

Research Briefing

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23 August 2023

UK disability statistics: Prevalence and life experiences



Summary

- 1 Measuring disability prevalence
- 2 How many people have a disability?
- 3 Outcomes for disabled people
- 4 Disability benefits
- 5 Transport
- 6 The impact of the coronavirus pandemic
- 7 Sources of disability data: Strengths and limitations

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UK disability statistics

Key facts

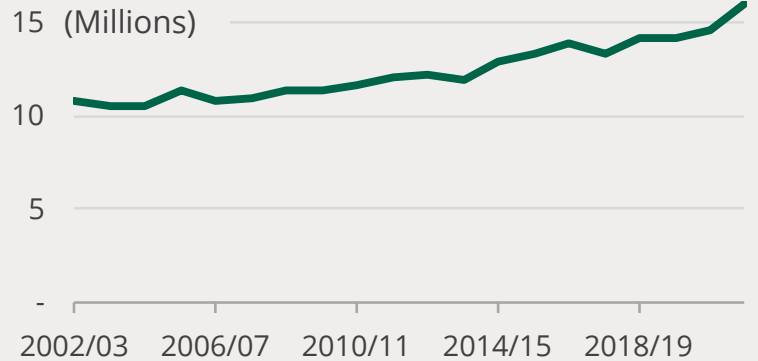
An estimated 16.0 million people in the UK had a disability in 2021/22. This represents 24% of the total population.

The prevalence of disability rises with age: around 11% of children were disabled, compared with 23% of working age adults and 45% of adults over State Pension age.

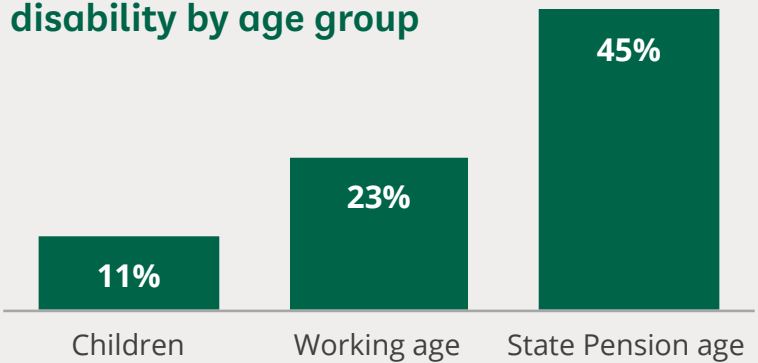
Mobility is the most frequently reported impairment type (47%), followed by stamina, breathing or fatigue (35%), and mental health (32%).

As of February 2023, there were 6.3 million people claiming an extra-cost disability benefit in Great Britain, representing 9.6% of the total population.

Number of people who have a disability

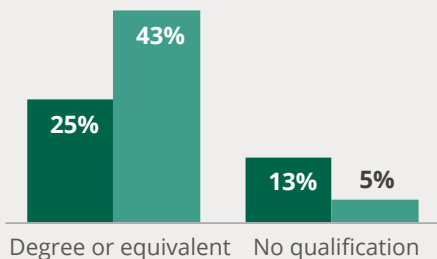


Proportion of people who have a disability by age group

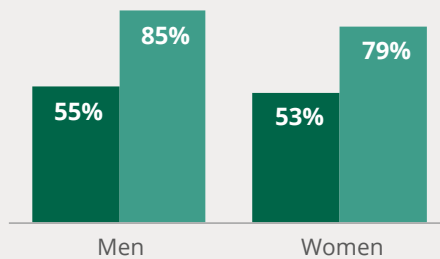


A range of inequalities exist between disabled and non-disabled people. In 2021, disabled people:

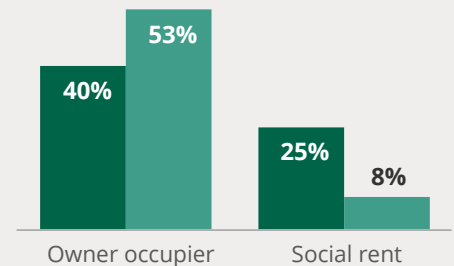
Were less likely to have a degree and more likely to have no qualifications



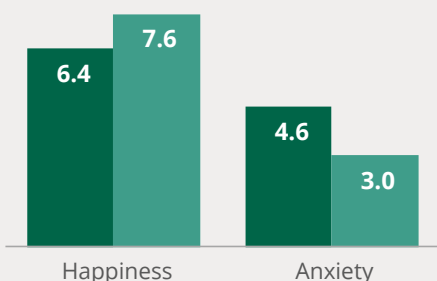
■ Disabled ■ Non-disabled
Showed lower employment rates (data is for 2023)



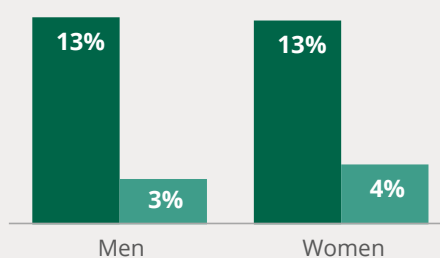
Were less likely to own their homes and more likely to social rent



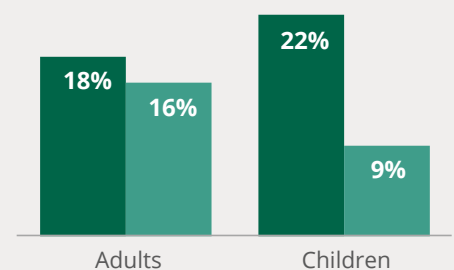
Reported lower rates out of 10 for happiness and higher for anxiety



Were more likely to report feeling lonely regularly



Were more likely to be the victim of a crime (data is for 2023)



1

Measuring disability prevalence

There is currently no national register of people with disabilities in the UK. Although some local authorities operate voluntary registers in their areas, as registration is not compulsory this information does not give a useful indication of the size or characteristics of the disabled population.

Official statistics on disability are primarily collected through surveys, which means that disability tends to be self-reported. The [Family Resources Survey](#) is the most commonly used measure of disability prevalence in the UK.

It is important to note that estimates from survey data are subject to some statistical uncertainty and should be treated and reported as approximations.

This briefing paper brings together disability data from a range of sources. See section 7 for a discussion of the strengths and limitations of these.

Defining 'disability'

Estimates of the number of disabled people in the UK can vary depending on definitions, context and source of information. This includes estimates derived from surveys, which are often highly dependent on the methodology used.

To ensure consistency, today most official statistics use a definition of disability that is consistent with the [Government Statistical Service \(GSS\)'s harmonised definition](#). This is designed to reflect the [core definition of disability that appears in legal terms](#) in the Equality Act 2010, and the [definition that appears in the Disability Discrimination Act 1995](#), which applies in Northern Ireland.¹

To measure disability based on this definition, survey respondents are asked whether they have a physical or mental health condition or illness that has lasted or is expected to last 12 months or more, and whether the condition and/or illness reduces their ability to carry out day-to-day activities. A person who answers yes to both questions is considered disabled.²

This harmonised measure does not capture everyone who is legally disabled under the Equality Act, for example people with a long-standing illness or condition which is not currently affecting their day-to-day activities.

¹ [Section 6 of the Equality Act 2010; Section 1 of the Disability Discrimination Act 1995](#)

² Government Statistical Service, [Measuring disability for the Equality Act 2010 harmonisation guidance](#), 25 June 2019

2

How many people have a disability?

Note on data sources

Unless stated otherwise, all data in this section is sourced from the Department for Work and Pensions (DWP)'s [Family Resources Survey 2021/22](#) (and earlier editions).

The latest estimates from the Family Resources Survey (FRS) indicate that 16.0 million people in the UK had a disability in the 2021/22 financial year. This represents 24% of the total population.

The chart below shows reported disability prevalence since 2002/03, when the FRS was extended to cover the whole of the UK.



Note: Break in the time series represents the introduction of a different definition of disability, in line with the Equality Act 2010.

Source: DWP, [Family Resources Survey](#) (various editions)

The proportion of the population reporting a disability has risen by 6 percentage points over this period, up from 18%. Most of this increase has been observed over the past decade, with disability prevalence up by 5 percentage points from 19% in 2011/12 to 24% in 2021/22.

Since 2002/03, the estimated number of disabled people has increased by 5.2 million (+48%).

The disability questions in the FRS were changed for the 2012/13 survey to comply with the GSS's harmonised standards (for further detail see box 1 in section 1.1). This meant the definition of disability used from this point onwards is not directly comparable with that used in previous years.

2.1 Age and gender differences

The prevalence of disability rises with age: in 2021/22 around 11% of children in the UK were disabled, compared with 23% of working-age adults and 45% of adults over State Pension age.³ Most people aged 80 and over reported a disability (58%).⁴

The FRS does not record information on individuals in nursing or retirement homes, meaning disability rates relating to elderly people are likely to be underestimates.⁵

There are more disabled women than men, as illustrated by the table below, which shows disability prevalence by age and gender over the three-year period 2019/20 to 2021/22. The only exception is among children under the age of 15.

Disability prevalence by age and gender						
UK: 2019/20 – 2021/22						
Age	Male respondents			Female respondents		
	Number (millions)	% male population		Number (millions)	% female population	
0 to 14	0.6	10%		0.3	5%	
15 to 24	0.5	13%		0.5	16%	
25 to 44	1.2	14%		1.6	19%	
45 to 64	2.1	25%		2.6	30%	
65 to 79	1.7	40%		1.8	41%	
80+	0.7	54%		1.1	61%	
Total	6.7	21%		8.2	24%	

Note: Data is presented as an average over three years as there are small sample sizes for some age groups by gender. Analysis is based on rounded data, meaning totals may not sum.

Source: DWP, [Family Resources Survey: financial year 2021/22](#), disability table 4.3

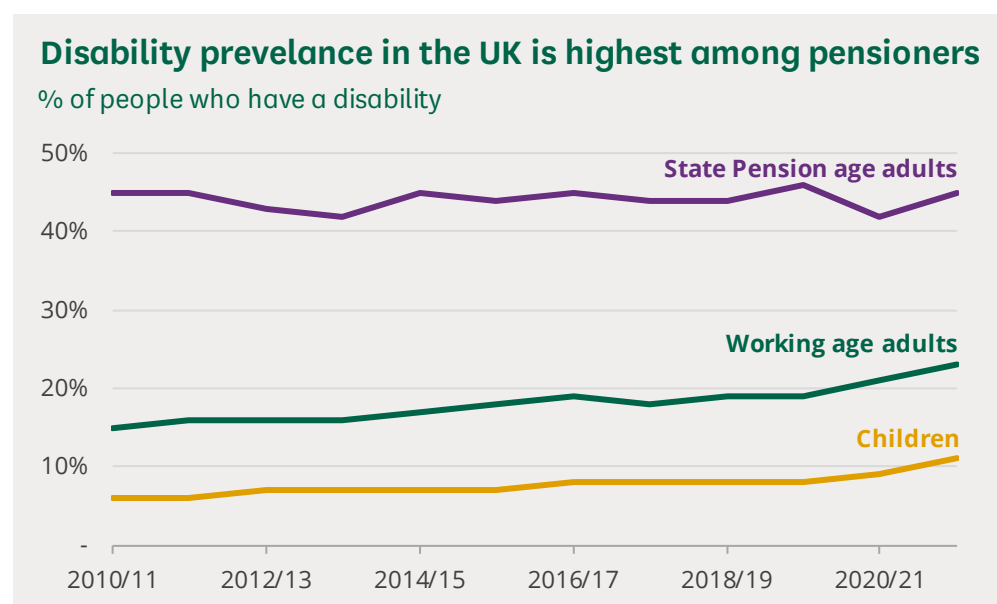
³ State Pension age was 66 for both men and women at the time the data was collected.

⁴ DWP, [Family Resources Survey: financial year 2021/22](#), disability tables 4.1 and 4.3

⁵ DWP, [Family Resources Survey: background information and methodology](#), 21 July 2023

Change over time

The chart below shows changes in the number of people reporting a disability by age group since 2010/11.



Note: Since April 2010, the State Pension age has been increasing gradually for women, and since December 2018 has been increasing for both men and women. Figures from 2013 onwards are based on a different definition of disability to previous years.

DWP, [Family Resources Survey: financial year 2020/21](#), disability table 4.1

The proportion of children reporting a disability has almost doubled over the last decade (from 6% in 2011/12 to 11% in 2021/22), and there has also been an increase among working-age adults. Whereas the proportion of adults of State Pension age reporting a disability has fluctuated between 42% and 46%.

Disability among people above State Pension age

For those above State Pension age, the decrease in reported disability prevalence from 46% to 42% between 2019/20 and 2020/21 may have been a consequence of changes to the survey method.

The introduction of Covid-19 lockdown restrictions caused a move from face-to-face to telephone interviewing, which may have been a barrier to participation for some respondents. This is supported by the observation that fewer respondents reported impairments in hearing, memory or vision.⁶ The same impairment types were also underrepresented in the 2021/22 sample, when telephone interviewing was also used.

