

Article

# Coronavirus and the social impacts on disabled people in Great Britain: February 2021

Indicators from the Opinions and Lifestyle Survey on the social impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain. This release uses three waves of survey results covering dates between the 3 to 28 February 2021 and includes indicators broken down by impairment type.

Contact:  
Indiana Sparkes, Edward Pyle,  
Kishan Thakar, David Ainslie and  
Josephine Foubert  
life.course@ons.gov.uk  
+44 (0)1633 455847

Release date:  
9 April 2021

Next release:  
To be announced

## Table of contents

1. [Main points](#)
2. [Understanding the impact of the coronavirus \(COVID-19\) pandemic on disabled people](#)
3. [Concerns during the coronavirus \(COVID-19\) pandemic](#)
4. [Well-being during the coronavirus \(COVID-19\) pandemic](#)
5. [Perceptions of the future](#)
6. [Attitudes towards COVID-19 vaccination](#)
7. [Social impacts on disabled people data](#)
8. [Glossary](#)
9. [Data sources and quality](#)
10. [Related links](#)

# 1 . Main points

In February 2021, among people aged 16 years and over in Great Britain:

- A larger proportion of disabled people (78%) than non-disabled people (69%), said they were worried (very or somewhat) about the effect that the coronavirus (COVID-19) was having on their life; for disabled people this proportion was lower than in September 2020 (83%).
- Disabled people more often indicated coronavirus had affected their life than non-disabled people in ways such as their health (35% for disabled people, compared with 12% for non-disabled people), access to healthcare for non-coronavirus related issues (40% compared with 19%), well-being (65% compared with 50%) and access to groceries, medication and essentials (27% compared with 12%).
- Feeling stressed or anxious, feeling bored and feeling worried about the future were the well-being concerns most frequently cited by both disabled (67%, 62% and 57% respectively) and non-disabled people (54%, 63% and 52% respectively) in February 2021; feeling bored has increasingly been reported by both disabled (43% to 62%) and non-disabled (42% to 63%) people with well-being concern since September 2020.
- Among people who indicated coronavirus affected their well-being, disabled people more frequently than non-disabled people specified that the coronavirus was making their mental health worse (46% for disabled people and 29% for non-disabled people), they are feeling like a burden on others (25% and 10%), they are feeling stressed and anxious (67% and 54%) or they are feeling lonely (49% and 37%).
- Disabled people had on average poorer well-being ratings than non-disabled people across all four well-being measures (life satisfaction, feeling that things done in life are worthwhile, happiness and anxiety).
- For both disabled and non-disabled people, life satisfaction and happiness ratings were poorer in February 2021 than in September 2020; compared with a period prior to the coronavirus pandemic (in the year ending June 2019), all well-being ratings of disabled and non-disabled people remained poorer in February 2021.
- Disabled people tended to be less optimistic than non-disabled people about life returning to normal in the short term: around a fifth (20%) of disabled people compared with over a quarter (27%) of non-disabled people thought that life will return to normal in less than six months.
- Positive sentiment towards the vaccine was high among both disabled and non-disabled people: 94% of both disabled and non-disabled people reported they had now either received at least one dose of a coronavirus (COVID-19) vaccine, were awaiting one, or would be likely (very or fairly likely) to have a vaccine if offered.

## 2 . Understanding the impact of the coronavirus (COVID-19) pandemic on disabled people

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

This article provides an update to [Coronavirus and the social impacts on disabled people in Great Britain: September 2020](#) and compares how the social impacts on disabled people, aged 16 years and over, have changed since earlier in the pandemic. We consider the social impacts on groups of disabled people with specific types of impairments.

For the purposes of this analysis, a person is considered to be disabled if they have a self-reported long-standing illness, condition or impairment that reduces their ability to carry out day-to-day activities. There are an estimated 13.7 million disabled people in Great Britain according to the [latest available estimates](#). This definition of disability is consistent with the [Equality Act 2010](#) and the [Government Statistical Service \(GSS\) harmonised definition](#).

Impairments are self-reported by respondents as activities they cannot perform or have difficulty performing because of a health condition or illness. This is consistent with the [GSS harmonised definition of impairment](#). For further information on disability and impairment definitions, please see the [Glossary](#).

Throughout this article, “February 2021” refers to data collected between 3 and 28 February 2021, a period in which “stay at home” lockdown rules continued to apply across Great Britain. Towards the end of this period the [roadmap](#) out of lockdown for England was published (22 February), as was a [strategic framework](#) for easing restrictions in Scotland (23 February) and [updated guidance](#) was provided in Wales (19 February). For more information on periods referred to in this article see [Section 9: Data sources and quality](#).

