

Article

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

Indicators from the Opinions and Lifestyle Survey on the social impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain. This release uses two waves of survey results covering 24 September to 4 October 2020 and includes indicators broken down by impairment type. Insights from qualitative research commissioned by the Cabinet Office Disability Unit and conducted by Policy Lab with disabled people help illustrate how the survey indicators can be experienced by disabled people in day-to-day life.

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1 . Main points

- Over 8 in 10 (83%) disabled people compared with around 7 in 10 (71%) non-disabled people said they were “very worried” or “somewhat worried” about the effect that the coronavirus (COVID-19) pandemic was having on their life in September 2020; for disabled people, but not for non-disabled people, this is a similar level to that reported earlier in the pandemic (86% and 84% respectively in April 2020).
- Being in a local lockdown area or not did not seem to have affected the level of worry (“very worried” or “somewhat worried”) reported by disabled people in September 2020, with similar levels reported by disabled people in a local lockdown area (81%) compared with those who were not (84%).
- Around 5 in 10 (50%) disabled people who were receiving medical care before the coronavirus pandemic began, indicated that they were either currently receiving treatment for only some of their conditions (29%), or that their treatment had been cancelled or not started (22%), compared with less than 3 in 10 (27%) of non-disabled people who had a physical or mental health condition or illness and were receiving care before the pandemic.
- Over 4 in 10 (45%) of those disabled people who had reported receiving a reduced level of treatment or had their treatment cancelled in September 2020 reported that they felt their health had worsened in this time; in July 2020 this proportion was one-quarter (25%).
- All well-being ratings of disabled people remained poorer in September 2020 compared with a similar period prior to the coronavirus pandemic; almost half (47%) of disabled people reported high anxiety (a score of 6 out of 10 or higher) in September 2020 compared with less than a third (29%) of non-disabled people.
- Disabled people reported more frequently than non-disabled people in September 2020 that the coronavirus pandemic is affecting their well-being because it makes their mental health worse (41% for disabled people and 20% for non-disabled people), they are feeling lonely (45% and 32%), they spend too much time alone (40% and 29%), they feel like a burden on others (24% and 8%), or have no-one to talk to about their worries (24% and 12%).
- Worries about the future is amongst the most frequently cited ways well-being has been affected for both disabled (68%) and non-disabled people (64%) in September 2020; however, disabled people were less optimistic about the future than non-disabled people, with 1 in 10 (11%) of disabled people thinking life will never return to normal compared with only 1 in 20 (5%) of non-disabled people.
- A larger proportion of disabled people (83%) than non-disabled people (77%) supported “strict” or “very strict” enforcement by police of government rules aimed at combatting the coronavirus such as social distancing; disabled people were less likely to socialise within large groups than non-disabled people; only 5% of disabled people mixed with groups exceeding five (from outside their household), compared with 9% of non-disabled people.

Statistician’s comment

"Our analysis from September shows that as many disabled people were worried about the impacts of the pandemic on their lives as had been the case in April.

"A particular issue for disabled people was the impact on their health among those who were not receiving the same level of medical care as they had before the pandemic. This was a different picture from the experience of non-disabled people during the coronavirus pandemic."

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: July 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 we provide anonymised quotes from qualitative research on the impacts of the coronavirus on disabled people conducted by Policy Lab in collaboration with the government's [Disability Unit at Cabinet Office](#) (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 quotes remains the same.

For the purposes of this analysis, someone is considered to be a disabled person 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(s) or illnesses. This is consistent with the [GSS harmonised definition](#) of impairment. For further information on disability and impairment definitions, please see the [Glossary](#).

Conditions that may make someone at higher risk of catching the virus or in fighting infection are self-reported by respondents. For example, a long-term heart or lung problem. For further information on the conditions included, 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 refers to data collected between 8 July and 19 July 2020, a period when lockdown restrictions were generally being eased further. September 2020 draws on 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.

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

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 don't know what to make of it at the moment. I'm really sort of unsure. As unsure as I was when it first started [...] It's in the past, but it's still there.”
Roy, early 40s, Cardiff, August 2020

“I hadn't been able to get a food delivery for four weeks and I was getting a bit worried.”
Efsthathia, late 50s, London, August 2020

Over 8 in 10 (83%) of disabled people said they were “very worried” or “somewhat worried” about the effect that the coronavirus (COVID-19) was having on their life, in September 2020. This proportion is smaller for non-disabled people at around 7 in 10 (71%).

