

Article

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

The social impacts of the coronavirus pandemic on disabled people in Great Britain based on indicators from the Opinions and Lifestyle Survey. Insights from qualitative research commissioned by the Cabinet Office Disability Unit and conducted by Policy Lab help illustrate how these indicators can be experienced by disabled people in day-to-day life.

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1 . Main points

- In July 2020, around three-quarters of disabled people (75%) reported they were "very worried" or "somewhat worried" about the effect that the coronavirus (COVID-19) was having on their life (66% for non-disabled people); this is similar to May 2020 when nearly 74% of disabled people reported this.
- Of the worries they had in July 2020, almost one-quarter of disabled people were most concerned about the impact of the coronavirus on their well-being (24%) (13% for non-disabled people); next most frequently, 13% of disabled people reported being most concerned about access to healthcare and treatment (compared with 3% of non-disabled people).
- Around one-quarter (25%) of disabled people who were receiving medical care before the coronavirus pandemic indicated they were currently receiving treatment for only some of their conditions (compared with less than 1 in 10 (7%) non-disabled people who had a physical or mental health condition or illness and were receiving care before the pandemic).
- All well-being ratings of disabled people remain poorer in July 2020 compared with a similar period prior to the coronavirus pandemic; 45% of disabled people reported high anxiety (a score of 6 out of 10 or higher) in this period, a similar level to May 2020 (42%).
- In July 2020, disabled people reported more frequently than non-disabled people that the coronavirus pandemic is affecting their well-being because it makes their mental health worse (46% for disabled people and 18% for non-disabled people), they are feeling lonely (42% and 29%), they spend too much time alone (36% and 25%), they feel like a burden on others (25% and 8%), or have no one to talk to about their worries (17% and 10%).
- Disabled people were more likely to report leaving their homes for medical needs or to provide care or help to a vulnerable person (19%) than non-disabled people (7%) but less likely to report leaving their home to eat or a drink at a restaurant, café, bar or pub (8% of disabled people, 14 % of non-disabled people), travel to work (21% of disabled people, 39% of non-disabled people), or to take children to and from school (5% of disabled people, 11% of non-disabled people).
- In July 2020, around 4 in 10 disabled people (37%) reported they had not met up with other people to socialise this week, a higher proportion than reported by non-disabled people (29%).
- In July 2020, around 1 in 10 disabled people (9%) indicated feeling very unsafe when outside their home because of the coronavirus pandemic, compared with less than 1 in 25 non-disabled people (3%).

Statistician's comment

"This is our third look at how the pandemic is affecting an estimated 13.7 million disabled people. We recognise that everyone's experience is different, and the term 'disabled' is a very broad one. Nevertheless, at a time in which lockdown restrictions began to ease in parts of the UK, disabled adults experience was different from that of the wider population.

"Their concerns about well-being and accessing healthcare were higher than among non-disabled people. We saw differences too, in behaviours. Disabled people were more likely to go out to attend medical appointments or take care of others than non-disabled people were, and less likely to be socialising and eating out."

David Ainslie, Principal Research Officer, Office for National Statistics

2 . Understanding the impact of the coronavirus 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 (COVID-19) pandemic on British society, which is reported on in the [Coronavirus and the social impacts on Great Britain](#) series of bulletins.

This article provides an update to [Coronavirus and the social impacts on disabled people in Great Britain: May 2020](#) and allows for a comparison of how the social impacts on disabled people have changed when compared with earlier in the pandemic. We consider analysis of the social impacts on groups of disabled people with specific types of impairments.

We recognise that survey findings summarise the perspective of disabled people in a very broad way. Everyone's experience is different and for the first time, we provide anonymised quotes from qualitative research on the impacts of the coronavirus on disabled people conducted by [Policy Lab](#) (for further information on the research project see [Measuring the data](#)). This research helps provide more detail on disabled people's day-to-day experiences during the coronavirus pandemic.

