

Attitudes towards and perceptions of disabled people – Findings from a module included in the 2005 British Social Attitudes Survey

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Disclaimer

The Disability Rights Commission funded a Disability Module of questions in the British Social Attitudes Survey 2005 with the aim of providing authoritative evidence on people's perceptions, views and experiences of disability and attitudes towards disabled people. The British Social Attitudes Survey series is conducted by the National Centre for Social Research.

The views expressed in this report do not necessarily represent those of the Disability Rights Commission.¹

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Executive summary

- A person who uses a wheelchair and a blind person are most frequently defined as being disabled.
- A person with HIV/AIDS and a person with a severe facial disfigurement are most frequently not seen as disabled.
- Three-quarters perceived there to be prejudice in society against disabled people.
- It was thought that there was most prejudice against people with schizophrenia and HIV/AIDS.
- Disabled respondents consider there to be slightly more prejudice in society against disabled people in general than non-disabled respondents.
- Most respondents felt comfortable with having contact with a person in a wheelchair, a blind person or a person who cannot hear without a hearing aid.
- Respondents were least comfortable with people with mental health conditions.
- Generally respondents would feel most comfortable with a disabled person living next door and least comfortable with a disabled person marrying a close relative.
- Few disabled respondents reported violent, abusive, unfair or unpleasant behaviour.
- Where acts of violent, abusive, unfair or unpleasant behaviour had occurred, it was mostly 'on the street'.
- Most respondents had not witnessed violent, abusive, unfair or unpleasant behaviour.
- Two-thirds of disabled respondents were confident with using public transport.
- Respondents mostly thought that people in Britain don't think of people as getting in the way or with discomfort and awkwardness, over half the respondents thought that people in Britain thought disabled people need to be cared for and over half thought that people in Britain thought they were the same as everyone else.

- Fewer respondents themselves thought disabled people got in the way and thought of them with discomfort and awkwardness than they thought people in Britain would think in that way.
- Respondents personally were more likely to think of disabled people as being needed to be cared for and more likely to think of disabled people as the same than they thought people in Britain would think.
- No consistent views from respondents on whether disabled people should be expected to work rather than rely on benefits.
- Majority of respondents thought of disabled people as making just as good parents as non-disabled people.
- Most respondents thought that disabled students could do as well as non-disabled students.
- The majority of respondents thought that a disabled person should not have to live in a residential home if they do not want to.

1 Chapter One

1.1 Introduction

For over twenty years, the *British Social Attitudes* (BSA) survey has been one of the most authoritative sources of trend data on the views of the British public. It has been carried out annually since 1983 (apart from in 1988 and 1992 when its core funding was used to fund the *British Election Study* series). A variety of funders, including major government departments, quasi-government bodies, other foundations and universities support the survey, enabling it to cover a wide range of social, economic, political and moral issues. In addition, core funding is provided by the Gatsby Charitable Foundation.

The survey uses a random probability sample of adults aged 18 or above living in private households in Britain. It is carried out by NatCen interviewers in the summer and early autumn each year. Further technical details of the survey are given at the end of this report.

For the 2005 survey, the DRC and *NatCen* designed a new module of questions which looked at people's perceptions, views and experiences of disability and prejudice against disabled people. This report will describe the findings from these questions. These questions have also been analysed in a chapter entitled 'Disabling attitudes? Public perspectives on disabled people' written by John Rigg in the *British Social Attitudes 23rd report*².

² Rigg, J. (2007), 'Disabling attitudes? Public perspectives on disabled people', in Park, A., Curtice, J. Thomson, K., Phillips, M. and Johnson, M. (eds.) (2007), *British Social Attitudes: the 23rd Report*, SAGE publications Ltd.

1.2 Aims of the disability module

This module of questions had a number of objectives. It sought to find out:

1. Whether respondents are disabled (based on the Disability Discrimination Act definition of disability)
2. What people understand 'disabled' to mean.
3. Whether the respondent knows a disabled person.
4. Perceptions of the prejudice disabled people face in Great Britain – asked of disabled people generally and different impairment groups.
5. Attitudes towards different impairment groups.
6. Whether people have witnessed any violent/abusive or unfair/unpleasant behaviour towards disabled people and whether disabled people have themselves experienced violent/abusive or unfair/unpleasant behaviour.
7. Common attitudes towards disabled people – how respondents say other people tend to think of disabled people, and how they think of disabled people themselves.
8. Perception of disabled peoples' roles and their position in society.

A full list of the questions asked in this module is included at the end of this report. The questions were designed to first establish if the respondent was disabled in accordance with the Disability Discrimination Act (DDA) definition of disability. Then, regardless of whether the respondent was disabled or not, they were asked what they thought 'disabled' meant. All respondents were asked if they knew a disabled person and, if they did, what type of impairment the person they knew had. The questions then established if the respondents considered themselves to have a specific impairment (this was asked whether they had said they were disabled previously or not). To assist the respondents in answering whether they knew someone with, or they themselves had a specific impairment, the DDA definition of disability was described to them and the specific impairments defined under that definition were presented to them as

answer categories. It is for this reason that the question on what it means to be 'disabled' was asked earlier in the module. Next followed a series of questions on the perceptions of prejudice towards disabled people. Respondents were then asked their attitudes towards different impairment groups. The module collected attitudes on how comfortable the respondents would feel with a disabled person living next door, being their boss and marrying a close relative. It was thought that by asking about these three situations this would determine how the respondents felt about disabled people by providing them with real situations where they could potentially have contact with a disabled person to put their attitudes in context. Respondents were asked about experiences of abuse or unpleasant behaviour against themselves (if disabled) or against other disabled people. The respondents' views on how they thought of disabled people and their role in society were collected in a self-completion questionnaire. Self-completion questionnaires, as distinct to personal interviewing with an interviewer, often obtain more honest responses and these questions sought to gain the most genuine perceptions of disabled people from the respondents.

1.3 Report analysis

Throughout the report findings are firstly described and then cross-analysed by several classification variables (e.g. sex and age) where interesting results can be seen. All other analysis by the classification variables is presented in tables which support each of the chapters. A full list of the classification variables can be found in appendix 1 at the end of this report. When looking at one classification variable at a time it can be misleading, for example, a cross-tabulation may show a relationship between a particular answer and whether the respondent is disabled. But whether the respondent is disabled is in itself related to the respondent's age. Moreover, age is related to highest educational qualification and so on. So, for example, if the cross-tabulations show that a particular answer is related to being aged over 65, being disabled and having no formal educational qualifications, then this may really be different facets of the same finding. If the key

feature is being aged over 65, then the findings in relation to disability and educational qualifications may simply be a reflection of this. Therefore, it is sometimes helpful to use multivariate analysis, where the effect of each factor is examined *while holding all other factors in the model constant*. This enables us to examine, for example, the effect of being disabled after the effect of age has taken into account to assess whether being disabled has any independent impact, over and above age. The multivariate technique used in this report is logistic regression.

