

Research Briefing

By Esme Kirk-Wade,
Sonja Stiebahl,
Helen Wong

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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 covid-19 pandemic
- 7 Sources of disability data: Strengths and limitations

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UK disability statistics

Key facts

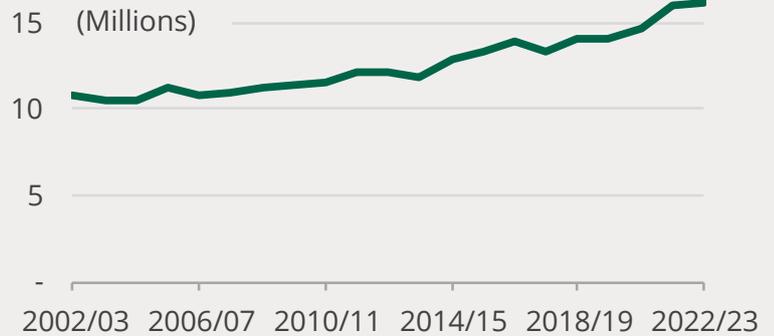
An estimated 16.1 million people in the UK had a disability in 2022/23. This represents 24% of the total population.

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.

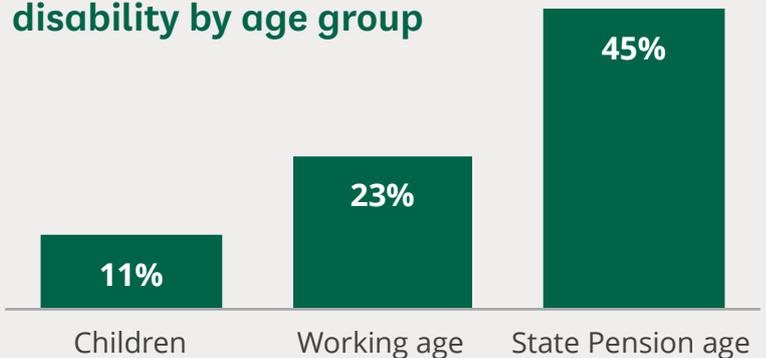
Mobility is the most frequently reported impairment type (48%), followed by stamina, breathing or fatigue (36%), and mental health (34%).

As of February 2024, there were 6.9 million people claiming an extra-costs disability benefit in Great Britain, representing 10.4% of the total population.

Number of people who have a disability

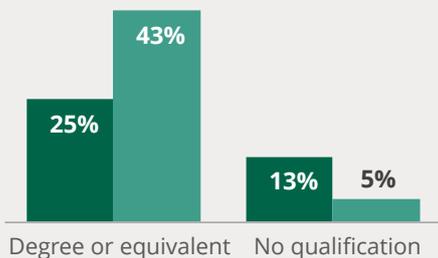


Proportion of people who have a disability by age group

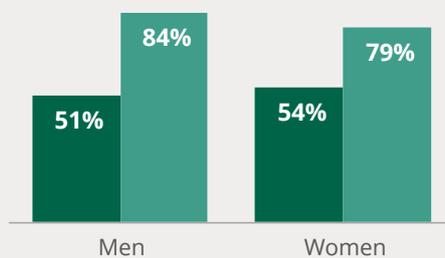


A range of inequalities exist between disabled and non-disabled people. In 2021, disabled people:

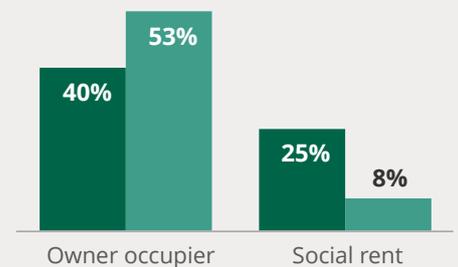
Were less likely to have a degree and more likely to have no qualifications



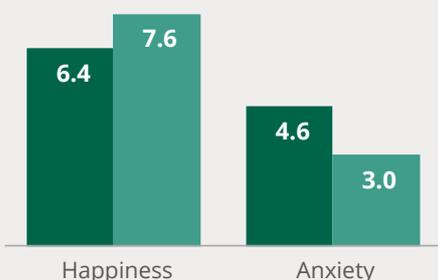
■ Disabled ■ Non-disabled
Showed lower employment rates (data is for 2024)



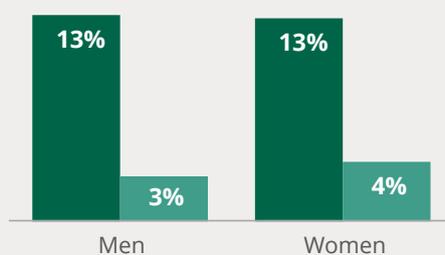
Were less likely to own their homes and more likely to social rent



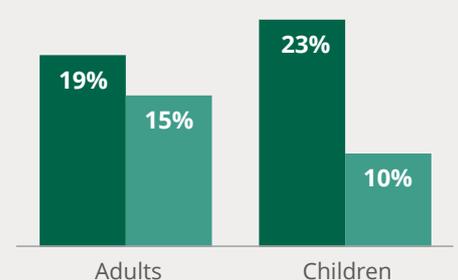
Reported lower rates out of 10 for happiness and higher for anxiety



Were more likely to report feeling lonely regularly



Were more likely to be the victim of a crime (data is for 2024)



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, these are not compulsory. This means they do not give a useful indication of the size or characteristics of the disabled population.

Official statistics on disability are mainly 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.

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

This briefing paper brings together disability data from a range of sources. Section 7 discusses the strengths and limitations of different sources.

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, most official statistics now use a definition of disability that is consistent with the [Government Statistical Service'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 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 that 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

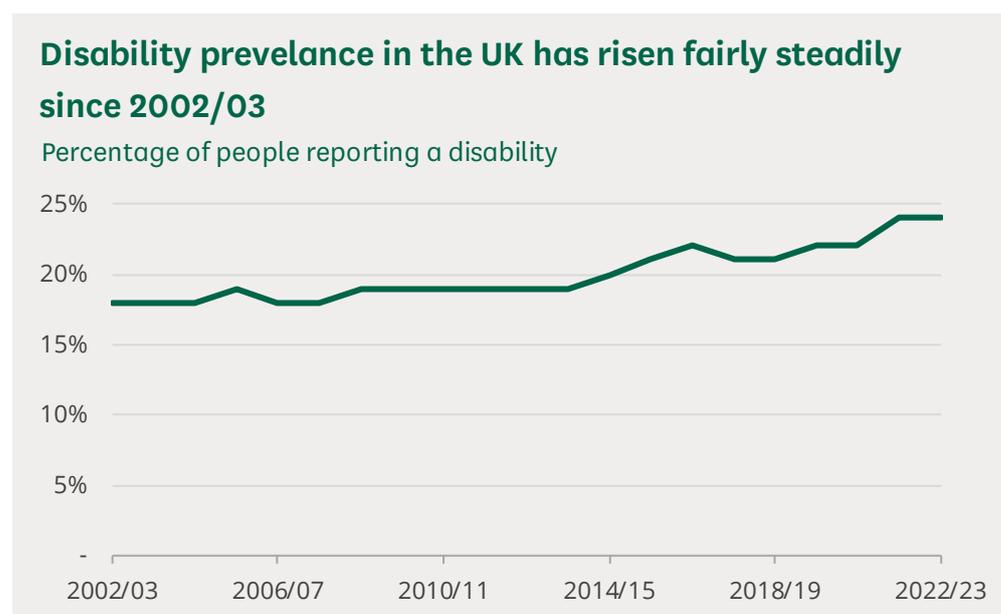
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How many people have a disability?

The latest estimates from the [Family Resources Survey](#) (FRS), run by the Department for Work and Pensions (DWP), indicate that 16.1 million people in the UK had a disability in the 2022/23 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.

The disability questions in the FRS were changed for the 2012/13 survey to comply with the Government Statistical Service (GSS)'s harmonised standards (for further detail see box in section 1). This means that the definition of disability used from this point onwards is not strictly comparable with that used in previous years, although overall disability prevalence remained stable after the change.



Note: Figures from 2012/13 onwards are based on a different definition of disability to previous years.

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

The proportion of the population reporting a disability has risen from 18% to 24% over the period shown. Most of this increase was in the past decade, with disability prevalence up by 5 percentage points from 19% in 2012/13 to 24% in 2022/23.

In the 10 years since 2012/13, the estimated number of disabled people has increased by 3.9 million (+32%).

2.1

Age and gender differences

The prevalence of disability rises with age: in 2022/23 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 Two thirds (67%) of people aged 85 or over reported a disability.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 2020/21 to 2022/23. The only exception is among children under the age of 15.

Disability prevalence by age and gender						
UK: 2020/21 – 2022/23						
Age	Male respondents			Female respondents		
	Number (millions)	% male population		Number (millions)	% female population	
0 to 14	0.7	12%		0.3	5%	
15 to 24	0.5	14%		0.7	19%	
25 to 44	1.2	14%		1.7	20%	
45 to 64	2.1	25%		2.7	30%	
65 to 79	1.7	39%		1.9	40%	
80+	0.7	54%		1.1	61%	
Total	7.0	21%		8.5	25%	

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 2022/23](#), disability table 4.3

Change over time

As discussed above, disability is closely related to age, so some of the increase in prevalence over time is to be expected given the ageing of the population. However, recent changes in disability prevalence have also been driven by increases in the percentage of children and working-age adults reporting a disability.

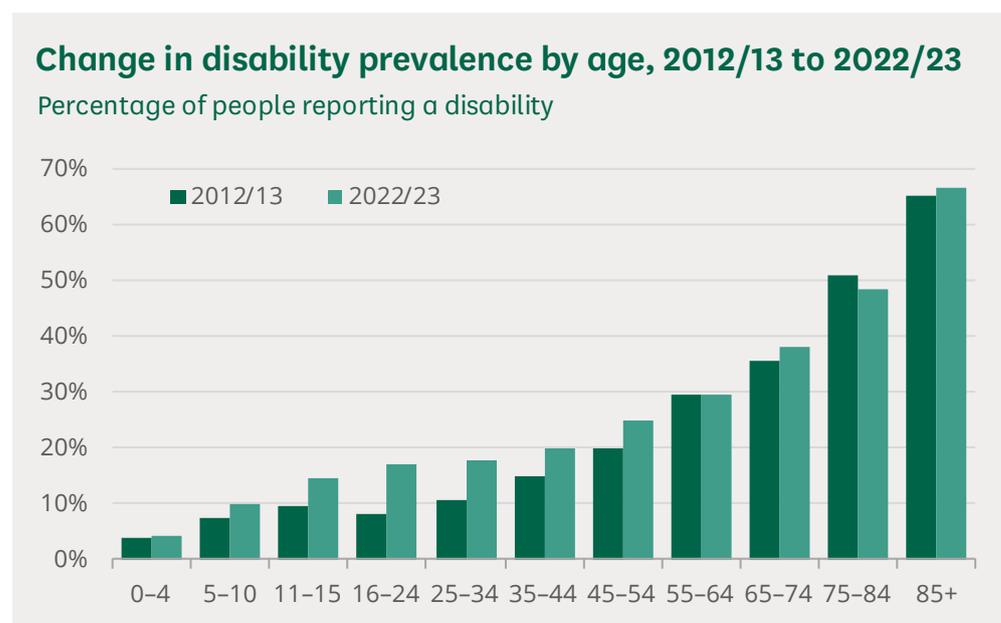
³ State Pension age was 66 for both men and women at the time the data was collected. DWP, [Family Resources Survey: financial year 2021/22](#), disability table 4.1

⁴ DWP, [Stat-Xplore](#), Family Resources Survey individual dataset

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

The chart below shows the change in reported disability prevalence among different age groups between 2012/13 and 2022/23. This shows that disability prevalence has increased among all age groups, except those aged 75 to 84 for whom prevalence has fallen slightly. Prevalence has remained stable for those aged 0 to 4 and 55 to 64.