The proportion of disabled people reporting such worry in September 2020 (83%) was higher than in July 2020 (75%) and May 2020 (74%) now being at a similar level to that reported early in the pandemic in April 2020 (86%).

Being in a local lockdown area did not appear to affect the level of worry reported by disabled people. In September 2020, similar levels of worry were reported by disabled people in a local lockdown area (81%) as compared with those who were not (84%)¹.

Likewise, a similar proportion of disabled people who reported having a specific condition (such as a long-term heart or lung problem) that may make them at higher risk of catching the virus or fighting the infection reported they were either “very worried” or “somewhat worried” about the effect that the coronavirus was having on their life (84%) compared with disabled people without this type of condition (83%) in September 2020. For further information on the specific conditions included please see the [Glossary](#).

A higher proportion (31%) of disabled people who reported having such a condition reported they were “very worried” about the effect that the coronavirus was having on their life compared with disabled people without such a condition (23%)².

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

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

- well-being (62% for disabled people, compared with 42% for non-disabled people)
- health (28% compared with 7%)
- access to healthcare for non-coronavirus related issues (43% compared with 20%)
- access to groceries, medication and essentials (31% compared with 12%)
- relationships (30% compared with 21%)

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

- personal travel plans (45% for disabled people compared with 58% for non-disabled people)
- work (24% compared with 37%)
- schools and universities (16% compared with 28%)
- work travel plans (6% compared with 10%)

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

Great Britain, September 2020

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. September 2020 refers to the collection period 24 September to 4 October 2020
5. "*" indicates a small sample size for 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.

Download the data

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Broadly similar differences between disabled and non-disabled people were also observed in July 2020. However, in September 2020, disabled people (30%) indicated more often that they were worried about the effect of the coronavirus pandemic on their relationships, than non-disabled people (21%), this difference was not seen in July 2020.

Of all the worries they had, more than 1 in 4 (27%) 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 (10%).

Access to healthcare and treatment for non-coronavirus related issues was less often identified as a main worry for non-disabled people (5%) compared with disabled people (13%), as was effect on health (1% for non-disabled people and 7% for disabled people).

Considering disabled people who reported having a condition that may make them at higher risk of catching the virus or fighting infection and comparing with disabled people without this type of condition, both groups most frequently indicated that impact on well-being was their main worry (27% with higher risk condition, 26% without higher risk condition). As might be expected, access to healthcare and treatment for non-coronavirus related issues was indicated as the most important worry by 16% of disabled people with a higher risk condition compared with 9% of disabled people without a higher risk condition.

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 mental health, social or behavioural or learning impairments tended to identify their well-being as their main concern³.

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, vision or other impairments.

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

Great Britain, September 2020

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. September 2020 refers to the collection period 24 September to 4 October 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. Estimates for 'Access to healthcare and treatment for non-coronavirus (COVID-19) related issues is being affected' for disabled people with social or behavioural impairments have been suppressed due to small sample sizes.
6. Lower and upper 95% confidence levels form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate. As a general rule, if the confidence interval around one estimate overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two estimates.
7. Impairment type is self-reported by disabled people as activities the person cannot perform or has difficulty performing because of their health condition or illnesses. Respondents may select multiple impairment types.

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Notes for: Disabled people's concerns during the coronavirus pandemic

1. Living in a local lockdown area or not is self-reported by Opinions and Lifestyle Survey participants who are asked "Do you live in an area that is under local lockdown restrictions or not?"
2. While the confidence intervals of these estimates overlap, additional significance testing shows the difference is significant with a p-value less than 0.05.
3. While the confidence intervals of these estimates overlap, additional significance testing shows the difference is significant with a p-value less than 0.05.

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

"I am not happy really, my shoulder is not being treated, it's just getting worse."
Efstathia, late 50s, London, August 2020

"If we want to go to the doctors, we're going to have to go on a bus. If we're going to go to a hospital appointment, we're going to have to go on a bus. We have no other transport [...]. That's going to be one of our challenges."
Jessica, mid 30s, Yorkshire, August 2020

Around 5 in 10 (50%) disabled people who were receiving medical care before the coronavirus (COVID-19) pandemic began indicated that they were either currently receiving treatment for only some of their conditions (29%) or that their treatment had been cancelled or not started (22%), in September 2020. Around 3 in 10 non-disabled people reported this (16% receiving treatment for only some of their conditions and for 11% treatment had been cancelled or not started).

