visiting friends. The most common barrier reported to going on holiday was financial<sup>1</sup>. This did not appear to be related to impairment status, as the same percentage of adults with impairment at both waves cited this as a reason as adults without impairment at both waves – 66%. Spending time with family and visiting friends are considered further in [Chapter 5](#), which looks at Social Contact.

The next 2 most common areas within leisure where adults would like to do more but faced a restriction to participation were going to the theatre, cinema or other arts activity and playing sport. When asked about barriers, time and money were common reasons given for not being able to participate in many of the leisure activities, including going to the theatre, cinema or other arts activities. While some adults reported time and money as barriers to participating in sport, these reasons were less common than for other leisure activities. Barriers to participating in sport are discussed in more detail in section 4.8.

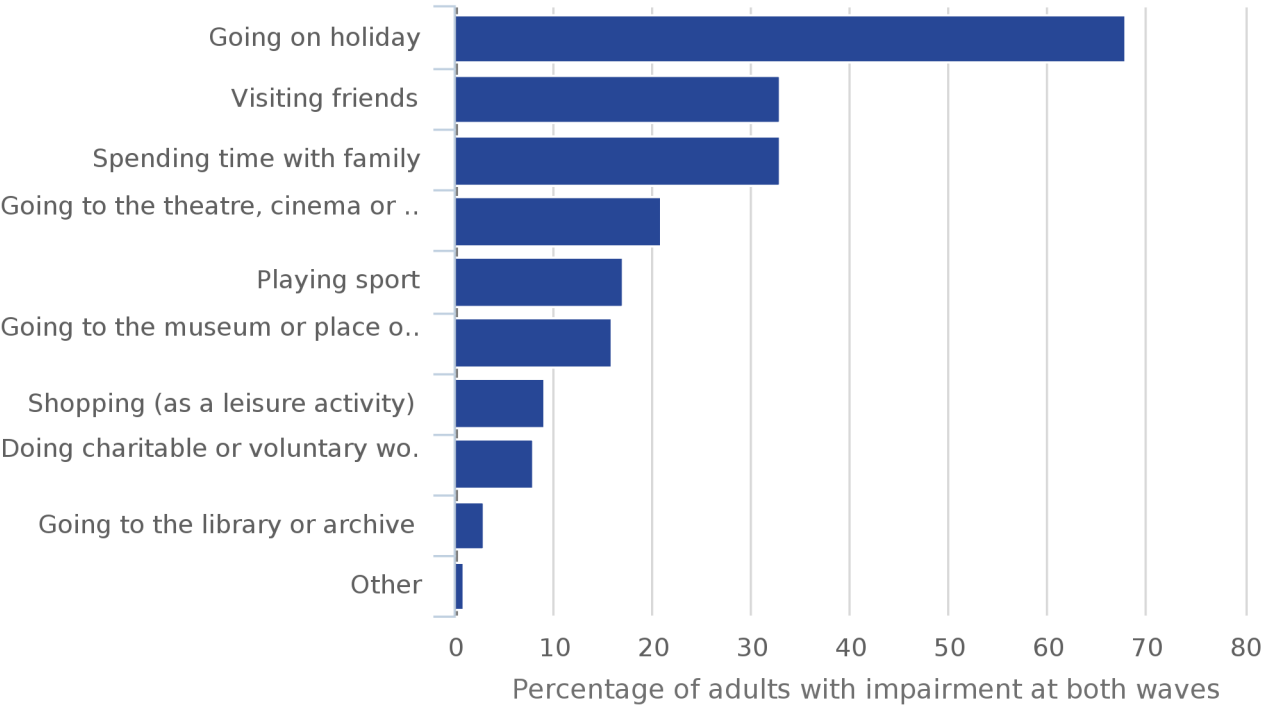
The potential relationship between impairment and participation restriction is further demonstrated when considering barriers to leisure activities. Adults with impairment at Wave Three (adults with impairment at both waves and onset-acquired adults) were more likely to report a health condition, illness or impairment as a barrier to the various leisure activities covered by the LOS than those without an impairment at both waves. These differences were statistically significant for all activities, except "going to the library or archive" and "other".

The percentage of adults with impairment at Wave Three reporting a health condition, illness or impairment as a barrier to various leisure activities was also higher than for offset adults. These differences were statistically significant for going on holiday, visiting friends, spending time with family and "going to a museum", but not for other activities.

The length of time an adult has an impairment and the severity of impairment<sup>2</sup>, also seem to have an effect. Adults with impairment at both waves were more likely to report a health condition, illness or impairment as a barrier to all activities in the life area of leisure than onset-acquired adults, that is, adults who had not reported impairment at Wave One. The exception was "going to the library or archive" and "other", where these differences were not statistically significant.