The largest increases have been in people aged 16 to 24, among whom reported disability prevalence has more than doubled from 8% to 17%, and those aged 25 to 34 (from 11% to 18%).



Source: [DWP Stat-Xplore](#), Family Resources Survey individual dataset

When looking at recent trends among broad age groups, reported disability prevalence among children and working-age adults has risen more sharply since the start of the covid-19 pandemic.

In 2020/21, the DWP suggested that the increase in working-age adults reporting a disability to 21% (from 19% in 2019/20) may be linked to the effect of lockdown restrictions.⁶ Disability prevalence among working-age adults has since increased further to 23% in 2022/23.

2.2

Types of impairment reported

The types of impairments reported in the FRS by disabled people vary by age group.⁷ The table below shows the percentage of disabled people reporting each impairment type.

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

⁷ 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

Impairment types reported by disabled people

Percentage of disabled people reporting each type of impairment, UK: 2022/23

Impairment type	Children	State		All ages
		Working age	Pension age	
Mobility	17%	41%	69%	48%
Stamina/breathing/fatigue	15%	34%	46%	36%
Mental health	30%	47%	12%	34%
Dexterity	9%	22%	33%	25%
Memory	11%	16%	17%	16%
Learning	32%	16%	9%	15%
Hearing	5%	7%	22%	12%
Vision	6%	10%	18%	12%
Social/behavioural	50%	12%	2%	12%
Other	14%	18%	15%	17%

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

Source: DWP, [Family Resources Survey: financial year 2022/23](#), disability table 4.6

In 2022/23, the most common impairment types among working-age adults were mental health (reported by 47% of disabled people in this age group) and mobility impairments (41%).

Mobility was the most frequently reported impairment type among disabled people of State Pension age, affecting 69% of disabled people within this group. A stamina, breathing or fatigue impairment was reported by 46% of disabled adults of State Pension age.

A social or behavioural impairment was reported for half (50%) of disabled children, followed by learning (32%) and mental health impairments (30%).

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.

The most pronounced change is the upward trend in reported mental health impairments, which increased by 18 percentage points (ppts) between 2012/13

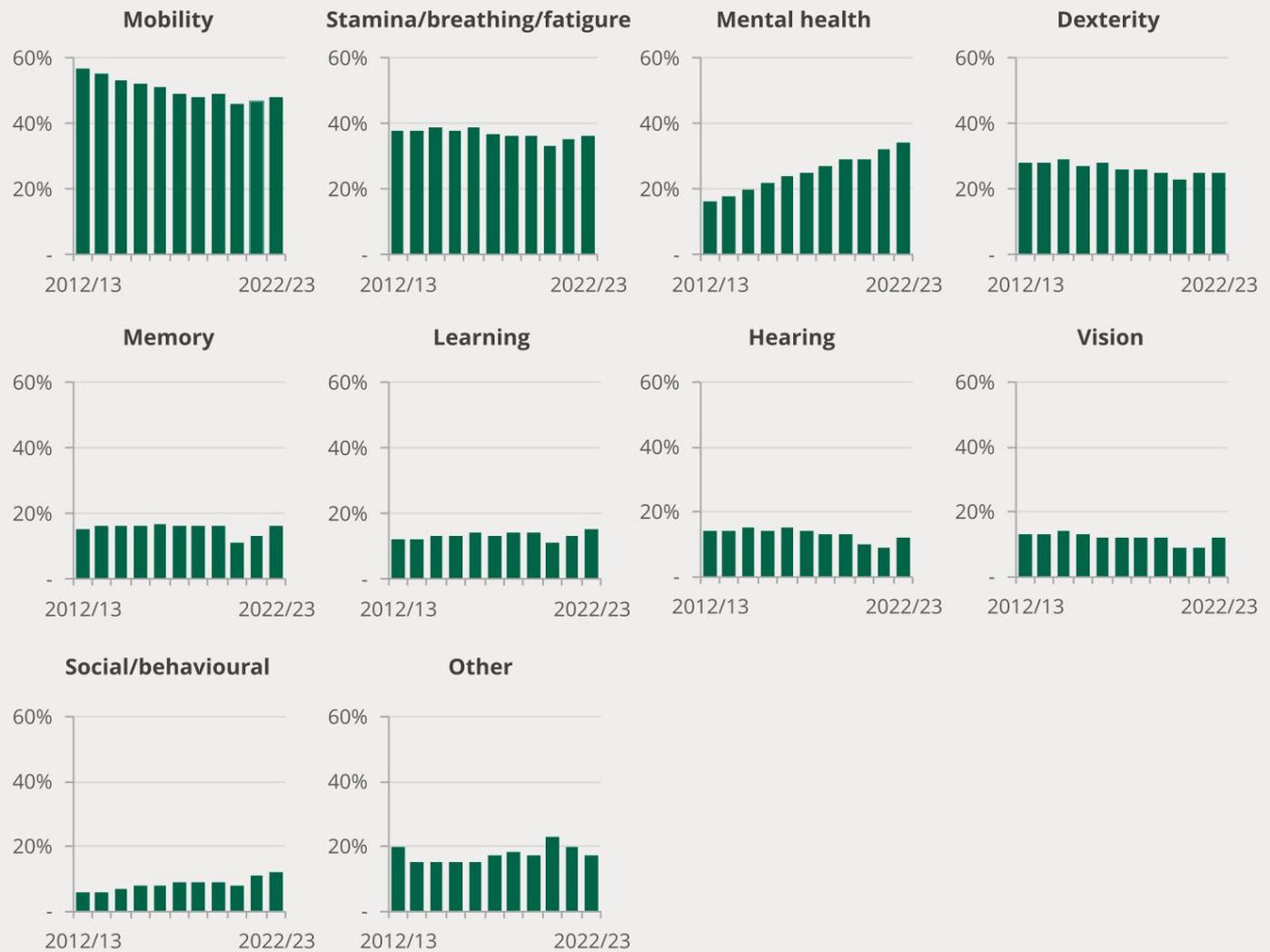
activities a person cannot do/has difficulty doing because of their health condition. It does not aim to capture a medical condition.

and 2022/23, from 16% to 34%. Social or behavioural impairments also rose by 6 pts, from 6% to 12%.

While mobility remains the most common impairment type, the percentage of disabled people reporting this impairment type has fallen by 9 pts since 2012/13, from 57% to 48%.

Trends in reported impairments types

Percentage of disabled people reporting each impairment type, UK: 2012/13 to 2022/23



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

The proportions of disabled people reporting each 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. For most impairment types, prevalence has since recovered or increased.

While the pandemic had clear effects on the 2020/21 and 2021/22 survey years, its effects on the 2022/23 survey (which sought to return to pre-pandemic fieldwork practices) were much reduced.⁸

When comparing the change in impairment types reported in 2019/20 (pre-pandemic) and 2022/23, there was an increase in the reporting of mental health (+5 pts), social and behavioural (+3pts), and learning impairments (+1ppt), while reporting of all other impairment types remained stable or fell slightly.

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](#).

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

- increasing rates of underlying mental illness.
- changing social attitudes towards mental health issues, which may have increased awareness of them and people's willingness to report such conditions.
- an increasing tendency for medical professionals to diagnose mental health issues.
- increasing provision of mental health services.⁹

Studies have shown that people with long-term health conditions and disabilities have an increased risk of experiencing a mental health problem. The covid-19 pandemic appears to have exacerbated this.¹⁰

2.3 Variation in different parts of the country

The prevalence of disability varies across the UK.

In 2022/23, disability prevalence in both Wales (30%) and Scotland (27%) was higher than the UK average (24%), as shown in the chart below. Disability

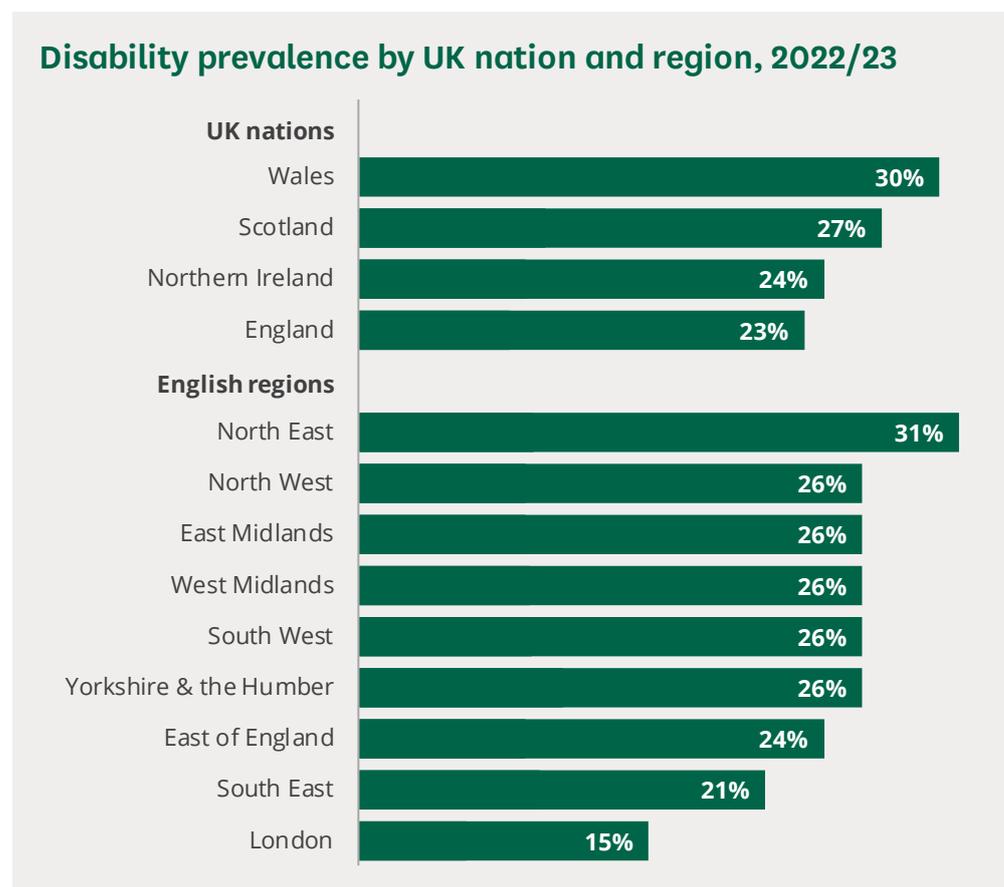
⁸ DWP, [Family Resources Survey: background information and methodology](#), 26 March 2024

⁹ OBR, [Welfare trends report - January 2019](#), p27

¹⁰ Mental Health Foundation, [Written evidence submitted to Women and Equalities Committee](#), 5 August 2020

prevalence in Northern Ireland was the same as the UK average, while prevalence in England was slightly below average (23%).