⁶ DWP, [Family Resources Survey: background information and methodology](#), 31 March 2022

Disability among working-age adults

In 2020/21, the DWP suggested that the increase in working-age adults reporting a disability between 2019/20 and 2020/2021 from 19% to 21% may be linked to the effect of lockdown restrictions.⁷ Disability prevalence among working-age adults has since increased further to 23% in 2021/22.

2.2

Types of impairment reported

The types of impairments reported in the FRS by disabled people vary by age group.⁸ The table below shows the percentage of disabled people reporting each impairment type.

Impairment types reported by disabled people				
UK: 2021/22				
Impairment type	Children	Working age	State Pension age	All ages
Mobility	16%	43%	64%	47%
Stamina/breathing/fatigue	18%	34%	43%	35%
Mental health	30%	44%	13%	32%
Dexterity	9%	23%	35%	25%
Memory	10%	13%	13%	13%
Learning	26%	15%	8%	13%
Social/behavioural	50%	10%	2%	11%
Hearing*	5%	5%	16%	9%
Vision	5%	7%	13%	9%
Other	16%	20%	20%	20%

*Data for the 'Hearing' category should be treated with caution because of the possible sampling limitations of interviewing by telephone this survey year.

Note: Column totals sum to more than 100% because respondents can report more than one impairment.

Source: DWP, [Family Resources Survey: financial year 2021/22](#), disability table 4.6

In 2021/22, the most common impairment types among working age adults were mental health (reported by 44% of disabled people in this age group) and mobility (43%).

Mobility was the most frequently reported impairment type among disabled people of State Pension age, affecting 64% of people within this group,

⁷ DWP, [Family Resources Survey: background information and methodology](#), 31 March 2022

⁸ The FRS collects data on different impairment types experienced as a result of a health condition or illness, in line with the GSS's [Impairment harmonised standard](#). This is designed to look at the activities a person cannot do/has difficulty doing because of their health condition. It does not aim to capture a medical condition.

followed by a stamina, breathing or fatigue impairment was reported by 35% of disabled adults of State Pension age.

Half (50%) of disabled children reported a social or behavioural impairment, followed by mental health (21%) and 'other' impairments (21%).

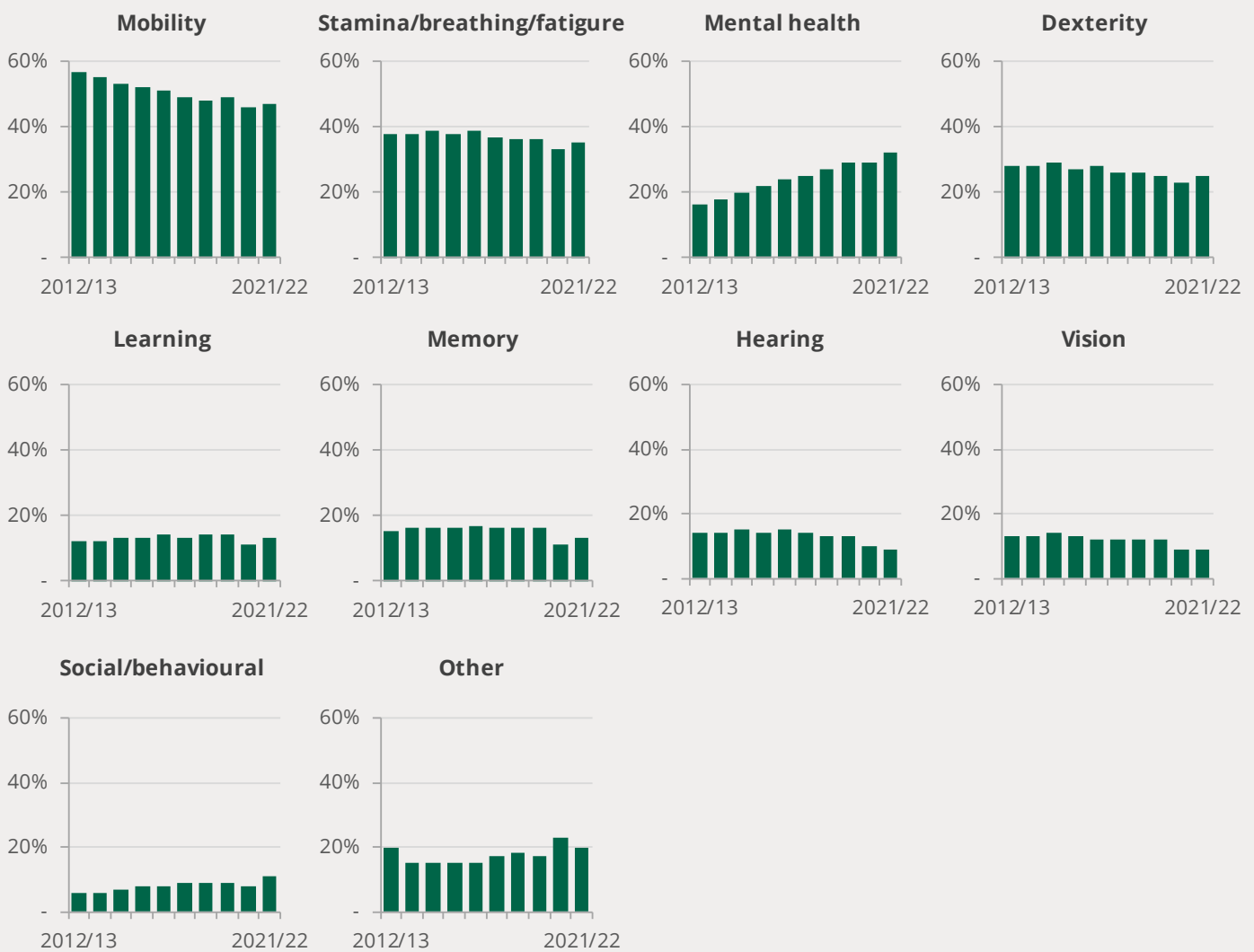
Change over time

While the overall proportion of the population reporting a disability has increased over time, patterns differ according to the types of impairment reported.

The types of impairment respondents were asked about changed in 2012/13 to reflect the GSS's harmonised standards, preventing direct comparison with earlier years. The charts below show trends in the proportion of disabled people reporting different impairment types for each year since.

Trends in reported impairments types*

% of disabled people: UK



Source: DWP, [Family Resources Survey](#) (various editions)

The most pronounced change is the upward trend in reported mental health impairments, which increased by 16 percentage points over this period. Social or behavioural impairments also rose by 5 percentage points.

While mobility remains the most common impairment type, its prevalence has declined in recent years (down by 10 percentage points).

The proportion of disabled people reporting all impairment types decreased between 2019/20 and 2020/21, except for mental health and ‘other’ impairments. This could be due in part to the change in survey mode from face-to-face to telephone interviewing, which may have resulted in sample bias.

The increase in the number of people who classified their impairment as ‘other’ (from 17% to 23%) could be related to the Government advising some people to shield in the home during the early months of the pandemic, as they had been classified by the NHS as clinically extremely vulnerable. People who were shielding may have been more responsive to the telephone survey. Many of the conditions covered by the shielding guidance – for example, conditions causing a weakened immune system – may have been reported as ‘other’ because they do not fit neatly into another category of impairment.⁹

By contrast, in 2021/22 there was an increase in all impairment types compared with the previous year, except for hearing and ‘other’ impairments which both decreased. There was no change in the proportion of people reporting impairments in vision.

The decline in participants reporting impairments in hearing, memory or vision compared with pre-pandemic should be interpreted with caution as this may be a consequence of the continuation of telephone interviewing. According to the DWP, the growth in other impairment types “largely corroborates external evidence on changes in the composition of the disabled population since the pandemic”.¹⁰

The rise in mental health conditions

Recent growth in disability prevalence appears to be driven by an increase in mental health conditions reported among children and working-age adults.

This trend in FRS data is consistent with other indicators which show that the number of people with mental health conditions is rising. For more on this, see the Library briefing on [Mental health statistics: prevalence, services and funding in England](#).

⁹ DWP, [Family Resources Survey: background information and methodology](#), 31 March 2022

¹⁰ DWP, [Family Resources Survey: financial year 2021 to 2022](#), 23 March 2023

Factors that may have contributed to the increased reporting of mental health conditions include:

- Increases in underlying rates of mental illness.
- Changing social attitudes towards mental health issues, which may have increased awareness of them and the willingness of individuals to report such conditions.
- An increased tendency of medical professionals to diagnose mental health issues.
- Increased provision of mental health services.¹¹

Studies have shown that people with long-term health conditions and disabilities face an increased risk of experiencing a mental health problem. The coronavirus pandemic appears to have exacerbated this.¹²

2.3 Variation in different parts of the country

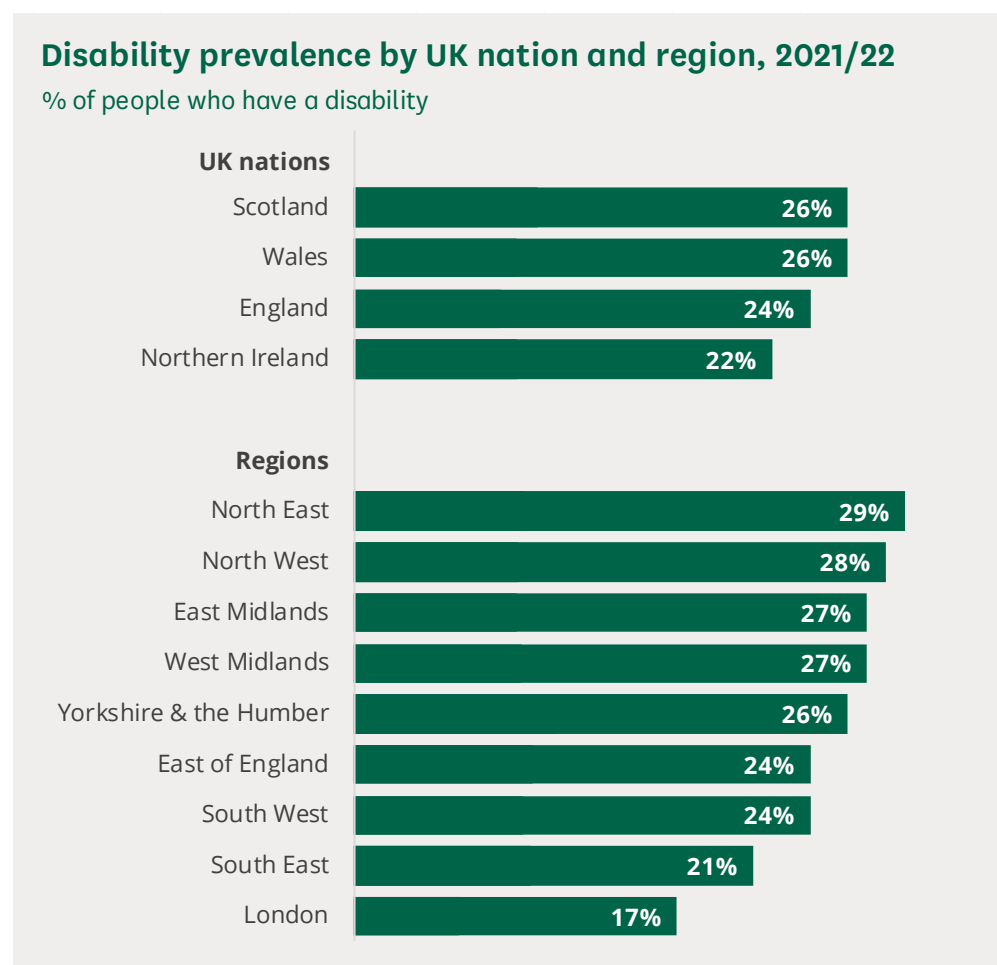
The prevalence of disability varies across the UK.

In 2021/22, Scotland and Wales had the highest proportion of disabled people (both 26%). Disability prevalence in England was the same as the UK average of 24%. Northern Ireland was below the national average, with 22% of people reporting a disability.

Disability prevalence is higher in the North East of England than in any other region (29%), followed by the North West (28%). London has the lowest proportion of people reporting a disability (17%).