**Figure 4.5: Adults with impairment at both waves: Percentage experiencing a participation restriction to leisure, by activity**

Great Britain



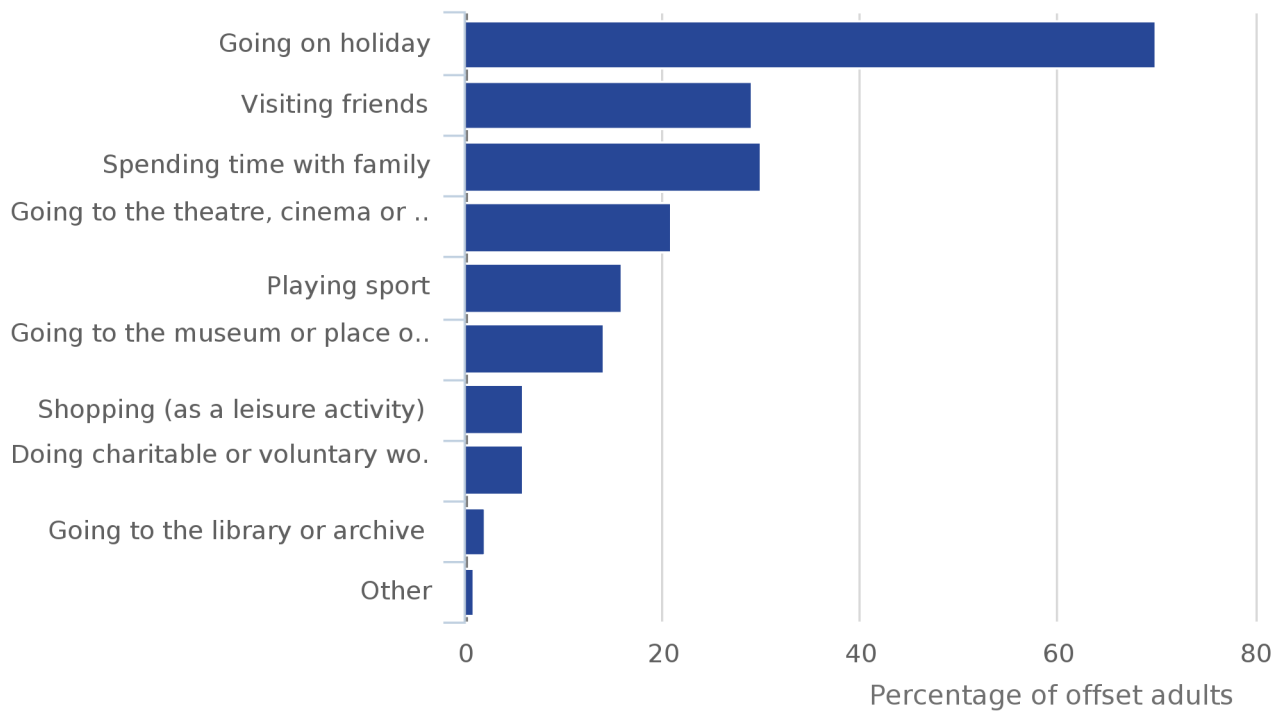
Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 4.6: Offset adults: Percentage experiencing a participation restriction to leisure, by activity**

**Great Britain**



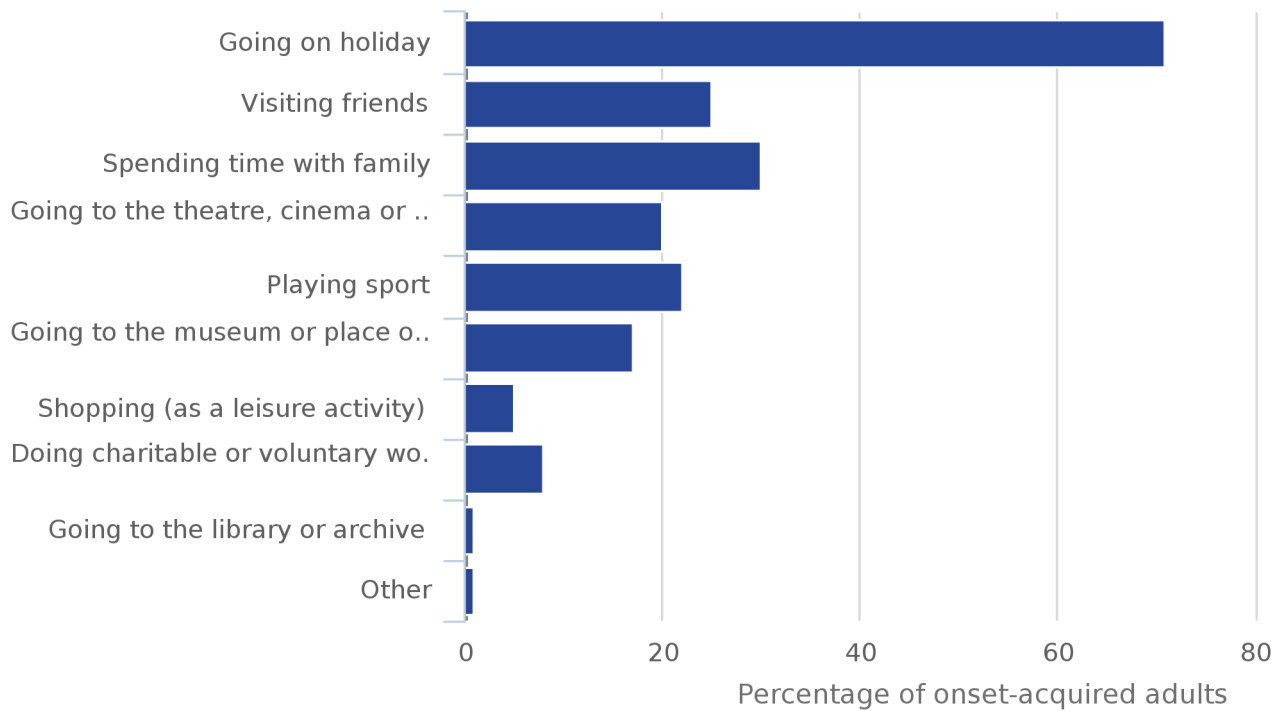
**Source: Office for National Statistics**