Disability prevalence is higher in the North East of England than in any other region (31%). The North West, East Midlands, West Midlands, Yorkshire and the Humber, and the South West have the same proportion of disabled people (26%). London has the lowest proportion of people reporting a disability (15%).



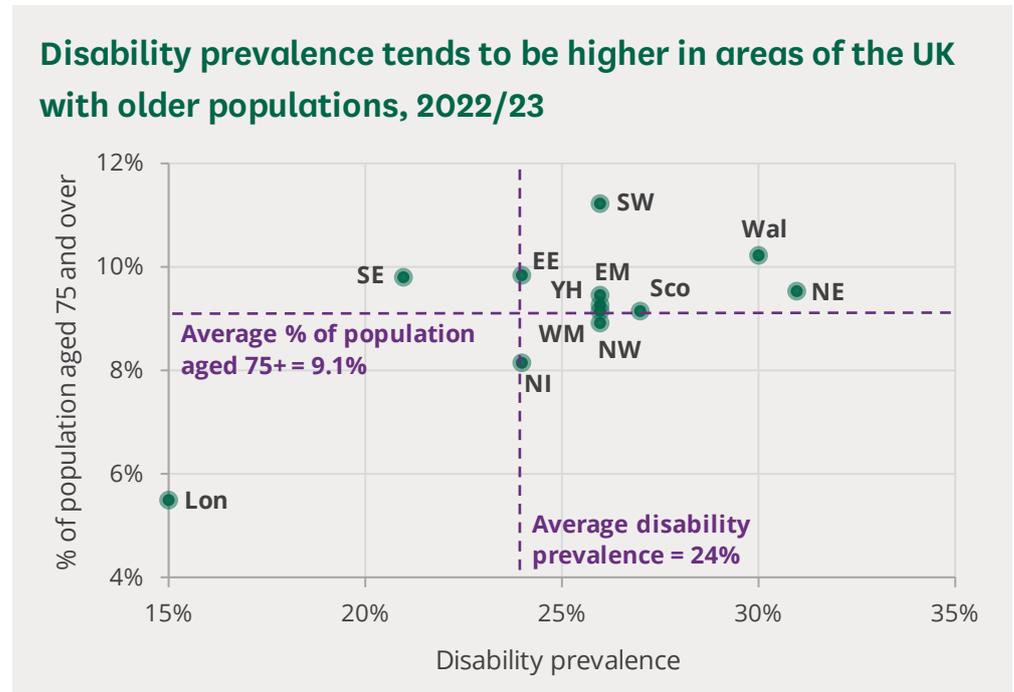
Source: DWP, [Family Resources Survey: financial year 2022/23](#), disability table 4.4

The chart below shows that age distribution within the population appears to affect disability prevalence: in London, where disability prevalence is the lowest, the proportion of the population aged 75 and over (5.5%) is far lower than the UK average (9.1%). By contrast, in Wales, where disability prevalence is highest, the proportion of people in this age group is higher than average (10.2%).¹¹

However, the region with the highest proportion of its population aged 75 and over is the South West (11.2%), despite disability prevalence here being similar to the national average. Conversely, despite its sizeable disabled population, the proportion of population in the North East aged 75 and over is just above the UK average, at 9.6%.

¹¹ Calculated using ONS Mid-2022 population estimates, accessed [via NOMIS](#)

It is widely recognised that social and economic factors affect people’s health.¹² Average income level appears to be an important economic factor: for example, London and the South East have the highest median income and the lowest disability prevalence.¹³



Note: The abbreviations refer to the nations and regions of the UK, which are set out in full in the chart on page 13.

Source: DWP, [Family Resources Survey: financial year 2022/23](#), disability table 4.4; ONS, Mid-2022 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 10% of disabled people aged 16 and over are from a minority ethnic background.¹⁴ Of these, around 5% are Asian; 2% are Black; 1% are from a Mixed or multiple ethnic background; and 1% identify as part of an ‘Other’ ethnic group. This compares with 14% 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 a result of age

¹² Office for Health Improvement & Disparities, [Wider Determinants of Health](#)

¹³ For more on this, see CBP-7484, [Income inequality in the UK](#)

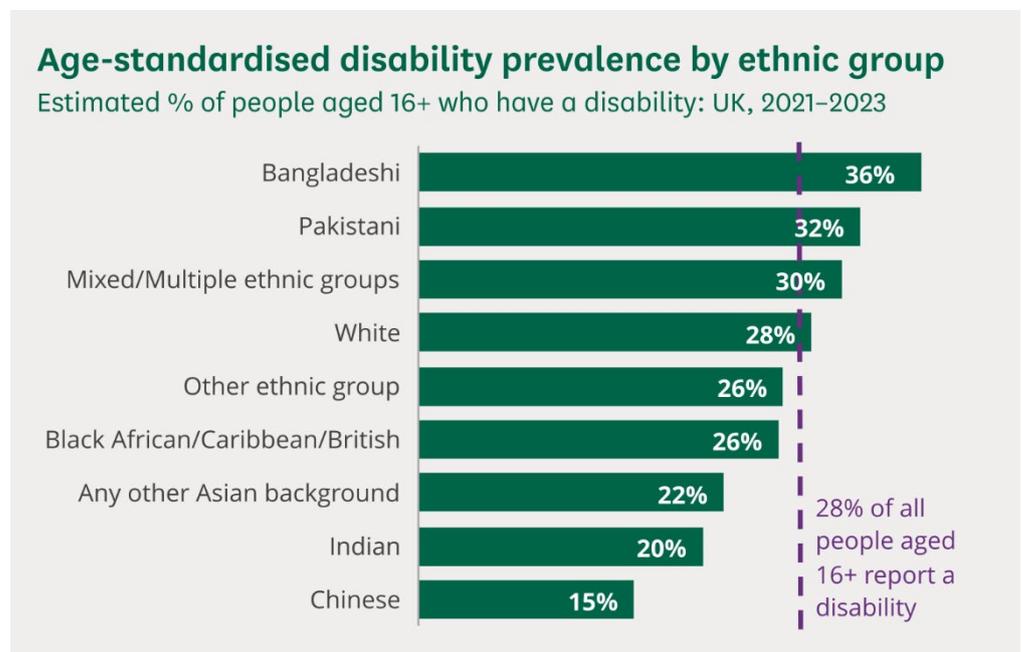
¹⁴ House of Commons Library analysis of survey microdata. ONS (2024), Annual Population Survey Three-Year Pooled Dataset, January 2021 - December 2023. [data collection]. UK Data Service. SN: 9291, DOI: <http://doi.org/10.5255/UKDA-SN-9291-1>

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.

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 36% 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 28%, as shown in the chart below.



Source: House of Commons Library analysis of Annual Population Survey microdata (Three-year pooled dataset 2021-2023).

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.¹⁵

Again, there appears to be some correlation between disability prevalence and income. In 2020/21 to 2022/23, 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.¹⁶

¹⁵ The King's Fund, [The health of people from ethnic minority groups in England](#), 17 May 2023

¹⁶ Commons Library research briefing CBP-7484, [Income inequality in the UK](#), p31

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’.¹⁷

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](#).¹⁸

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%).¹⁹

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.

¹⁷ 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 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

¹⁸ Commons Library, [Constituency data: Disability, 2021 census](#)

¹⁹ 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 broken down by disability status.

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

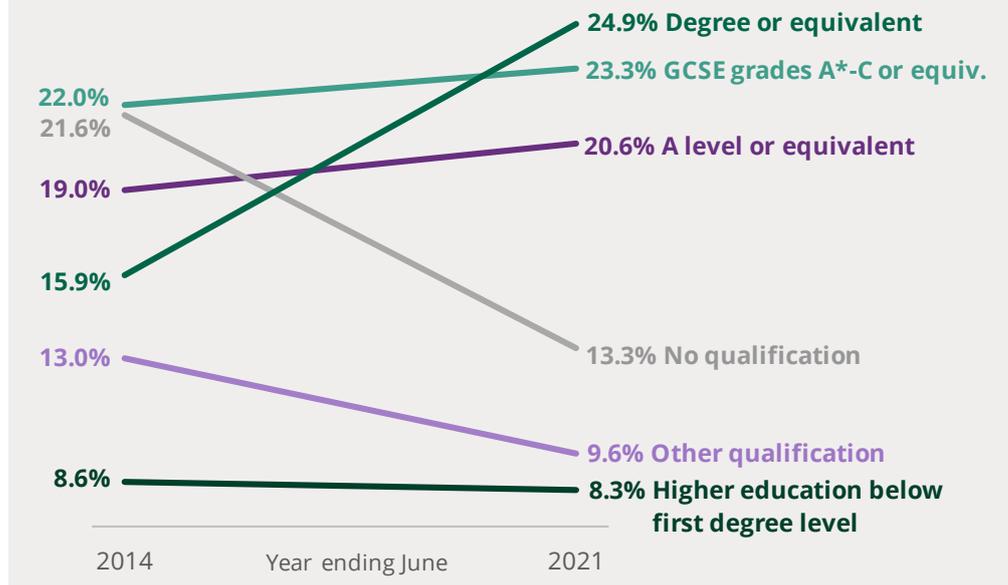
The proportion of disabled people who had a degree or equivalent as their highest form of qualification increased by 9 percentage points between the year to June 2014 and the year to June 2021. This reflects long-term increases in degree attainment, as shown in the chart below.²⁰

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

²⁰ The source does not specify whether degrees are undergraduate or postgraduate.