Comparisons are made over time with analysis presented on disabled people’s worries and well-being in the previous bulletins in this series. In addition, this article highlights information on disabled people’s perceptions of the future and attitudes to vaccination.

This article presents a summary of results, with further data including confidence intervals for the estimates contained in the [associated dataset](#). Any changes or differences mentioned in this bulletin are [statistically significant](#) unless stated otherwise.

### 3 . Concerns during the coronavirus (COVID-19) pandemic

In February 2021, just over three-quarters (78%) of disabled people said they were worried (“very worried” or “somewhat worried”) about the effect that the coronavirus (COVID-19) was having on their life. This proportion was smaller among non-disabled people at 69%.

A higher proportion of disabled people (27%) said they were “very worried” compared with non-disabled people (16%).

The proportion of disabled people reporting being worried in February 2021 (78%) was lower than in September 2020 (83%), and at a similar level to that reported in earlier periods in the pandemic, such as July (75%) and May 2020 (74%) (Figure 1). For both disabled and non-disabled people, proportions of people “very worried” were similar in February 2021 compared with September 2020.

**Figure 1: In February 2021 the proportion of disabled people reporting they are worried about the effect of the coronavirus pandemic remained higher than among non-disabled people**

**Proportion of people reporting being "very worried" or "somewhat worried" about the effect of the coronavirus pandemic on their life, Great Britain, April, May, July, September 2020 and February 2021**

**Notes:**

1. Question: "How worried or unworried are you about the effect that Coronavirus (COVID-19) is having on your life right now?".
2. Base population for percentage: Disabled or non-disabled population.
3. April 2020 refers to the collection period 3 April to 13 April 2020, May 2020 refers to the collection period 14 May to 24 May 2020, July 2020 refers to the collection period 8 July to 19 July 2020, September 2020 refers to the collection period 24 September to 4 October 2020. February 2021 refers to the collection period 3 February to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
4. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
5. Time periods shown in this figure correspond to those previously used in this [article series](#).

## Download the data

[.xlsx](#)

Figure 2 shows the specific aspects of life that disabled and non-disabled people identified as affected in February 2021. For disabled people, impact on well-being (65%) and lack of freedom and independence (62%) were most often mentioned as ways life that were affected. For non-disabled people, lack of freedom and independence (68%) was the area of life most indicated.

Disabled people more often indicated that coronavirus had affected their life in various ways than non-disabled people, the largest differences being in the areas of:

- health (35% for disabled people, compared with 12% for non-disabled people)
- access to healthcare for non-coronavirus related issues (40% compared with 19%)
- well-being (65% compared with 50%)
- access to groceries, medication and essentials (27% compared with 12%)

By contrast, non-disabled people more often indicated coronavirus had affected their life than disabled people in a number of areas, with the largest gaps in the following areas:

- work (24% for disabled people, compared with 35% for non-disabled people)
- personal travel plans (48% compared with 59%)
- schools, colleges and universities (20% compared with 28%)

**Figure 2: Disabled people more often reported coronavirus affected their health, access to healthcare for non-coronavirus related issues, well-being and access to groceries, medication and essentials compared with non-disabled people**

Great Britain, February 2021

## Notes:

1. Question: "In which ways is coronavirus (COVID-19) affecting your life?".
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled or non-disabled people.
4. February 2021 refers to the collection period 3 to 28 February. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
5. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

## Download the data

[.xlsx](#)

Compared with September 2020, in February 2021 both disabled and non-disabled people more often identified that coronavirus affected their health (for disabled people: 35% in February 2021, compared with 28% in September 2020, for non-disabled people: 12% compared with 7%). This was the same for freedom and independence, with 55% of disabled people and 56% of non-disabled people indicating that it had an impact in September 2020, compared with 62% and 68% respectively in February 2021. Additionally, ability to make plans was reported as being more affected in February 2021 than in September 2020 (disabled people: 56% compared with 49%, non-disabled people: 59% compared with 48%).

Non-disabled people more often said that coronavirus affected their well-being in February 2021 than in September 2020 (50% compared with 42%), life events (45% compared with 39%), exercise routine (35% compared with 23%) and relationships (29% compared to 21%).

Although the proportion of non-disabled people indicating coronavirus affected their freedom and independence, health, well-being and relationships increased when comparing over time, disabled people were more likely to identify that coronavirus affected those aspects of life in February 2021 than non-disabled people.

The nature of the impairment (see the [Glossary](#)) reported by disabled people seems to influence how often an aspect of life was identified as being affected by coronavirus. Figure 3 shows that in February 2021, the groups with the largest proportions reporting their well-being was affected tended to be disabled people with mental health (85%), social or behavioural (81%), learning (79%) or memory impairments (76%). The small sample sizes and wide confidence intervals associated with these estimates means comparisons between impairment types should be made with caution.