The cross-tabulations remain the presentational focus of the report as they show the results in a more straightforward way. However, reference is made in the text to whether logistic regressions confirm (or – occasionally – throw doubts on) the patterns shown in the cross-tabulations. Cross-tabulations by certain classification variables are generally only presented when there is a significant relationship, confirmed by the multivariate analysis, with those variables.

2 Chapter Two – Perceptions of disability

Summary

- A person who uses a wheelchair and a blind person are most frequently defined as being disabled.
- A person with HIV/AIDS and a person with a severe facial disfigurement are most frequently not seen as disabled.
- Overall, respondents define disability in a more restricted way than the DDA definition of disability.
- Disabled and non-disabled respondents define disability in similar ways with the exception of cancer and severe depression which are considered to be disabilities more by disabled respondents.
- Disabled respondents with mental health conditions were more likely to consider schizophrenia and depression to be disabilities.
- If know a disabled person, generally more likely to define each of the impairments as disabilities.
- Respondents who knew someone with a mental health condition were more likely to consider schizophrenia and depression to be disabilities.
- Respondents who knew someone with a learning disability were more likely to think of a person with Down's Syndrome as disabled than those who didn't know someone with a learning disability.
- Respondents with higher educational qualifications were more likely to consider each impairment as a disability than respondents with lower educational qualifications.

This chapter looks at perceptions of certain illnesses, conditions, impairments and injuries and whether people are considered to be disabled by the respondents. It analyses the meaning of disability in relation to whether the respondent has, or knows someone with, a long-standing physical or mental health condition or disability. The chapter also explores how perceptions of disability differ between sub-groups of the sample.

To gain an understanding of who the sample considers to be a disabled person respondents were asked the following question:

People have different ideas about what it means to be disabled. Which of the people on this card would you think of as a disabled person? Which others?

...a person with severe arthritis

...a person who has HIV/AIDS

...a person who has a diagnosis of schizophrenia

...a person who has a diagnosis of severe depression

...a person who has Down's Syndrome

...a person who has cancer

...an older person who cannot hear without a hearing aid

...a blind person

...a person who uses a wheelchair most of the time

...a person with a broken leg, using crutches while it heals

...a person with a severe facial disfigurement

This question provides us with useful information on how people define disability in terms of which groups of people are considered to be disabled and, therefore, what constitutes a disability.

None of the types of people described in the question were unanimously thought of to be disabled by the sampled respondents (see Table 2.1). However, a high proportion of the sample did consider a person who uses a wheelchair to be disabled (91 per cent). High proportions also thought a blind person (87 per cent) and someone with severe arthritis (81 per cent) could be defined as disabled. A slightly lower proportion (70 per cent) considered someone with Downs' syndrome to be disabled.

There is a further group of conditions and impairments where public views are split fairly evenly on whether they should be considered disabilities: schizophrenia, cancer, an older person with a hearing aid and severe depression.

Finally, there is a group of conditions and impairments which are considered disabilities by less than a third of respondents: a broken leg, HIV/AIDS and severe facial disfigurement.

Table 2.1

Perceptions of what constitutes a disability

Person with...	Whether thought of as being disabled (mentioned by %)
A wheelchair	91
Blindness	87
Severe Arthritis	81
Down's syndrome	71
Schizophrenia	48
Cancer	44
Older person with hearing aid	44
Severe depression	40
A broken leg	31
HIV/AIDS	27
Severe facial disfigurement	25
<i>None of these</i>	1
<i>Unweighted base</i>	3193

2.1 The Disability Discrimination Act

The Disability Discrimination Act (DDA) was introduced to protect disabled people from unfair treatment. Under the act, disabled people are defined as:

Having a mental or physical impairment, that has a long-term and substantial adverse effect on the ability to carry out day-to-day activities (by long-term it is meant that the impairment has lasted for 12 months or is likely to last for more than 12 months).

If a disability has affected a person's ability to carry out day-to-day activities in the past and is likely to do so in the future but doesn't at present it will still be included under the DDA definition. Also included are progressive conditions such as HIV, multiple sclerosis and arthritis which are likely to have an adverse effect on a person's ability to carry

out day-to-day activities in the future. The DDA also considers the effect of the disability without treatment for example the impact of a hearing impairment would be considered without the use of a hearing aid. Contact lens and glasses are excluded from this.

Of the eleven examples of people with the various impairments presented to the respondents in the question above, ten of them would be defined as disabled under the DDA. The only exception is the person with a broken leg who uses crutches while it heals.

It is therefore clear that respondents demonstrated a much more restricted view of what it means to be disabled than the definition used by the Disability Discrimination Act. Although, conversely, just under a third of respondents would consider a person with a broken leg using crutches while it heals to be disabled when this would not be included under the DDA definition.

The top three impairments cited by the respondents as disabilities (using a wheelchair, blindness and arthritis) can all be described as physical disabilities suggesting that the respondents are more likely to view physical impairments as a disability rather than mental impairments. The DDA definition of disability is equally inclusive of both mental and physical disabilities. The explicit mental impairments (schizophrenia and depression) are only thought of to be a disability by 48 and 40 per cent of respondents respectively.

This perspective taken by the respondents could be because physical disabilities and their effects are more apparent. A wheelchair is a noticeable symbol of being disabled and a wheelchair will cause obvious barriers to a person therefore having a significant adverse effect on a person's ability to carry out their day-to-day activities. The effect of having a mental impairment or long-term illness is much less visible.

2.2 Perceptions of disability by whether the respondent is disabled

The following section explores the relationship between a respondent's perception of disability with whether they themselves are disabled or have a health condition.

Table 2.2 shows there is very slight variation in the views of those who report themselves as being disabled and those who don't.

Table 2.2

Perceptions of disability by whether respondent is disabled

Person with ... is disabled	Respondent is disabled (mentioned by %)	Respondent is not disabled (mentioned by %)
A wheelchair	86	92
Blindness	83	88
Severe Arthritis	84	80
Down's syndrome	64	72
Schizophrenia	51	48
Cancer	56	41
Older person with hearing aid	38	45
Severe depression	49	38
A Broken leg	31	32
HIV/AIDS	32	26
Severe facial disfigurement	28	25
<i>None of these</i>	<i>1</i>	<i>1</i>
<i>Unweighted base</i>	<i>586</i>	<i>2607</i>

The greatest differences are on whether cancer and severe depression should be defined as a disability: up to 56 per cent of those who were disabled considered cancer to be a disability compared with 41 per cent of those who were not disabled. Similarly, 49 per cent of disabled respondents considered severe depression to be a disability compared with 38 per cent of those who were not disabled.

In addition to cancer and severe depression, greater proportions of disabled respondents than those who were not, perceived severe arthritis, schizophrenia and HIV/AIDS as disabilities.