The proportion of disabled people with a degree increased between 2014 and 2021

Percentage of disabled people aged 21 to 64 by highest qualification: UK

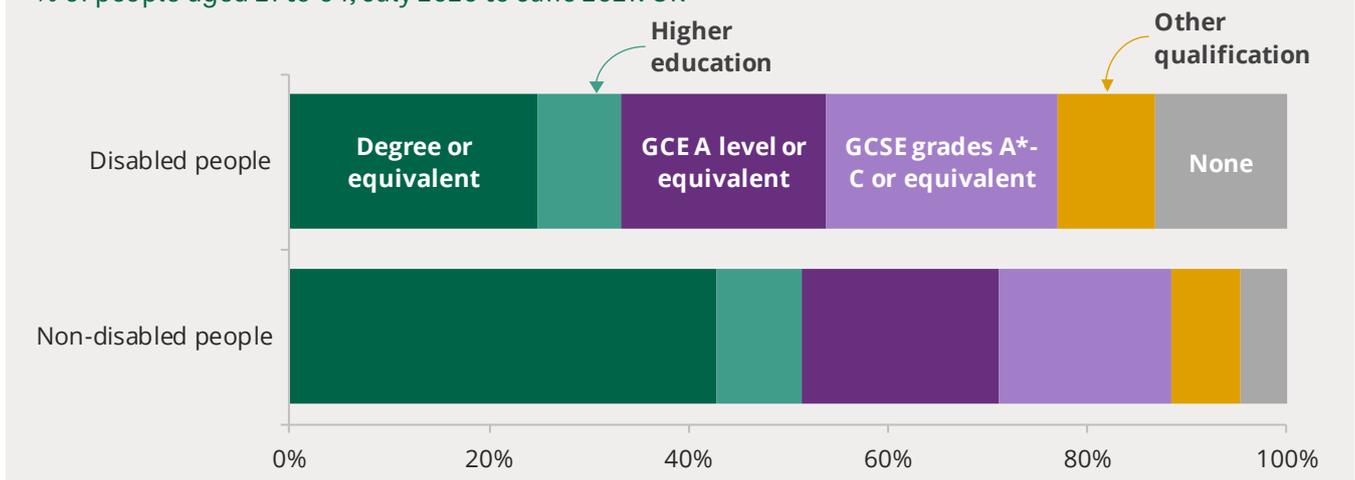


Source: ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and education dataset, Table 1

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

Highest level of qualification by disability status

% of people aged 21 to 64, July 2020 to June 2021: UK



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%).

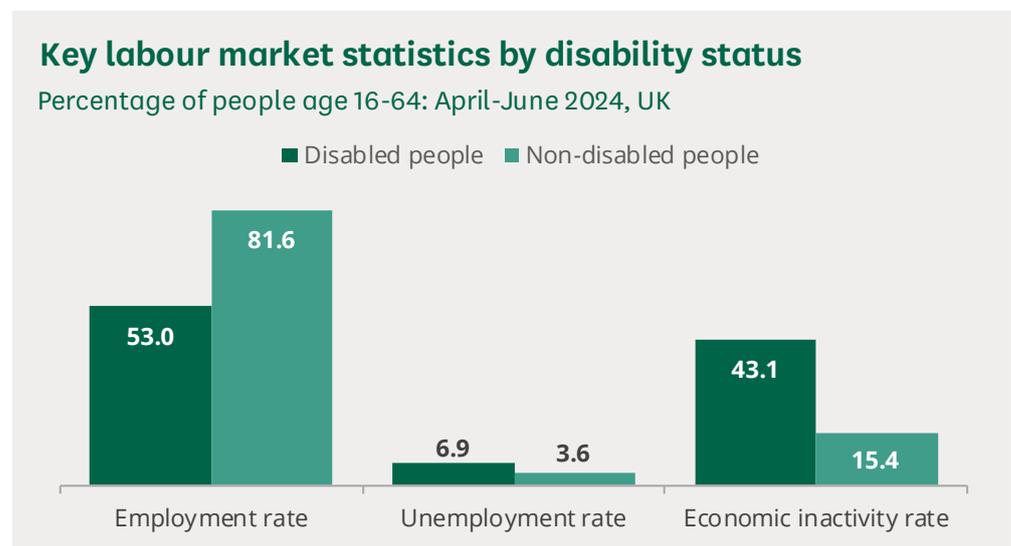
Disabled people who reported that their ability to carry out day-to-day activities is “limited a lot” in comparison with “limited a little” had poorer educational outcomes. Those who said they were limited a little were twice as likely to have a degree as those who said they were limited a lot (31.2% 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%).

When looking at educational attainment for different age groups, the largest disparity between disabled and non-disabled people achieving a degree was seen for the youngest age group: 17.8% of disabled people aged 21 to 24 had a degree compared with 42.5% of non-disabled people. Despite an increase in the overall proportion of disabled people obtaining a degree in 2021 compared with earlier years, this disparity is driven by an increasing trend in non-disabled people attaining a degree.²¹

3.2 Employment

According to the ONS Labour Force Survey, 10.5 million people of working age (16 to 64) reported that they were disabled in April to June 2024, representing 25% of the working-age population. This is an increase of around 580,000 people from the year before.²²

In the same period, an estimated 5.5 million disabled people were in employment. As shown in the chart below, this works out as an employment rate of 52.9%, up from 51.7% in 2019 before the covid-19 pandemic.



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](#), 13 August 2024, GSS standard rates

²¹ ONS, [Outcomes for disabled people in the UK: 2021](#), 10 February 2022

²² ONS, [Dataset A08: Labour market status of disabled people](#), 13 August 2024, GSS standard levels

Disabled people were considerably more likely to be economically inactive, where they are not in work and not available to work. While the economic inactivity rate for disabled people was 43.1%, the corresponding figure for those who are not disabled was 15.4%.

The high rate of economic inactivity, alongside a higher unemployment rate (6.9% for disabled people, compared with 3.6% for non-disabled people), is why disabled people have a low employment rate.

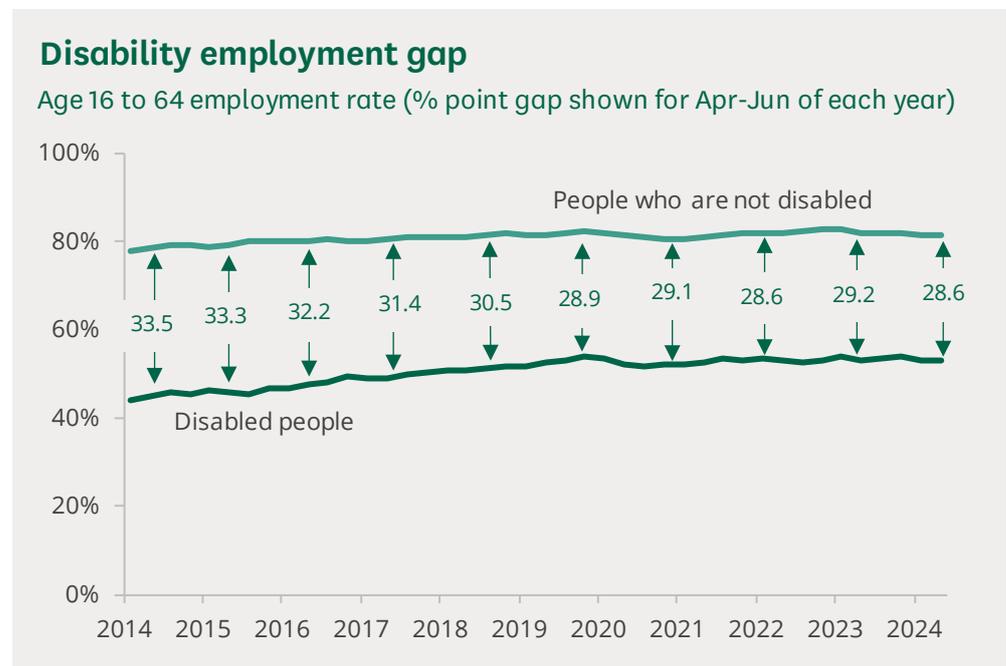
The Library briefing [Disabled people in employment](#) provides further employment statistics and information on government programmes to support disabled people in work.²³

Disability employment gap

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

In April to June 2024, the employment rate for disabled people was 53.0% and the rate for people who are not disabled was 81.6%, meaning the gap was 28.6 percentage points.

As shown by the chart below, between April to June 2014 and April to June 2024, the disability employment gap decreased by 4.9 percentage points. This is because the employment rate for disabled people has been rising faster than the rate for people who are not disabled.



Source: ONS, [Dataset A08: Labour market status of disabled people](#), 13 August 2024, GSS standard levels

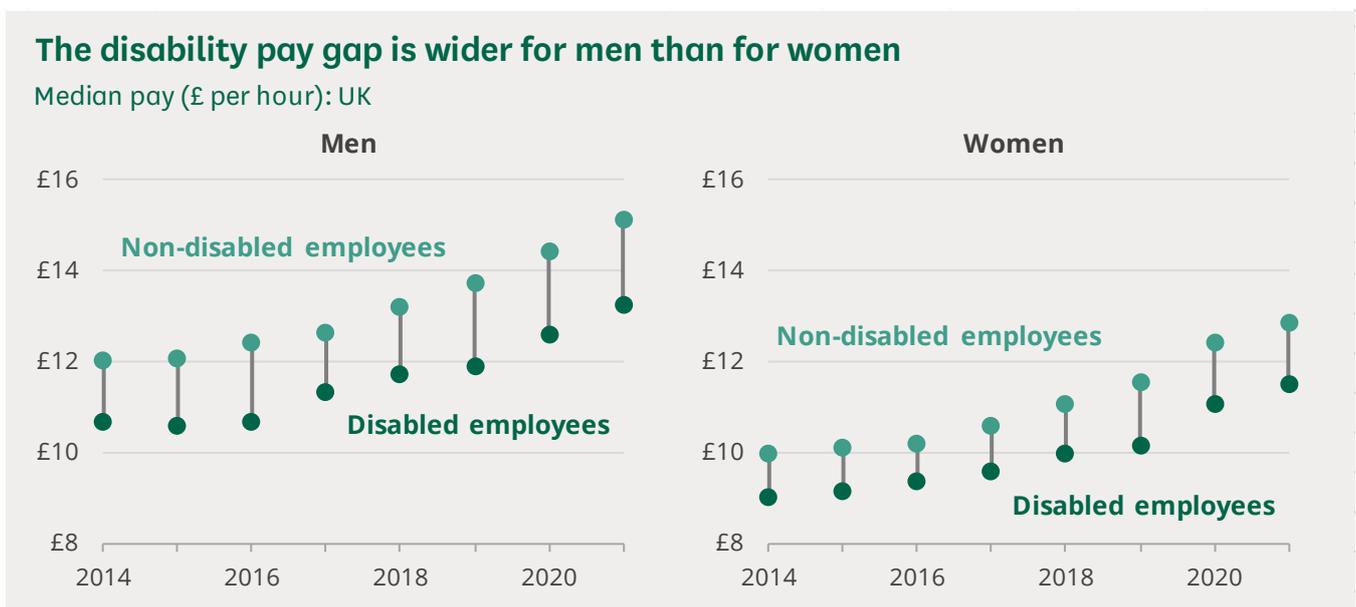
²³ Commons Library briefing CBP-7540, [Disabled people in employment](#)