Concerns about health appeared to be more frequently identified by disabled people with mental health (49%), memory (46%) learning (44%), stamina (43%) and dexterity (42%) related impairments.

### **Figure 3: Disabled people with mental health, social or behavioural, learning or memory impairments tended to more frequently report coronavirus affected their well-being**

**Disabled people who report the indicated impairment types, Great Britain, February 2021**

## Notes:

1. Question: "In which ways is coronavirus (COVID-19) affecting your life?".
2. Respondents asked to select all ways coronavirus affected their life that apply. This figure focuses on a selection of three possible answer categories.
3. Base population for percentage: disabled people who report the impairment indicated.
4. February 2021 refers to the collection period 3 February to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
5. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
6. Impairment type is self-reported by disabled people as activities the person cannot perform or has difficulty performing because of their health condition or illnesses. Respondents may select multiple impairment types.

## Download the data

[.xlsx](#)

## 4 . Well-being during the coronavirus (COVID-19) pandemic

In February 2021, around two-thirds (65%) of disabled people reported the coronavirus (COVID-19) affected their well-being compared with half (50%) of non-disabled people.

Figure 4 shows the main reasons cited for the well-being concerns among those disabled and non-disabled people who indicated coronavirus affected their well-being. Feeling stressed or anxious, feeling bored and feeling worried about the future were the well-being concerns most frequently cited by both disabled (67%, 62% and 57% respectively) and non-disabled people (54%, 63% and 52% respectively) in February 2021.

Disabled people more frequently than non-disabled people indicated that the coronavirus was affecting their well-being because:

- it makes their mental health worse (46% for disabled people and 29% for non-disabled people)
- they are feeling like a burden on others (25% and 10%)
- they are feeling stressed and anxious (67% and 54%)
- they are feeling lonely (49% and 37%)
- they spend too much time alone (42% and 31%)
- they have no one to talk to about their worries (24% and 16%)

Non-disabled people more frequently stated finding working from home difficult (21% for non-disabled and 11% for disabled) and that being unable to exercise as normal (40% for non-disabled and 33% for disabled) affected their well-being.

In the previous article in this series which examined social impacts on disabled people in September 2020, feeling stressed or anxious and feeling worried about the future were also among the most frequently cited reasons for well-being concerns by both disabled and non-disabled people.

Compared with September 2020, the proportion of both disabled (February 2021: 57% and September 2020: 68%) and non-disabled people (February 2021: 52% and September 2020: 64%) indicating feeling worried about the future has decreased. Feeling bored has increasingly been reported by both disabled (43% to 62%) and non-disabled (42% to 63%) people since September 2020.

In addition to changes to these most frequently cited reasons, both disabled and non-disabled people more often indicated in February 2021 that they are spending too much time with others in the household (February 2021: 22% of disabled people and 25% of non-disabled people; September 2020: 10% of disabled and 11% of non-disabled) and unable to exercise as normal (February 2021: 33% disabled and 40% non-disabled; September 2020: 26% disabled and 22% non-disabled) compared with in September 2020.

Non-disabled people, identified more often in February 2021 than in September 2020 that their well-being was affected because of strain on their personal relationships (29% in February 2021 and 22% in September). They also indicated their mental health being worse (29% and 20%), and finding working from home difficult (21% and 13%). They indicated that they are feeling less worried about travel to work (3% in February, 6% in September 2020), less worried about possible job loss (10% and 17%) and less worried about finding a job (8% and 12%).

#### **Figure 4: Disabled people are more likely than non-disabled people to report that the coronavirus pandemic has made their mental health worse**

##### **Impact on well-being, Great Britain, February 2021**

##### **Notes:**

1. Question: "In the past seven days how has your well-being been affected?"
2. Respondents asked to select all that apply.
3. Base population for percentage: Disabled or non-disabled people who answered, "My well-being is being affected" for the question "In which ways is coronavirus affecting your life?"
4. February 2021 refers to the collection period 3 to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
5. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

##### **Download the data**

[.xlsx](#)

The main reasons for well-being concerns tended to vary by disabled people's impairment type, though the small sample sizes and wide confidence intervals associated with these estimates means comparisons between impairment types should be made with caution.

Disabled people with a mental health, or social or behavioural impairment were more likely to report their mental health has worsened (73% among disabled people who report mental health impairment and 72% among disabled people who report a social or behavioural impairment). They also showed the highest frequency of reporting feeling stressed or anxious (84% for disabled people who report either of these impairment types) or feeling lonely (59% among disabled people who report mental health impairment and 67% among disabled people who report social or behavioural impairment) compared with disabled people with other types of impairments.