Almost 3 in 10 (27%) disabled people indicated that their treatment had continued as normal, compared with just over 4 in 10 (44%) of non-disabled people. Similar proportions of disabled (15%) and non-disabled people (16%) indicated that their treatment had continued but had been reduced.

Disabled people who reported having a specific condition that may make them at higher risk of catching the virus or fighting the infection were more likely than disabled people without such a condition to report that they were only receiving treatment for some of their conditions (33% compared with 21%).

Over 4 in 10 (45%) of those disabled people who had reported receiving a reduced level of treatment or had their treatment cancelled in September 2020 reported that they felt their health had worsened in this time. In July 2020, this proportion was one-quarter (25%). In September 2020, a slightly larger proportion of disabled people with a higher risk condition reported that they felt their health had worsened (47%) compared with those without such a higher risk condition (42%), although this difference was not [statistically significant](#).

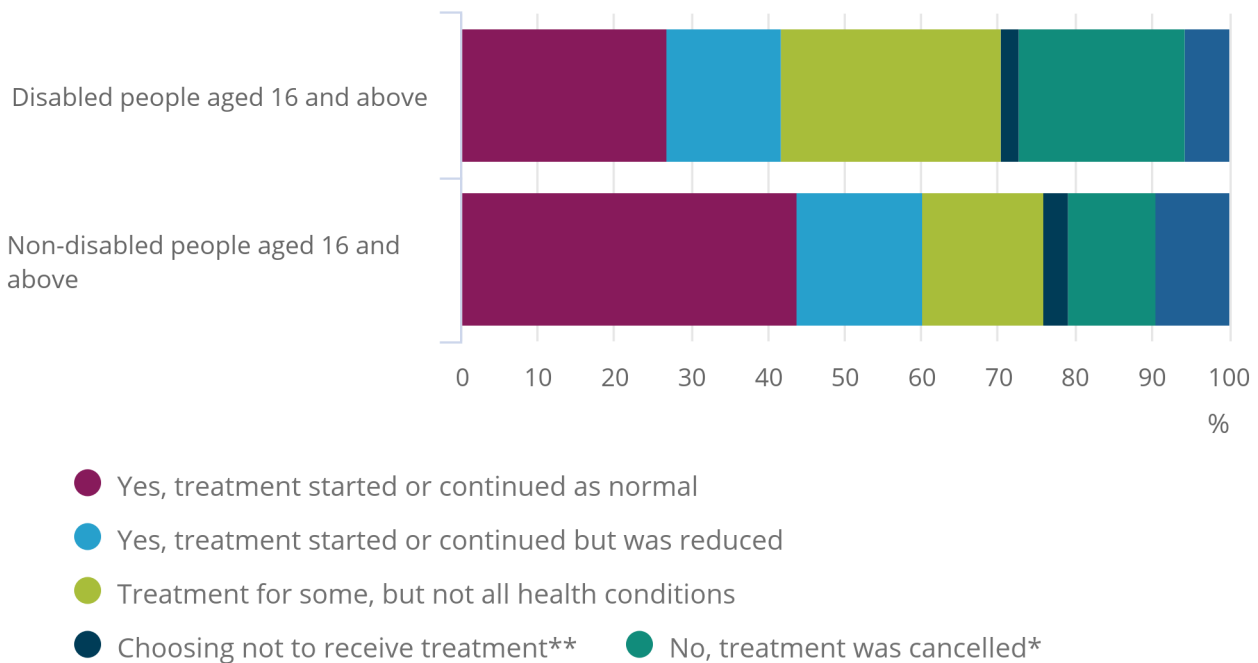
Disabled people (17%) were also more likely to report a new or worsening health problem in the last seven days than non-disabled people (6%).

Figure 3: Disabled people are more likely than non-disabled people to report their treatment was cancelled or never started before lockdown

Great Britain, September 2020

Figure 3: Disabled people are more likely than non-disabled people to report their treatment was cancelled or never started before lockdown

Great Britain, September 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. September 2020 refers to the collection period 24 September to 4 October 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.