**Notes:**

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 4.7: Onset-acquired adults: Percentage experiencing a participation restriction to leisure, by activity**

**Great Britain**



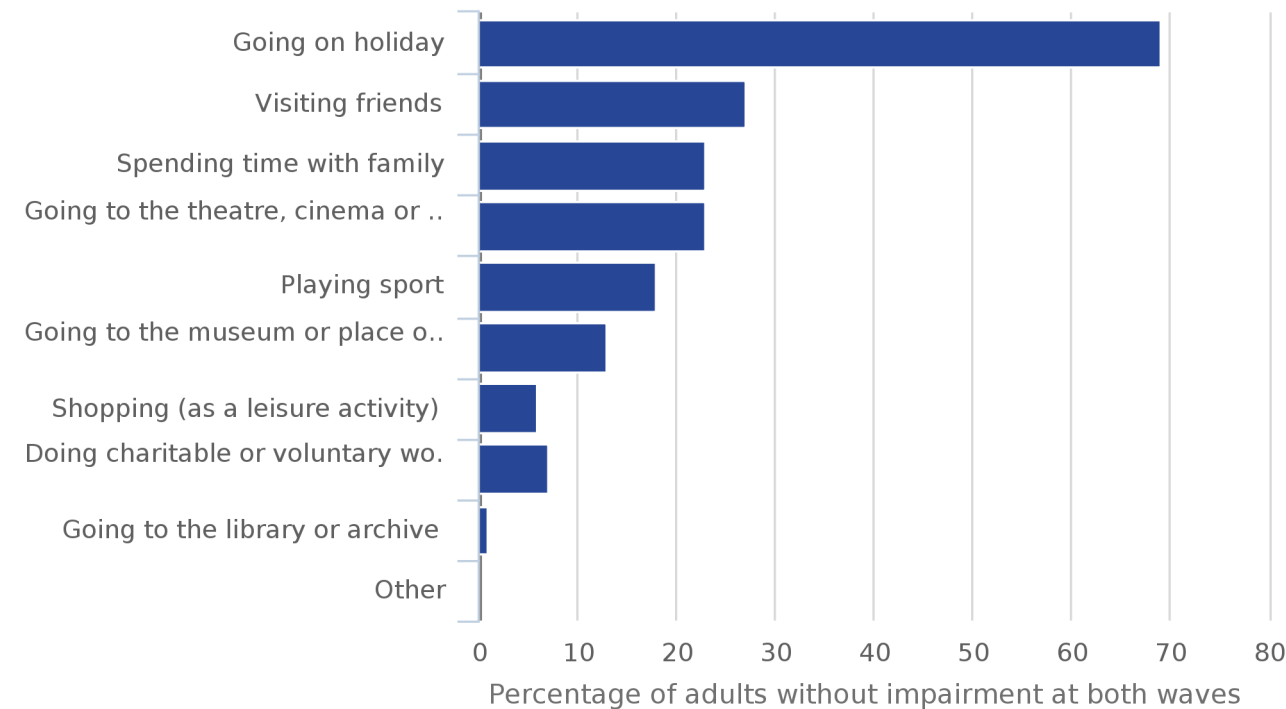
**Source: Office for National Statistics**

**Notes:**

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 4.8: Adults without impairment at both waves: Percentage experiencing a participation restriction to leisure, by activity**

Great Britain



Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Notes for 4.6 Participation restrictions to leisure, culture and sport**

1. See Appendix 2 for a full list of barriers to leisure activities
2. We saw in Chapter 2 that adults with impairment at both waves were more likely to report "severe" difficulty and "frequent" limitations

**7 . Difficulty in accessing culture, sports and leisure**

Adults may report barriers to participation in a life area without necessarily having tried to access any services in that area. On the LOS, adults were asked whether they had contacted, tried to contact or had any dealings with any public services within the last 12 months, including culture, sport and leisure services. Those who had were then asked what level of difficulty they had faced in accessing those services – no difficulty, some difficulty or a lot of difficulty. Overall, around 1 in 10 of those who were interviewed at Wave One and Wave Three had tried to contact culture, sports and leisure services.

The majority of adults who had tried accessing culture, sports and leisure services in both Wave One and Wave Three experienced no change in difficulty accessing these services. A greater proportion of adults with impairment at both waves saw a decrease in difficulty in accessing culture, sport and leisure services than other groups.

**Table 4.3: Change in difficulty accessing culture, sport and leisure services between Wave One and Wave Three**

All adults aged 16 and over

	Great Britain			
	Change in difficulty (percentage)			Sample size (number)
	Increase	No change	Decrease	
Adults with impairment at both waves	10	72	18	150
Offset	7	85	8	130
Onset-acquired	8	89	3	80
Adults with no impairment at both waves	3	94	4	450

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

## 8 . Barriers to participation in sport

This section looks at the barriers to participation in sport, so focuses on adults who reported they would like to do more of this activity but faced a participation restriction to playing sport. The percentage of adults who reported a participation restriction to playing sport varied by analysis group, from 16% (offset adults) to 22% (onset adults) – see Section 4.6.

Adults with impairment at both waves who had a restriction to participating in sport were likely to report an impairment-based reason as a barrier. A health condition, illness or impairment was the top barrier for this group, followed by disability related reasons.