¹¹ OBR, [Welfare trends report - January 2019](#), p27

¹² Mental Health Foundation, [Written evidence submitted to Women and Equalities Committee](#), 5 August 2020



Source: DWP, [Family Resources Survey: financial year 2021/22](#), disability table 4.4

The chart below shows that age distribution within the population appears to affect disability prevalence: the proportion of London's population aged 75 and over (5.4%) is far lower than the UK average (8.7%), whereas the proportion of people of this age living in Wales is higher than average (9.2%).¹³

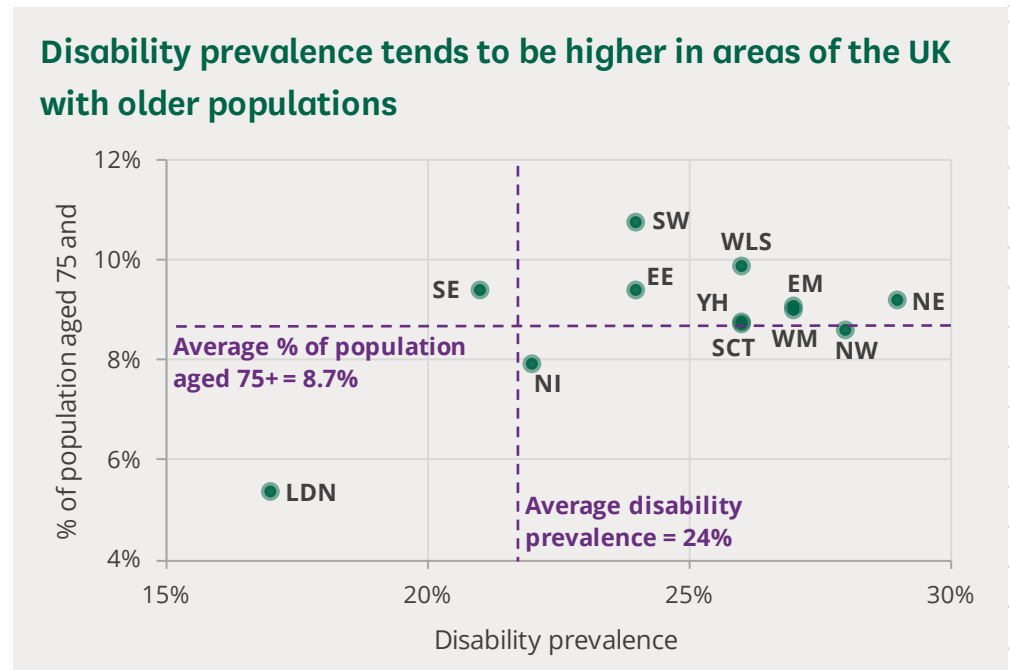
However, the region with the highest proportion of its population over the age of 75 is the South West (10.8%), despite disability prevalence here matching the national average. Conversely, despite its sizeable disabled population, the proportion of population in the North East aged 75 and over is just below average (8.6%).

It is widely recognised that social and economic factors affect people's health.¹⁴ Associated factors may include income levels. For example, London and the South East have the highest median income and the lowest disability

¹³ Calculated using ONS Mid-2021 population estimates, accessed [via NOMIS](#)

¹⁴ Office for Health Improvement & Disparities, [Wider Determinants of Health](#)

prevalence. Whereas, the North East has some of the highest rates of poverty and the highest disability prevalence.¹⁵



Source: DWP, [Family Resources Survey: financial year 2021/22](#), disability table 4.4; ONS Mid-2021 population estimates, accessed [via NOMIS](#)

2.4 Differences between ethnic groups

Based on data from the Office for National Statistics (ONS)’s Annual Population Survey, an estimated 9% of disabled people aged 16 and over are from a minority ethnic background.¹⁶ Of these, around 5% are Asian; 2% are Black; 1% are from a Mixed or multiple ethnic background; and 1% identify as part of the ‘Other’ ethnic group. This compares with 12% of the total population aged 16 and over who are from a minority ethnic background.

If we examine the prevalence of disability within individual ethnic groups, there is considerable variation. In the UK, rates of disability are highest among the White ethnic group. However, this is likely to be an artefact of age distribution as minority ethnic groups tend to have a younger age composition compared with the general population. As discussed in section 1.2, disability and age are closely related, with older people more likely to be disabled.

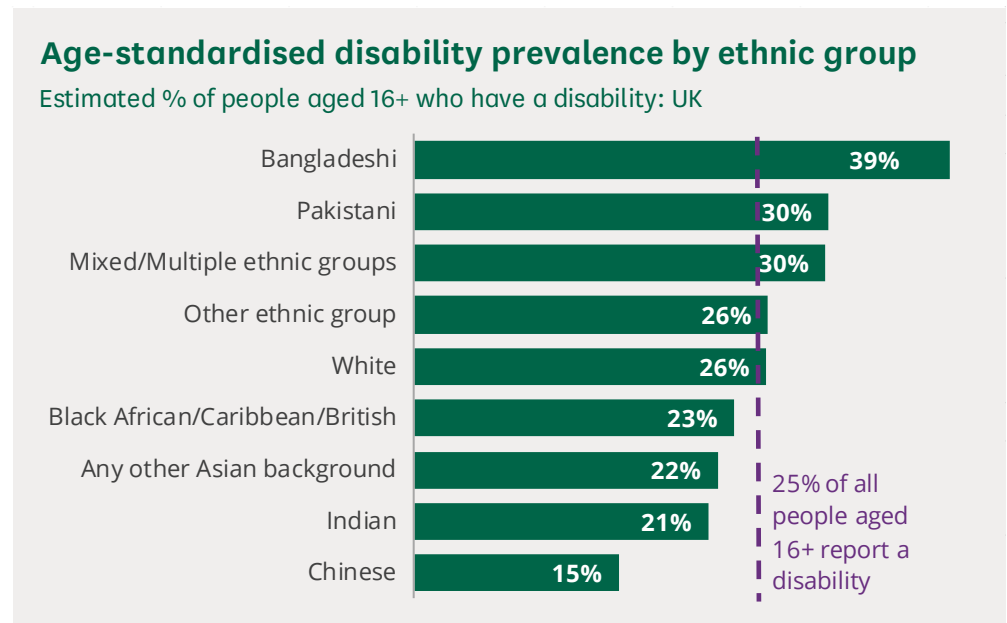
¹⁵ For more on this, see Commons Library research briefings [Income inequality in the UK](#) and [Poverty in the UK: Statistics](#)

¹⁶ House of Commons Library analysis of survey microdata. ONS (2023), Annual Population Survey Three-Year Pooled Dataset, January 2019 - December 2021. [data collection]. 3rd Edition. UK Data Service. SN: 9006, DOI: <http://doi.org/10.5255/UKDA-SN-9006-3>

Age-standardised proportions are used to enable comparison between ethnic groups, as they account for differences in the population size and age structure.

Age-standardised proportions are more appropriate than crude percentages when drawing comparisons between differently sized population groups. The chart below shows that age-standardised disability prevalence is highest among people from the Bangladeshi ethnic group: around 39% of people aged 16 and over in this ethnic group reported a disability in line with the Equality Act definition. On the other end of the scale, the Chinese ethnic group has the lowest proportion of people reporting a disability (15%).

Overall, estimated prevalence of disability among all people aged 16 and over is 25%.



Source: House of Commons Library analysis of Annual Population Survey microdata (Three-year pooled dataset 2019-2021).

Minority ethnic groups tend to have poorer health than the general population, although there is much variation between ethnic groups. The reasons for this are debated.¹⁷

Again, there appears to be some correlation here between disability prevalence and income. In 2019/20 to 2021/22, people from Chinese and Indian ethnic groups had some of the highest median incomes, whereas people from Bangladeshi and Pakistani ethnic groups had the lowest median incomes.¹⁸

Aside from income level, other factors which affect health will also likely affect disability, such as the environment, health-related behaviours and the 'healthy migrant effect'.¹⁹

¹⁷ The King's Fund, [The health of people from ethnic minority groups in England](#), 17 May 2023

¹⁸ Commons Library research briefing CBP-7484, [Income inequality in the UK](#), p31

¹⁹ The 'healthy migrant effect' is the mortality advantage in migrants relative to the majority population in host countries that is reported in many countries. It could be due to the selective

2.5

Disability prevalence by parliamentary constituency

The broad coverage of the census means it can produce reliable estimates for small areas. As a result, the census is the only source of constituency level data on disability prevalence, which can be explored using the Library's [2021 census disability data dashboard](#).²⁰

Results from the 2021 census in England and Wales, however, indicate lower disability prevalence than results from the FRS. In March 2021, 18% of people were classed as disabled across both England and Wales, with a higher proportion in Wales (22%) than in England (17%).²¹

This may be a result of the different data collection methods used. Data from the FRS is collected through interviews with survey respondents, during which the interviewer may be able to provide clarification or ask follow-up questions, unlike the census, which is filled in as a questionnaire.

migration of healthy individuals and/or healthier lifestyles such as lower smoking and alcohol consumption. The King's Fund, [The health of people from ethnic minority groups in England](#), 17 May 2023

²⁰ Commons Library, [Constituency data: Disability, 2021 census](#)

²¹ ONS, [2021 Census custom dataset](#), disability variable

3

Outcomes for disabled people

Recognition of the inequalities experienced by disabled people and the need for good data to measure these has gained momentum since the adoption of the United Nations [Convention on the Rights of Persons with Disabilities](#), which was ratified by the UK in 2009.

The Equality Act came into force in 2010, highlighting a need for robust data to monitor equalities for the protected characteristics, which include disability. Together, these developments have led to a drive for improved data disaggregated by disability.

In 2019, the Office for National Statistics (ONS) produced a series of publications examining [Outcomes for disabled people in the UK](#), which it updated in 2020 and 2021. This information is derived from various household surveys. The purpose of this research is to support a better understanding of the impact of disability, and what causes differences in life experiences between people who are disabled and people who are not.

This section analyses these findings, as well as data from other sources which give a useful insight into the experiences of disabled people.

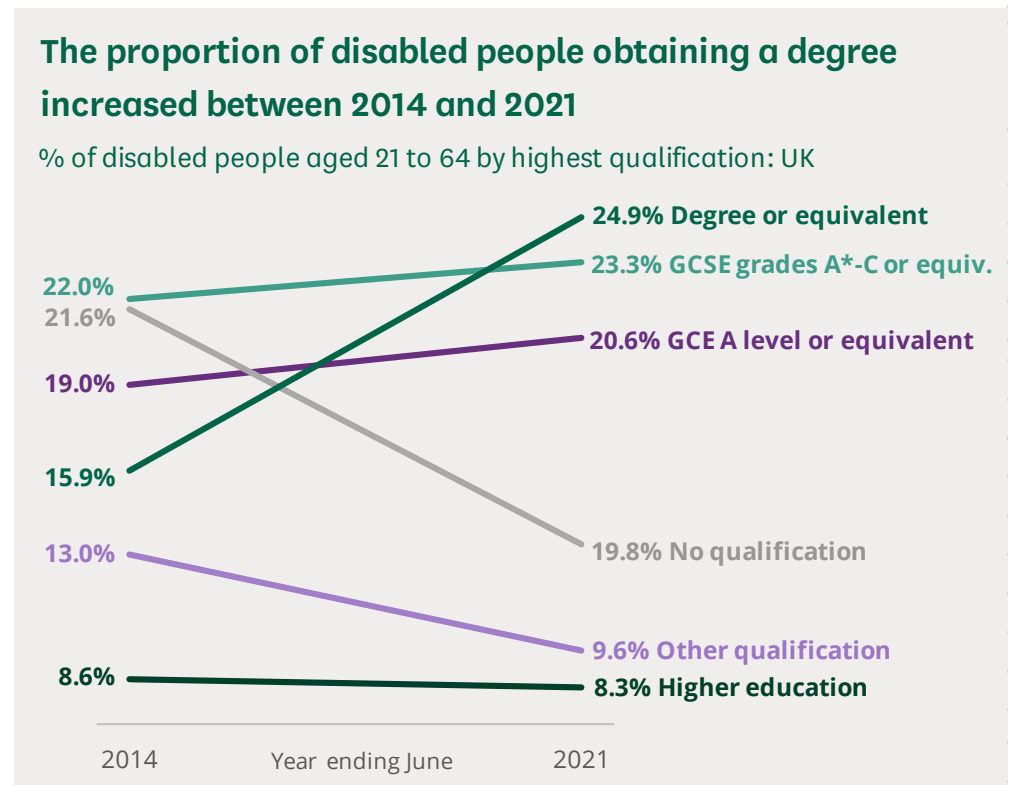
3.1

Education

The proportion of disabled people who had a degree or equivalent as their highest form of qualification increased by 1.9 percentage points in the year to June 2021. This reflects long-term increases in degree attainment, as shown in the chart below.²²

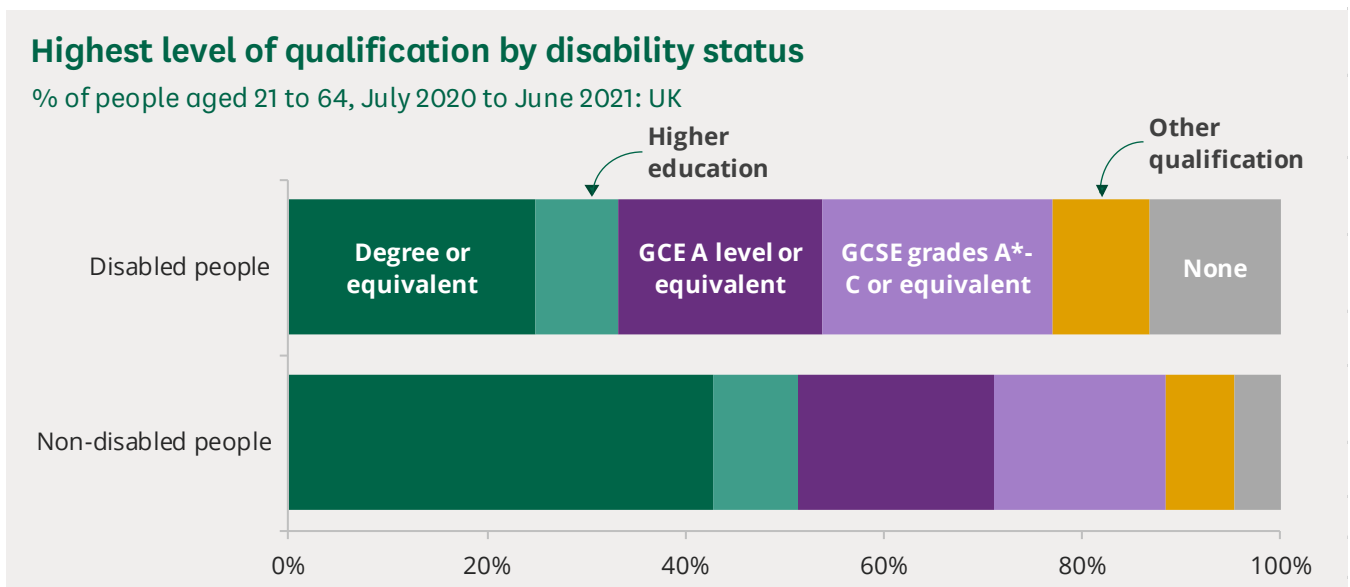
In comparison, the proportion of disabled people with no qualifications has decreased steadily in recent years.