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-disabled employees in the UK – was 13.8% in 2021, with median pay for disabled employees almost £2 per hour less (£12.10 compared with £14.03).²⁴

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 covid-19 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

Definitions and measurements

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

²⁴ ONS, [Disability pay gaps in the UK: 2021](#), 25 April 2022

- 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 those with higher incomes.
- 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 2020/21 to 2022/23, households with a disabled family member had a median weekly income of £477 after housing costs (in 2022/23 prices), £125 less than households with no disabled members (£602).²⁵

Poverty in households with a disabled family member

Poverty rates are higher among families where at least one member is disabled. In 2022/23 the proportion of people in relative poverty after housing costs was 24% for families where someone is disabled, compared with 20% for people living in families where no one is disabled.²⁶

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 (29% in 2022/23).²⁷

Using this adjusted measure of income, people living in families where someone is disabled made up around 48% of all people in relative poverty after housing costs in 2022/23. This compares with 38% of people across the total UK population living in families where someone is disabled.²⁸

In 2022/23, people living in families where someone is disabled were also over three times as likely to have used a foodbank in the last 30 days than people in families where no one is disabled. Reported foodbank usage has increased

²⁵ DWP, Households Below Average Income, via [Stat-Xplore](#)

²⁶ DWP, [Households below average income: for financial years ending 1995 to 2023](#), Table 1.7a

²⁷ DWP, [Households below average income: for financial years ending 1995 to 2023](#), Table 7.3ts

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

by 80% for people in families where someone is disabled since 2021/22, compared with an increase of 36% for people in families where no one is disabled.²⁹

People living in families where someone is disabled (38% of the population) accounted for 63% of all food insecurity³⁰ experienced in 2022/23. This compares with 58% before the covid-19 pandemic (2019/20) and 68% in 2021/22 (2020/21 data is unavailable).³¹

Households receiving state support

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

In 2022/23, 32% of benefit units³² 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 34% who received a non-income-related benefit.³³

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

3.4

Housing disparities

In the 2022/23 financial year, over half (56%) of households in the social rented sector included at least one person with a long-term illness or disability. For private renters this figure was 28%, and for owner-occupied households it was 33%.³⁴

The chart below compares the housing situations of disabled and non-disabled people in the year to June 2021.

The largest disparities relate to levels of homeownership and social renting. Just over half (53.3%) of non-disabled people owned their own home, compared with 39.7% of disabled people. By contrast, a quarter (24.9%) of disabled people rented social housing, compared with 7.9% of non-disabled people.

²⁹ DWP, Food Banks used by the household of the individual, via [Stat-Xplore](#)

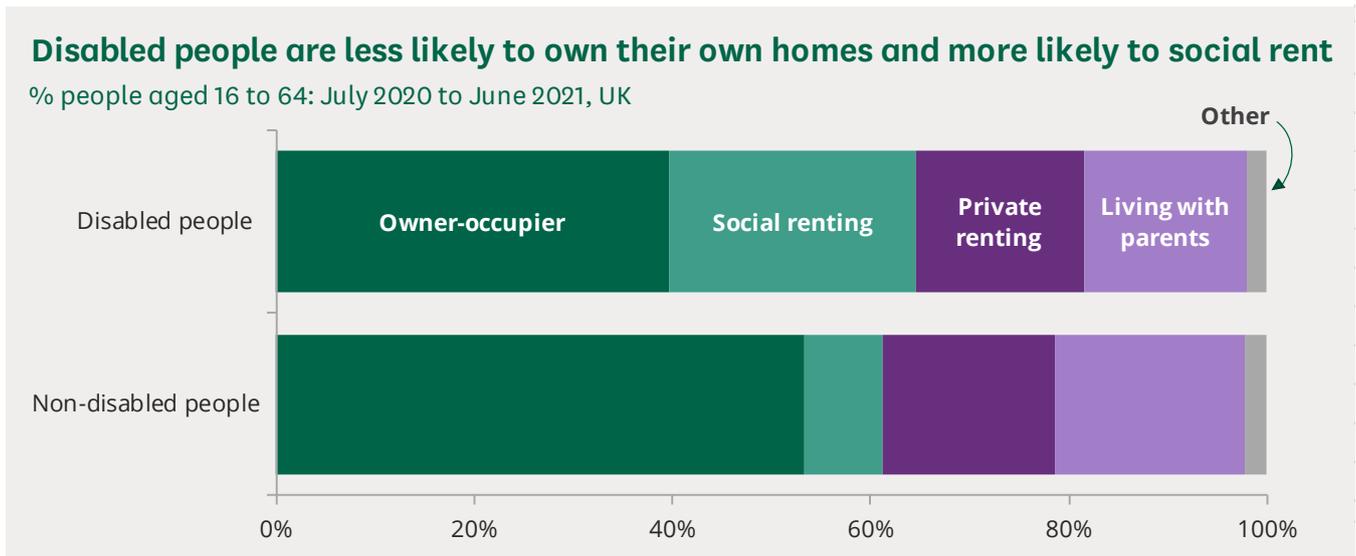
³⁰ A household can broadly be defined as experiencing food insecurity if they cannot (or are uncertain about whether they can) acquire “an adequate quality or sufficient quantity of food in socially acceptable ways”. See [CBP-9209, Food poverty: Households, food banks and free school meals](#)

³¹ DWP, Household Food Security Status, via [Stat-Xplore](#)

³² Defined as a single adult or a married or cohabiting couple and any dependent children.

³³ DWP, [Family Resources Survey: financial year 2022 to 2023](#), disability table 4.9

³⁴ DLUHC, [English Housing Survey 2022 to 2023: headline report](#), 14 December 2023



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

Disabled people were less likely to live with parents than their non-disabled counterparts (16.4% compared with 19.2%). When looking at this data broken down by age, young disabled people (aged 16 to 24 years) were more likely to live away from their parents' home than non-disabled people of the same age. In older age groups, this pattern reversed and disabled people were more likely than non-disabled people to live with their parents. Above the age of 24, there was a large drop proportion of both disabled and non-disabled people living at home compared younger adults.³⁵

Both disabled and non-disabled people were similarly likely to rent privately (16.9% compared to 17.4%).³⁶

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).³⁷

Of households that included someone with a limiting long-term illness or disability whose condition made it necessary to have adaptations in their home, one in five considered their accommodation to be unsuitable in 2019/20.³⁸

³⁵ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and housing dataset, Table 3

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

³⁷ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and housing dataset, Table 4

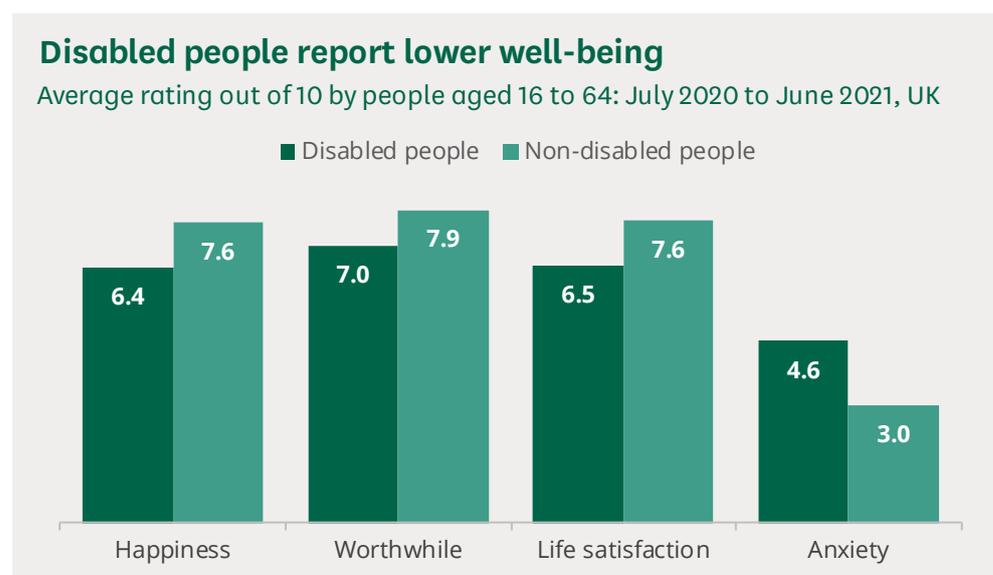
³⁸ DLUHC, [English Housing Survey 2019 to 2020: home adaptations](#), 8 July 2021

3.5

Well-being and loneliness

The ONS's 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.

The chart below 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.



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

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.³⁹

Those with more severe conditions, who reported being limited a lot in their day-to-day activities, were more than twice as likely (25.5%) to report feeling lonely “often or always” as those who said they were limited a little (0.5%).⁴⁰

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.⁴¹

There was a similar trend 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

³⁹ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and loneliness dataset, Table 1

⁴⁰ ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and loneliness dataset, Table 2

⁴¹ As above, Table 3

between disabled and non-disabled people have little variation as people get older.⁴²

3.6 Victims of crime

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 are not directly comparable with those for England and Wales.

In the year to March 2024, the Crime Survey for England and Wales (CSEW)⁴³ found that 19.4% of disabled adults aged 16 and over had experienced some form of crime, compared with 15.3% of non-disabled adults.

The disparity between disabled and non-disabled children was larger, with disabled children aged 10 to 15 more than twice as likely to have been the victim of a crime (23.0% compared with 9.5%).⁴⁴

The CSEW also collects information on perceptions of crime and policing. In the year to March 2024:

- 42.0% of disabled adults said their local police were doing a good or excellent job, compared with 50.4% of non-disabled adults.⁴⁵
- 67.1% of disabled adults said they felt "very or fairly" safe when walking alone after dark, compared with 82.5% of non-disabled adults.⁴⁶
- 54.9% of disabled adults said they perceived local crime to have gone up "a little" or "a lot" in the past few years, compared with 49.6% of non-disabled adults.⁴⁷

Domestic abuse and sexual assault

Results from the CSEW indicate that disabled people are more likely report experiencing domestic abuse. In the year to March 2023, it is estimated that

⁴² ONS, [Outcomes for disabled people in the UK: 2021](#), Disability and well-being dataset, Table 2

⁴³ Crime Survey for England and Wales 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.