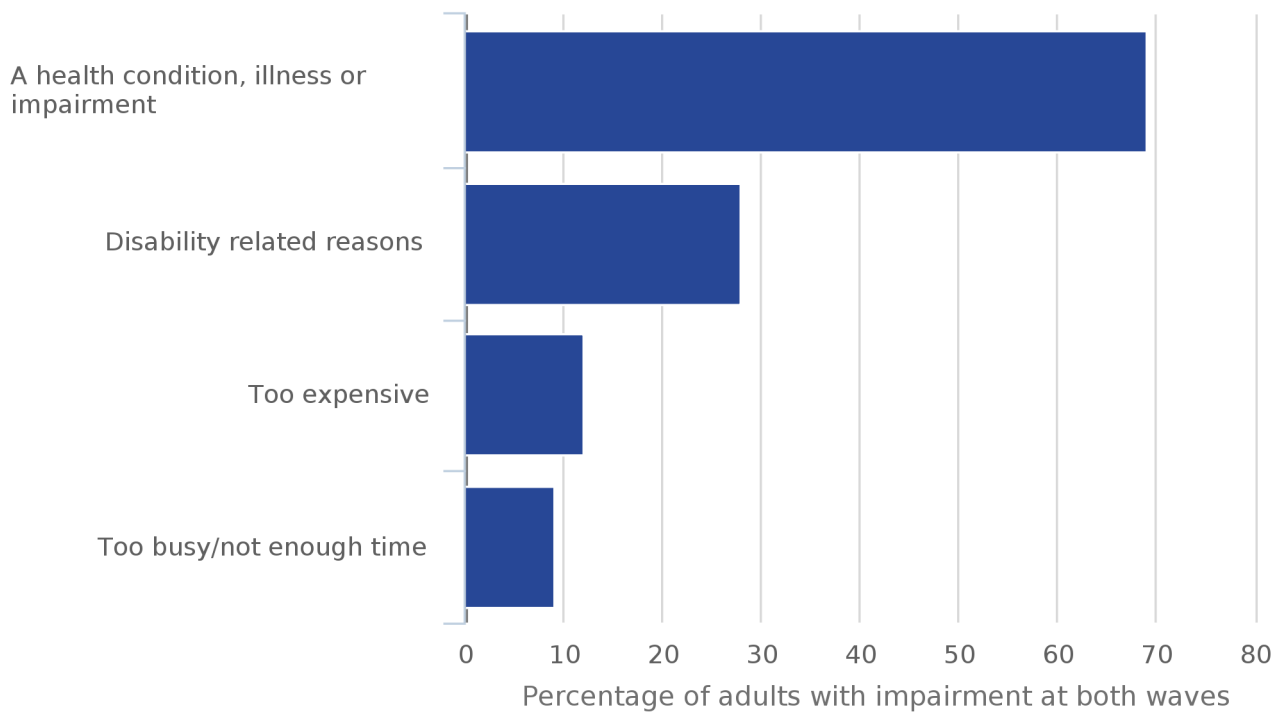
Although adults with impairment at both waves were more likely to give a health condition, illness or impairment as a barrier to playing sport, this reason was given by all 4 groups. This reflects the influence a health condition, illness or impairment has on participation in sport. As described in [Chapter 1](#), adults may have a health condition but not be classified as having an impairment for the purposes of LOS. For example, an adult may have a health condition but only have reported mild difficulties relating to this condition.

Time and money were commonly given as reasons for not being able to participate in sport, and were in the top 4 barriers for all groups. However, as discussed in Section 4.6, a smaller percentage of adults said time and money were barriers to playing sport than for other leisure activities.

One of the top 4 barriers to participating in sport for both onset-acquired adults and adults without impairment at both waves was caring responsibilities. More information on caring responsibilities in relation to work can be found in [Chapter 3](#).

**Figure 4.9: Adults with impairment at both waves: Percentage of adults reporting barriers to sport at Wave Three**

**Great Britain**



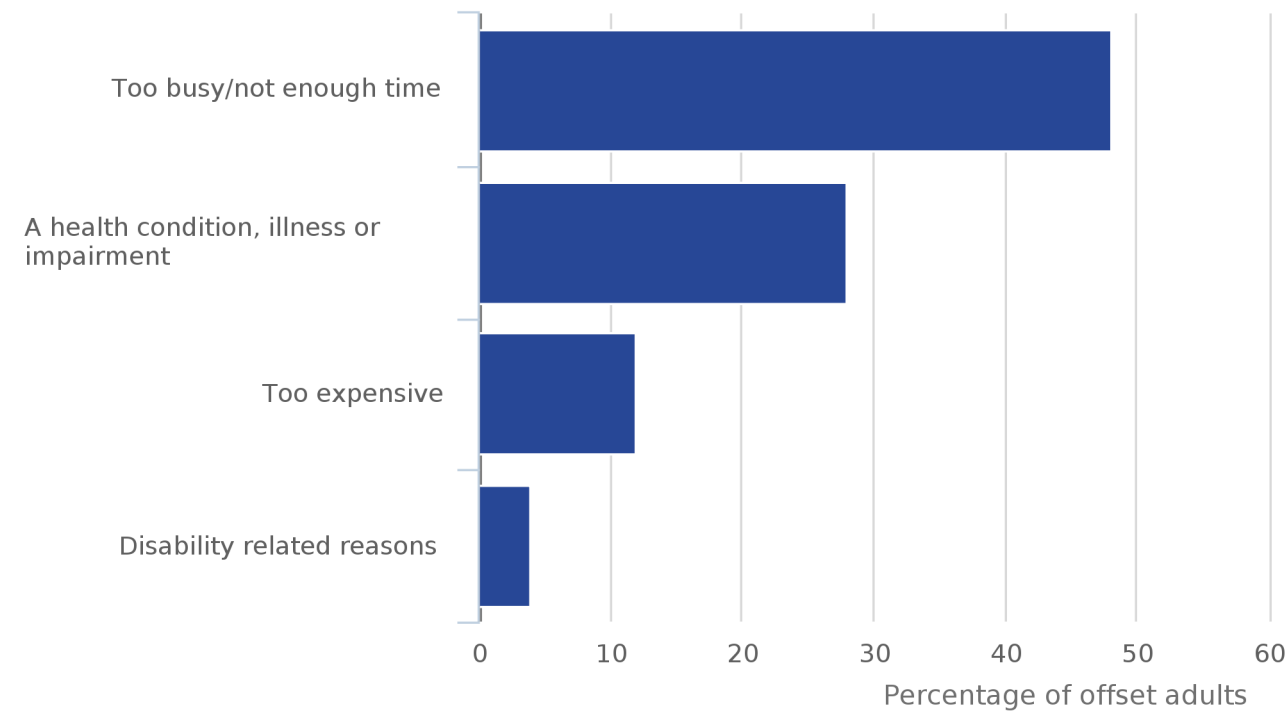
**Source: Office for National Statistics**