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

"You don't know when it's going to go back to what we know as normal. It's ridiculous. It makes you a bit down, that you can't do what you want to do when you want to do it."
Shawn, early 60s, Kent, August 2020

Around 62% of disabled people reported the coronavirus (COVID-19) affected their well-being in September 2020, which compared with 42% for non-disabled people. For disabled people this concern remained reported at a similar level to in July 2020 (58%); for non-disabled people reporting of this concern had slightly increased compared with July 2020 (37%)¹.

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 September 2020.

On average, [disabled people usually tend to report lower ratings on all four well-being measures compared with non-disabled people](#). This has remained the case in September 2020, as shown in Figure 5. Disabled people had on average lower life satisfaction (6.2 compared with 7.1), thought the things in their life were less worthwhile (6.7 compared with 7.7), felt less happy (6.2 compared with 7.3) and were more anxious (5.0 compared with 3.8) than non-disabled people in September 2020.

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

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

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, July 2020 and September 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, July 2020 refers to the collection period 8 July to 19 July 2020 and September 2020 refers to the collection period 24 September to 4 October 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.

Download the data

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

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

Notes:

1. Higher numbers equate to poorer well-being when considering the anxiety measure.
2. September 2020 refers to the collection period 24 September to 4 October 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.

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Anxiety amongst disabled people

"I'm not sure that there is a lot that could alleviate the mental health because I think the mental health is all to do with social interaction, and if you can't have that social interaction, you begin to fall apart [...] FaceTime is all very well but it's not the same, and I think mentally, if you don't have that social side of things, you're going to go downhill fast at this age [...]"

Kathryn, early 70s, Kent, September 2020

The average anxiety rating for disabled people was 5.0 out of 10.0, in September 2020. Prior to the coronavirus pandemic this had stood at 4.3 out of 10.0, increased to 5.5 out of 10.0 in April 2020 after the pandemic began and decreased through the pandemic to around 4.7 out of 10.0 in May and July 2020 (Figure 4).

Almost half (47%) of disabled people reported high anxiety (a score of 6 out of 10 or higher) in September 2020 compared with less than a third (29%) of non-disabled people. Around 6 in 10 (60%) of disabled people reported high anxiety early in the pandemic in April 2020. This decreased to around 4 in 10 (42%) in May 2020, since when there seems to have been a gradual upward trend in the proportion of disabled people reporting high anxiety (45% in July, 47% in September) although these increases were not [statistically significant](#). The number of non-disabled people reporting high anxiety peaked in April 2020 (41%) but has since remained consistent (29% in May, July and September).

Slightly higher average anxiety levels were seen for disabled people in local lockdown areas (5.3 out of 10.0) in September 2020 compared with disabled people not in lockdown areas (4.9 out of 10.0). The proportion of disabled people with high levels of anxiety (a score of 6 out of 10 or higher) was also slightly higher for those in local lockdown areas (54% in local lockdown and 45% not in local lockdown), although neither of these differences were statistically significant.

For non-disabled people, similar average levels of anxiety (3.6 in local lockdown and 3.8 not in local lockdown) and proportions of people with high anxiety (26% in local lockdown and 30% not in local lockdown) were seen whether or not non-disabled people reported being in a local lockdown area.

Considering disabled people with a condition that may make them at higher risk of catching the virus or fighting infection and comparing with disabled people without this type of condition, disabled people with a higher risk condition showed a lower average anxiety level (4.7 out of 10.0) than disabled people without a higher risk condition (5.5 out of 10.0). A lower proportion of disabled people with a higher risk condition indicated having high anxiety (43% with a score of 6 out of 10 or higher) compared with disabled people without a risky condition (52% with a score of 6 out of 10 or higher)².

Worries about the future for disabled people

"I'm a bit apprehensive about the coming months, what will happen. On the other hand, people are saying to me, 'It's all rubbish, don't worry about it' but people are dying so you do have to worry about it. Hopefully I'll be alright."