²² The source does not specify whether degrees are undergraduate or postgraduate.



Source: ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and education dataset, Table 1

Despite these positive trends, disparities remain between the educational attainment of disabled people and non-disabled people. The greatest differences are in those attaining degree-level qualifications and those who achieved no qualifications, as shown in the chart below.



Source: ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and education dataset, Table 1

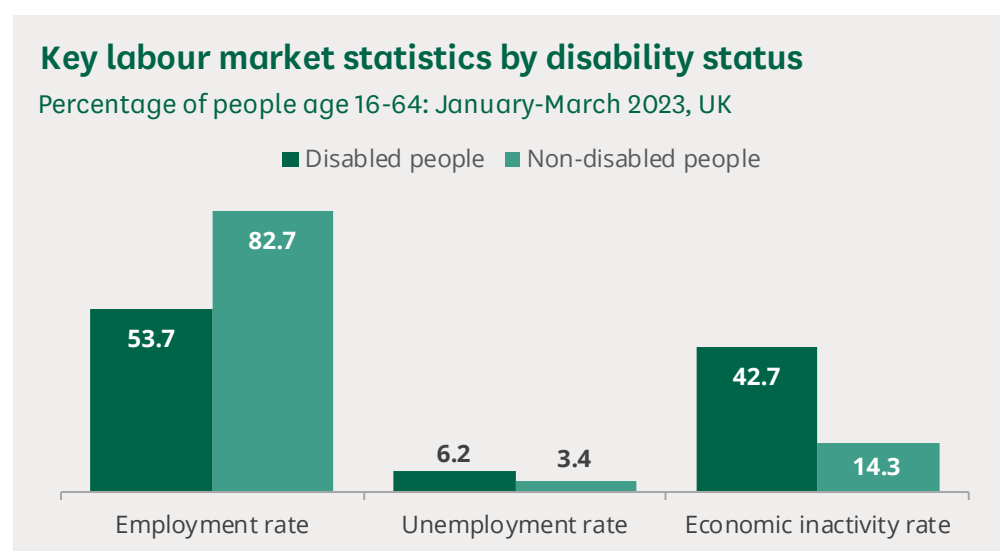
From July 2020 to June 2021, a quarter (24.9%) of disabled people aged 21 to 64 had a degree as their highest qualification, compared with 42.7% of non-disabled people. In addition, 13.3% of disabled people had no qualifications, almost three times the proportion of non-disabled people (4.6%).

Disabled people who reported that their ability to carry out day-to-day activities is “limited a lot” in comparison with “limited a little” had poorer educational outcomes. Those who said they were limited a little were twice as likely to have a degree as those who said they were limited a lot (31.2% compared with 15.6%), whereas those who said they were limited a lot were three times as likely to have no qualification (22.2% compared with 7.3%).

3.2 Employment

According to the ONS Labour Force Survey, 9.6 million people of working age (16 to 64) reported that they were disabled in January to March 2023, representing 23% of the working-age population. This is an increase of 600,000 people from the year before.²³

In the same period, an estimated 5.1 million disabled people were in employment. This works out as an employment rate of 53.7%, up from 51.7% in 2019.



Note: The unemployment rate is the proportion of the economically active population (those in work plus those seeking and available to work) who are unemployed.

Source: ONS, [Dataset A08: Labour market status of disabled people](#), 16 May 2023, GSS standard rates

Disabled people were considerably more likely to be economically inactive. While the economic inactivity rate for disabled people was 42.7%, the corresponding figure for those who are not disabled was 14.3%.

The high rate of economic inactivity, alongside a higher unemployment rate (6.2% for disabled people, compared with 3.4% for non-disabled people), is why disabled people have a low employment rate.

²³ ONS, [Dataset A08: Labour market status of disabled people](#), 17 May 2022, GSS standard levels

The Library briefing on [Disabled people in employment](#) provides further employment statistics, as well as information on government programmes to support disabled people in work.²⁴

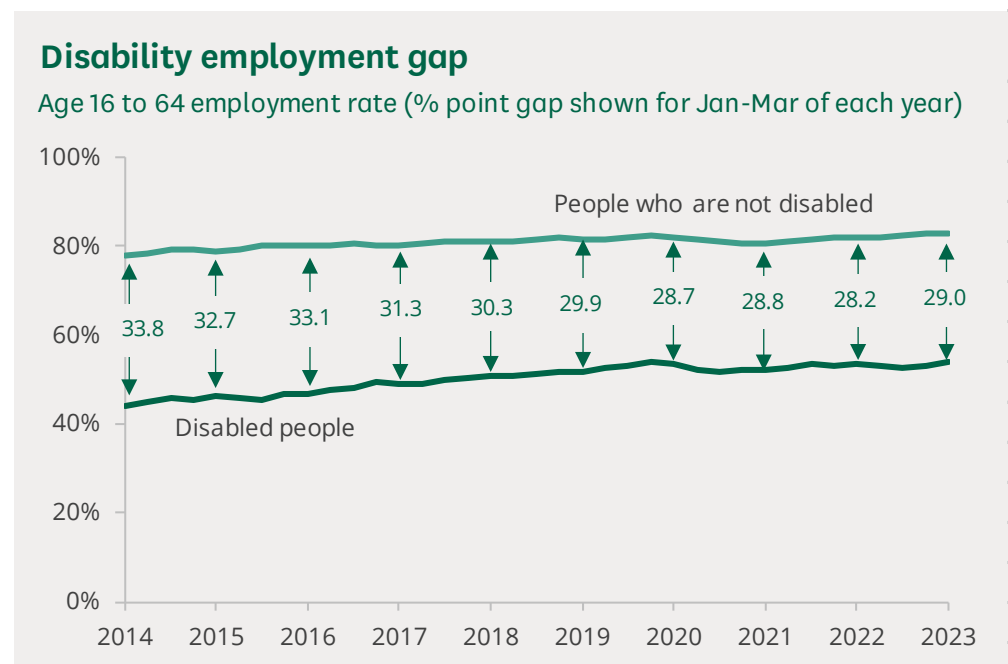
Disability employment gap

The disability employment gap is the difference in the employment rate of disabled people and people who are not disabled.

In January to March 2023, the employment rate for disabled people was 53.7% and the rate for people who are not disabled was 82.7%, meaning the gap was 29.0 percentage points.

Between January to March 2014 and January to March 2023, the disability employment gap decreased by 4.8 percentage points. This is because the employment rate for disabled people has been rising faster than the rate for people who are not disabled.

However, in the year to January to March 2023, the gap increased by 0.8 percentage points. It was also 0.2 percentage points higher than before the pandemic in January to March 2020.



Source: ONS, [Dataset A08: Labour market status of disabled people](#), 16 May 2023, GSS standard levels

Disability pay gap

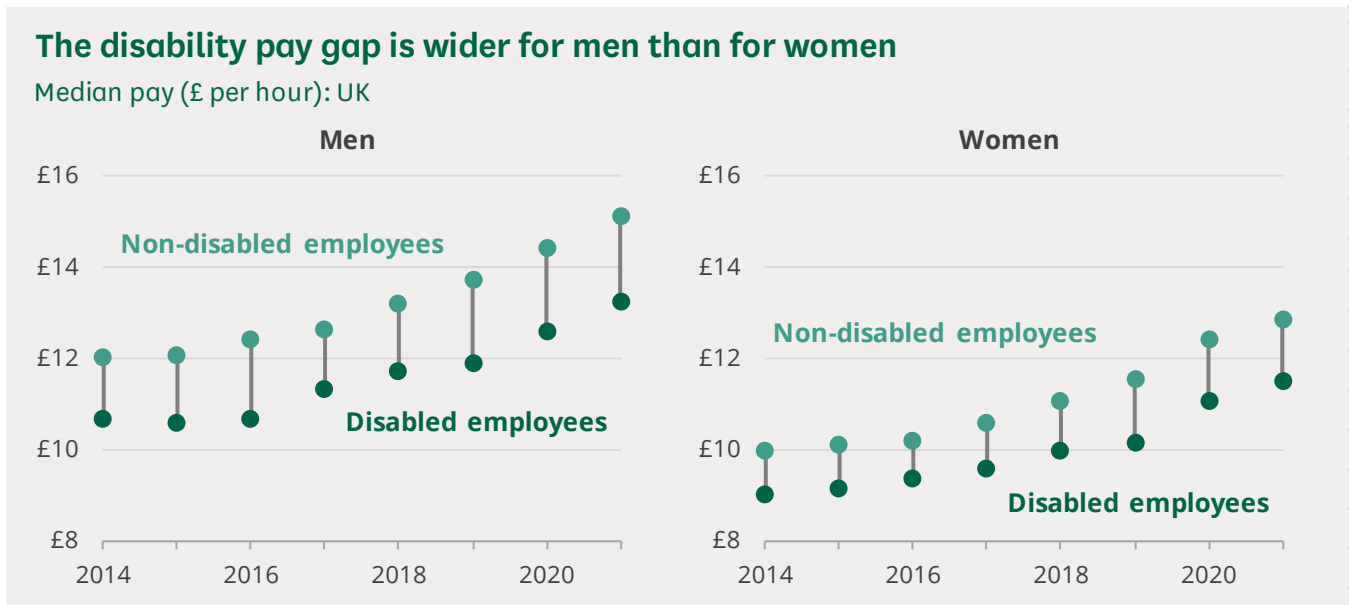
Disabled people are paid less, on average, than non-disabled people. The ‘disability pay gap’ – the gap between median pay for disabled and non-

²⁴ Commons Library briefing CBP-7540, [Disabled people in employment](#)

disabled employees – was 13.8% in 2021, with disabled people earning almost £2 per hour less.²⁵

The gap has widened since 2014, when disabled employees earned 11.7% less than non-disabled employees. However, it was slightly narrower in 2021 than it had been before the coronavirus pandemic in 2019 (14.1%).

The chart below shows that in each year since 2014, the disability pay gap has been wider for men than for women. In 2021, median pay for disabled men was 12.4% less than non-disabled men, and median pay for disabled women was 10.5% less than non-disabled women.



Source: ONS, [Disability pay gaps in the UK: 2021](#), 25 April 2022, Table 2

The median pay of women is consistently lower than that of men, whether disabled or non-disabled. The largest disparity is between non-disabled men and disabled women: in 2021 the pay gap between these groups was 23.9%.

3.3 Living standards

2 Definitions and measurements

This section of the briefing discusses income and poverty, which can have different statistical definitions and meanings.

- Disposable (after-tax) income may be measured before or after deducting housing costs. Inequality in income is higher after housing costs than before housing costs, as poorer households tend to spend a higher share of their income on housing than with higher incomes.

²⁵ ONS, [Disability pay gaps in the UK: 2021](#), 25 April 2022

- Poverty might be reported in various ways; there is no single best measure of poverty and various measures are in common use. Here we use relative poverty, which is when a household's income is below 60% of the median in that year.

Income of households with a disabled family member

Families that include a disabled adult or child have significantly lower median incomes than families in which nobody is disabled. This is driven in part by the barriers that many disabled people face in education and in accessing employment (see sections 3.1 and 3.2 above), and by caring responsibilities for some family members.