We are also able to look at the individual disabilities or health condition(s) that the respondents have and whether this has an impact of perceptions of disability³. We can look at whether people are more likely to consider *their own* impairment or condition to be a disability. However, some caution needs to be exercised over these findings as the number of people with each type of impairment or condition is relatively small (See Table 2.3).

Table 2.3

Perceptions of disability by whether respondent is disabled

Person with ... is disabled	Type of disability of respondent					Respondent not disabled (impairment group definition) (mentioned by %)
	Physical impairment (mentioned by %)	Sensory impairment (mentioned by %)	Mental health condition (mentioned by %)	Learning disability (mentioned by %)	Other long-standing illness or health condition (mentioned by %)	
A wheelchair	88	84	91	*	86	92
Blindness	86	84	89	*	83	87
Severe Arthritis	90	79	89	*	85	80
Down's syndrome	59	61	63	*	62	72
Schizophrenia	54	45	68	*	47	47
Cancer	66	58	53	*	53	41
Older person with hearing aid	41	42	43	*	38	45
Severe depression	55	47	73	*	46	37

³ This report mostly uses the DDA definition of disability to present findings on disabled respondents but it is also possible to look at the individual impairments of disabled respondents using the impairment group definition (see Appendix 1).

A Broken leg	34	31	32	*	29	32
HIV/AIDS	44	30	41	*	29	26
Severe facial disfigurement	34	29	34	*	28	24
None of these	0	1	0	*	1	1
Unweighted base	158	91	127	12	264	2630

Nb. Shading indicates where respondent's impairment is similar to the impairment asked about.

Those respondents who mentioned that they had a physical impairment of some kind were generally more likely to regard other people with a physical impairment such as severe arthritis or a severe facial disfigurement as disabled. Ninety per cent those with a physical impairment regarded a person with severe arthritis as disabled compared with 80 per cent of those who were not disabled.

However, the differences are not startling (and barely apply at all to the person in the wheelchair). Part of the reason why we do not see more of a difference when we match the disability of the respondent to the impairment group in the question is probably that these impairment categories are quite broad groupings. If the respondent has, say, severe arthritis, they may well have a different view of that particular condition, but there is no real reason why they should consider someone with a broken leg differently.

With regards to sensory impairments, there was little difference between those who themselves were blind or deaf and those who were not disabled, in terms of whether they thought such people were disabled. Similarly high proportions of those who were blind or deaf (84 per cent) and those who were not (87 per cent) considered a person with blindness to be disabled. Likewise, both groups were much less likely to mention an older person with a hearing aid as disabled.

It is not possible to repeat this analysis for learning disabilities as there were insufficient respondents in the sample who reported having learning disabilities.

In contrast to the findings for physical and sensory impairments where disabled people were rather similar to non-disabled people, large differences can be seen with respect to mental health conditions. Those who described themselves as having a mental health condition were far more likely to mention people with schizophrenia and severe depression as being disabled. Of those with a mental health condition, 68 per cent thought that a person with schizophrenia was disabled and 73 per cent thought a person with severe depression was disabled. This compares with 47 per cent and 37 per cent respectively, of those who were not disabled.

Respondents who had some other long-standing health condition or illness, not included in the categories above, were slightly more likely to mention a person with severe arthritis, cancer or HIV/AIDS as being disabled than those without such a condition or illness, but the differences were nowhere near as substantial as for mental health conditions. For instance, 53 per cent of respondents with some other long-standing health condition or illness thought that a person with cancer was disabled compared with 41 per cent of those who were not disabled.

We have found that if a respondent is disabled their views on what constitutes a disability will differ to those who are not disabled but the differences are not substantial. The exception to this is for mental health conditions where we can infer that by having a mental health condition a respondent's understanding is improved and they are more likely to consider mental health conditions such as schizophrenia and depression to be disabilities. This might explain why mental health conditions are less likely to be perceived as disabilities, compared with physical ones. Personal experience of less visible disabilities increases their likelihood of being perceived as a disability which is

why respondents with mental health conditions are more likely to classify them as a disability.

2.3 Perceptions of disability by whether the respondent knows someone who is disabled

This section looks at the relationship between a respondent's perception of disability and whether they personally know a disabled person.

Respondents were asked whether they personally knew anyone other than themselves who had a physical impairment, a sensory impairment, a mental health condition, a learning disability, or any other long-standing illness or health condition.

There was agreement between the groups with regard to whether a particular condition meant that a person was disabled, but consistently respondents who knew a disabled person were more likely to quote various conditions as being disabilities. For example, 83 per cent of people who knew a disabled person considered severe arthritis to be a disability, compared with 70 per cent of people who didn't know a disabled person (see Table 2.4).

Table 2.4

Perceptions of disability by whether respondent knows a disabled person

Person with ... is disabled	Knows a disabled person (mentioned by %)	Doesn't know a disabled person (mentioned by %)
A wheelchair	92	88
Blindness	88	83
Severe arthritis	83	70
Down's syndrome	72	64
Schizophrenia	51	37
Cancer	45	37
Older person with hearing aid	46	37
Severe depression	42	28
A broken leg	33	26

HIV/AIDS	29	20
Severe facial disfigurement	26	20
None of these	1	0
Unweighted base	2643	550

We might expect these differences to become stronger when we match the impairment the person the respondent knew to the condition in the question, but this is not always the case (see Table 2.5). Around a third (35 per cent) of respondents who knew someone with a physical impairment for instance, thought that a person with a broken leg was disabled, compared with 26 per cent of respondents who did not know a disabled person. Moreover, the relationship does not hold at all for a person in a wheelchair (where similarly large numbers of respondents in both groups quoted this as a disability).

Table 2.5

Perceptions of disability by whether respondent knows a disabled person

Person with ... is disabled	Type of disability of person known					Does not know a disabled person (mentioned by %)
	Physical impairment (mentioned by %)	Sensory impairment (mentioned by %)	Mental health condition (mentioned by %)	Learning disability (mentioned by %)	Other long-standing illness or health condition (mentioned by %)	
A wheelchair	92	91	93	92	92	88
Blindness	87	89	87	89	87	83
Severe Arthritis	84	85	86	87	87	70
Down's syndrome	71	74	75	79	73	64
Schizophrenia	52	55	59	55	54	37
Cancer	46	48	47	48	48	37
Older person with hearing aid	47	50	50	50	46	37
Severe depression	43	46	52	48	45	28

A Broken leg	35	33	35	38	33	26
HIV/AIDS	31	32	34	34	32	20
Severe facial disfigurement	29	29	28	32	28	20
None of these	1	1	1	1	1	0
Unweighted base	1652	1270	1283	1005	1596	550

Nb. Shading indicates where the impairment of the person known is similar to the impairment asked about.