Kathryn, early 70s, Kent, September 2020

Figure 6 shows the main reasons cited for the well-being concerns of disabled and non-disabled people in September 2020. Feeling stressed or anxious, and feeling worried about the future are the well-being concerns most frequently cited by both disabled (71% and 68% respectively) and non-disabled people (59% and 64% respectively) in September 2020. In July 2020 and May 2020 these reasons were also amongst 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 (41% for disabled people and 20% for non-disabled people)
- they are feeling lonely (45% and 32%)
- they spend too much time alone (40% and 29%)
- they feel like a burden on others (24% and 8%)
- they have no one to talk to about their worries (24% and 12%)

Non-disabled people more frequently stated worry about possible job loss (17% for non-disabled and 8% for disabled) and difficulty working from home (13% for non-disabled and 7% for disabled) affected their well-being. The latest Office for National Statistics information on the [employment status of disabled people is available](#).

In July 2020 and May 2020 there was a similar pattern of differences in the well-being concerns cited by both disabled and non-disabled people³.

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, September 2020

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. September 2020 refers to the collection period 24 September to 4 October 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.

Download the data

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Worries about the future was amongst the most frequently cited way well-being has been affected for both disabled (68%) and non-disabled people (64%) in September 2020.

Disabled people were less optimistic about the future in September 2020 than non-disabled people, with 11% of disabled people thinking life will never return to normal compared with only 5% of non-disabled people. For disabled people, this was a higher proportion than in July 2020 (6%), for non-disabled people this proportion had remained similar to in July 2020 (3%).

Disabled people were also more likely to think that their financial situation will get a lot worse over the next 12 months (9%) than non-disabled people (6%) and were less confident about being able to save any money in the next 12 months than non-disabled people. Over half (51%) of disabled people felt they would not be able to save any money in the next 12 months compared with around one-third (36%) of non-disabled people.

Perceptions about their future financial situation remained similar for both disabled and non-disabled people compared with July 2020. Although a larger number of disabled people were more likely to think they would not be able to save any money in the next 12 months when asked in September 2020 (51%) as compared with in July 2020 (39%).

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

1. While the confidence intervals of estimates of the proportion of non-disabled people reporting that the coronavirus affected their well-being in September and July 2020 overlap, additional significance testing shows the difference is significant with a p-value less than 0.05.
2. While the confidence intervals of these estimates overlap, additional significance testing shows the difference is significant with a p-value less than 0.05.
3. Comparisons with previous data should be made with caution here because of changes in the response options provided to participants in September 2020 when asked the question "In the past seven days how has your well-being been affected?"

6 . Disabled people's attitudes towards plans to combat the coronavirus pandemic

"We were a bit confused as to who was meant to be wearing [masks] and who wasn't. But we thought we'd wear one so that we were keeping in the guidelines."

Jessica, mid 30s, South Yorkshire, August 2020

"Once we came out of shielding [...], I thought, 'That's good, we can live again', and now it looks like Christmas will be cancelled. I don't hold out a lot of hope for the next few months."

Kathryn, early 70s, Kent, September 2020

Worries about the future for disabled people could potentially be reduced by, amongst other things, people feeling that they have enough information about government plans. However, disabled people were less likely to feel that they had enough information about the government plans to manage the coronavirus (COVID-19) pandemic (40%) than non-disabled people (48%).

Official government plans to combat the coronavirus pandemic tended to be supported to a similar extent by both disabled and non-disabled people. For example, in September 2020, 69% of all disabled people and 65% of non-disabled people "strongly supported" or tended to support official guidance on social gathering. As might be expected, 71% of disabled people who reported having a specific condition that may make them at higher risk of catching the virus or fighting the infection reported support for such guidance.

A larger proportion of disabled people supported enforcement of such rules than non-disabled people. In total, 83% of disabled people felt police should be "very strict" or "strict" in enforcing rules to help reduce the spread of the coronavirus compared with only 77% of non-disabled people.

Disabled people were also slightly more likely than non-disabled people to support ("strongly support" or "tend to support") local authorities introducing the coronavirus "secure marshals" to help enforce the government's official guidance on social distancing (67% for disabled and 60% for non-disabled people), although this difference was not [statistically significant](#). Similar proportions of disabled people who reported having a specific condition that may make them at higher risk of catching the virus or fighting the infection reported supporting police enforcement of COVID guidelines (84% for disabled people with a higher risk condition and 82% for disabled people without a higher risk condition).