⁴⁴ ONS, [Crime in England and Wales: Annual Trend and Demographic Tables](#), year ending March 2024, Tables D1 and D5

⁴⁵ ONS, [Crime in England and Wales: Annual Supplementary Tables](#), year ending March 2024, Table S2

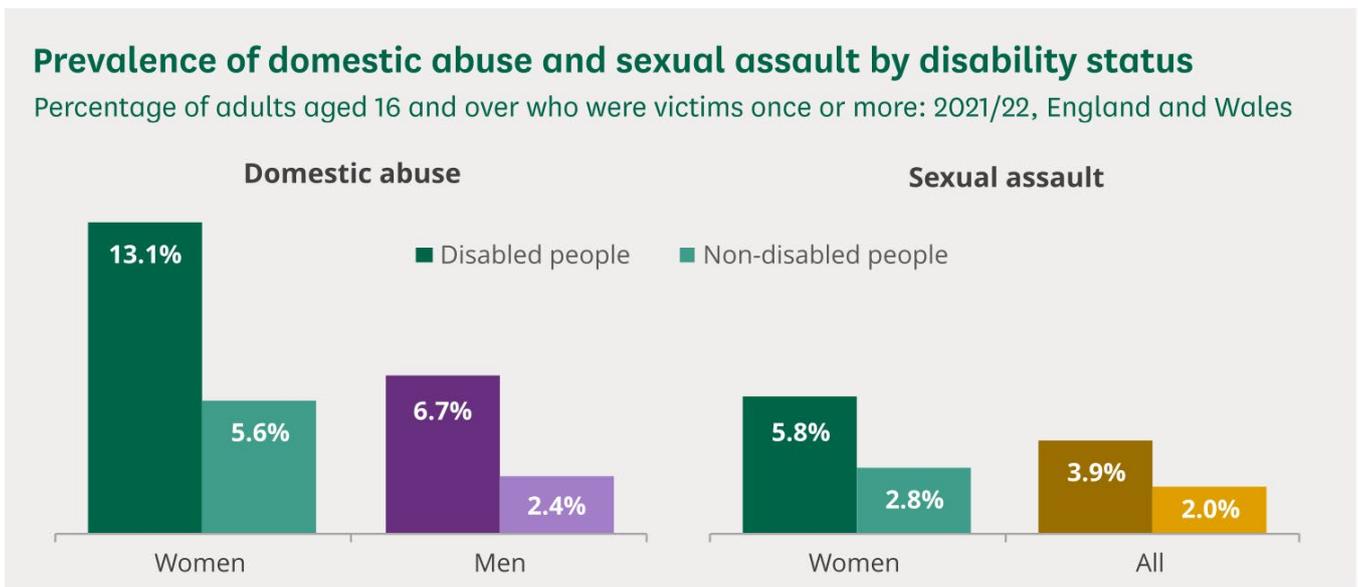
⁴⁶ As above, Table S36

⁴⁷ As above, Table S25

around one in 10 disabled people (10.2%) experienced domestic abuse on at least one occasion, compared with one in 30 non-disabled people (3.3%).⁴⁸

The chart below shows that disabled women were more than three times as likely to say they experienced domestic abuse as non-disabled women (12.4% compared with 4.0%). A large disparity was also reported between disabled and non-disabled men (7.0% compared with 2.6%).

In the year to March 2022, 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%).⁴⁹ Women were more likely to have experienced sexual assault than men, regardless of disability status.



Note: 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 2023](#), Table 6; ONS, [Sexual offences prevalence and victim characteristics, England and Wales: year ending March 2022](#), Table 4

⁴⁸ ONS, [Domestic abuse prevalence and victim characteristics, England and Wales: year ending March 2023](#), Table 6

⁴⁹ ONS, [Sexual offences prevalence and victim characteristics, England and Wales: year ending March 2022](#), Table 4

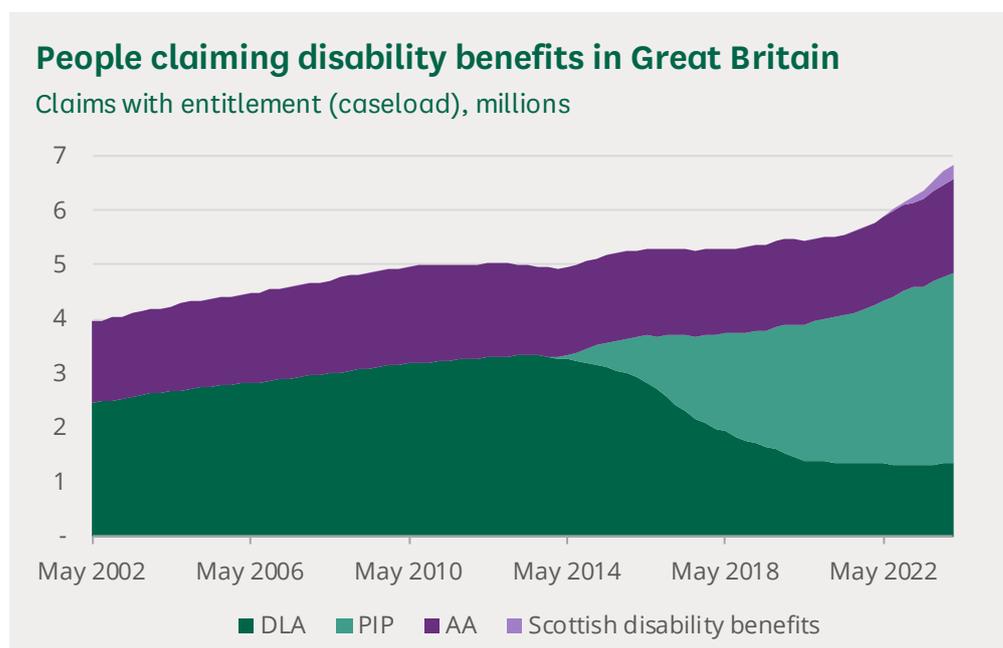
4 Disability benefits

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 6.9 million in February 2024 (10.4% of the population).⁵⁰



Source: DWP, [Stat-Xplore](#); Social Security Scotland, [Adult Disability Payment: high level statistics to 31 July 2024](#); Social Security Scotland, [Child Disability Payment: high level statistics to 30 June 2024](#)

The disability benefit caseload has increased at a faster pace since the start of the covid-19 pandemic, growing by 1.4 million claimants between February

⁵⁰ Calculated using Office for National Statistics' Mid-2022 population estimates, accessed [via NOMIS](#)

2020 and February 2024, and is expected to continue rising.⁵¹ This is being driven by a rise in the number of working-age people claiming for mental health and musculoskeletal conditions.⁵²

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.⁵³

Devolved benefits in Scotland and Northern Ireland

In Northern Ireland, disability benefits, and most other social security powers, are formally devolved. However, by long-standing convention, Northern Ireland maintains parity with the social security system in Great Britain.

Until recently, social security in Great Britain was almost entirely a reserved matter controlled by the UK Government. This changed with the [Scotland Act 2016](#), which 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 are delivered by a new agency, Social Security Scotland.

The Scottish Government launched [Child Disability Payment](#) – which is replacing Disability Living Allowance for children – in July 2021, and the caseload transfer to this new benefit was completed by April 2024.

National rollout of [Adult Disability Payment](#) – which is replacing Disability Living Allowance for adults and Personal Independence Payment – began in August 2022, and the caseload transfer is expected to be completed in 2025.

Pension Age Disability Payment will replace Attendance Allowance and is due to be piloted in several local authority areas from October 2024, before becoming available across Scotland by April 2025.

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

⁵¹ For the latest caseload forecasts, see: [DWP, Benefit expenditure and caseload tables: Spring Budget 2024](#), updated 21 May 2024, Disability benefits table

⁵² Office for Budget Responsibility, [Economic and Fiscal Outlook – March 2023](#), p103-104

⁵³ Office for Budget Responsibility, [Welfare trends report – January 2019](#), p30-31

PIP claimants, who are mostly of working age (16 to 65), are grouped into 20 broad disability categories. In February 2024, 38% of PIP claimants had a psychiatric (mental health) disorder as their main disability. This corresponds with the high levels of reported mental health impairments among this age group (see section 2.1). The second most common was a musculoskeletal disease, which 31% 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 (29%), dementia (10%) and heart disease (7%). For 7% of AA claimants their main condition was unknown.

Among DLA claimants, learning difficulties (29%) were most common, followed by behavioural disorders (14%) and arthritis (13%). The DLA caseload is predominantly split between children under the age of 16 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 State Pension age.

4.2 Variations in caseload by local authority

The table and map below analyse the distribution of disability benefit claimants by local authority. Full data is available to download from the website landing page.

Proportion of the population claiming disability benefits, February 2024

Local authorities with the highest proportion			Local authorities with the lowest proportion		
Local authority	Region/nation	%	Local authority	Region/nation	%
Blaenau Gwent	Wales	19.0%	City of London	London	3.1%
Neath Port Talbot	Wales	18.7%	Isles of Scilly	South West	4.2%
Merthyr Tydfil	Wales	18.4%	Richmond upon Thames	London	5.1%
Inverclyde	Scotland	18.1%	Cambridge	East of England	5.1%
Knowsley	North West	17.8%	Wokingham	South East	5.4%
West Dunbartonshire	Scotland	17.7%	Hart	South East	5.6%
Caerphilly	Wales	17.5%	Elmbridge	South East	5.6%
Hartlepool	North East	17.4%	Windsor and Maidenhead	South East	5.8%
North Ayrshire	Scotland	17.3%	Wandsworth	London	5.8%
Blackpool	North West	17.0%	Guildford	South East	5.9%

Note: Caseload data for Adult Disability Payment is as of January 2024, and for Child Disability Payment as of March 2024.