**Notes:**

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

Figure 4.10: Offset adults: Percentage of adults reporting barriers to sport at Wave Three

Great Britain



Source: Office for National Statistics

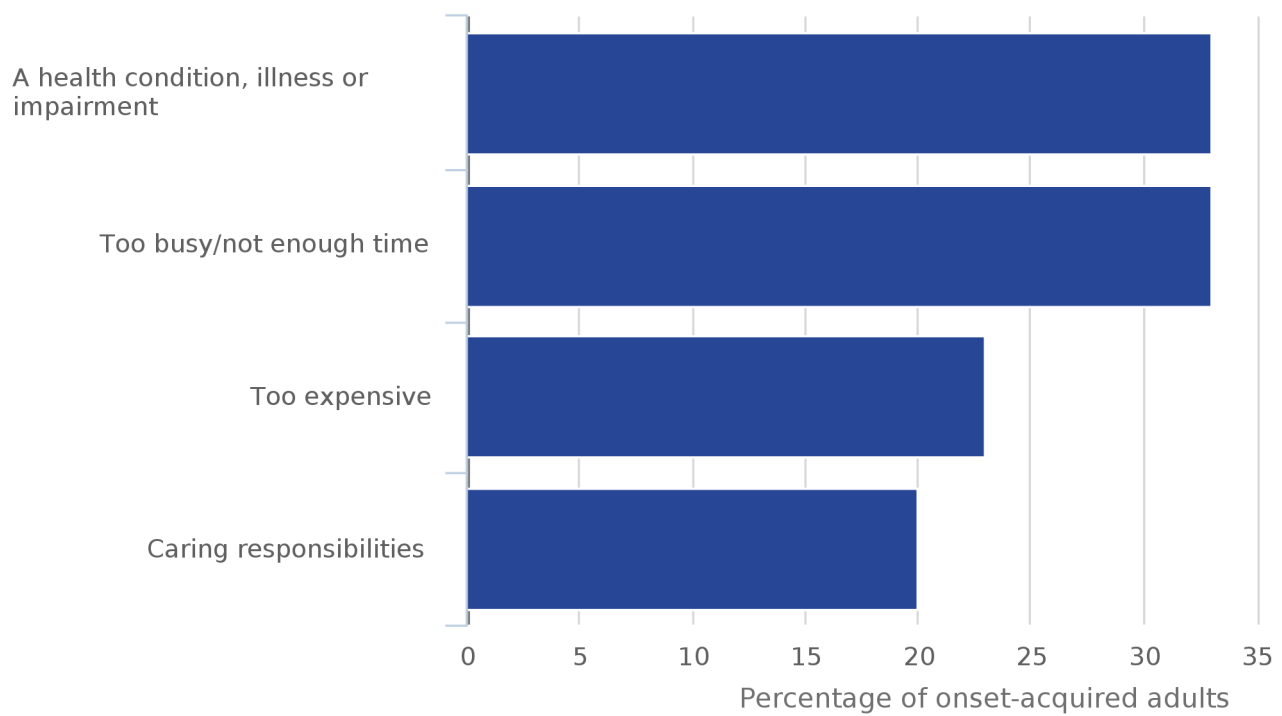
Notes:

- 1. All percentages have been rounded to the nearest whole number
- 2. Sample sizes have been rounded independently to the nearest 10