A similar pattern can be seen for those who knew someone with a sensory impairment compared with those who did not: 89 per cent of those who knew someone with sensory impairment thought that a blind person could be described as disabled – very similar to the figure for those who did not know a disabled person. However, we do get a clearer difference in the case of the older person with a hearing aid, where the figures are 50 per cent and 37 per cent respectively.

The relationship between a person’s perception of disability and knowing someone with a long-standing health condition or a disabled person can be seen more clearly when it comes to people with a mental health condition or a learning disability. Those respondents who personally knew someone with a mental health condition were more likely to think of a person with schizophrenia and a person with severe depression as being disabled. Fifty-nine per cent of respondents who knew someone with a mental health condition said that schizophrenia was a disability compared with 37 per cent of respondents who did not know a disabled person. Fifty-two per cent of respondents who knew someone with a mental health condition said that severe depression was a disability compared with 28 per cent of respondents who did not know a disabled person. These are clearer differences than for knowing someone with a physical or sensory impairment, but nowhere near as large as the differences we saw in the previous section as a result of actually having a mental health condition oneself.

Over three-quarters (79 per cent) of those who knew someone with a learning disability thought a person with Down's syndrome was disabled compared with two-thirds (64 per cent) of those who did not know a disabled person.

The pattern is similar for 'other' long-term illnesses and health conditions. Knowing someone in this group seems to raise the likelihood of considering severe arthritis, cancer and HIV/AIDS as disabilities by about 10 percentage points.

Again, we can see that with the more physical, and potentially more obvious disabilities, similar proportions of respondents define them as disabilities regardless of whether they know a disabled person or not. In contrast, the findings suggest that familiarity with mental health conditions increases the likelihood of perceiving them to be disabilities. This is also true of Down's Syndrome.

2.4 Perceptions of disability by other respondent characteristics

The following section takes account of various characteristics of the respondent when considering their perceptions of disability.

We analysed perceptions of disability by each of the sample sub-groups as described in appendix 1. The full analysis of these sub-groups is presented in appendix 2. Multivariate analysis was also conducted to evaluate which of the respondent characteristics were statistically relevant where differences between respondents can be seen.

The multivariate analysis has shown that when taking all respondent characteristics into account education is the most consistently relevant in explaining the differences in views – the only exception being the different views on whether cancer should be classified as a disability.

Table 2.6 shows that there is a relationship between education and perceptions of disability. Higher proportions of those who are highly

educated perceived each illness or condition as meaning the person was disabled compared with those who had achieved a lower educational qualification⁴. An illustration of this is the example of an older person with a hearing aid; 60 per cent of those with a degree felt that such a person was disabled compared with 37 per cent of those with CSEs or equivalent and a third (33 per cent) of those without any qualification. The main exception once again is a person with cancer. Those with a degree were the least likely of all of the groups to say that a person with cancer was disabled. Half (51 per cent) of those respondents without any educational qualification thought that a person with cancer was disabled, the highest of all of the groups.

Table 2.6

Perceptions of disability by respondent's highest educational qualification

Person with ... is disabled	Mentioned by...(Highest educational qualification grouped)						
	Degree (%)	HE below degree (%)	A level or equiv (%)	O level or equiv (%)	CSE or equiv (%)	No qualification (%)	Foreign or other/ Don't know/ Refused/Not answered (%)
A wheelchair	95	93	93	95	90	85	78
Blindness	91	90	90	88	86	79	88
Severe arthritis	86	85	82	81	81	77	54
Down's syndrome	81	77	77	71	68	59	49
Schizophrenia	63	59	52	45	41	37	34
Cancer	39	45	40	41	43	51	46
Older person with hearing aid	60	51	46	44	37	33	36
Severe depression	51	49	38	34	36	36	27

⁴ The strong relationship between higher educational qualifications and tendency to mention any particular condition as a disability is probably in part a by-product of respondents with higher educational qualifications being more likely to give fuller answers in an interview situation. Respondents with degrees gave an average of 6.7 answers to this question, compared with 5.3 for respondents with no qualifications.

A broken leg	40	37	30	31	24	26	34
HIV/AIDS	33	34	28	24	21	24	19
Severe facial disfigurement	32	27	23	24	22	25	14
None of these	1	1	1	0	0	1	0
<i>Unweighted base</i>	<i>507</i>	<i>386</i>	<i>455</i>	<i>619</i>	<i>275</i>	<i>882</i>	<i>69</i>

Age was also significantly relevant in explaining the differing views to whether arthritis, HIV/AIDS, depression, Down's Syndrome, cancer and deafness for an older person with a hearing aid should be defined as disabilities.

Table 2.7 shows the relationship between age and perceptions of disability is not straightforward. Generally speaking, it is the middle age groups, those aged between 35 and 64 who were more likely to report conditions as disabilities. For instance, 82 per cent of 35 to 44 year olds and 86 per cent of 45 to 64 year olds thought that severe arthritis constituted a disability compared with 81 per cent of those aged 65 and over and 75 per cent of 18-34 year olds.

There are some conditions that don't follow the general pattern. Those aged 65 and over, the oldest age group in the sample are the ones least likely to regard sensory impairments as disabilities. While 81 per cent of those in this age group thought that blindness was a disability 90 per cent of the youngest group thought so. One condition most relevant to the older age group is an older person with a hearing aid. Only one third of those aged 65 and over thought that such a person was disabled. In comparison, half of those aged 18-34 perceived such a person to be disabled as did 51 per cent of those aged 35-44. A notable difference can also be seen between the age groups with respect to a person with a learning disability such as Down's syndrome. Once more, it was the oldest respondents who were least likely to see such a condition as a disability; 59 per cent of those 65 and over and 69 per cent of those aged between 45 and 64. The youngest respondents, aged 18 to 34 were the most likely to perceive someone with Down's syndrome as disabled, with 78 per cent

believing that this was so, slightly fewer, 75 per cent, 35 to 44 years olds thought the same.

Table 2.7

Perceptions of disability by respondent's age

Person with ... is disabled	Mentioned by...(year olds)			
	18-34 (%)	35-44 (%)	45-64 (%)	65+ (%)
A wheelchair	93	93	92	85
Blindness	90	89	87	81
Severe arthritis	75	82	86	81
Down's syndrome	78	75	69	59
Schizophrenia	47	52	52	41
Cancer	30	43	49	56
Older person with hearing aid	50	51	42	33
Severe depression	31	41	46	41
A broken leg	29	33	35	28
HIV/AIDS	19	30	31	29
Severe facial disfigurement	22	28	28	24
<i>None of these</i>	<i>1</i>	<i>0</i>	<i>1</i>	<i>0</i>
<i>Unweighted base</i>	<i>735</i>	<i>630</i>	<i>1074</i>	<i>752</i>

We can report that generally it is the higher educated middle aged groups which are more likely to report each of the impairments as a disability compared with respondents in the other sub groups.