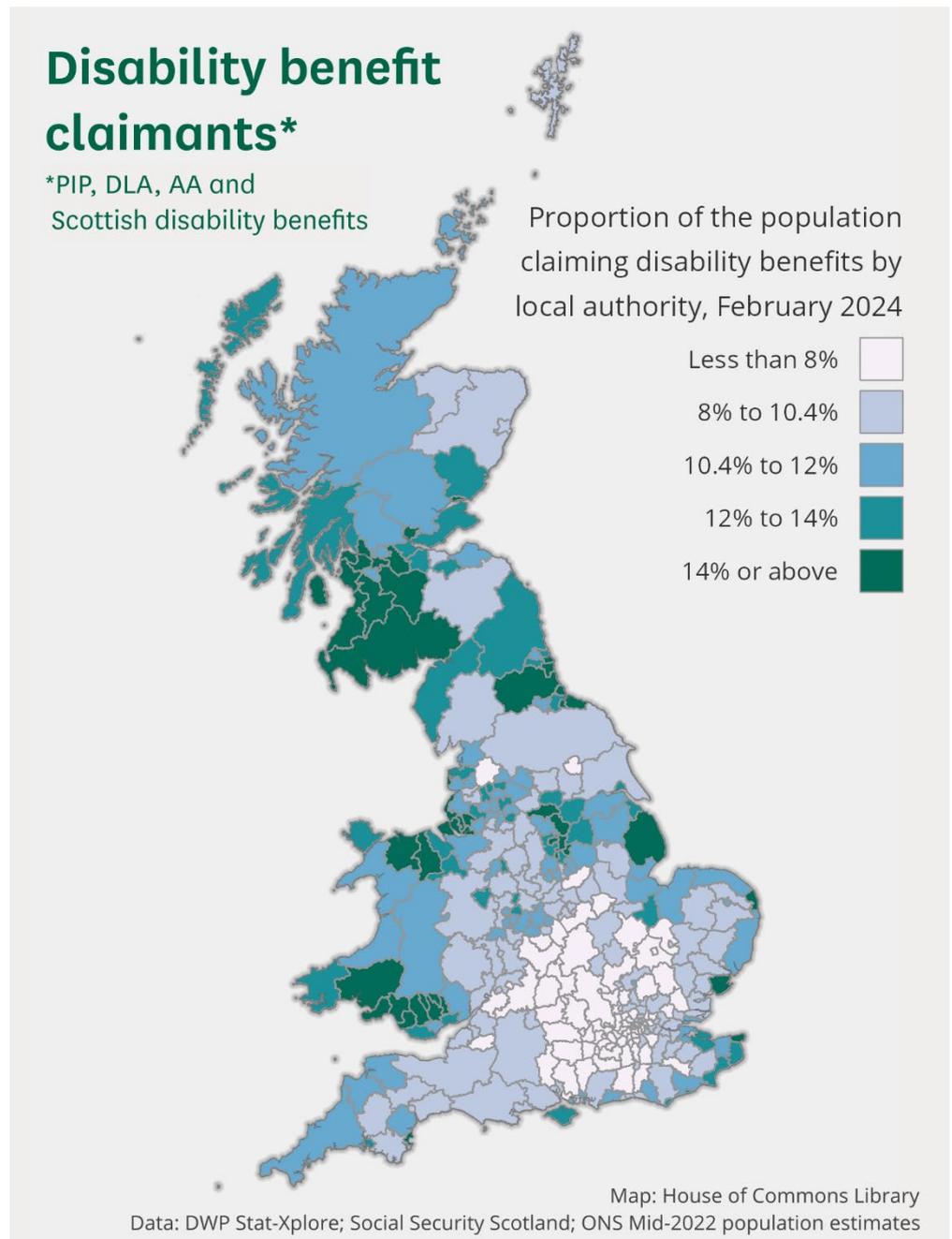
Source: [DWP Stat-Xplore](#); Social Security Scotland, [Adult Disability Payment: high level statistics to 31 January 2024](#); Social Security Scotland, [Child Disability Payment: high level statistics to 31 March 2024](#); ONS Mid-2022 population estimates, accessed [via NOMIS](#)

Local authorities coloured in the three darkest shades on the map below have higher disability benefit caseloads than the national average (10.4%).

All local authorities in Wales and the North East have a higher proportion of disability benefit claimants than the national average.

The lowest proportions of people claiming disability benefits are found in the South and East 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 DWP's 2022/23 Family Resources Survey (see section 2.3).



Note: Caseload data for ADP is as of January 2024, and for CDP as of March 2024.

5 Transport

Transport data tends to be published separately for all four parts of the UK. 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 [Access to transport for disabled people](#).⁵⁴

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 year⁵⁵

In 2022, disabled adults aged 16 and over made 25% fewer trips than non-disabled adults: 686 trips on average per year, compared with 916 trips for non-disabled adults. This was broadly in line with previous years. The difference was smaller among those aged 16 to 59 (14% fewer trips) than among those over the age of 60 (35% fewer trips).⁵⁶

The difference between the average number of trips taken varied considerably depending on a person's work status. There were relatively small differences in the number of trips taken by disabled adults in full-time work (3% fewer) and in part-time work (8% fewer) compared with non-disabled people. By contrast, disabled adults who were 'retired or permanently sick' made 36% fewer trips than their non-disabled equivalents.⁵⁷

Modes of transport

The chart below shows that both disabled and non-disabled adults rely predominantly on car travel. In 2022, disabled adults took a higher proportion

⁵⁴ Commons Library briefing SN00601, [Access to transport for disabled people](#)

⁵⁵ Here, a trip is defined as a one-way course of travel with a single main purpose.

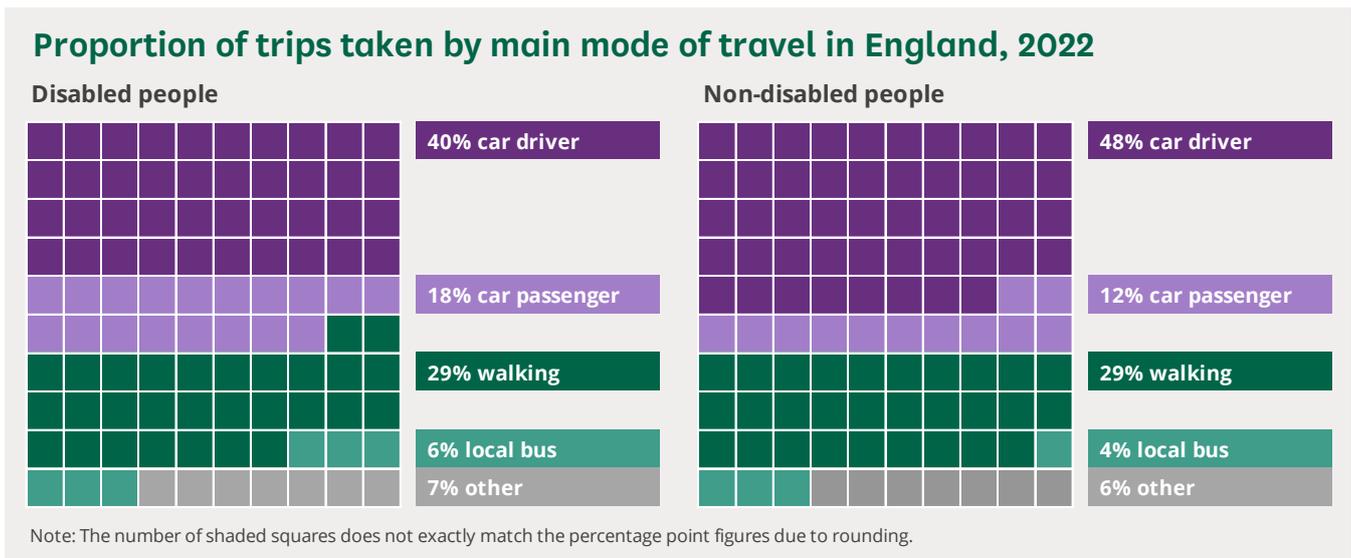
⁵⁶ DfT, [Disability, accessibility and Blue Badge statistics, England, 2022 to 2023](#), 11 January 2024

⁵⁷ DfT, [Disability, accessibility and Blue Badge statistics, England, 2022 to 2023](#), 11 January 2024, Table dis0406

of their trips as car passengers than non-disabled adults (18% compared with 12%) and a lower proportion as car drivers (40% compared with 48%).

In 2022, 33% of disabled adults lived in households without access to a car, compared with 13% of non-disabled adults. Disabled adults in households with access to a car took more trips per year, on average, than disabled adults in households without access to a car.⁵⁸

The second most common mode of transport for both groups was walking (accounting for 29% of trips taken by disabled and non-disabled people).



Note: The National Travel Survey definition of walking includes the use of non-motorised wheelchairs but excludes motorised wheelchairs and mobility scooters, which are included in ‘other’ transport.

Source: DfT, [Disability, accessibility and Blue Badge statistics, England, 2022 to 2023](#), 11 January 2024, Table dis0402

Satisfaction with local services

The [National Highways and Transport Public Satisfaction Survey](#) collects public perspectives on highway and transportation services.⁵⁹ 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 2022 survey covered 109 local authorities. London is excluded as few authorities there were surveyed.

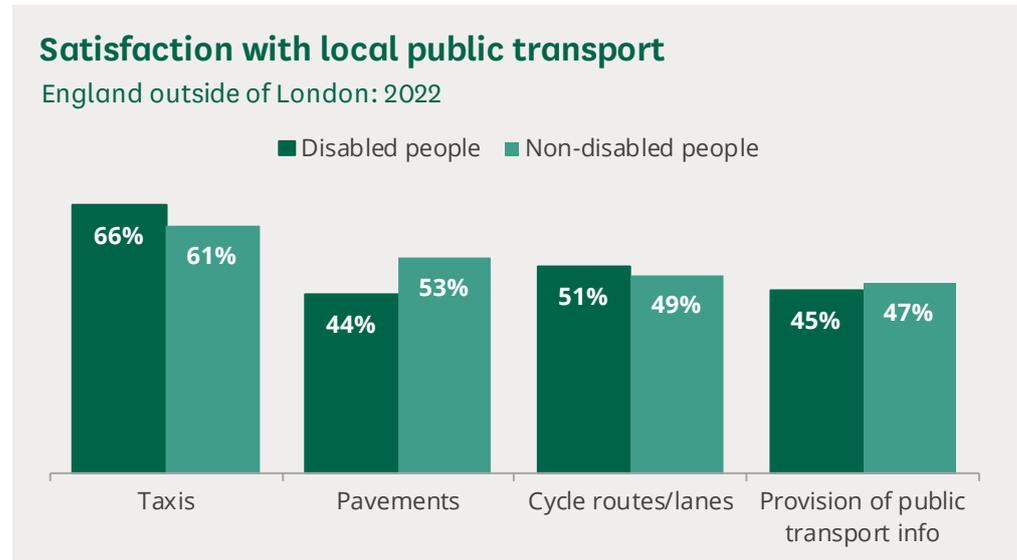
As shown in the chart below, in the areas surveyed outside of London in 2022, disabled people were more likely to be satisfied with taxis than non-disabled people (66% compared with 61% among those who use taxis at least once a month). Disabled people were less likely to be satisfied with pavements than their non-disabled counterparts (44% compared with 53%).