## **Well-being ratings amongst disabled people**

On average, [disabled people usually report lower ratings on all four well-being measures compared with non-disabled people](#). This has remained the case in February 2021, as shown in Figure 5. Disabled people had on average lower life satisfaction (5.9 compared with 6.8), felt the things in their life were less worthwhile (6.4 compared with 7.4), felt less happy (5.9 compared with 6.9) and were more anxious (4.9 compared with 3.8) than non-disabled people in February 2021.

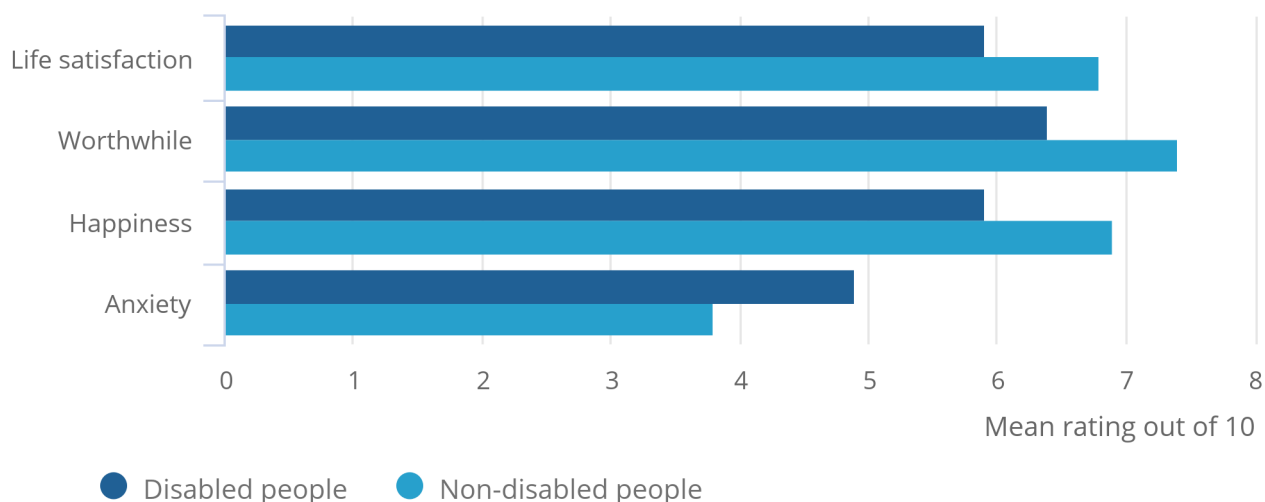


**Figure 5: Disabled people report poorer ratings for all well-being measures than non-disabled people in February 2021**

Great Britain, February 2021

Figure 5: Disabled people report poorer ratings for all well-being measures than non-disabled people in February 2021

Great Britain, February 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

Notes:

1. Questions: “Overall, how satisfied are you with your life nowadays?”, “Overall, to what extent do you feel that the things you do in your life are worthwhile?”, “Overall, how happy did you feel yesterday?” and “Overall, how anxious did you feel yesterday?”.
2. These questions are answered on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”. Higher numbers equate to poorer well-being when considering the anxiety measure.
3. Base population: disabled or non-disabled people.
4. February 2021 refers to the collection period 3 to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.

Figure 6 shows average well-being ratings (life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety) for disabled people throughout different stages of the pandemic.

Compared with September 2020, disabled people’s life satisfaction and happiness ratings have decreased in February 2021. Both ratings decreased from 6.2 to 5.9 out of 10.0. The average anxiety and worthwhile ratings for disabled people stayed at a similar level when comparing February 2021 with September 2020.

For non-disabled people, a similar trend is visible, as the ratings for happiness, life satisfaction and feeling that the things done in life are worthwhile are poorer in February 2021 compared with September 2020. As shown in Figure 6, all well-being ratings remain poorer for disabled people when compared with non-disabled people in February 2021.

Compared with a period prior to the coronavirus pandemic (in the year ending June 2019), all well-being ratings of disabled and non-disabled people remain poorer in February 2021.

Further analysis on [loneliness during the coronavirus pandemic](#) is available. The [associated dataset](#) shows an analysis of which characteristics, including disability, are significantly associated with levels of loneliness and well-being both during and prior to the pandemic.