3 Chapter Three – Perceived prejudice in society

Summary

- Three-quarters perceived there to be prejudice in society against disabled people.
- It was thought there was most prejudice against people with schizophrenia and HIV/AIDS
- Disabled respondents considered there to be slightly more prejudice in society against disabled people in general than non-disabled respondents.
- Respondents who know a person with a mental health condition are more likely to perceive there to be prejudice against people with mental health conditions.
- Women more likely to perceive prejudice in society, elder respondents less likely and higher educated respondents are more likely.

This chapter will look at perceptions of prejudice against disabled people. We will start by presenting perceptions of prejudice against disabled people in general and move on to explore perceptions of prejudice against different disabled groups. These questions did not ask about the respondent's own prejudice, but rather about their perception of society's views generally.

The first question, about prejudice against disabled people in general, asked:

Generally speaking, do you think there is a lot of prejudice in Britain against disabled people in general, a little, hardly any or none?

In the case of this general question, we are able to compare the findings with previous BSA surveys. As seen in Table 3.1, in 1998, around a quarter of people thought that there was a lot of prejudice against disabled people. A further half (51%) thought there was a little,

so that overall around three-quarters thought there was some prejudice⁵. In 2000, the proportion thinking there was a lot of prejudice had risen to over a third (35%), so that over eight in ten identified some prejudice. In 2005, the figures had fallen back to almost exactly the same level as in 1998 (25 per cent thought there was a lot of prejudice against disabled people in general and 50 per cent thought there was a little).

Table 3.1

How much prejudice against disabled people, 1998-2005

	1998	2000	2005
	%	%	%
A lot	25	35	25
A little	51	51	50
Hardly any	15	9	17
None	6	3	8
Don't know	2	2	1
<i>Unweighted base</i>	3146	3426	3193

The 2005 survey went much further in that it also asked about perceived prejudices against various groups of disabled people in the format:

And generally speaking, how much prejudice do you think there is in Britain against people with physical impairments, such as someone who uses a wheelchair?

A lot

A little

Hardly any

None

⁵ Throughout this chapter respondents who picked the categories 'a lot' and 'a little' referred to as perceiving 'some' or 'at least some' prejudice. By implication, respondents who picked 'hardly any' are treated in the same way as those who said 'none'.

Questions in this format were also asked about: ⁶

- people with physical impairment, such as someone who uses a wheelchair
- people who are deaf,
- people who are blind,
- people with learning disabilities, such as someone with Down's syndrome
- people with schizophrenia,
- people with depression
- people with long-term health conditions that may seriously affect their ability to carry out normal day-to-day activities, such as HIV/AIDS
- people with long-term health conditions that may seriously affect their ability to carry out normal day-to-day activities, such as multiple sclerosis (MS) and severe arthritis.

Table 3.2 summarises the findings of these questions. Respondents thought there was most prejudice against people with schizophrenia and long-term health conditions where the question mentioned HIV/AIDS. Just under half the sample perceive a lot of prejudice against these groups and around eight out of ten perceived at least some.

⁶ Each respondent was asked two out of these eight questions. The sample was split in this way to avoid respondent fatigue and also to avoid answers to previous questions affecting ones further down the list. So, for example, different people were asked the long-term health condition question that mentioned HIV/AIDS from those who were asked the long-term health condition question that mentioned MS and severe arthritis. However, it means that the sample sizes on the questions reported in this chapter are rather smaller (772-837) than in chapter 2 (3193). This means that relationships have to be stronger to reach statistical significance.

Table 3.2

How much prejudice against different types of disabled people, all respondents

Prejudice against...		A lot	A little	Hardly any	None	Don't know	<i>Unweighted base</i>
Disabled people in general	%	25	50	17	8	1	3193
People with schizophrenia	%	46	32	8	4	10	772
People with long-term health conditions e.g. HIV/AIDS	%	44	38	9	4	5	772
People with learning disabilities	%	34	41	14	10	1	825
People with depression	%	29	40	19	6	6	837
People with physical impairments	%	20	50	19	10	1	759
People with long-term health conditions e.g. MS/severe arthritis	%	15	41	27	13	5	837
Deaf people	%	13	44	27	14	2	759
Blind people	%	10	32	34	21	3	825

A fifth to a third of the population perceived there to be a lot of prejudice and just under three-quarters perceived some against people with learning disabilities, depression and physical impairments.

For long-term health conditions such as MS and severe arthritis, deaf people and blind people, between one in ten and 15 per cent thought there was lot of prejudice and around half thought there was at least some.

3.1 Perceived prejudice of disabled people by whether the respondent is disabled or knows a disabled person

We now explore how these views about prejudice in society are affected by firstly being disabled and secondly by knowing a disabled person. In order to present the data in a summary fashion, the tables in this chapter and appendix 3 focus on the proportion of respondents who said that each group faced ‘a lot’ of prejudice.

Table 3.3 shows that there is a slight tendency for disabled people to report more prejudice in society against disabled people than those who are not disabled. Looking at the DDA definition of respondent disability, 32 per cent thought that there was a lot of prejudice against people with physical impairments, compared with 18 per cent of non-disabled respondents. However, the differences are not very great and on these small sample sizes, differences of this order are barely statistically significant. Moreover, when age and other factors were taken into account in multivariate analysis, being disabled remained significantly associated with reporting more prejudice only in the case of the disabled in general, those with a physical impairment and those who are blind.

Table 3.3

How much prejudice there is against different types of disabled person, by whether respondent is themselves disabled

% saying there is a lot of prejudice against...	Respondent is disabled (%)	Respondent is not disabled (%)
Disabled people in general	33	23
<i>Unweighted base</i>	<i>586</i>	<i>2607</i>
People with schizophrenia	50	45
People with long-term health conditions e.g. HIV/AIDS	39	45
People with learning disabilities	36	33
People with depression	30	29
People with physical	32	18

impairments		
People with long-term health conditions e.g. MS/severe arthritis	21	13
Deaf people	18	11
Blind people	16	9
<i>Unweighted base</i>	<i>136-162</i>	<i>611-685</i>

Table 3.4 shows that knowing a disabled person tended to make only a limited difference to views of prejudice in society. The one exception is mental health, where knowing someone with a mental health condition tends to make respondents more likely to report perceived prejudice. So, 56 per cent of respondents who knew someone with a mental health condition thought there was a lot of prejudice against people with schizophrenia and 41 per cent thought there was a lot of prejudice against people with depression (compared with 31 per cent and 22 per cent respectively among respondents who don't know a disabled person). This link was also confirmed by the multivariate analysis.

There appears to be a similar but weaker effect for learning disabilities, where 40 per cent of those who know someone with this condition report a lot of prejudice (compared with 21 per cent who don't know a disabled person). This did not, however, attain statistical significance in the multivariate analysis once other factors were taken into account.