Names and personal details of participants in the qualitative research have been altered to protect confidentiality. The quotes are sometimes shortened as indicated by [...] to enable ease of reading. The underlying meaning of the quote remains the same.

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

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

Throughout this article, with the exception of qualitative research, 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. May 2020 refers to data collected between 14 May and 24 May 2020, a period in which some easing of lockdown restrictions began. July 2020 draws on data collected between 8 July and 19 July 2020, a period when lockdown restrictions were generally being eased further.

The article presents a summary of results, with further data including confidence intervals for the estimates contained in the associated dataset.

Further analysis including the social impact of the coronavirus pandemic on people of different ethnic groups, the lived experience of people in Great Britain throughout the pandemic, and people's expectations of unity in Great Britain following the pandemic will be published over the coming months.

More about coronavirus

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

3 . Disabled people's concerns during the coronavirus pandemic

I think the disabled voice is a bit fuzzy [...] There is no particular focus on how it has been affecting people who have been shielding and are perhaps alone – on their own and that's an awfully long time to be alone [...] it brings into sharp focus exactly what it means to be alone [...] We're a social species, aren't we? Hopefully [COVID-19] makes everyone aware of how important that is.

Joyce, mid-50s, Norfolk, July 2020

I haven't been able to see anybody. I keep ringing, and the doctor says to me, 'well I haven't had the letter from the hospital, so I don't know what I can give you'. And then I tried to ring the arrhythmia nurses, can't get through to them. I sent a text and they've sent one back saying 'we'll authorise for you to have a telephone consultation' [...] That was Monday this week and I still haven't had it. They've not contacted me again since [...] I'm just waiting for them to contact me.

Shawn, early 60s, Kent, July 2020

In July 2020, around three-quarters (75%) of disabled people said they were “very worried” or “somewhat worried” about the effect that the coronavirus (COVID-19) was having on their life. This proportion is smaller for non-disabled people at around two-thirds (66%).

The proportion reporting such worries was lower in May 2020 than earlier in the pandemic for both disabled and non-disabled people (April 2020: 86% for disabled people and 84% for non-disabled people; May 2020: 74% and 69% respectively), but no further decrease was observed in July 2020 compared with May 2020 for both groups.

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

Disabled people more often than non-disabled people indicated that the coronavirus affected their life in terms of:

- well-being (58% for disabled people, compared with 37% for non-disabled people)
- health (23% compared with 7%)
- access to healthcare for non-coronavirus related issues (41% compared with 16%)
- access to groceries, medication and essentials (37% compared with 17%)

Disabled people less often than non-disabled people reported concerns about:

- personal travel plans (40% for disabled people compared with 53% for non-disabled people)
- work (27% compared with 40%)
- schools and universities (19% compared with 27%)

Figure 1: Disabled people are more worried than non-disabled people about the effect of the coronavirus on their well-being, health, access to healthcare for non-coronavirus related issues and access to groceries, medication and essentials

Great Britain, July 2020

[Download the data](#)

Notes:

1. Question: "In which ways is coronavirus (COVID-19) affecting your life?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled or non-disabled people
4. July 2020 refers to the collection period 8 July to 19 July 2020
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.

Similar differences between disabled and non-disabled people were also observed in May 2020.

Of all the worries they had, almost one in four (24 %) disabled people were most concerned about the impact on their well-being, and more than 1 in 10 (13%) were most concerned about the access to healthcare and treatment for non-coronavirus related issues, and a lack of freedom and independence (11%).

Although a lower percentage than that of disabled people, 13% of non-disabled people also identified the impact on well-being as their main concern. Next to well-being, concerns about schools and universities (14%) and work (12%) were most often identified as their main worries.

Access to healthcare and treatment for non-coronavirus related issues was less often identified as the main worry for non-disabled people (3%) compared with disabled people (13%).