## **Figure 6: Disabled people continued to report lower well-being ratings in February 2021 compared with before the coronavirus pandemic**

**Great Britain, year ending 2019, April, May, July, September 2020 and February 2021**

### **Notes:**

1. Questions: “Overall, how satisfied are you with your life nowadays?”, “Overall, to what extent do you feel that the things you do in your life are worthwhile?”, “Overall, how happy did you feel yesterday?” and “Overall, how anxious did you feel yesterday?”.
2. These questions are answered on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”. Higher numbers equate to poorer well-being when considering the anxiety measure.
3. Base population: disabled people.
4. Year ending June 2019 data is taken from the Annual Population Survey (APS). April 2020, May 2020, July 2020, September 2020 and February 2021 data is taken from the Opinions and Lifestyle Survey. Interpretation should be made with caution.
5. April 2020 refers to the collection period 3 April to 13 April 2020, May 2020 refers to the collection period 14 May to 24 May 2020, July 2020 refers to the collection period 9 July to 19 July 2020 and September 2020 refers to the collection period 24 September to 4 October 2020 and February 2021 refers to the collection period 3 to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
6. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
7. Time periods shown in this figure correspond to those previously used in this [article series](#).

### **Download the data**

[.xlsx](#)

## 5 . Perceptions of the future

In February 2021, a quarter (25%) of all people believed that it will take over a year before life returns to normal. This proportion was similar among disabled (26%) and non-disabled people (24%).

Disabled people tended to be less optimistic than non-disabled people about life returning to normal in shorter timescales than this:

- around a fifth (20%) of disabled people compared with over a quarter (27%) of non-disabled people thought that life will return to normal in less than six months
- 27% of disabled people compared with 31% of non-disabled people think that life will return to normal in 7 to 12 months

A larger proportion of disabled people (7%) reported thinking that life will never return to normal compared with non-disabled people (4%). Not being sure about when life would return to normal was higher among disabled people (19%) than non-disabled people (14%) (Figure 7).

### Figure 7: Disabled people were less likely to think that life will return to normal within six months than non-disabled people

Great Britain, February 2021

#### Notes:

1. Question: "How long do you think it will be before your life returns to normal?".
2. Base population for percentage: all disabled or non-disabled people.
3. Respondents were asked to select one option from: "Less than one month", "1 to 3 months", "4 to 6 months", "7 to 9 months", "10 to 12 months", "More than a year", "Never", "Not sure" or "Prefer not to say".
4. February 2021 refers to the collection period 3 February to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
5. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

#### Download the data

[.xlsx](#)

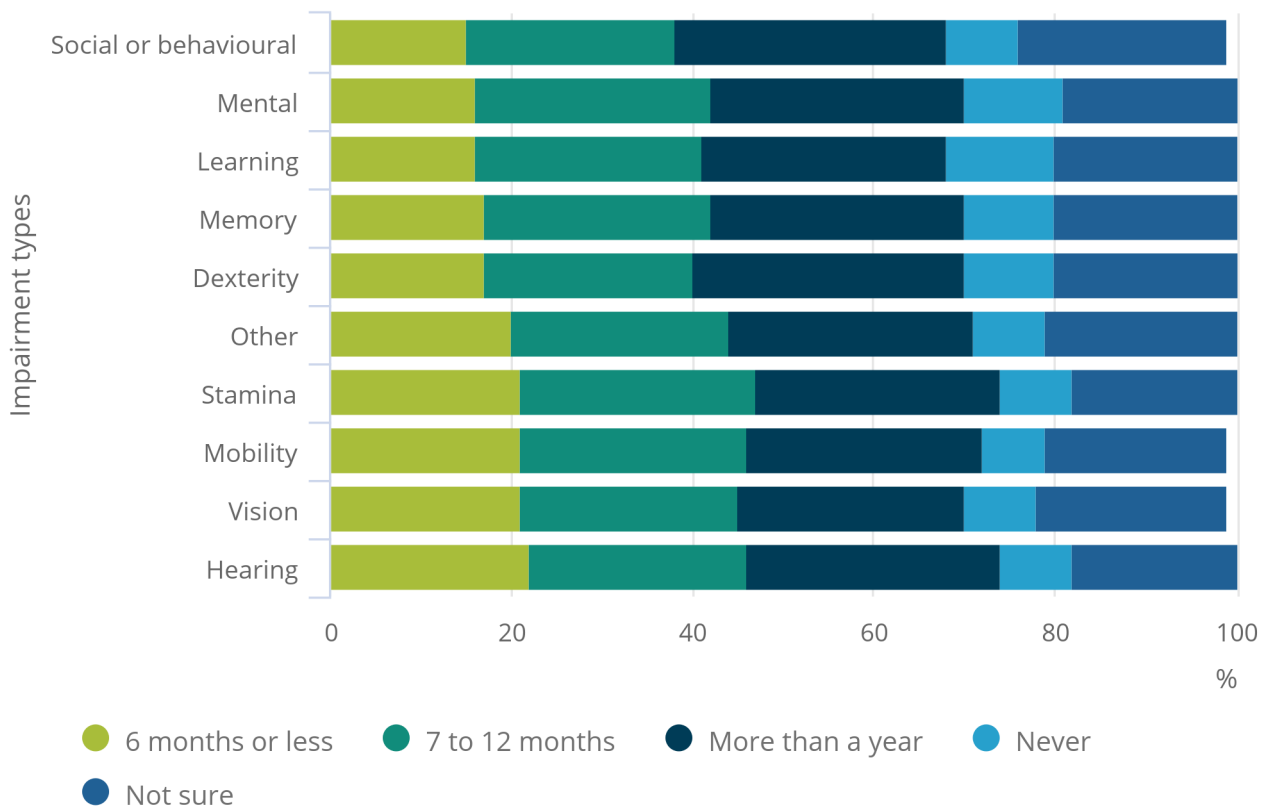
Considering disabled people with specific impairment types, the proportion of disabled people thinking that life would return to normal within six months ranged from 22% among those with hearing impairments to 15% among disabled people with social or behavioural impairments. Interpretation of these differences between disabled people with different impairment types should be made with caution because of the small sample sizes and are not statistically significant (Figure 8).