Disabled people were also less likely than non-disabled people to have socialised within large groups in September 2020. Around 1 in 20 (5%) of disabled people indicated that, in the last seven days, the maximum number of people from outside their household that they have socialised with at the same time exceeded five people, compared with around 1 in 10 (9%) of non-disabled people (Figure 7). Around 1 in 3 disabled people (32%) reported they had not met up with other people to socialise in the last seven days at all, compared with around one quarter of non-disabled people (23%).

"If it's like more than us close group of friends, like there's random people, I haven't gone."

Latanya, mid 20s, London, September 2020

Figure 7: Disabled people are more likely than non-disabled people to support strict enforcement of rules aimed at combatting the coronavirus pandemic and are less likely to socialise within large groups

Great Britain, September 2020

Notes:

1. Question on enforcement: “How strict or lenient do you think the police should be in enforcing rules to help reduce the spread of the coronavirus (COVID-19)? For example, rules on social distancing, lockdown measures and wearing face coverings.”
2. Question on socialising: “In the past seven days, what is the maximum number of people from outside your household that you have socialised with at the same time?”
3. Strict includes the response options “strict” or “very strict”
4. September 2020 refers to the collection period 24 September to 4 October 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.

Download the data

[.xlsx](#)

Disabled people (40%) were generally more likely than non-disabled people (24%) to report that in the last seven days they had not left home or left home only to fulfil basic needs such as to work, take children to and from activities, exercise, purchase necessities or for medical need, in September 2020. Amongst disabled people with a higher risk condition, 45% reported this compared with around a third (33%) of disabled people without a higher risk condition. In local lockdown areas, almost half (48%) of disabled people reported this compared with around a third (30%) of non-disabled people.

7 . Social impacts on disabled people data

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

Dataset | Published 11 November 2020

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: September 2020.

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.

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.

Higher risk conditions

Conditions that may make someone at higher risk of catching the virus or in fighting infection are self-reported by respondents and include the following:

- angina or a long-term heart problem
- asthma
- a learning disability such as autism spectrum disorder (ASD) or Asperger's (Asperger syndrome)
- conditions affecting the brain and nerves, such as Parkinson's disease
- cancer
- chronic obstructive pulmonary disease (COPD) or a long-term lung problem
- diabetes
- kidney or liver disease
- a weakened immune system such as the result of conditions as HIV and AIDS, or medicines such as steroid tablets or treatment for cancer
- problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
- being overweight (having a BMI of 40 or above) -an organ transplant

More information on [people who may be at higher risk of catching the virus or in fighting infection](#) is available.

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 both being disabled and having an impairment.

Local lockdown

Living in a local lockdown area or not is self-reported by survey participants who are asked “Do you live in an area that is under local lockdown restrictions or not?”

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.

9 . 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 30 September to 4 October 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 3,160 individual responses, representing an overall response rate of 72% for the waves of the survey conducted from 24 to 27 September, and 30 September to 4 October 2020. The dataset used for indicators based on data from 30 September to 4 October 2020 has 1,573 individual responses, which represent a response rate of 72%. Survey responses were collected using an online self-completion questionnaire, with the option to take part over the phone.

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 September 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 24 September to 4 October 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 policy-making, 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 have undertaken further work to build understanding about the impact of the coronavirus on the lives of disabled people. Research has been conducted over a three-month period (between July and September 2020) during which insights about people's daily experiences were gathered, 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.

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.

10 . 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, at the timepoint considered in this article, was relatively small: 2,200 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

11 . 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 loneliness, Great Britain: 3 April to 3 May 2020](#)

Bulletin | 8 June 2020

Analysis of loneliness in Great Britain during the coronavirus (COVID-19) pandemic from the Opinions and Lifestyle Survey.

[Coronavirus and depression in adults, Great Britain: June 2020](#)

Article | 18 August 2020

The proportion of the population with depressive symptoms in Great Britain between 4 and 14 June 2020, based on the Opinions and Lifestyle Survey. Includes how symptoms of depression have changed since before the pandemic (July 2019 to March 2020).

[Coronavirus \(COVID-19\) related deaths by disability status, England and Wales: 2 March to 14 July 2020](#)

Article | Published 18 September 2020

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.

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

Article | 2 December 2019

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

[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.