The nature of the impairment (see the [Glossary](#)) reported by disabled people seems to have an impact on their main concern regarding the coronavirus pandemic. Figure 2 shows that disabled people with learning, mental health, memory, or social or behavioural impairments tended to identify their well-being as their main concern.

Concerns about access to healthcare and treatment for non-coronavirus related issues tended to be more frequently identified as the main worry for disabled people with dexterity, mobility, stamina or hearing impairments.

Figure 2: Disabled people with learning, mental health or memory impairments tend to be most concerned about the impact of the coronavirus on their well-being

[Download the data](#)

Notes:

1. Question: "Of the worries you told us about, which one are you most concerned about?"
2. Base population for percentage: disabled people who report the impairment indicated and their life was affected by the coronavirus.
3. July 2020 refers to the collection period 8 July to 19 July 2020.
4. "*" indicates a small sample size of disabled respondents with the impairment type indicated that selected either their well-being was their main concerns or their access to healthcare and treatment for non-coronavirus related issues. As such, these estimates and comparisons between them should be interpreted with caution.
5. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
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

4 . Disabled people's access to healthcare during the coronavirus pandemic

The centre I used to attend [...] that's closed for the duration because that's for people that live with life-limiting conditions like cancer [...] so they still access the centre for their treatment [...] because I don't have that I haven't been there at all [...]

Joyce, mid-50s, Norfolk, July 2020

The only thing I've found difficult during COVID is getting to see a doctor.

Shawn, early 60s, Kent, July 2020

Figure 3 shows that around 3 in 10 (28%) disabled people who were receiving medical care before the coronavirus (COVID-19) pandemic began indicated that their treatment had continued as normal, compared with around 4 in 10 (41%) of non-disabled people with a physical or mental health condition or illness. This difference is not statistically significant. Around 1 in 10 of both disabled (11%) and non-disabled people (10%) indicated that their treatment had continued but had been reduced.

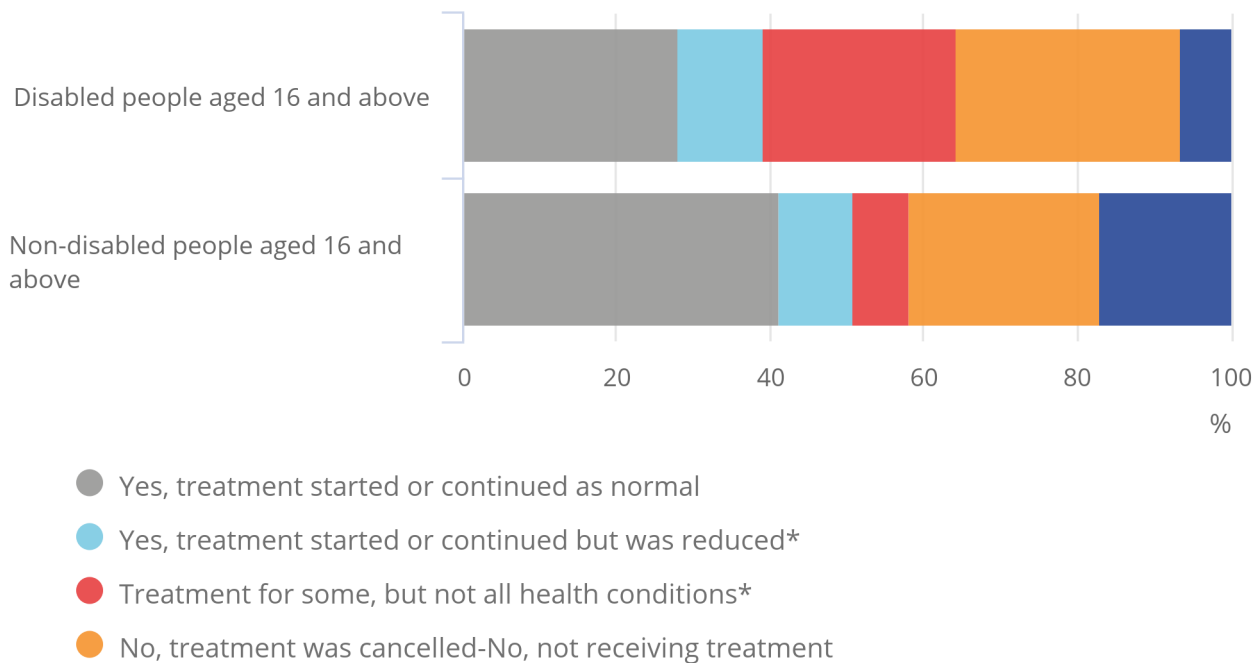
A greater proportion of disabled people (25%) compared with non-disabled people (7%) indicated they were currently receiving treatment for only some of their conditions. A similar proportion of disabled (29%) and non-disabled (25%) people indicated they did not receive treatment or that their treatment was cancelled entirely.