**Figure 4.11: Onset-acquired adults: Percentage of adults reporting barriers to sport at Wave Three**

**Great Britain**



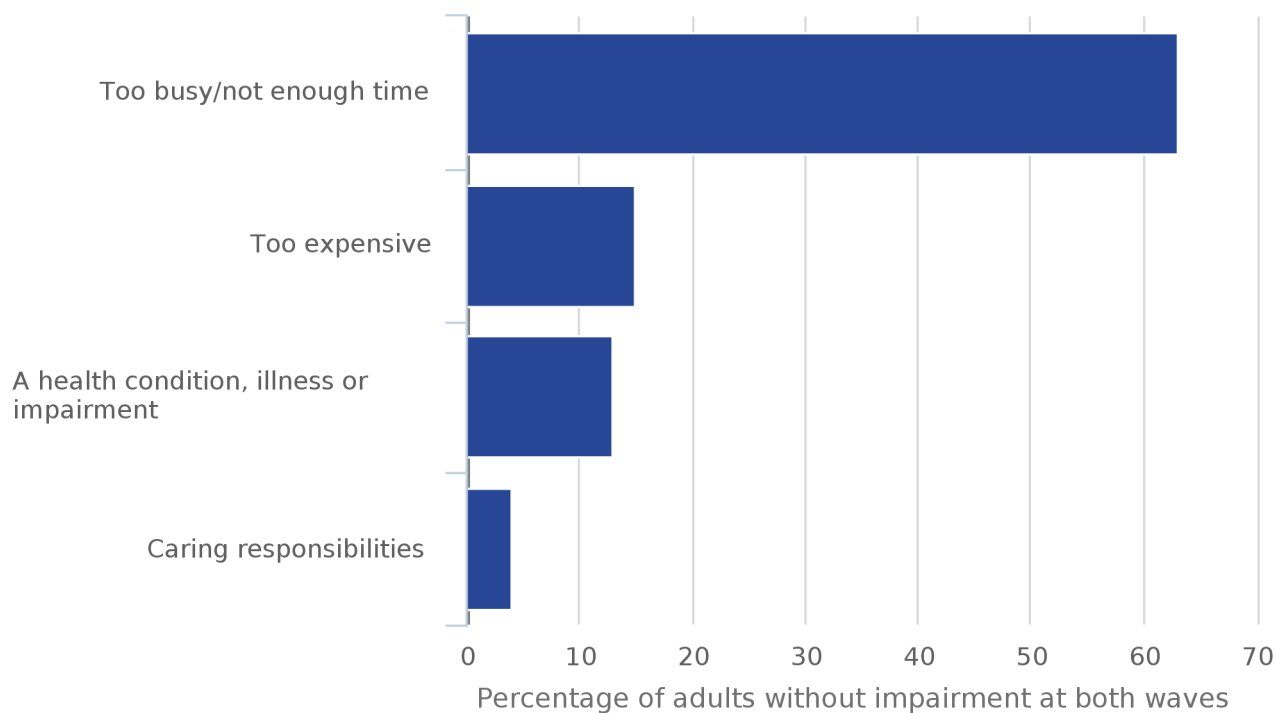
**Source: Office for National Statistics**

**Notes:**

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 4.12: Adults without impairment at both waves: Percentage of adults reporting barriers to sport at Wave Three**

Great Britain



Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

## 9. Background notes

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

Compendium

## Chapter 5 - Social contact

Contact:  
Gemma Thomas  
[los@ons.gsi.gov.uk](mailto:los@ons.gsi.gov.uk)

Release date:  
10 September 2015

Next release:  
To be announced

# Table of contents

1. [Main findings](#)
2. [Aims of the chapter](#)
3. [Social contact](#)
4. [Barriers to social contact: participation restriction](#)
5. [Difficulty getting in/out of the home](#)
6. [Barriers to getting in or out of the home](#)
7. [Background notes](#)

# 1 . Main findings

- Having an impairment appears to be associated with lower levels of social contact
- Around a fifth of adults, regardless of impairment status, felt they had less contact in the last week with those they felt close to than they would like
- Adults aged 16 to 64 were more likely than those aged 65 and over to say they had seen people they felt close to less than they would like in the last week. This was true regardless of impairment status
- There appears to be an association between having an impairment and adults reporting seeing people they felt close to less than they would like in the last week. This association appears to be stronger for adults aged 65 and over than for adults aged 16 to 64
- Lack of time is a common barrier to social contact for all adults, but for adults with impairment at both waves "other people too busy" was a more common barrier than not having enough time themselves
- Around 1 in 10 adults with impairments at both waves reported difficulty getting in or out of the home

## 2 . Aims of the chapter

Social contact and social relationships are recognised as important for individual well-being<sup>1</sup>. We saw in Chapter 4 that an adult has a participation restriction in a life area if he or she experiences at least 1 barrier in that area. This chapter explores how adults experience participation restriction to social contact and how this varies by impairment status and age. It then describes the barriers experienced by those who had a participation restriction to social contact. The analysis focuses on responses made at Wave Three, which took place between October 2012 and September 2014.

Comparisons are made between the 4 analysis groups described in [Chapter 2](#):

1. adults with impairment at both waves
2. offset adults
3. onset-acquired adults
4. adults without impairment at both waves

These groups reflect the diversity of impairment status, in that impairment status may be stable, or may change over time. A person may have impairments at both waves (group 1) or no impairment at both waves (group 4), or they may no longer have impairments (group 2) or they acquire impairments at Wave Three (group 3).

It should be noted that the questions on LOS focused on the number of people adults felt close to, how many of these people they had seen in the last week and whether they would have liked to have seen more of them. Those adults who reported seeing people they felt close to less than they would have liked were then asked about the barriers they faced. Adults were not asked about the quality of their relationships or whether they felt lonely. The questions asked on the LOS about levels of social contact can be found in [Annex 4 \(17.8 Kb Pdf\)](#).

### Notes for 5.2 Aims of the chapter

1. [Measuring National Wellbeing: Life in the UK, 2015](#)

### 3 . Social contact

This section looks at levels of social contact by impairment status and age, and whether adults felt this level of social contact was enough. Adults were asked a series of questions about people they felt close to. This was defined as someone who they could count on if they had a problem and could include relatives and friends.