⁵⁸ DfT, [Disability, accessibility and Blue Badge statistics, England, 2022 to 2023](#), Table dis0405

⁵⁹ The full results of this survey are not publicly available.

Both disabled people and non-disabled people were similarly satisfied with the provision of public transport information (45% compared to 47%) and cycle routes and lanes (51% compared to 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 2022 were broadly in line with previous years.⁶⁰



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, accessibility and Blue Badge statistics, England, 2022 to 2023](#), 11 January 2024

5.2

Data for Scotland and Northern Ireland

Survey data on the number of trips taken and modes of transport used by disabled people in Scotland and Ireland show broadly similar trends:

- Transport Scotland's [Disability and Transport 2021](#) publication presents findings on the experiences of disabled travellers from the Scottish Household Survey. This uses pooled data for the five years from 2017 to 2021.⁶¹
- 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.⁶²

⁶⁰ DfT, [Disability, accessibility and Blue Badge statistics, England, 2022 to 2023](#), 11 January 2024

⁶¹ Transport Scotland, [Disability and Transport 2021](#), 18 October 2023

⁶² Northern Ireland Department for Infrastructure, [Northern Ireland transport statistics](#)

5.3

Blue Badges and concessionary travel

Blue Badges

Blue Badges help people with disabilities or health conditions park closer to their destination, or to goods and services they need to use.

In March 2023, 2.6 million Blue Badges were held in England, accounting for 4.6% of the population.⁶³ A further 284,000 Blue Badges were held in Scotland (5.2% of the population), and 133,000 in Northern Ireland (7.0% of the population).⁶⁴ Data is not available for Wales.

Concessionary travel

Concessionary travel passes allow eligible disabled people to travel for free or at discounted rates on most bus services and some rail services. In the year ending March 2023 there were 8.7 million older and disabled concessionary passes in England.⁶⁵

There were 1.6 million older and disabled concessionary pass holders in Scotland in August 2024.⁶⁶ In Northern Ireland, around 329,000 concessionary passes were held on 31 March 2021.⁶⁷ The latest data available for Wales is from the end of March 2020, when there were approximately 600,000 active concessionary passes.⁶⁸

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 296,000 in circulation at the end of March 2024. This is up 22% from March 2023 when there were 243,000.⁶⁹

⁶³ DfT, [Disability, accessibility and Blue Badge statistics: 2021 to 2022](#), 18 January 2023

⁶⁴ Transport Scotland, [Scottish Transport Statistics 2023](#), 27 March 2024, p6; Northern Ireland Department for Infrastructure, [Simplified renewal process launched for Blue Badge holders with life-long mobility issues](#), 7 December 2023; ONS, Mid-2022 population estimates, accessed [via NOMIS](#)

⁶⁵ DfT, [Concessionary Travel Statistics, England: year ending March 2023](#), 30 November 2023

⁶⁶ Transport Scotland, [Concessionary travel data](#)

⁶⁷ NISRA, [Northern Ireland Transport Statistics 2020-21](#), 30 September 2021, Table 3.1

⁶⁸ Welsh Government, [A New Wales Transport Strategy: Transport data and trends](#) (PDF), 17 November 2020, p17

⁶⁹ Office of Rail and Road, [Disabled Persons Railcards statistics](#), 11 July 2024

6

The impact of the covid-19 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.

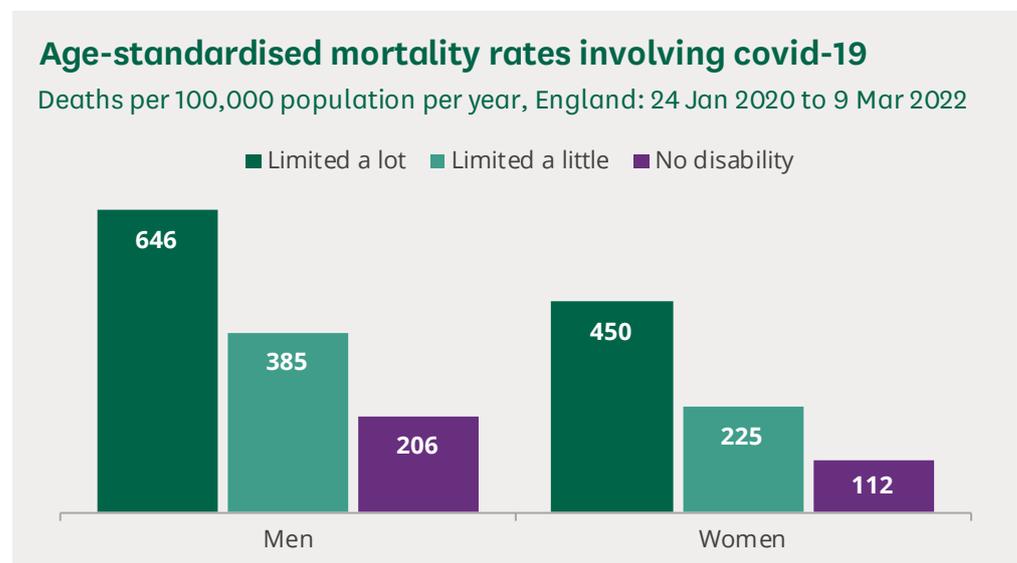
6.1

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 a higher risk of death than non-disabled people across all three waves of the pandemic. During this period, disabled people accounted for 58% of deaths involving covid-19.⁷⁰

Age-standardised mortality rates are used to allow comparisons between populations that have different age profiles.

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



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

⁷⁰ 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 as high as 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 the pandemic 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%)
- experiencing depressive symptoms (37% compared with 9%)⁷¹

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](#).⁷²

⁷¹ ONS, [Coronavirus and the social impacts on disabled people in Great Britain](#), 2 February 2022

⁷² 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.⁷³

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.

Findings from the [Winter Coronavirus \(COVID-19\) Infection Study](#) carried out in England and Scotland from November 2023 to March 2024 suggest that an estimated 2.0 million people were experiencing long covid at the end of the study period, representing 3.3% of the population. Of these, an estimated 1.4 million had symptoms that had lasted more than a year, 1.0 million had symptoms lasting at least two years, and 600,000 at least three years.⁷⁴

Whether or not long covid counts in law as a disability has been a matter of discussion and legal challenge in recent years. As discussed in section 1 of this briefing, the legal definition of a disability in the Equality Act 2010 is an impairment that has a “substantial” and “long-term” adverse effect on someone’s “ability to carry out normal day-to-day activities”.

In cases where long covid has a substantial effect on someone’s ability to carry out day-to-day activities and where it lasts or seems likely to last at least 12 months, it will be considered a disability in law. Whether or not it meets these definitions will vary from case to case. There have been some cases where employment tribunals have ruled that cases of long covid do meet the legal test for a disability and so should have been protected under the Equality Act.⁷⁵

The Library briefing [Coronavirus: Long covid](#) looks at the condition and its impact in further detail.

In addition to the direct impact that covid-19 has had on people’s health, in the form of long covid and other related health complications, there has also been a general decline in the overall health of the UK population since the start of the pandemic.

This is illustrated by the rise in economic inactivity (the proportion of people who are neither working nor looking for work) in recent years, which has been

⁷³ 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

⁷⁴ ONS, [Self-reported coronavirus \(COVID-19\) infections and associated symptoms, England and Scotland: November 2023 to March 2024](#), 25 April 2024

⁷⁵ See, for example, [Mr T Burke v Turning Point Scotland: 4112457/2021](#)

driven by a growing number of people citing ill health as their principal reason for being unable to work. This upward trend began in 2019, with numbers rising more sharply since the start of the covid-19 pandemic.⁷⁶

The number of working-age people who are economically inactive because of long-term sickness has now risen to a record high of 2.8 million (7% of the working-age population) in the three months to July 2024. Recent increases mean that, for the first time, this group now makes up the largest portion of the economically inactive population.⁷⁷

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

⁷⁶ ONS, [Economic inactivity by reason \(seasonally adjusted\) dataset](#), 10 September 2024

⁷⁷ As above

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).⁷⁸

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.

⁷⁸ [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, administrative data can be 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. By contrast, 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 of administrative data is that, unlike surveys (and censuses), it is usually collected continually.

Data on disability benefits is one of the main sources of administrative data that can be used to indicate trends in disability. 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 trends revealed by administrative data are more reliable than trends revealed by 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.⁷⁹

7.3 The census

The census also includes a question on disability. A major advantage of census data compared with survey data is that it gathers information from the entire population, as opposed to a sample of it. This protects census data from the risk of ‘sampling error’, where the sample selected is not representative of the population in question. Consequently, census data 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.

⁷⁹ OBR, [Welfare trends report – January 2019](#), p28

Disability data from the 2021 censuses in England, Wales and Northern Ireland is now available.⁸⁰ Scotland's census was delayed until 2022, with disability data scheduled for release in October 2024.⁸¹

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 was chosen for use in the 2021 census in England and Wales, although Scotland and Northern Ireland chose not to change their question on disability.

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

7.4

Improving disability data as part of the National Disability Strategy

The Conservative government published its [National Disability Strategy](#) – a cross-government strategy intended to improve the lives of disabled people – in July 2021. The strategy committed to a number of actions, including “a multi-year programme to improve the availability, quality, relevance and comparability of government disability data”, led by [the Disability Unit](#).⁸²

This included plans to start carrying out regular disability surveys and monitoring public perceptions of disabled people and policies in 2022, and to publish the first in a series of cross-government harmonised disability data. The wider use of the GSS's harmonised standards for disability and impairment were also to be encouraged to allow better comparison of data collected by different government departments.⁸³

In January 2022, the High Court ruled the strategy unlawful, based on a case brought by four disabled people in relation to the consultation process. The Government paused some parts of the strategy while they appealed the ruling, although the commitments on disability data were unaffected.⁸⁴ In July

⁸⁰ ONS, [Health, disability, and unpaid care: Census 2021 in England and Wales](#); NISRA, [Census 2021 main statistics health, disability and unpaid care tables](#)

⁸¹ National Records of Scotland, [Census outputs schedule](#), updated 22 August 2024

⁸² HM Government, [National Disability Strategy: Part 2](#), 28 July 2021

⁸³ As above

⁸⁴ [PQ 47712 \[Disability\]](#), answered 8 September 2022

2023 the Court of Appeal ruled the High Court was wrong to find the strategy unlawful.⁸⁵

The Conservative government provided an update on the NDS in September 2023, in which it said these commitments were “in progress”.⁸⁶

Since entering office, the Labour government has said it will set out its own priorities for disability policy “in due course”.⁸⁷

⁸⁵ [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](#)

⁸⁶ DEP2023-0744 ([Update on the National Disability Strategy](#))

⁸⁷ [PQ HL766 \[Disability\]](#), answered 17 September 2024

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