Figure 3: Disabled people are more likely than non-disabled people to report they received treatment for some but not all conditions during the coronavirus pandemic

Great Britain, 15 to 19 July 2020

Figure 3: Disabled people are more likely than non-disabled people to report they received treatment for some but not all conditions during the coronavirus pandemic

Great Britain, 15 to 19 July 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

Notes:

1. Question: “Since the coronavirus (COVID-19) outbreak have you been able to access the same level of medical care for any long-term mental or physical health condition, problem or illness?”
2. Base population for percentage: disabled and non-disabled people who had reported a physical or mental health condition or illness and said they were receiving medical care before the coronavirus outbreak (COVID-19).
3. Collection period limited to 15 July to 19 July 2020.
4. "*" indicates a small sample size for non-disabled respondents who selected this response option, as such these estimates and comparisons between them should be interpreted with caution.
5. "***" indicates a small sample size for disabled and non-disabled respondents who selected this response option, as such these estimates and comparisons between them should be interpreted with caution.
6. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates. Confidence intervals for the estimates shown in this figure are available in Table 6 of the dataset accompanying this article.

One-quarter (25%) of those disabled people who had received a reduced level of treatment, or their treatment had been cancelled, reported that they feel their health has worsened in this time.

5 . Disabled people's well-being during the coronavirus pandemic

I am on my own for 140 hours a week [...] there isn't much action in my home really.

Efstathia, late 50s, Greater London, July 2020

I do think sometimes, I'm [in my early 70s], this could go on for the rest of my life, I don't know how long I've got and it could be that I'll have all these restrictions in place forever, forever to me, so I'm finding that very difficult to kind of come to terms with... what the future might hold.

Kathryn, early 70s, Kent, July 2020

Around 58% of disabled people reported the coronavirus (COVID-19) affected their well-being in July 2020, which compares with 37% for non-disabled people. These concerns have not decreased much for either disabled people (May 2020: 53%) or non-disabled people (May 2020: 42%) .

Figure 4 shows average well-being ratings (life satisfaction, doing things in life are worthwhile, happiness yesterday and anxiety yesterday) for disabled people throughout different stages of the pandemic.

Compared with a period prior to the coronavirus pandemic (in the year ending June 2019), all well-being ratings of disabled people remain poorer in July 2020.

Looking at anxiety ratings specifically, the average anxiety rating prior to the coronavirus pandemic for disabled people was 4.3 out of 10.0, which later increased to 5.5 out of 10.0 in April 2020.

In May 2020, the rating for disabled people decreased to 4.7 out of 10.0, and then remains at 4.7 out of 10 in July 2020. In July 2020, 45% of disabled people report high anxiety, which is at a similar level to May 2020 (42%). The proportion of disabled people reporting high anxiety in July 2020 remains at a higher level compared with non-disabled people (29%).