In the three-year period 2019/20 to 2021/22, households with a disabled family member had a median weekly income of £434 after housing costs (in 2021/22 prices), £108 less than households with no disabled members (£542).²⁶

Poverty in households with a disabled family member

Poverty rates are higher among families where at least one member is disabled. In 2021/22 the proportion of people in relative poverty after housing costs was 27% for families where someone is disabled, compared with 19% for people living in families where no one is disabled.²⁷

People living in families where someone is disabled comprised 46% of all people in relative poverty after housing costs in 2021/22. This compares with 38% of the UK population living in families where someone is disabled.²⁸

However, these figures take no account of the additional living costs that people with disabilities might face. Disability benefits are designed to cover the extra costs associated with ill health and disability. Including disability benefits as income can understate the extent of poverty among disabled households. If income from these benefits is discounted, more families with a disabled member are counted as being in relative poverty (31% in 2021/22).²⁹

Using this adjusted measure of income, people living in families where someone is disabled made up around 52% of all people in relative poverty after housing costs.³⁰

²⁶ DWP, Households Below Average Income, via [Stat-Xplore](#)

²⁷ DWP, [Households below average income: for financial years ending 1995 to 2022](#), Table 1.7a

²⁸ DWP, Households Below Average Income, via [Stat-Xplore](#)

²⁹ DWP, [Households below average income: for financial years ending 1995 to 2022](#), Table 7.3ts

³⁰ DWP, Households Below Average Income, via [Stat-Xplore](#)

Households receiving state support

Families that include a disabled person are more likely receive state support (benefits or tax credits), than families with no disabled people.

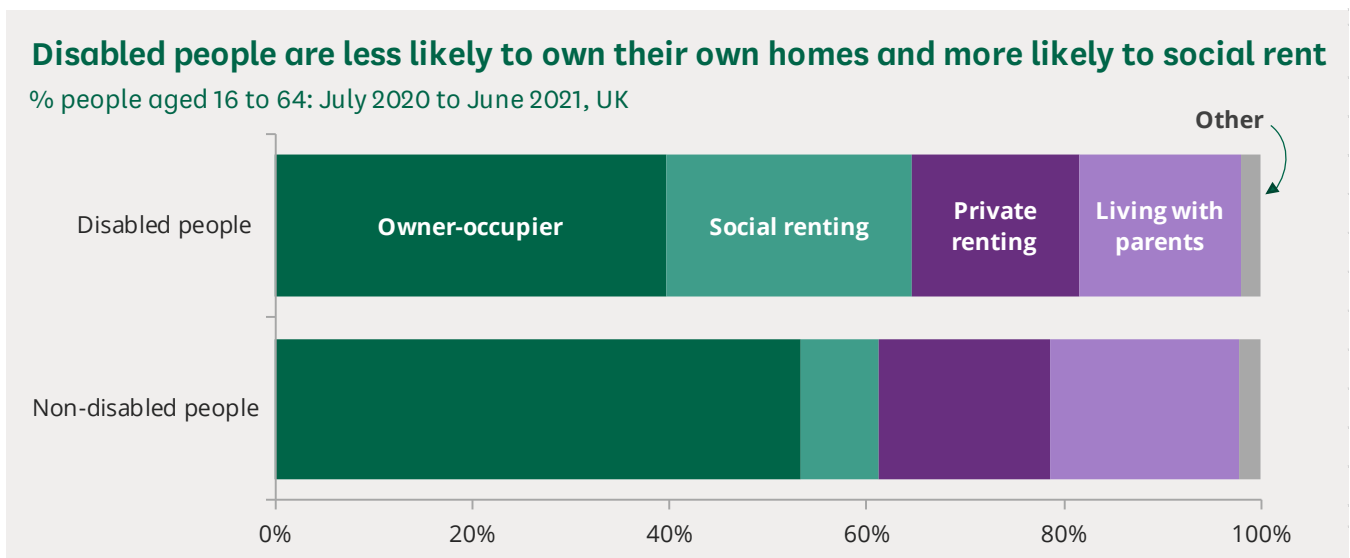
In 2021/22, 33% of benefit units with at least one disabled adult and no disabled children received an income-related benefit, and 67% received a non-income-related benefit. This compares with 11% of families with no disabled members who received an income-related benefit, and 36% who received a non-income-related benefit.³¹

Receipt of state support is higher among households that include children.

3.4 Housing disparities

In the 2021/22 financial year, over half (54.0%) of households in the social rented sector included at least one person with a long-term illness or disability. For private renters and owner-occupied households, this figure was 30.1%.³²

The largest disparities between the housing situations of disabled and non-disabled people relate to levels of homeownership and social renting (see chart below). In the year to June 2021, just over half (53.3%) of non-disabled people owned their own home, compared with 39.7% of disabled people. Whereas a quarter (24.9%) of disabled people rented social housing, compared with 7.9% of non-disabled people.



Source: ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and housing dataset, Table 1

³¹ DWP, [Family Resources Survey: financial year 2021/22](#), disability table 4.9

³² DLUHC, [English Housing Survey 2021 to 2022: headline report](#), 15 December 2022

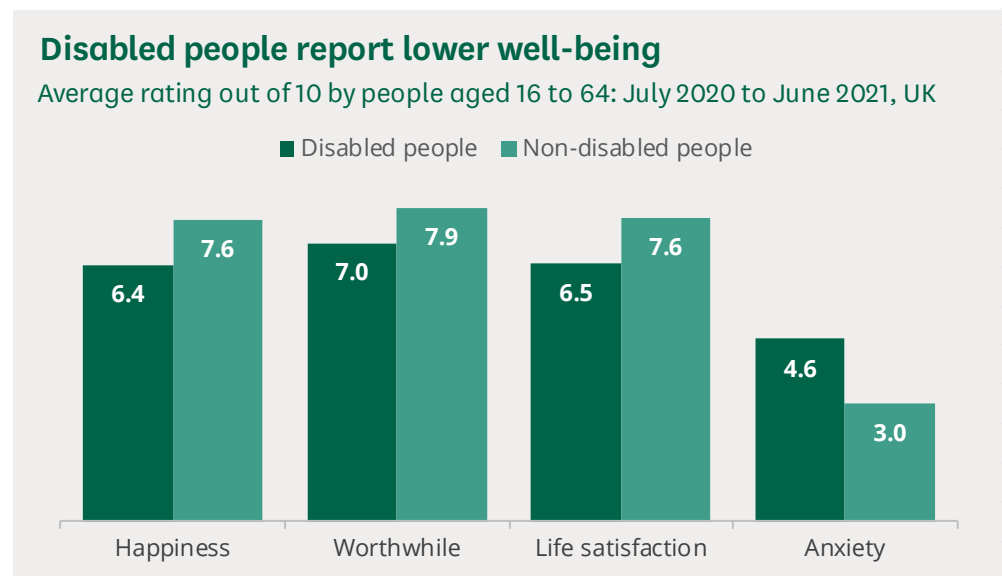
Disabled people were more likely to live with parents than their non-disabled counterparts (19.2% compared with 16.4%) and were slightly less likely to rent privately 16.9% compared with 17.4%).³³

There was no significant difference in housing situation between most disability types. However, people on the autistic spectrum, or with severe or specific learning difficulties, were more likely than those with any other main disability type to be living with parents (76.0% and 65.9% respectively). People with these impairments were also less likely to own their own home (3.8% and 8.0% respectively).³⁴

One in five households including someone with a limiting long-term illness or disability whose condition made it necessary to have adaptations in their home considered their accommodation to be unsuitable in 2019/20.³⁵

3.5 Well-being and loneliness

The ONS' Annual Population Survey uses four measures of personal well-being: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Respondents are asked to rate each on a scale from 0 to 10.



Note: Higher numbers equate to poorer well-being when considering the anxiety measure.

Source: ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and well-being dataset, Table 1

The chart above shows that, on average, disabled people have poorer ratings than non-disabled people across all four measures. The greatest disparity is in average levels of anxiety experienced.

³³ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and housing dataset, Table 1

³⁴ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and housing dataset, Table 4

³⁵ DLUHC, [English Housing Survey 2019 to 2020: home adaptations](#), 8 July 2021

Disabled people also report higher levels of loneliness: 15.1% of disabled people reported feeling lonely “often or always” in 2020/21, compared with 3.6% of non-disabled people.³⁶

Those with more severe conditions, who reported being limited a lot in their day-to-day activities, were more than twice as likely to report feeling lonely “often or always” as those who said they were limited a little (25.5% and 10.5% respectively).³⁷

A higher proportion of younger adults (aged 16 to 24) reported feeling lonely “often or always” than those in older age groups, whether disabled or not.³⁸

A similar trend is seen when respondents were asked to rate their level of anxiety: the difference between disabled and non-disabled people becomes smaller in older age groups. However, differences in average ratings for happiness, life satisfaction and feeling that things done in life are worthwhile between disabled and non-disabled people have little variation as people get older.³⁹

3.6

Victims of crime

CSEW estimates for the year ending March 2022 onwards are not designated as National Statistics. Caution should be taken when using these data because of the potential impact of lower response rates on data quality.

Note on geographical coverage of data

This section covers crime in England and Wales only.

Data on crime in Scotland is available from the [Scottish Crime and Justice Survey](#), and in Northern Ireland from the [Northern Ireland Safe Community Survey](#). These estimates may not be directly comparable with those for England and Wales.

In the year to March 2023, the Crime Survey for England and Wales (CSEW) found that 18.2% of disabled adults aged 16 and over had experienced some form of crime, compared with 15.5% of non-disabled adults.

The disparity between disabled and non-disabled children was larger, with disabled children aged 10 to 15 twice as likely to have been the victim of a crime (22.3% compared with 9.2%).⁴⁰

The CSEW also collects information on perceptions of crime and policing. In the year to March 2023:

³⁶ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and loneliness dataset, Table 1

³⁷ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and loneliness dataset, Table 2

³⁸ As above, Table 3

³⁹ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and well-being dataset, Table 2

⁴⁰ ONS, [Crime in England and Wales: Annual Trend and Demographic Tables](#), year ending March 2023, Tables D1 and D5

- 45.0% of disabled adults said their local police were doing a good or excellent job, compared with 52.5% of non-disabled adults.⁴¹
- 65.8% of disabled adults said they felt "very or fairly" safe when walking alone after dark, compared with 82.2% of non-disabled adults.⁴²
- 51.5% of disabled adults said they perceived local crime to have gone up "a little" or "a lot" in the past few years, compared with 48.4% of non-disabled adults.⁴³

Domestic abuse and sexual assault

Data on domestic abuse and sexual assault are collected in the CSEW self-completion module, rather than through face-to-face interviews, and so is not included in the main crime estimate. Therefore, these estimates cannot be compared with the measure of overall crime.

Results from the CSEW indicate that disabled people are more likely to be victims of domestic abuse. In the year to March 2022, it is estimated that around one in 10 disabled people (10.3%) experienced domestic abuse on at least one occasion, compared to one in 25 non-disabled people (4.0%).⁴⁴

The chart below shows that disabled women were more than twice as likely to experience domestic abuse as non-disabled women (13.1% compared to 5.6%). A similarly wide disparity was reported between disabled and non-disabled men (6.7% compared to 2.4%).

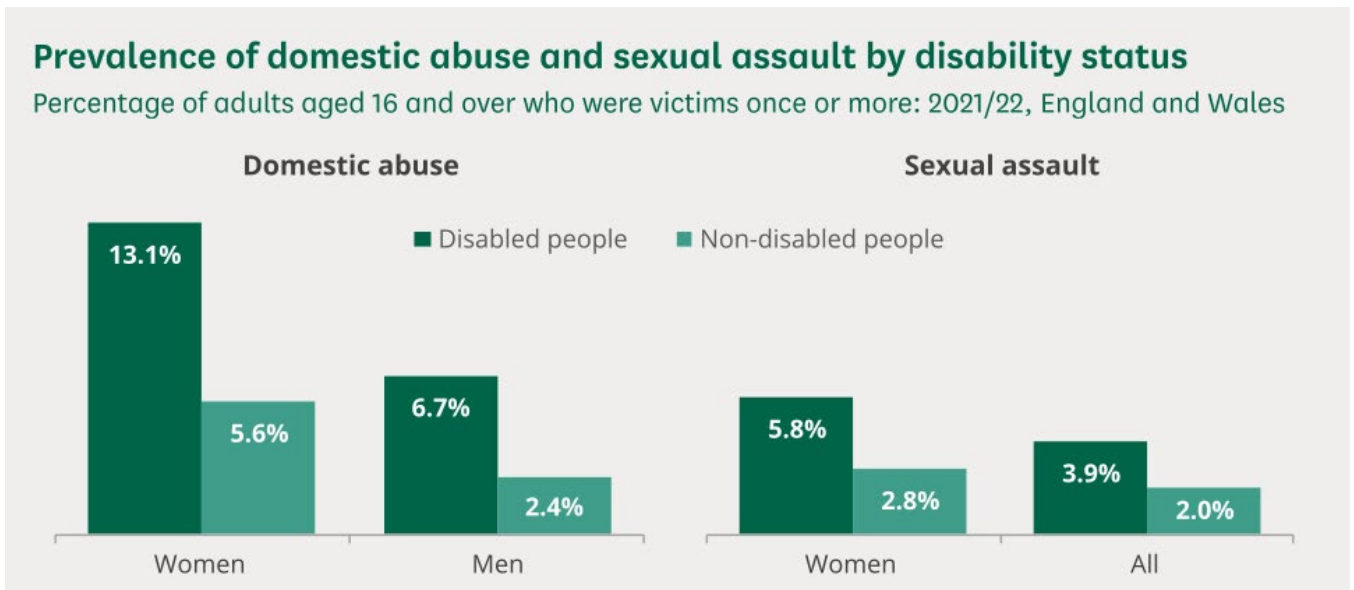
Disabled adults were twice as likely as those without a disability to report having experienced sexual assault in this last year (3.9% compared with 2.0%). Women were more likely to have experienced sexual assault than men, regardless of disability status.