The majority of adults felt close to at least 3 people, with around half of adults reporting they felt close to 6 or more people. This was regardless of age and impairment status. In general, adults said they had as much social contact as they would like, although there was slight variation by age. A lower percentage of adults aged 16 to 64 reported having as much social contact as they would like than those aged 65 and over, regardless of impairment group.

Only a small percentage of adults reported having nobody they felt close to, or having no social contact with people they are close to in the past week. This was regardless of impairment group and age. A number of adults felt close to only 1 or 2 people and several had only seen or spoken to one or two people they felt close to in the last week. Around a fifth of all adults said they had less social contact than they would have liked, regardless of impairment type.

There appears to be an association between impairment and the level of social contact, but other factors will also have an effect. Adults with impairment at both waves were more likely to report feeling close to only 1 or 2 adults and more likely to have seen only one or two adults in the last week than adults without impairment at both waves.

There also appears to be an association between impairment and desired level of social contact – adults with impairment at both waves were more likely than those without impairment at both waves to report seeing people they felt close to in the last week less than they would have liked. This association appears to be stronger for adults aged 65 and over. This was despite adults aged 65 and over being less likely than those aged 16 to 64 to report less social contact than they would have liked, for all groups. Other factors may therefore be having an effect. For example, adults may have had contact with a number of people they felt close to but still answer that this was less than they would have liked. As can be seen in Table 5.2, within each group the number of people adults had seen in the last week did not vary much by age. It may be that those aged 16 to 64 expect more contact with people they feel close to compared with those aged 65 and over.

**Table 5.1: How many people adult felt close to at Wave Three, by impairment status and age**

Great Britain					
	Percentage at Wave 3				
	None	1 or 2	3-5	6 or more	Sample size (number)
Adults aged 16-64					
Adults with impairment at both waves	1	15	38	45	1,480
Offset	0	9	36	55	900
Onset-acquired	1	10	41	48	700
Adults with no impairment at both waves	1	6	36	56	2,740
Adults aged 65 and over					
Adults with impairment at both waves	1	13	34	52	1,300
Offset	1	11	34	54	390
Onset-acquired	1	12	32	54	580
Adults with no impairment at both waves	1	8	32	60	1,190
All adults aged 16 and over					
Adults with impairment at both waves	1	14	37	48	2,780
Offset	1	10	35	54	1,290
Onset-acquired	1	11	38	50	1,280
Adults with no impairment at both waves	1	7	36	57	3,930

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Table 5.2: How many people adults had seen in the last week that they felt close to at Wave Three, by impairment status and age**

Great Britain					
	Percentage at Wave 3				
	None	1 or 2	3- 5	6 or more	Sample size (number)
Adults aged 16-64					
Adults with impairment at both waves	1	28	42	29	1,470
Offset	1	20	44	34	900
Onset-acquired	1	22	47	30	690
Adults with no impairment at both waves	1	16	47	35	2,720
Adults aged 65 and over					
Adults with impairment at both waves	1	24	44	31	1,290
Offset	2	21	45	32	390
Onset-acquired	1	27	40	32	570
Adults with no impairment at both waves	1	18	43	38	1,190
All adults aged 16 and over					
Adults with impairment at both waves	1	26	43	29	2,750
Offset	1	21	44	34	1,290
Onset-acquired	1	23	45	31	1,260
Adults with no impairment at both waves	1	17	47	36	3,910

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Table 5.3: Percentage of adults who see people they feel close to as much as they would like, less than they would like or more than they would like at Wave Three, by impairment status and age**

				Great Britain
Level of contact at Wave 3 (percentage)				
	As much as you would like	Less than you would like	More than you would like*	Sample size (number)
Adults aged 16-64				
Adults with impairment at both waves	74	26	1	1,440
Offset	77	23	1	890
Onset-acquired	74	25	1	680
Adults with no impairment at both waves	79	21	1	2,690
Adults aged 65 and over				
Adults with impairment at both waves	85	14	1	1,270
Offset	92	7	1	380
Onset-acquired	86	13	0	570
Adults with no impairment at both waves	92	8	0	1,170
All adults aged 16 and over				
Adults with impairment at both waves	78	21	1	2,710
Offset	80	19	1	1,270
Onset-acquired	78	22	1	1,250
Adults with no impairment at both waves	81	19	1	3,860

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10
3. 0 - Less than 0.5 per cent, including none
4. \*Spontaneous only

## 4 . Barriers to social contact: participation restriction

For adults with impairment, social contact may be more difficult compared to those without impairment. We saw in Section 5.3 that around a fifth of adults had less contact than they would like, although this varied by analysis group and age. This section considers the barriers those adults faced to social contact. Figures 5.1 to 5.4 show the 6 most commonly reported barriers to social contact for each of the 4 analysis groups.



Time is an important barrier to social contact. Not having enough time and other people being too busy were the top barriers to social contact regardless of impairment status. Adults with impairment at both waves were more likely to report other people being too busy as a barrier than them not having enough time, perhaps indicating that they are more likely to be reliant on others. This is consistent with the findings in [Chapter 4](#), where adults with impairment at both waves were more likely to report having little choice over how they spend their free time.

As may be expected, there appears to be an association between having an impairment and reporting an impairment-related barrier. Over a fifth of adults with impairment at both waves reported having a health condition, illness or impairment as a barrier to social contact. A health condition, illness or impairment was also in the top 6 barriers to social contact reported by onset adults, those with impairment at Wave Three but not at Wave One.