Table 3.4

How much prejudice there is against different disabled people, by whether respondent knows a disabled person

% saying there is a lot of prejudice against...	Knows someone with ...					Respondent doesn't know a disabled person
	Physical impairment	Sensory impairment	Mental health condition	Learning disability	Other illness or condition	
Disabled people in general	27	27	30	31	27	18
<i>Unweighted base</i>	<i>1540</i>	<i>2021</i>	<i>1283</i>	<i>1005</i>	<i>1596</i>	<i>550</i>
People with	49	51	56	59	49	31

schizophrenia						
People with long-term health conditions e.g. HIV/AIDS	47	45	48	50	45	44
People with learning disabilities	36	43	42	40	41	21
People with depression	33	35	41	36	32	22
People with physical impairments	23	20	27	25	23	13
People with long-term health conditions e.g. MS/severe arthritis	18	18	21	21	18	9
Deaf people	12	16	17	15	14	11
Blind people	10	13	11	11	11	10
<i>Unweighted base</i>	<i>374-412</i>	<i>299-343</i>	<i>304-358</i>	<i>238-257</i>	<i>382-409</i>	<i>125-161</i>

Nb: Shading indicates that impairment type of person known is similar to impairment being asked about

In summary, people who are disabled or know someone disabled are more likely to perceive there to be prejudice against disabled people. Respondents who know someone with a mental health condition are more likely to perceive prejudice against people with mental health conditions.

3.2 Perceived prejudice of disabled people by other respondent characteristics

This next section will describe variations in the views of different sub-groups of the sample. The section only focuses on those views which are significantly different so will not cover all respondent characteristics. However, tables displaying all of the different demographic sub-groups can be found in appendix 3.

Table 3.5 shows that women are more likely than men to say there is prejudice - in particular, against people with mental health problems

and disabled people in general. The multivariate analysis confirmed the role of sex in the case of disability in general, schizophrenia, depression, learning disabilities, and long-term health conditions such as AIDS, even when other factors are taken into account.

Table 3.5

How much prejudice there is against different types of disabled person, by sex of respondent

% saying there is a lot of prejudice against...	Men	Women
Disabled people in general	22	27
<i>Unweighted base</i>	1424	1769
People with schizophrenia	37	54
People with long-term health conditions e.g. HIV/AIDS	41	47
People with learning disabilities	27	39
People with depression	22	36
People with physical impairments	17	22
People with long-term health conditions e.g. MS/severe arthritis	14	16
Deaf people	12	13
Blind people	9	11
<i>Unweighted base</i>	337-398	420-466

Age is also relevant in explaining the differing perceptions towards prejudice against some of the disabled groups. As shown in Table 3.6, people aged 65 or over are less likely to perceive prejudice against disabled people (except in the case of deafness and blindness where there is no statistically significant difference by age). The multivariate analysis confirmed that the over 65s are less likely to perceive prejudice against disabled people in general once other factors were taken into account.

Table 3.6

How much prejudice there is against different types of disabled person, by age of respondent

% saying there is a lot of prejudice against...	18-34	35-44	45-64	65+
Disabled people in general	27	24	28	18
<i>Unweighted base</i>	<i>735</i>	<i>630</i>	<i>1074</i>	<i>752</i>
People with schizophrenia	47	40	52	40
People with long-term health conditions e.g. HIV/AIDS	47	44	48	33
People with learning disabilities	36	40	34	25
People with depression	24	30	37	23
People with physical impairments	17	23	26	12
People with long-term health conditions e.g. MS/severe arthritis	14	13	18	11
Deaf people	10	14	12	14
Blind people	9	10	10	11
<i>Unweighted base</i>	<i>155-190</i>	<i>152-164</i>	<i>258-275</i>	<i>158-205</i>

In chapter 2 we saw a strong and consistent relationship between higher educational qualification and identifying various conditions as being defined as disabilities. In Table 3.7, we see a much more muted relationship between education and perception of prejudice against disabled people. Where there is a relationship, it tends to be in the direction that those with more education perceiving more prejudice. The clearest example is that 57 per cent of people with a degree and 60 per cent of people with higher education below degree level consider there to be a lot of prejudice against people with schizophrenia, compared with 35 per cent of people without qualifications. But for a number of the impairment groups (such as HIV/AIDS, physical impairments, deaf people and blind people) there

is no statistically significant relationship with education.⁷ Interestingly, the multivariate analysis confirmed that there was a significant relationship in the case of schizophrenia and depression, once other factors are taken into account.

Table 3.7

How much prejudice there is against different types of disabled person, by respondent's educational attainment

% saying there is a lot of prejudice against...	Degree	HE below degree	A-level or equiv	O-level or equiv	CSE or equiv	No qualifications
Disabled people in general	29	24	26	23	26	22
<i>Unweighted base</i>	<i>507</i>	<i>386</i>	<i>455</i>	<i>619</i>	<i>275</i>	<i>882</i>
People with schizophrenia	57	60	52	38	44	35
People with long-term health conditions e.g. HIV/AIDS	45	48	45	45	50	39
People with learning disabilities	39	37	40	35	35	26
People with depression	31	40	36	28	25	20
People with physical impairments	18	16	25	23	21	18
People with long-term health conditions e.g. MS/severe arthritis	10	21	14	17	17	12
Deaf people	14	9	12	9	13	17
Blind people	12	8	9	8	11	11
<i>Unweighted base</i>	<i>116-139</i>	<i>75-101</i>	<i>100-126</i>	<i>156-169</i>	<i>45-92</i>	<i>185-241</i>

This chapter has shown that a quarter of respondents feel there is a lot of prejudice against disabled people in general and three-quarters

⁷ It should be noted that there are smaller sample sizes (between 772 and 837) on the questions reported in this chapter compared with Chapter 2 (which had the full sample of 3193), differences in percentages have to be greater before they attain statistical significance. The difference in sample sizes arises because the questions reported in Chapter 2 were asked of all respondents in the disability module, while these questions were asked of random quarters.

believe there is some prejudice. The most perceived prejudice was reported against people with schizophrenia and people with long-term health conditions such as HIV/AIDS. Respondents with disabilities or those who knew someone with a disability perceived there to be more prejudice. Variation in perceived prejudice was found with the different gender, age and educational attainment groups.

Interesting results can be seen with regard to perceptions of prejudice against people with mental health conditions. If a respondent knew someone with a mental health condition they were more likely to perceive that there is prejudice against people with mental health conditions. In chapter two, we hypothesised that because mental health conditions are less 'visible' than other disabilities, a familiarity with these conditions helps to improve understanding of them. This could also be true for perceptions of prejudice i.e. that a familiarity and understanding of the characteristics of mental health conditions could cultivate a perception that there is more prejudice directed to people with these conditions. There would be less awareness of prejudice against people with mental health conditions by the whole population if it were true that mental health conditions are generally less visible. It is not simply that people who know someone with a mental health condition are more likely to be aware that they experience prejudice because this would be equally true for all the disabilities being asked about unless, of course, it is the case that people with mental health conditions do experience more prejudice. This will be discussed in chapter five.