**Figure 8: Optimism about life returning to normal within six months appeared to vary by impairment type**

Disabled people in Great Britain, February 2021

Figure 8: Optimism about life returning to normal within six months appeared to vary by impairment type

Disabled people in Great Britain, February 2021



Source: Office for National Statistics - Opinions and Lifestyle Survey

Notes:

1. Question: "How long do you think it will be before your life returns to normal?".
2. Base population for percentages: Disabled people who report the impairment indicated.
3. Respondents were asked to select one option from: "Less than one month", "1 to 3 months", "4 to 6 months", "7 to 9 months", "10 to 12 months", "More than a year", "Never", "Not sure" or "Prefer not to say".
4. February 2021 refers to the collection period 3 February to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.
5. Totals may not sum to 100% because of rounding.
6. Impairment type is self-reported by disabled people as activities the person cannot perform or has difficulty performing because of their health condition or illnesses. Respondents may select multiple impairment types.

## 6 . Attitudes towards COVID-19 vaccination

### Positive vaccine sentiment

In February 2021, 94% of both disabled and non-disabled people aged 16 years and above reported they had now either received at least one dose of a coronavirus (COVID-19) vaccine, had been offered a vaccine and were awaiting it, or would be likely (very or fairly likely) to have a vaccine if offered.

This “positive vaccine sentiment”<sup>1</sup> is made up of those who either reported that they:

- had received at least one dose of the COVID-19 vaccine (48% disabled people; 28% non-disabled people)
- had been offered a vaccine and were awaiting it (7% disabled; 4% non-disabled)
- had not yet been offered a vaccine but were likely (very or fairly) to have one when offered (39% disabled; 62% non-disabled)

Further exploration of vaccination sentiment by age group shows no significant differences between disabled and non-disabled people aged 70 years and above. A high proportion of both disabled (89%) and non-disabled people (92%) in this age group indicated they had received at least one dose of the vaccine.

Among people aged 16- to 69-years-old, a higher proportion of disabled people (31%) reported having received at least one dose of the vaccine compared with non-disabled people (18%) (Figure 9).

Further analysis of first dose [COVID-19 vaccination rates among people aged 70 years and over by disability and other socio-demographic characteristics](#) using vaccination data from the National Immunisation Management Service is available.

### Survey coverage and COVID-19 vaccination data

The OPN survey does not include people living in care homes or other establishments, so will not capture vaccinations that have occurred in these settings. Impairment type is self-identified by respondents to the survey and respondents may identify multiple impairment types.

As such, interpretation of the proportions of different groups of people who have received at least one dose of the vaccine should be treated with caution and may not always reflect information available in other [administrative data](#). More information can be found in [Section 9: Data sources and quality](#).

**Figure 9: A similar proportion of disabled and non-disabled (94%) people said they had received at least one dose of a COVID-19 vaccine, were awaiting one or would be likely to accept one**

Great Britain, February 2021

Notes:

1. Questions: "Have you received a vaccine for the coronavirus (COVID-19)?", "Have you been offered the vaccine for the coronavirus (COVID-19)?" and "If a vaccine for the coronavirus (COVID-19) was offered to you, how likely or unlikely would you be to have the vaccine?".
2. Base: Disabled or non-disabled people in the age groups shown.
3. Totals may not sum to 100% because of rounding and because proportions of less than 1% are not included in this chart.
4. February 2021 refers to the collection period 3 February to 28 February 2021. See [Section 9: Data sources and quality](#) for more information on the dates covered within this period.