⁴¹ ONS, [Crime in England and Wales: Annual Supplementary Tables](#), year ending March 2023, Table S2

⁴² ONS, [Crime in England and Wales: Annual Supplementary Tables](#), year ending March 2023, Table S38

⁴³ As above, Table S29

⁴⁴ ONS, [Domestic abuse prevalence and victim characteristics, England and Wales: year ending March 2022](#), Table 6



Note: The percentage of disabled men who were victims of sexual assault has not been reported to protect confidentiality because of low response rates, so the percentage for all adults is used instead.

Source: ONS, [Domestic abuse prevalence and victim characteristics, England and Wales: year ending March 2022](#), Table 6; ONS, [Sexual offences prevalence and victim characteristics, England and Wales: year ending March 2022](#), Table 4

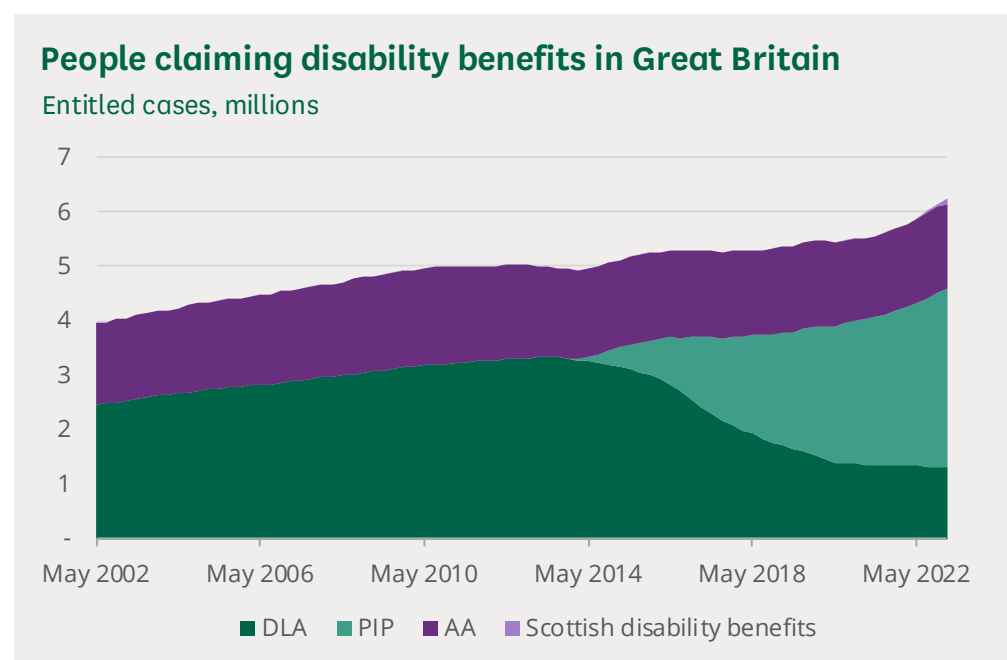
4 Disability benefits

There are three Department for Work and Pensions (DWP) benefits aimed at helping with the extra costs associated with ill health and disability (from here on referred to as ‘disability benefits’):

- Disability Living Allowance (DLA)
- Personal Independence Payment (PIP)
- Attendance Allowance (AA)

Disability benefit caseload figures can indicate trends in disability prevalence. Although it is important to note that not every person who is considered disabled under the Equality Act claims or qualifies for a disability benefit.

The number of people entitled to receive a disability benefit in Great Britain has risen over time, from 3.9 million in May 2002 (6.8% of the population) to 6.3 million in February 2023 (9.6% of the population).⁴⁵



Source: DWP, [Stat-Xplore](#); Social Security Scotland, [Adult Disability Payment: high level statistics to 30 April 2023](#); Social Security Scotland, [Child Disability Payment: high level statistics to 31 March 2023](#)

The disability benefit caseload has increased at a faster pace since the start of the pandemic, growing by 800,000 new claimants between February 2020

⁴⁵ Calculated using Office for National Statistics Mid-2021 population estimates, accessed [via NOMIS](#)

and February 2023, and is expected to continue to rise further.⁴⁶ This is being driven by a rise in the number of working-age people claiming for mental health and musculoskeletal conditions.⁴⁷

Substantially fewer people receive a disability benefit than report a disability. This could reflect benefit eligibility criteria being more narrowly defined than the Equality Act definition of disability. It may also indicate less-than-complete take-up of disability benefits.⁴⁸

3 Devolved benefits in Scotland and Northern Ireland

In Northern Ireland, disability benefits, and most other social security powers, are formally devolved (or “transferred”). Although by long-standing convention, Northern Ireland maintains parity with the social security system in Great Britain.

In Great Britain, social security was until recently almost entirely a reserved matter, but the [Scotland Act 2016](#) devolved significant welfare powers to the Scottish Parliament. The Scottish Government is currently introducing a new set of extra-costs disability benefits as direct replacements for DWP benefits. These will be delivered by a new agency, Social Security Scotland.

It launched Child Disability Payment – which is replacing Disability Living Allowance for children – in July 2021, and roll-out is now almost complete. National rollout of Adult Disability Payment – which is replacing Disability Living Allowance for adults and Personal Independence Payment – began in August 2022. Pension Age Disability Payment will replace Attendance Allowance, although roll-out of this benefit has not yet started.

For more information on the devolution of social security powers, see the Commons Library briefing on [Social security powers in the UK](#).

4.1

Main disability categories

Data on disability benefit claimants, available via [DWP’s Stat-Xplore](#), include a breakdown by main disability or health condition. These differ from the impairment types discussed in section 2.1, which are used by most official statistics in accordance with the Government Statistical Service’s [Impairment harmonised standard](#).

PIP claimants, who are mostly of working age, are grouped into 20 broad disability categories. In February 2023, 37% of PIP claimants had a psychiatric disorder (a mental health disorder) as their main disability. This corresponds

⁴⁶ For the latest caseload forecasts, see: [DWP, Benefit expenditure and caseload tables: Spring Budget 2023](#), 25 April 2023, Disability benefits table

⁴⁷ OBR, [Economic and Fiscal Outlook – March 2023](#), p103-104

⁴⁸ OBR, [Welfare trends report – January 2019](#), p30-31

with the high levels of reported mental health impairments among this age group (for further detail, see section 2.1). The second most common was a musculoskeletal disease, which 32% of PIP claimants had as their main disability, while 13% had a neurological disease.

AA and DLA claimants are classified by “main disabling conditions”. The most common conditions among AA claimants – all of whom are over State Pension age – were arthritis (28%), dementia (12%) and heart disease (7%). For 8% of AA claimants their main condition was unknown.

Among DLA claimants, learning difficulties (27%) were most common, followed by arthritis (15%) and behavioural disorders (11%). The DLA caseload is predominantly split between children and people of State Pension age. Most claimants with learning difficulties and behavioural disorders as their main condition were children, while most with arthritis were pensioners.

4.2 Variations in caseload by local authority

The table and map below analyse the distribution of disability benefit claimants by local authority.

Proportion of the population claiming disability benefits, February 2023

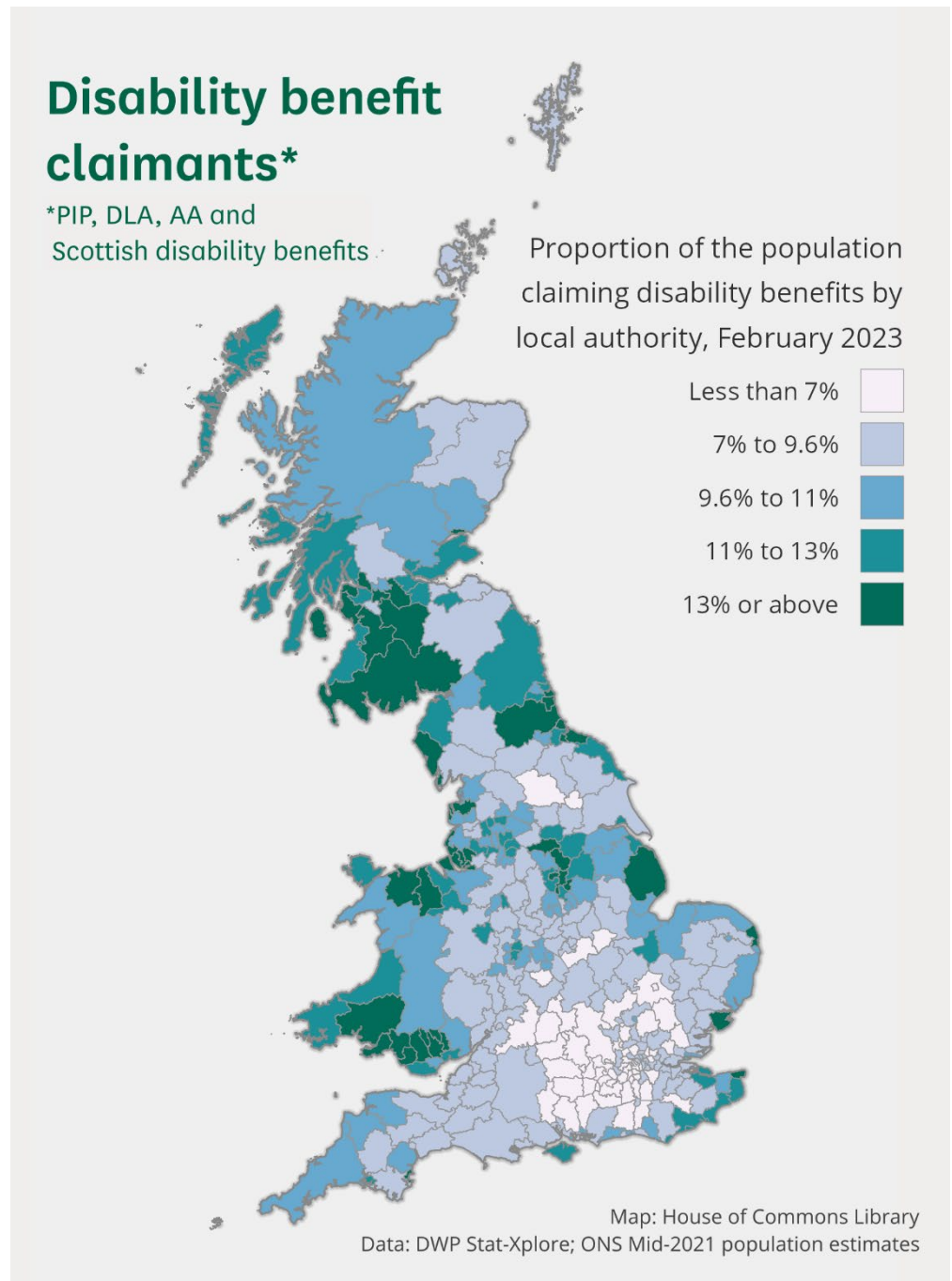
Local authorities with the highest proportion			Local authorities with the lowest proportion		
Local authority	Region/nation	%	Local authority	Region/nation	%
Blaenau Gwent	Wales	17.8%	City of London	London	3.7%
Neath Port Talbot	Wales	17.6%	Isles of Scilly	South West	4.3%
Merthyr Tydfil	Wales	17.2%	Cambridge	East of England	4.7%
Inverclyde	Scotland	16.6%	Richmond upon Thames	London	4.8%
Caerphilly	Wales	16.4%	Wokingham	South East	4.9%
Knowsley	North West	16.3%	Hart	South East	5.1%
Hartlepool	North East	16.0%	Elmbridge	South East	5.1%
Blackpool	North West	15.9%	Wandsworth	London	5.3%
West Dunbartonshire	Scotland	15.7%	Windsor & Maidenhead	South East	5.4%
Rhondda Cynon Taf	Wales	15.5%	St Albans	East of England	5.5%

Note: Caseload data for Adult Disability Payment is as of January 2023, and for Child Disability Payment as of March 2023.