It is also interesting that female respondents and respondents with higher educational qualifications perceive there to be more prejudice against people with mental health conditions irrespective of the other characteristics of these respondents. This could suggest that women and the more educated respondents have a greater understanding of mental health conditions and are either more familiar with mental health conditions or they know that people with mental health conditions do experience more prejudice if this is true.

4 Chapter Four – Attitudes towards different situations where respondents may have contact with disabled people

Summary

- Most respondents felt comfortable with having contact with a person in a wheelchair, a blind person or a person who cannot hear without a hearing aid.
- Respondents were least comfortable with people with mental health conditions.
- Generally respondents would feel most comfortable with a disabled person living next door and least comfortable with a disabled person marrying a close relative.
- Little difference in the attitudes of disabled and non-disabled respondents and respondents that know and don't know a disabled person, except with regard to mental health conditions where knowing a disabled person makes the respondent feel more comfortable with contact with people with mental health conditions.
- Women were more comfortable in most situations than men.

This chapter explores how respondents themselves would feel if they were in a number of situations where they could have contact with a disabled person. The findings from this chapter provide us with a proxy measure of prejudice among the respondents. These situations have been constructed so that if respondents are intolerant of disabled people this manifests itself and therefore these questions can be used to look at levels of prejudice.

Respondents were presented with three situations:

- if someone with a particular disability or health condition were to move in next door
- if someone with a particular disability or health condition were appointed as their boss (or was appointed as their boss if they are no longer working)

- or if someone with a particular disability or health condition were to marry a close relative of theirs

The questions asked about how the respondent would feel in each of these situations in relation to a person with a specific disability or condition. The questions were presented in the following format:

*Taking your answer from this card, how do you think you would feel if a person **who uses a wheelchair** were to move in next door?*

Very comfortable with this

Fairly comfortable with this

*Fairly **uncomfortable** with this*

*Very **uncomfortable** with this*

For each situation the person with a particular disability or health condition used in the question was defined in each of the following ways⁸:

- a person who uses a wheelchair
- a person who has a diagnosis of schizophrenia which they have managed successfully for several years
- a person who cannot hear without a hearing aid
- a blind person
- a person that has had a diagnosis of depression in the recent past
- a person who has a long-term health condition which seriously affects their ability to carry out normal day-to-day activities, such as multiple sclerosis (MS) or severe arthritis
- a person with Down's Syndrome⁹

⁸ Each respondent was assigned to one of four random groups. They were then asked about up to four of the disabilities within one or two of the situations. The sample was split in this way to avoid respondent fatigue and also to avoid answers to previous questions affecting ones further down the list. However, it means that the sample sizes on the questions reported in this chapter are relatively small. This means that relationships have to be stronger to reach statistical significance.

⁹ Respondents were only asked how comfortable they would feel if a person with Down's syndrome moved in next door and not if they were their boss or if they were to marry a close relative.

Table 4.1, Table 4.2 and

Table 4.3 show how people felt in each of these situations. Eighty-nine per cent of respondents said they would feel very comfortable if someone who uses a wheelchair were to move in next door to them. Similarly high proportions felt the same way about someone who cannot hear without a hearing aid and someone who is blind (83 per cent and 79 per cent respectively). People felt the least comfortable when it came to someone with a mental health condition moving in next door. Less than half (44 per cent) said that they would feel very comfortable if someone with a diagnosis of depression moved in and only 29 per cent said they would feel very comfortable if the person had a diagnosis of schizophrenia. A quarter (24 per cent) of the respondents said they would feel uncomfortable with someone with schizophrenia moving in next door and 14 per cent would be uncomfortable if someone with depression moved in next door. Far smaller proportions of the respondents would feel uncomfortable with living next door to people with each of the other disabilities mentioned in the question. None of the respondents would feel uncomfortable with living next door to someone who uses a wheelchair.

A similar pattern emerges when we look at how respondents said they would feel in the other two situations; if someone with a disability or health condition were appointed their boss and if they married a close relative of the respondent. Again, the majority of people would feel very comfortable if a person who uses a wheelchair, a person who cannot hear without a hearing aid or someone who is blind were to be appointed their boss or were to marry a close relative. However, the proportions saying this in each of these cases is somewhat lower than those who felt this way about a person with such disabilities moving in next door. Eighty-three per cent for instance, said that they would feel very comfortable if a person who uses a wheelchair were appointed as their boss and only 59 per cent said this about such a person marrying a close relative.

A much lower proportion of respondents said that they would feel very comfortable if someone with a mental health condition were to be appointed their boss or marry a close relative. Thirty per cent said that they would feel very comfortable if someone with a diagnosis of depression were to become their boss and only 14 per cent said they would feel very comfortable if they married a close relative. Forty per cent would feel uncomfortable if a person with depression were to marry a close relative of theirs.

Generally speaking, people were more likely to feel comfortable if a disabled person were to move in next door to them than if they were to be appointed their boss, and were least comfortable with a disabled person marrying a close relative. This could suggest that the closer the relationship or the more contact a person might have with a disabled person the least comfortable they would feel.

Table 4.1

How comfortable would respondent feel if someone disabled moves in next door

Person who moves in next door	Very comfortable	Fairly comfortable	Fairly uncomfortable	Very uncomfortable	Don't know	Unweighted Base
	%	%	%	%	%	
Someone who uses a wheelchair	89	11	0	0	0	759
Someone who cannot hear without a hearing aid	83	15	2	0	0	759
Someone who is blind	79	20	1	0	0	825
Someone with a long-term health condition such as MS or severe arthritis	62	32	5	1	0	825

Someone with down's syndrome	59	34	5	1	1	825
Someone who has a diagnosis of depression	44	40	13	1	1	825
Someone who had a diagnosis of schizophrenia	29	46	19	5	2	759

Table 4.2

How comfortable would respondent feel if someone disabled was appointed as boss

Person who was appointed as boss	Very comfortable	Fairly comfortable	Fairly uncomfortable	Very uncomfortable	Don't know	Unweighted base
	%	%	%	%	%	
Someone who uses a wheelchair	83	15	1	0	1	759
Someone who cannot hear without a hearing aid	68	24	4	2	1	759
Someone who is blind	61	29	5	3	2	825
Someone with a long-term health condition such as MS or severe arthritis	42	38	14	4	2	825
Someone who has a diagnosis of schizophrenia	31	38	18	9	4	759
Someone who had a diagnosis of depression	30	38	24	6	2	825

Table 4.3

How comfortable would respondent feel if someone disabled married close relative

Person who married close relative	Very comfortable	Fairly comfortable	Fairly uncomfortable	Very uncomfortable	Don't know	Unweighted base
	%	%	%	%	%	
Someone who cannot hear without a hearing aid	62	34	4	1	1	772
Someone who uses a wheelchair	59	32	7	1	1	772
Someone who is blind	51	39	7	2	1	837
Someone with a long-term health condition such as MS or severe arthritis	21	48	24	5	2	837
Someone who has a diagnosis of schizophrenia	19	38	26	14	3	772
Someone who had a diagnosis of depression	14	41	35	8	3	837

It would appear that perceived prejudice in society does correspond with respondent's own prejudice (if we infer that feeling uncomfortable with any of the situations implies prejudice). Chapter three reported that respondents perceived there to be most prejudice against people with mental health conditions or learning disabilities. In this chapter we have found that it is these same groups of people that respondents are least comfortable having contact with.