## Download the data

[.xlsx](#)

The proportion of all disabled people aged 16 years and above who had received at least one dose of the vaccine varied by their impairment type. This ranged from 63% among disabled people with hearing impairments to 20% among those with a social or behavioural impairment. This may be partly explained by differences in prevalence of some impairments across age groups. A high proportion of disabled people aged 70 years and above across all impairment types indicated they have received at least one dose of the vaccine, with rates ranging from 87% to 98%.

## Reasons for not taking the vaccine

Of all people who said they would be unlikely to have a COVID-19 vaccine if offered, or had decided not to have a vaccine when offered, the most commonly reported reasons for this were similar among disabled and non-disabled people and included:

- worry about long term effects on their health (34% for disabled; 47% non-disabled)
- worry about side-effects (25% for disabled; 35% non-disabled)
- feeling coronavirus is not a personal risk (30% for disabled; 28% non-disabled)
- not thinking it will be safe (29% for disabled; 24% for non-disabled)
- wanting to wait to see how well the vaccine works (26% for disabled; 23% for non-disabled)

Disabled people who said they would be unlikely to have the vaccine if offered, or had decided not to have the vaccine when offered were slightly less likely than non-disabled people to report this being because of worry about side effects (25% for disabled, 35% for non-disabled) or worry about long term effects on their health (34% for disabled, 47% for non-disabled).

Disabled people were slightly more likely than non-disabled people to report this being because of worry about the effect on an existing health condition (19% for disabled, 7% for non-disabled) or not thinking it will be safe (29% for disabled, 24% for non-disabled).

Interpretation of these differences in reasons should be made with caution because of small sample sizes and are not statistically significant.

More information on [vaccine hesitancy among different sub-groups of the population](#) is available.

## Notes for: Attitudes towards COVID-19 vaccination

1. Totals for the combined category of “positive vaccine sentiment” may appear to be different than if combining the individual category estimates shown in Figure 9 because of rounding.

## 7 . Social impacts on disabled people data

[Coronavirus and the social impacts on disabled people in Great Britain](#)

Dataset | Published 9 April 2021

Indicators from the Office for National Statistics (ONS) Opinions and Lifestyle Survey to understand the impacts of the coronavirus (COVID-19) pandemic on disabled people in Great Britain.

## 8 . Glossary

### Disability

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

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

Questions consistent with GSS harmonised questions are asked of the respondents in the survey, meaning that disability status is self-reported.

### Impairment

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

The GSS harmonised questions are asked of the respondent in the survey, meaning that impairment status is self-reported. Participants are asked if any of their reported illnesses or conditions affect them in the following areas:

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

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

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

## Lockdown

On 5 January 2021, the UK government announced a further national lockdown for [England](#). Similar rules applied for [Scotland](#) and [Wales](#), particularly the message to “stay at home” meaning that adults in Great Britain were under a national lockdown at the start of the year in 2021.

On 22 February 2021, the UK government published a four-step [roadmap](#) to ease lockdown restrictions in England. On 23 February, the Scottish government published an update to the [strategic framework](#) for easing lockdown restrictions in Scotland. In Wales, from 20 February a maximum of two households were [able to meet outdoors for exercise](#). Data in this bulletin covers the period 3 to 28 February.

## Personal well-being

Personal well-being measures ask people to evaluate, on a scale of 0 to 10, how satisfied they are with their life overall, whether they feel the things they do in life are worthwhile, and happiness and anxiety yesterday.

## Vaccination for COVID-19

Following the first coronavirus (COVID-19) vaccine being given in the UK on 8 December 2020, the COVID-19 vaccination is now being provided in various locations across the country. The vaccines are currently being offered in some hospitals and pharmacies, at local vaccination centres run by GPs and at larger vaccination centres.



Vaccinations against COVID-19 were initially introduced for the people most at risk of COVID-19, including those who are aged 70 years and over. The vaccine is given as an injection and requires two doses; the second dose is given between 3 and 12 weeks after the initial injection.

[National Health Service \(NHS\) guidance on the COVID-19 vaccines](#) is available.

More information on the [number of people who have received a COVID-19 vaccine to date](#) is available.

## Statistical significance

The statistical significance of differences noted within the release are determined based on non-overlapping [confidence intervals](#). In some cases, a significance test was also carried out, as shown in the footnotes.