Caring responsibilities was a top 6 barrier for adults without impairment at both waves and offset adults, (those with impairment at Wave One but not at Wave Three). More information on caring and work are discussed in [Chapter 3](#).

"Too far to travel" appears in the top six barriers for all four impairment groups. This may reflect adults settling away from their childhood home and having more dispersed social networks<sup>1</sup>.

**Figure 5.1: Impairment at both waves: Percentage of adults reporting barriers meeting or speaking to people close to at Wave Three, by group**

Great Britain

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 5.2: Offset: Percentage of adults reporting barriers meeting or speaking to people close to at Wave Three, by group**

Great Britain

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 5.3: Onset: Percentage of adults reporting barriers meeting or speaking to people close to at Wave Three, by group**

Great Britain

Source: Office For National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10

**Figure 5.4: Adults without impairment at both waves: Percentage of adults reporting barriers meeting or speaking to people close to at Wave Three, by group**

Great Britain

Source: Office for National Statistics

Notes:

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded to independently to the nearest 10

### **Notes for 5.4 Barriers to social contact: participation restriction**

1. Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Medicine 7(7)

## **5 . Difficulty getting in/out of the home**

Difficulty getting in or out of the home may prevent adults from having as much social contact as they would like. All adults were asked whether they have any difficulty getting in or out of their home, regardless of whether they had reported a participation restriction to social contact.

The majority of adults reported no difficulties getting in or out of the home, regardless of impairment status. As may be expected, those with impairment were more likely to report difficulty getting in or out of the home. A higher percentage of adults with impairment at both waves and onset-acquired adults reported difficulties getting in or out of the home than offset adults and adults without impairment at both waves.

Adults aged 65 and over were more likely to report difficulty getting in or out of the home than adults aged 16 to 64, reflecting the finding in [Chapter 2](#) and a [previous LOS report](#) where older adults were more likely to report mobility related impairments.

**Table 5.4: Difficulty getting in/out of the home at Wave Three, by group**

	Percentage at Wave 3		Great Britain
	Yes	No	Sample size (number)
Adults aged 16-64			
Adults with impairment at both waves	7	93	1,480
Offset	0	100	900
Onset-acquired	2	98	700
Adults with no impairment at both waves	..	100	2,750
Adults aged 65 and over			
Adults with impairment at both waves	14	86	1,300
Offset	4	96	390
Onset-acquired	5	95	580
Adults with no impairment at both waves	0	100	1,190
All adults aged 16 and over			
Adults with impairment at both waves	10	90	2,780
Offset	1	99	1,290
Onset-acquired	3	97	1,280
Adults with no impairment at both waves	0	100	3,940

Source: Office for National Statistics

Notes:

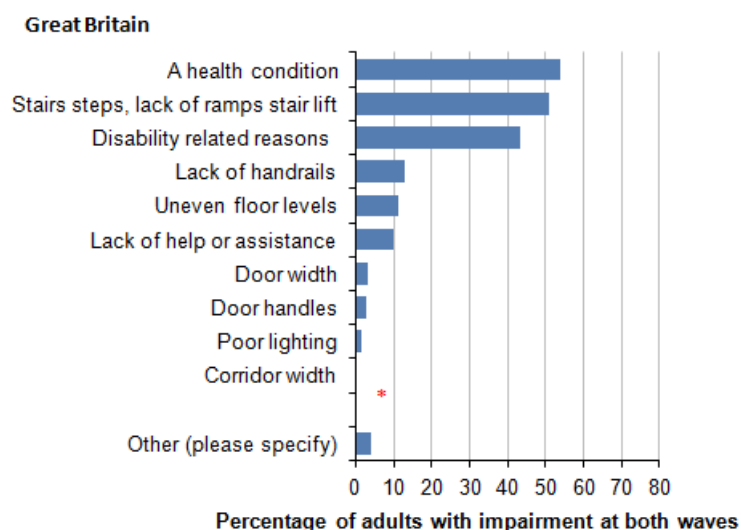
1. .. - Cells have been suppressed due to small cell counts
2. All percentages have been rounded to the nearest whole number
3. Sample sizes have been rounded independently to the nearest 10
4. 0 - less than 0.5 per cent, including none

## 6 . Barriers to getting in or out of the home

Adults who said they had difficulty getting in or out of the home were asked about the barriers they faced. Figure 5.5 shows the barriers to getting in or out of the home for the 10% of adults with impairment at both waves who reported difficulties.

Impairment-related conditions were common barriers, with over half of those who had difficulty getting in or out of the home reporting an illness, health condition or impairment as the reason, and around 40% attributing it to a disability-related reason. Stairs were also a common barrier, with over 50% of this group of adults saying they were a barrier to getting in or out of the home.

**Figure 5.5: Impairment at both waves: Barriers to getting in or out of the home at Wave Three**



**Source:** Office for National Statistics

**Notes:**

1. All percentages have been rounded to the nearest whole number
2. Sample sizes have been rounded independently to the nearest 10
3. .. - Cells have been suppressed due to small cell counts

## 7. Background notes

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

Compendium

## Chapter 6 - Conclusions

Contact:  
Gemma Thomas  
[los@ons.gsi.gov.uk](mailto:los@ons.gsi.gov.uk)

Release date:  
10 September 2015

Next release:  
To be announced

# 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:

1. 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**

[Chapter 3](#) 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

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