Source: [DWP Stat-Xplore](#); ONS Mid-2021 population estimates, accessed [via NOMIS](#)

Local authorities coloured in the three darkest shades on the map below have higher disability benefit caseloads than the national average (9.6%).

All local authorities in Wales and the North East have a higher proportion of disability benefit claimants than the national average. Further pockets of high claimant counts are located in the North West, Scotland and the East Midlands.



Note: Caseload data for Adult Disability Payment is as of January 2023, and for Child Disability Payment as of March 2022.

The lowest proportions of people claiming disability benefits are found in the South of England. The proportion of the population claiming disability benefits is below the national average in all London boroughs.

The regional distribution of disability benefit claimants is broadly in line with the proportion of the population who reported a disability in the DWP's 2021/22 Family Resources Survey, although there is a slightly higher proportion of claimants in Wales and Scotland than might be expected from the Family Resources Survey (see section 2.3).

5 Transport

Transport data tends to be published separately for each UK nation. Limited data on disability and transport has been published for Wales.

For an explanation of the legislative frameworks and policies that apply to public transport users with disabilities or reduced mobility, see the Library briefing on [Access to transport for disabled people](#).⁴⁹

5.1 Disability and transport in England

The Department for Transport recently began publishing [transport related disability and accessibility statistics for England](#), drawn from different data sources. Statistics on trips taken by disabled people are derived from the [National Travel Survey](#).

Number of trips per year

In 2021, disabled adults aged 16 and over made 28% fewer trips than non-disabled adults: 594 trips on average per year, compared with 821 trips. This difference was smaller among those aged 16 to 59 (18% fewer trips) than among those over the age of 60 (37% fewer trips).⁵⁰

Disabled people who reported that their ability to carry out day-to-day activities was limited a lot took fewer trips than those who said they were limited a little (485 trips and 664 trips, respectively).

Modes of transport

The chart below shows that both disabled and non-disabled adults rely predominantly on car travel. Disabled adults took a higher proportion of their trips as car passengers than non-disabled adults (19% compared with 12%) and a lower proportion as car drivers (42% compared with 48%).

The second most common mode of transport for both groups was walking (accounting for 28% of trips taken by disabled people and 30% taken by non-disabled people).

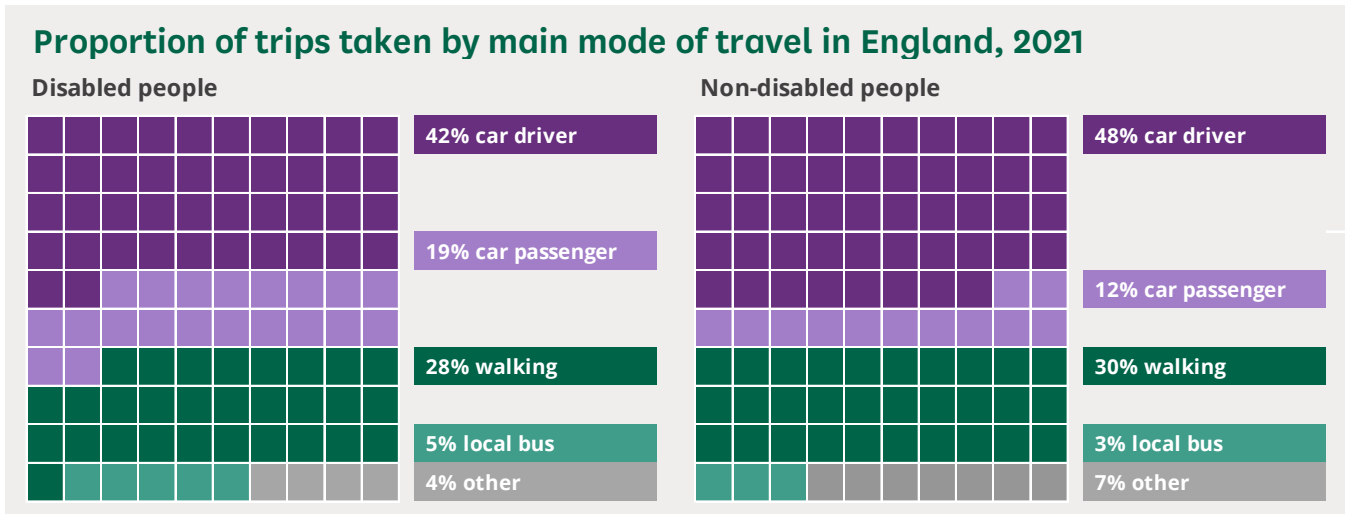
The coronavirus pandemic had a substantial impact on travel trends in 2020, which is likely to have had a continued effect in 2021 because of the national

Here, a trip is defined as a one-way course of travel with a single main purpose.

⁴⁹ Commons Library briefing SN00601, [Access to transport for disabled people](#)

⁵⁰ DfT, [Disability, accessibility and Blue Badge statistics: 2021 to 2022](#), 18 January 2023

and local restrictions in place at various points during the year. The number of trips taken by both disabled and non-disabled people in 2021 fell by around a fifth compared with 2019.



Note: The number of shaded squares does not exactly match the percentage point figures due to rounding.

Source: DfT, [Disability, accessibility and Blue Badge statistics: 2021 to 2022](#), Table dis0402

Satisfaction with local services

The [National Highways and Transport Public Satisfaction Survey](#) collects public perspectives on highway and transportation services.⁵¹ These figures are not designated National Statistics, meaning they have not been assessed as compliant with the Code of Practice for Statistics by the Office for Statistics Regulation.

The 2021 survey covered 109 local authorities. London is excluded from this analysis as few local authorities there were surveyed.

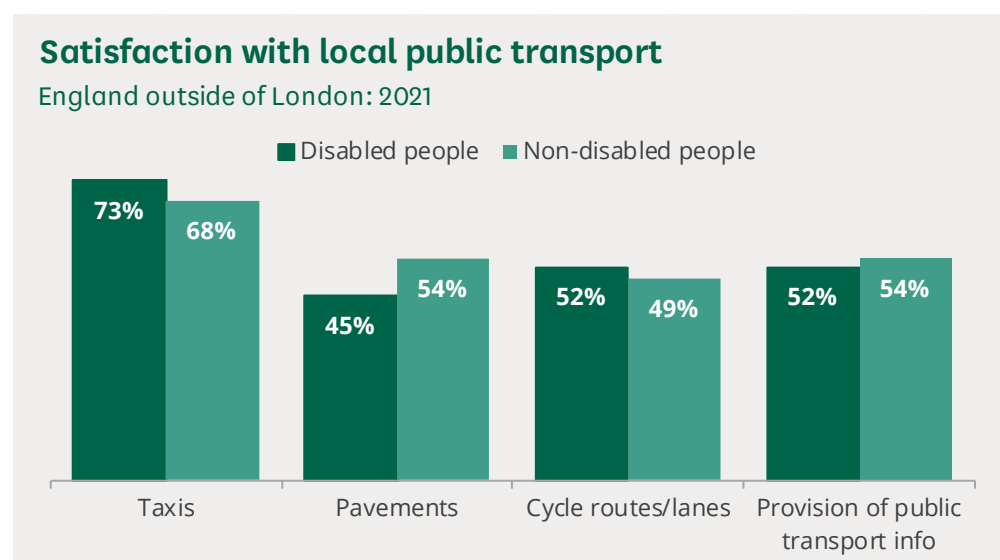
In the areas surveyed outside of London in 2021, disabled people were more likely to be satisfied with taxis than non-disabled people (73% compared with 68% among those who use taxis at least once a month), and less likely to be satisfied with pavements (45% compared with 54%).

Both disabled people and non-disabled people were similarly satisfied with the provision of public transport information (52% compared with 54%) and cycle routes and lanes (52% compared with 49%).

According to the Department for Transport, these findings have been consistent across the last few years of the survey, while overall levels of satisfaction with local transport and highways services in 2021 were broadly in line with previous years.⁵²

⁵¹ The full results of this survey are not publicly available.

⁵² DfT, [Disability, accessibility and Blue Badge statistics: 2021 to 2022](#), 18 January 2023



Note: People living in care homes and other such community living environments are not captured through the survey, which may affect satisfaction rates, particularly for the disabled population.

Source: DfT, [Disability and accessibility and Blue Badge statistics: 2021 to 2022](#), 18 January 2023

5.2

Disability and transport in Scotland

Transport Scotland's [Disability and Transport: Findings from the Scottish Household Survey](#) provides analysis of the experiences of disabled travellers. This uses pooled data for 2015 to 2019.⁵³

Number of trips per year

On average, disabled people in Scotland took 595 trips per year, compared with 756 taken by people who are not disabled. Those whose condition reduces their ability to carry out day-to-day activities a lot have an even lower average number of trips (496).

Modes of transport

The most common mode of travel for both disabled and non-disabled people in Scotland is by car, accounting for 60% and 66% of journeys respectively. When travelling by car, disabled people were more likely to travel as a passenger (18%) than non-disabled people (12%).

⁵³ Source gives average number of journeys per day. This has been converted to average per year to enable comparison with data for England and Northern Ireland. Transport Scotland, [Disability and Transport: Findings from the Scottish Household Survey](#), 15 July 2021

Disabled people were more likely to walk than non-disabled people (24% compared with 21%) and to travel by bus (11% compared with 7%), but less likely to travel by rail (1% compared with 3%).

An updated report including 2021 data is due to be published later in 2023.⁵⁴

5.3

Disability and transport in Northern Ireland

The [Northern Ireland Transport Statistics](#) publication provided data on travel by mobility status, sourced from the Travel Survey for Northern Ireland. The 2020/21 report was the last in this series, which has now been discontinued.

The definition of having a mobility difficulty used here is based on having difficulties travelling on foot, by bus and/or coach, or by train. Adults who reported only having difficulties driving a car are classified as having no mobility difficulty. This differs from the definition of disability used throughout the rest of this paper (see box on page 6 for further information).

Number of trips per year

From 2017 to 2019, 18% of adults aged 16 and over in Northern Ireland reported having a mobility difficulty. On average, those with a mobility difficulty made 574 journeys per year, 42% less than those without a mobility difficulty (997 journeys per year).⁵⁵

Modes of transport

Most journeys were made by car for both those with and without a mobility difficulty. However, a higher proportion of all journeys made by those with a mobility difficulty were by car (76% of all journeys made, compared with 71% for those without).⁵⁶

Walking accounted for 11% of journeys for those with a mobility difficulty, which was lower than the proportion made by those without a mobility difficulty (19%).

⁵⁴ Transport Scotland, [Transport and Travel in Scotland 2021: Results from the Scottish Household Survey](#), 25 April 2023, p5

⁵⁵ NISRA, [Northern Ireland Transport Statistics 2020-21](#), 30 September 2021, Table 3.5

⁵⁶ As above, Table 3.6

5.4

Blue Badges and concessionary travel

Blue Badges

Blue Badges help people with disabilities or health conditions park closer to their destination.

In March 2022, 2.4 million Blue Badges were held in England, accounting for 4.3% of the population.⁵⁷ A further 236,000 Blue Badges were held in Scotland as of November 2021 (4.3% of the population), and 126,000 in Northern Ireland as of March 2021 (6.6% of the population).⁵⁸ Data is not available for Wales.

Concessionary travel

Concessionary travel passes allow users to travel for free or at discounted rates on most bus services and some rail services. In 2021/22 there were 858,000 disabled passes in circulation in England.⁵⁹

In Northern Ireland, around 16,000 disabled passes were held on 31 March 2021.⁶⁰ The latest data available for Wales is from the end of March 2020, when around 55,000 concessionary passes had been issued to disabled people.⁶¹ Data is not available for Scotland.

The Disabled Persons Railcard, which costs £20 per year, allows a holder to pay one third less for rail travel in Great Britain. There were 243,000 in circulation at the end of March 2023.⁶²

⁵⁷ DfT, [Disability, accessibility and Blue Badge statistics: 2021 to 2022](#), 18 January 2023

⁵⁸ Scottish Government, [Number of live Blue Badges in Scotland: FOI release](#), 13 January 2022; NISRA, [Northern Ireland Transport Statistics 2020-21](#), 30 September 2021; ONS Mid-2021 population estimates, accessed [via NOMIS](#)

⁵⁹ DfT, [Concessionary Travel Statistics, England: year ending March 2022](#), 26 April 2023

⁶⁰ NISRA, [Northern Ireland Transport Statistics 2020-21](#), 30 September 2021, Table 3.1

⁶¹ Welsh Government, [A New Wales Transport Strategy: Transport data and trends](#) (PDF), 17 November 2020, p17

⁶² Office of Rail and Road, [Disabled Persons Railcards statistics](#), 7 July 2022

6 The impact of the coronavirus pandemic

The pandemic was a particularly challenging time for disabled people in the UK. People with disabilities faced increased risk of ill-health and death from Covid-19 when compared with the rest of the population, while also experiencing more acutely negative social impacts caused by isolation.