# 9 . Data sources and quality

## Measuring the data

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

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

The pooled dataset contains 12,856 individual responses, representing an overall response rate of 72% for the waves of the survey conducted from 3 to 7 February, 17 to 21 February and 24 to 28 February 2021. The data collected between 10 to 14 February 2021 was not used as no information on impairment types was collected in that wave. Survey responses were collected using an online self-completion questionnaire, with the option to take part over the phone.

Some survey questions asked for people's responses in reference to "the past seven days". These results have been presented as representing people's views during February 2021, even though attitudes may have changed slightly between the three waves included.

Throughout this bulletin, September 2020 refers to data collected between 24 September and 4 October, a period in which children had returned to school, but in which new rules had been introduced about socialising and local lockdowns. July 2020 refers to data collected between 8 July and 19 July 2020, a period when lockdown restrictions were generally being eased further. May 2020 refers to data collected between 14 May and 24 May 2020, a period in which some easing of lockdown restrictions began. April 2020 refers to data collected between 3 April and 13 April 2020, shortly after lockdown restrictions were introduced by the UK government at the end of March 2020.

Where changes in results from previous periods or differences between groups are presented in this bulletin, [confidence intervals](#), which are included in the [associated dataset](#), indicate their significance.

Estimates in this bulletin are rounded to the nearest whole number. Where individual answer categories for a question have been combined to provide an estimate, the total may not appear to sum to the total of individual categories because of this rounding.

## Sampling

For each wave of survey data collected, a sample was randomly selected from those that had previously completed the Labour Market Survey (LMS). From each household, one adult was selected at random but with unequal probability. Younger people were given higher selection probability than other people because of under-representation in the sample available for the survey. The survey also includes a boosted sample for England, to allow more detailed analysis at a regional level, which are available in the [datasets](#) of the [Coronavirus and the social impacts on Great Britain](#) publications.

## Weighting

The responding sample in the three waves collected between 3 to 28 February 2021 contained 12,856 individuals (72% response rate). Survey weights were applied to make estimates representative of the population.

Weights were first adjusted for non-response and attrition. Subsequently, the weights were calibrated to satisfy population distributions considering the following factors: sex by age, region, tenure, highest qualification and employment status. For age, sex and region, population totals based on projections of mid-year population estimates for January 2021 were used. The resulting weighted sample is therefore representative of the Great Britain adult population by a number of socio-demographic factors and geography.

## Strengths and limitations

The main strengths of the OPN include:

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

The main limitations of the OPN include:

- analysis of estimates in Wales and Scotland are based on low sample sizes, and therefore caution should be used with these estimates
- comparisons between periods and groups must be done with caution as estimates are provided from a sample survey; as such, [confidence intervals](#) are included in the datasets to present the sampling variability, which should be taken into account when assessing differences between periods, as true differences may not exist

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

## 10 . Related links

### [Coronavirus and the social impacts on Great Britain](#)

Bulletin | Weekly

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

### [Coronavirus \(COVID-19\) latest data and analysis](#)

Web page | Updated as data become available

Latest data and analysis on the coronavirus (COVID-19) in the UK and its effects on the economy and society.

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

Blog | Updated as data become available

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

### [Coronavirus and vaccine hesitancy by sub-group, Great Britain: 13 January to 7 February 2021](#)

Article | Released 8 March 2021

Analysis of differences in hesitancy to the coronavirus (COVID-19) vaccine between sub-groups of the population in Great Britain, based on the Opinions and Lifestyle Survey covering the period 13 January to 7 February 2021.

### [Vaccination rates among people aged 70 and over by socio-demographic characteristics, England: 8 December 2020 to 11 March 2021](#)

Article | Released 29 March 2021

Linking data from the National Immunisation Management Service (NIMS) to the ONS Public Health Data Asset (PHDA), we analyse how the rates of vaccination vary by socio-demographic groups.

### [Updated estimates of Coronavirus \(COVID-19\) related deaths by disability status, England: 24 January to 24 November 2020](#)

Article | Published 11 February 2021

Comparison of deaths where the coronavirus (COVID-19) was mentioned on the death certificate by broad age group, sex and disability status, using linked census and mortality records on deaths registered up to 21 July 2020.

### [Outcomes for disabled people in the UK: 2020](#)

Article | 18 February 2021

Outcomes for disabled people across areas of life: education, employment, social participation, housing, well-being, loneliness and crime. Analysis by disability status and by age, sex, impairment type and severity, country and region based on survey data.

### [Policy Lab](#)

Blog | Updated as data become available

Policy Lab is bringing new policy techniques to the departments across the civil service, helping design services around people's experience, using data analytics and new digital tools.