Figure 4: Disabled people continued to report lower well-being ratings in July 2020 compared with before the coronavirus pandemic

Average well-being rating for disabled people, Great-Britain, year ending June 2019, April 2020, May 2020 and July 2020

[Download the data](#)

Notes:

1. Higher numbers equate to poorer well-being when considering the anxiety measure.
2. Year ending June 2019 data are taken from the Annual Population Survey (APS). April 2020, May 2020 and July 2020 data are taken from the Opinions and Lifestyle Survey (OPN). Interpretation should be made with caution.
3. April 2020 refers to the collection period 3 April to 13 April 2020, May 2020 refers to the collection period 14 May to 24 May 2020 and July 2020 refers to the collection period 8 July to 19 July 2020.
4. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

On average, [disabled people tend to report lower ratings on all four well-being measures compared with non-disabled people](#). As shown in Figure 5, this has remained the same in July 2020. Disabled people had on average lower life satisfaction (6.2 compared with 7.3), thought the things in their life were less worthwhile (6.6 compared with 7.6), felt less happy (6.3 compared with 7.6) and were more anxious (4.7 compared with 3.6) than non-disabled people in July 2020.

A recent publication on [Coronavirus and depression in adults](#) highlights that disabled people are also more likely than non-disabled people to be experiencing some form of depression during the pandemic. Around one in three (35%) disabled adults have experienced moderate to severe depressive symptoms during the pandemic. This was not a statistically significant difference compared with before the pandemic (27%), although disabled adults were more likely than non-disabled adults to have experienced an increase in moderate to severe depressive symptoms.

Figure 5: Disabled people reported lower ratings for all well-being measures than non-disabled people in July 2020

Average well-being rating for disabled people and non-disabled people, Great-Britain, July 2020

[Download the data](#)

Notes:

1. Higher numbers equate to poorer well-being when considering the anxiety measure.
2. July 2020 refers to the collection period 8 July to 19 July 2020.
3. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Figure 6 shows the main reasons cited for the well-being concerns of disabled and non-disabled people in July 2020.

Feeling stressed or anxious, and feeling worried about the future are the well-being concerns most frequently cited by both disabled (68% and 67% respectively) and non-disabled people (61% and 65% respectively) in July 2020. In [May 2020](#) these reasons were also among the most frequently cited reasons for well-being concerns by both disabled and non-disabled people.

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

- it makes their mental health worse (46% for disabled people and 18% for non-disabled people)
- they are feeling lonely (42% and 29%)
- they spend too much time alone (36% and 25%)
- they feel like a burden on others (25% and 8%)
- they have no one to talk to about their worries (17% and 10%)

In [May 2020](#) there was a similar pattern of differences in the well-being concerns cited by both disabled and non-disabled people.

Figure 6: Disabled people are more likely than non-disabled people to report that the coronavirus pandemic has made their mental health worse

Great Britain, July 2020

[Download the data](#)

Notes:

1. Question: "In the past seven days how has your well-being been affected?"
2. Respondents asked to select all that apply.
3. Base population for percentage: Disabled or non-disabled people who answered "My well-being is being affected" for the question "In which ways is coronavirus affecting your life?"
4. July 2020 refers to the collection period 8 July to 19 July 2020.
5. "*" indicates a small sample size of either disabled or non-disabled respondents that selected this way in which coronavirus (COVID-19) was affecting their well-being, as such these estimates and comparisons made using them should be interpreted with caution.
6. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

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

I do miss going to the centre. I miss the fact that for those few hours my husband can do his own thing. I can do mine in a different environment. It's good to have that separation because he is my carer but he is also my husband and that's a strange situation.

Joyce, mid-50s, Norfolk, July 2020

I went outside for the first time last Thursday. I haven't been outside since. That was since March. It was madness, I tried to go get toilet paper. Someone touched my shoulder, I nearly had a panic attack. I fell in a bush, a dog chased me [...] It was interesting to say the least. I won't be doing that for a while

Letanya, mid-20s, Greater London, July 2020

Government guidelines to help stop the spread of the coronavirus (COVID-19) were relaxed at the beginning of July 2020. While staying at home was still required when having symptoms, in parts of Great Britain more businesses were allowed to reopen, and restrictions on who and how many people could meet while observing social distancing measures were eased further.