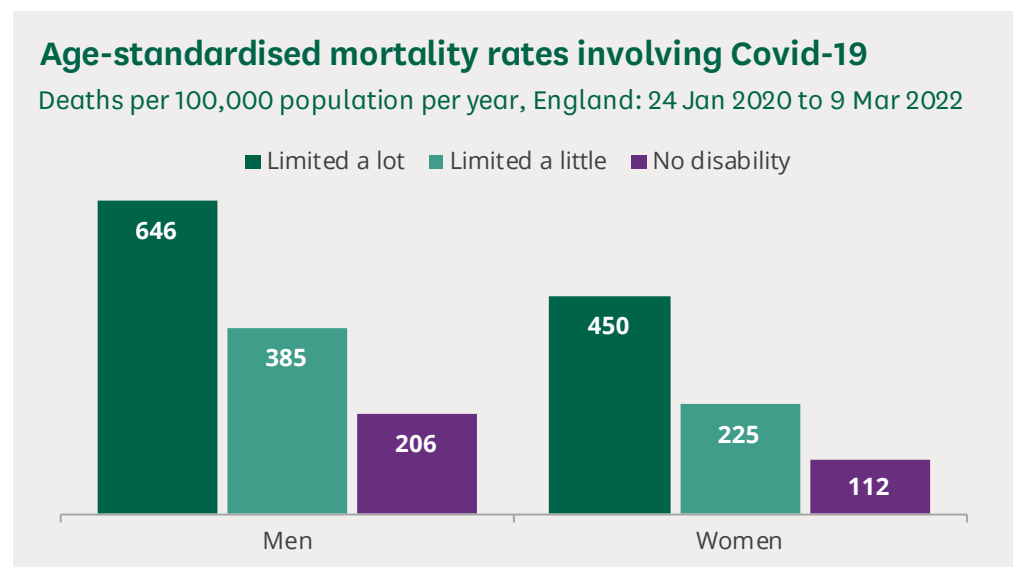
While the long-term effects of the pandemic are not yet known, data so far also appears to suggest that disability prevalence may have risen.

6.1 Increased risk of death from Covid-19

The Office for National Statistics (ONS) examined deaths occurring up to March 2022, linked to a person's disability status as recorded in the 2011 census, to produce [estimates of Covid-19 mortality risk by disability status](#) for England. It found that people with disabilities had an elevated risk of death from the disease across all three waves of the pandemic. During this period, disabled people accounted for 58% of deaths involving Covid-19.⁶³

The chart below shows age-standardised mortality rates involving Covid-19 for men and women aged between 30 and 100.

Age-standardised mortality rates are used to allow comparisons between populations that may contain different proportions of people of different ages.



Note: Figures based on death registrations up to 23 March 2022 of people aged 30 to 100 years.

Source: ONS, [Updated estimates of coronavirus \(COVID-19\) related deaths by disability status, England: 24 January 2020 to 9 March 2022](#), 9 May 2022, Table 4

⁶³ ONS, [Updated estimates of coronavirus \(COVID-19\) related deaths by disability status, England: 24 January 2020 to 9 March 2022](#), 9 May 2022

The risk of death increases with disability severity: those who had reported being limited a lot in their day-to-day activities in the 2011 census had a higher rate of death than those who said they were limited a little.

Disabled men whose day-to-day activities were limited a lot in the 2011 census were three times more likely to die from Covid-19 than non-disabled men. For disabled men whose day-to-day activities were limited a little, the mortality rate was double that of non-disabled men.

The mortality rate for disabled women who had reported being limited a lot was four times higher than for non-disabled women, while the rate for those who had reported being limited a little was twice as high as non-disabled women.

6.2 Social impacts of Covid-19 on disabled people

The ONS has also analysed [the social impact of the coronavirus on disabled people in Great Britain](#), from March 2020 to December 2021.

This showed that disabled people reported lower levels of well-being than non-disabled people throughout all stages of the pandemic. In particular, disabled people more frequently reported:

- feeling stressed or anxious (in December 2021, this was reported by 79% of disabled people, compared with 68% of non-disabled people);
- worsening mental health (50% compared with 31%);
- feeling like a burden on others (23% compared with 7%);
- feeling lonely (40% compared with 18%); and
- experiencing depressive symptoms (37% compared with 9%).⁶⁴

Alongside fears about contracting the virus and the disproportionate number of deaths among the disabled population, several other factors have affected the mental health and wellbeing of disabled people during the pandemic.

For example, an academic study found that disruption to regular health and social care services and the closure of sources of social support, like day centres, led to [a loss of independence and increased dependency on caregivers](#).⁶⁵

⁶⁴ ONS, [Coronavirus and the social impacts on disabled people in Great Britain](#), 2 February 2022

⁶⁵ Tom Shakespeare and others, "[Disabled people in Britain and the impact of the COVID-19 pandemic](#)" [via PubMed Central], *Social Policy and Administration*, Vol 56 No 1, Jan 2022, p103–117

For people with intellectual and mental health disabilities, the loss of their daily routine and opportunities to engage in meaningful activities led to isolation, anxiety, and a loss of confidence.⁶⁶

6.3

Long Covid and other long-term health conditions

A further legacy of the pandemic is ‘long Covid’ – a term used to describe ongoing symptoms following Covid-19 infection which persist for more than four weeks. The ONS has produced [estimates of the prevalence of self-reported long Covid](#), using data from the Covid-19 Infection Survey.

According to the latest data, an estimated 1.9 million people in the UK were experiencing long Covid as of March 2023, representing 2.9% of the population. Of these, 1.3 million had symptoms that had lasted for more than a year and 762,000 had symptoms lasting for more than two years.⁶⁷

In May 2022, a Scottish Employment Tribunal ruled that an employee suffering from symptoms of long Covid was disabled for the purposes of the Equality Act 2010. In its judgment, the panel concluded the claimant’s condition had a “substantial and long-term adverse effect” on his ability to carry out normal day-to-day activities.⁶⁸

With a growing number of people reporting long-term ongoing symptoms of Covid-19, disability prevalence in the UK could be set to rise further.⁶⁹

In its [2022 Welfare trends report](#), the Office for Budget Responsibility (OBR) predicted that spending on disability benefits will rise in the period to 2024/25. This reflects growing numbers of people claiming these benefits, which is driven in part by longer-term trends of rising disability prevalence but has been further affected by the pandemic.⁷⁰

The OBR notes that economic inactivity due to long-term sickness has risen since the start of the pandemic. It expects this to remain higher than the pre-pandemic position.⁷¹

For more on this, see our Insight on [How is health affecting economic inactivity?](#)

⁶⁶ Tom Shakespeare and others, “[Disabled people in Britain and the impact of the COVID-19 pandemic](#)” [via PubMed Central], Social Policy and Administration, Vol 56 No 1, Jan 2022, p109

⁶⁷ ONS, [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK](#), 7 July 2022

⁶⁸ [Mr T Burke v Turning Point Scotland](#) [2021] case number 4112457/2021

⁶⁹ Disability Rights UK, [Covid causing huge rise in Disability](#), 7 April 2021

⁷⁰ OBR, [Welfare trends report – May 2022](#), p9

⁷¹ As above, p32

7 Sources of disability data: Strengths and limitations

This section discusses the strengths and limitations of the different sources of disability data included in this briefing paper.

7.1 Survey data

Official statistics on disability are primarily collected through surveys, which means that disability tends to be self-reported.

Estimates from survey data are subject to some statistical uncertainty and should be treated and reported as approximations.

The two main sources of survey data used in this briefing are the Department for Work and Pensions' [Family Resources Survey](#) (FRS) and the Office for National Statistics' [Annual Population Survey](#) (APS).

Family Resources Survey

The FRS is considered the primary measure of disability prevalence in the UK. FRS disability estimates are based on respondents self-reporting “a physical or mental impairment” which has “a substantial and long-term adverse effect” on their ability to carry out day-to-day activities, in accordance with the Equality Act 2010 definition (see box 1 below).⁷²

However, because of the survey's sample size, the smallest geographical breakdown available is for English regions and UK nations. The FRS therefore cannot be used to produce estimates at a local level.

Annual Population Survey

The APS also provides estimates for the number of people who are disabled in the UK, as defined by the Equality Act. It has the largest coverage of any household survey, which makes it more useful for precise analysis. For example, it can generate estimates for smaller areas and population subgroups. However, this source is limited to the adult disabled population (aged 16 and over) only.

⁷² [Section 6\(1\) of the Equality Act 2010](#)

Other survey sources

Data on outcomes for disabled people, including any disparities, are derived from a range of survey sources (see section 3 for further detail).

7.2 Administrative data

Administrative data refers to information gathered through the operation of administrative systems. This type of data is usually collected routinely when people interact with public services. While not specifically generated for research purposes, it can serve as an information-rich resource. Some administrative processes record disability status.

An advantage of administrative data for measuring disability is that it includes information on everyone who comes into contact with a public service, whereas survey data is limited to those who are able to and who chose to participate, which can lead to the underrepresentation of certain groups. A further advantage is that, unlike surveys (and censuses), it is usually collected on an ongoing basis.

One of the main sources of relevant administrative data is data on disability benefits. In its [2019 Welfare trends report](#), the Office for Budget Responsibility (OBR) summarised the strengths and limitations of using benefits data to measure disability prevalence.

The OBR highlights that there is greater certainty over any trends revealed through administrative data than survey data. This is because administrative data is not based on a sample. However, it notes that the extent to which benefits data captures disability prevalence is greatly influenced by the rules on who is eligible to receive benefits. It also depends on whether disabled people are willing and able to take up the support available.⁷³

7.3 The census

The census also includes a question on disability. A major advantage of this source compared with survey data is that it gathers information from the entire population, as opposed to a sample of it. This protects it from the risk of 'sampling error', whereby the sample selected is not representative of the population in question, and so it produces more accurate results.

Census data can be used to analyse the disabled population by a range of different characteristics and provides information for smaller geographies, including parliamentary constituencies.

⁷³ OBR, [Welfare trends report - January 2019](#), p28

Disability data from the 2021 census in England and Wales, and in Northern Ireland, is now available.⁷⁴ Scotland's census was delayed until 2022, with disability data not scheduled for release until summer 2024.⁷⁵

Changes to question design

All UK censuses previously asked the same question regarding long-term health conditions and disabilities. This was developed before the Government Statistical Service (GSS)'s harmonised definition, and so does not align exactly with the Equality Act.

The GSS's harmonised standard has been chosen for use in the 2021 census in England and Wales, although Scotland and Northern Ireland have chosen not to change their question on disability.

This means disability data from the censuses in Scotland and Northern Ireland will not be directly comparable with that for England and Wales. It also means that 2021 census data for England and Wales will not be directly comparable with previous years.

7.4

Improving disability data as part of the National Disability Strategy

The [National Disability Strategy](#) (NDS) – a cross-government strategy to improve the lives of disabled people – was published in July 2021. This included plans for “a multi-year programme to improve the availability, quality, relevance and comparability of government disability data”. This is being led by the [Disability Unit](#), which is responsible for overseeing the implementation of the strategy.⁷⁶

The timeline set out in the NDS was:

- By January 2022, regular disability surveys and the monitoring of public perceptions of disabled people and policies will begin.
- By summer 2022, the first in a series of cross-government harmonised disability data will be published. Wider use of the GSS's harmonised standards for [disability](#) and [impairment](#) will be encouraged to allow better comparison of data collected by different government departments.⁷⁷

⁷⁴ ONS, [Health, disability, and unpaid care: Census 2021 in England and Wales](#); NISRA, [Census 2021 main statistics health, disability and unpaid care tables](#)

⁷⁵ National Records of Scotland, [Census outputs schedule](#), updated 13 July 2023

⁷⁶ HM Government, [National Disability Strategy: Part 2](#), 28 July 2021

⁷⁷ As above

As of June 2023, these plans had not been implemented.⁷⁸

In January 2022, the High Court ruled the NDS unlawful due to failures in the consultation process, but this was overturned in July 2023 by the Court of Appeal.⁷⁹

In the meantime, the Government launched a consultation on a new [Disability Action Plan](#). This sets out the immediate actions the Government says it will take in 2023 and 2024 to improve disabled people's lives and is intended to complement the NDS, which sets out a longer-term vision.⁸⁰

The Disability Action Plan restates the Government's commitment to strengthening the evidence base for disability policy through a data improvement programme. It also proposes the commissioning of research to better understand emerging issues and evolving priorities for disabled people in the next five, 10 and 20 years.⁸¹

⁷⁸ [PQ 189783 \[Cabinet Office: Disability\]](#), answered on 23 June 2023

⁷⁹ *Secretary of State for Work and Pensions v Eveleigh & Ors* [2023] EWCA Civ 810. For further information on the NDS, see Commons Library briefing CBP-9599, [The National Disability Strategy: Content, reaction and progress](#)

⁸⁰ Disability Unit, [Disability Action Plan 2023 to 2024: consultation document](#), 18 July 2023

⁸¹ As above, section 4.4

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