Official guidance varies across England, Wales and Scotland. This section gives the reasons people are leaving their home, but an estimate of compliance is not provided.

Leaving home

In July 2020, around 9 in 10 (87%) disabled people in Great Britain said they had left their home for any reason in the past seven days – this was lower than for non-disabled people (95%) in the same period.

Compared with May 2020, reporting of having left home was higher for disabled people, when around 7 in 10 (73%) disabled people said they had left their home in the past seven days.

Figure 7: Disabled people are more likely than non-disabled people to have left their home for a medical need or to provide care or help to a vulnerable person

Great Britain, July 2020

[Download the data](#)

Notes:

1. Question: "In the past seven days, for what reasons have you left your home?"
2. Respondents asked to select all that apply.
3. Base population for percentage: disabled or non-disabled people who said they had left their home in the last seven days.
4. July 2020 refers to the collection period 8 July to 19 July 2020.
5. "*" indicates a small sample size of either disabled or non-disabled people who selected this reason for leaving home in the last seven days; as such, these estimates and comparisons between them should be interpreted with caution.
6. The estimates for "to visit a theatre or concert hall"; "travel outside of the UK for holidays or short breaks"; "travel outside of the UK for work"; "to visit an indoor tourist attraction including museums and aquariums" and "to visit a cinema" have been suppressed because of small sample size.
7. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.

Figure 7 shows that shopping for necessities (such as food and medicine), exercise, and meeting up with people in a personal place were the most frequent reasons to leave the home among both disabled and non-disabled people. However, disabled people were less likely to report leaving their homes for exercise or to meet up with people in a personal place (50% and 24%) than non-disabled people (62% and 30%).

Among alternative reasons for leaving home, disabled people were more likely to report leaving their homes for medical needs or to provide care or help to a vulnerable person (19%) than non-disabled people (7%), but less likely to report leaving their home to eat or a drink at a restaurant, café, bar or pub (8% of disabled people, 14 % of non-disabled people), travel to work (21% of disabled people, 39% of non-disabled people), or to take children to and from school (5% of disabled people, 11% of non-disabled people).

In July 2020, both disabled and non-disabled people more frequently reported meeting people in a public place (18% for disabled people, 24% for non-disabled people) or meeting people in a personal space (24% for disabled people, 30% for non-disabled people) than in May 2020.

Socialising

Around 4 in 10 disabled people (37%) reported they had not met up with other people to socialise this week – a higher proportion than that reported by non-disabled people (29%). Similar proportions of disabled (43%) and non-disabled people (44%) reported that family or friends had visited them at home this week.

Similar proportions of disabled (61%) and non-disabled (55%) people reported they always maintained social distancing when meeting up with other people. Less than 1 in 10 disabled (6%) and non-disabled people (7%) reported they rarely or never maintained social distancing.

One of the reasons why disabled people report leaving their homes less frequently might be related to their perceptions of safety because of the coronavirus when being outside.

Around 1 in 10 disabled people (9%) indicated feeling very unsafe when outside their home because of the coronavirus pandemic, compared with less than 1 in 25 non-disabled people (3%). Around one-fifth (20%) of disabled people reported feeling very safe, or safe outside, compared with around one-third (32%) of non-disabled people.

7 . Glossary

Disability

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

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

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

Ethnographically led research

[Ethnographically led research](#) observes people in their own environment to understand their experiences, views and everyday practices. This can give in-depth insight into a particular context, group or culture.

Ethnography employs a range of research and data collection techniques, which may include observations, taking field notes, informal conversations, interviews, document analysis, surveys, filming and photography.

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))

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 both being disabled and having an impairment

Personal well-being

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

Statistical significance

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

8 . Measuring the data

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

To enable more detailed analysis, such as the impairments breakdowns included in this bulletin, two waves of this weekly OPN data have been pooled together and reweighted to create a larger dataset. By pooling data, we improve the sample size available to create smaller breakdowns of individual questions at the expense of having to report on a wider time period (two weeks rather than one week). A selection of indicators is based on data from 15 to 19 July 2020 only, as certain questions are only available for one wave of data. Where data from one wave are used, this is indicated in the article and dataset.

The pooled dataset contains 3,349 individual responses, representing an overall response rate of 67% for the waves of the survey conducted from 8 July to 12 July, and 15 July to 19 July 2020. The dataset used for indicators based on data from 15 July to 19 July 2020 has 1,606 individual responses, which represent a response rate of 64%. Survey responses were collected using an online self-completion questionnaire, with the option to take part over the phone.

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

Some survey questions asked for people's responses in reference to "the past seven days". These results have been presented representing people's views during the period 8 July to 19 July 2020, even though attitudes may have changed slightly between the two waves included.

Disability Unit and Policy Lab qualitative data

[The Cabinet Office Disability Unit](#) works across the government and with disabled people with the aim of breaking down the barriers faced by disabled people in the UK. The Disability Unit forms part of the Cabinet Office Equalities Hub, together with the Government Equalities Office and Race Disparity Unit.

The government has committed to publishing a [National Strategy for Disabled People](#). The Disability Unit will publish the strategy taking into account the impacts of the coronavirus (COVID-19) pandemic on disabled people. The strategy will focus on the issues that disabled people say affect them the most in all aspects and phases of life, including employment, housing, education and transport.

[Policy Lab](#) is an established innovation function for policymaking, operating as a service for commissioners in government departments. The team has six years' experience of testing, learning and demonstrating how policy innovation works, partnering with policymakers right across the UK Civil Service and internationally, through policy projects, training and knowledge-building activities. Policy Lab is multidisciplinary, drawing on expertise from social research, ethnography, design, data and futures, alongside policy expertise.

Policy Lab worked with the Cabinet Office Disability Unit from 2019 to 2020 to understand the lived experiences of disabled people through an ethnographically led film research project, working with 12 participants.

The Disability Unit and Policy Lab are now undertaking further work to build understanding about the impact of the coronavirus on the lives of disabled people. Research is being conducted over a three-month period (between July and September 2020) during which Policy Lab is gathering insights about people's daily experiences, focusing on what has changed in light of the coronavirus. The Disability Unit and Policy Lab are working with nine people, many of whom participated in the initial project.

The research uses a range of qualitative methods including digital and ethnographically led approaches. This involves spending time with participants on a weekly basis, allowing researchers to discuss and observe the impact of the coronavirus on disabled people and their families. The researchers are also exploring people's experiences of interacting in communities and with wider government services. All quotes in this article are anonymised.

The research is currently underway. This means that ethnographically led insights from the Disability Unit and Policy Lab are indicative, and as such are used to illustrate the Office for National Statistics (ONS) data rather than being presented as substantive findings.

9 . Strengths and limitations

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

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

The main limitations of the OPN include:

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

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

The main strengths and limitations of the Policy Lab and Disability Unit qualitative data include:

- ethnographically led research approaches allow researchers to explore someone's whole experience in a rich, empathic and sensitive manner, in order to build a picture of their lives as holistically as possible
- ethnographically led research uses small sample sizes, meaning insights should be alongside other data; the work is not designed to be representative, but rather to give detailed insights about people's lived experience
- to adapt to the coronavirus (COVID-19), Policy Lab is undertaking research using video conferencing and digital messaging services; some people with the highest needs are unable to access these platforms, therefore Policy Lab is exploring research strategies that enable them to undertake distanced research with the most vulnerable groups, for example by phone