4.1 Attitudes towards different situations where respondents may have contact with a disabled person by whether the respondent themselves is disabled or knows a disabled person

This section looks at how disabled respondents or respondents who know a disabled person would feel in each of the situations presented above.

Surprisingly, there is very little difference in the attitudes of disabled respondents and non-disabled respondents. Most respondents who were disabled were very comfortable with someone who uses a wheelchair or who has a sensory impairment moving in next door and were least comfortable with someone with a diagnosis of schizophrenia or depression marrying a close relative of theirs. The largest differences (although they are still small) between the disabled respondents and non-disabled respondents can be seen with regard to how comfortable the respondents would feel if a disabled person moved in next door. Disabled respondents were more likely to say that they would feel very comfortable if a disabled person with any of the impairments moved in next door, although the differences are small.

Knowing a disabled person also appears to make little difference to a person's attitude towards a disabled person living next door, being appointed their boss or marrying a close relative. The most notable differences are with regard to knowing someone with a sensory impairment and a mental health condition, yet even these are not large differences. See Table 4.4 to Table 4.9 below.

Table 4.4

Whether respondent would feel very comfortable if someone disabled moves in next door, if respondent is themselves disabled

Would feel very comfortable if person who moves in next door was...	Respondent is disabled	Respondent not disabled	<i>Unweighted Base</i>
	%	%	
Someone who uses a wheelchair	93	88	759
Someone who cannot hear without a hearing aid	85	83	759

Someone who is blind	85	78	825
Someone with a long-term health condition such as MS or severe arthritis	69	61	825
Someone with down's syndrome	62	59	825
Someone who has a diagnosis of depression	49	44	825
Someone who had a diagnosis of schizophrenia	36	27	759

Table 4.5

Whether respondent would feel very comfortable if someone disabled became their boss or, if respondent is themselves disabled

Would feel very comfortable if person who became their boss was...	Respondent is disabled	Respondent not disabled	<i>Unweighted Base</i>
	%	%	
Someone who uses a wheelchair	85	83	759
Someone who cannot hear without a hearing aid	70	68	759
Someone who is blind	68	60	825
Someone with a long-term health condition such as MS or severe arthritis	49	40	825
Someone who has a diagnosis of depression	40	29	825
Someone who had a diagnosis of schizophrenia	33	31	759

Table 4.6

Whether respondent would feel very comfortable if someone disabled married a close relative, if respondent is themselves disabled

Would feel very comfortable if person who marries close relative was...	Respondent is disabled	Respondent not disabled	<i>Unweighted Base</i>
	%	%	
Someone who uses a wheelchair	54	60	772
Someone who cannot hear without a hearing aid	64	61	772
Someone who is blind	50	51	837
Someone with a long-term health condition such as MS or severe arthritis	23	21	837

Someone who has a diagnosis of depression	19	14	837
Someone who had a diagnosis of schizophrenia	27	17	772

Table 4.7

Whether respondent would feel very comfortable if someone disabled moves in next door, if respondent knows a disabled person

Would feel very comfortable if person who moves in next door was...	Respondent knows a disabled person	Respondent does not know a disabled person	Unweighted Base
	%	%	
Someone who uses a wheelchair	90	82	759
Someone who cannot hear without a hearing aid	85	76	759
Someone who is blind	80	74	825
Someone with a long-term health condition such as MS or severe arthritis	63	58	825
Someone with down's syndrome	60	54	825
Someone who has a diagnosis of depression	45	44	825
Someone who had a diagnosis of schizophrenia	30	23	759

Table 4.8

Whether respondent would feel very comfortable if someone disabled became their boss or, if respondent knows a disabled person

Would feel very comfortable if person who became their boss was...	Respondent knows a disabled person	Respondent does not know a disabled person	Unweighted Base
	%	%	
Someone who uses a wheelchair	85	75	759
Someone who cannot hear without a hearing aid	71	54	759
Someone who is blind	62	56	825
Someone with a long-term health condition such as MS or severe arthritis	42	39	825

Someone who has a diagnosis of depression	32	24	825
Someone who had a diagnosis of schizophrenia	32	26	759

Table 4.9

Whether respondent would feel very comfortable if someone disabled married a close relative, if respondent knows a disabled person

Would feel very comfortable if person who marries close relative was...	Respondent knows a disabled person	Respondent does not know a disabled person	Unweighted Base
	%	%	
Someone who uses a wheelchair	61	50	772
Someone who cannot hear without a hearing aid	64	52	772
Someone who is blind	54	40	837
Someone with a long-term health condition such as MS or severe arthritis	22	17	837
Someone who has a diagnosis of depression	15	11	837
Someone who had a diagnosis of schizophrenia	20	12	772

We saw earlier that people feel the least comfortable at the prospect of having contact with a person with a mental health condition. Knowing someone with such a condition does appear, however, to make a respondent feel more comfortable in such a situation. People who know someone with a mental health condition are more likely to feel very comfortable if a person with schizophrenia moved next door.

4.2 Attitudes towards different situations where respondents may have contact with a disabled person by other respondent characteristics

Owing to the relatively small numbers of people that answered each of the questions it is harder to find significant associations between respondents' characteristics and their attitudes towards being in a situation where they might have contact with a disabled person.

The previous chapter showed that women were more likely to say that there is prejudice in Britain against disabled people. Tables in appendix 4 however, show that this is not necessarily a reflection of their own views. Women were more likely than men to say that they would feel very comfortable if a wheelchair user (91 per cent of women compared with 87 per cent of men), someone who is blind (81 per cent of women compared with 76 per cent of men), someone with a long-term illness such as MS or arthritis (67 per cent of women compared 57 per cent of men) or Down's syndrome (64 per cent of women compared with 54 per cent of men) were to move next door to them. They were also significantly more likely than men to feel very comfortable if someone with depression or a long-term illness such as severe arthritis was to be appointed their boss and if a wheelchair user were to marry a close relative of theirs.

Unlike the previous two chapters, there is no consistent or significant pattern with respect to education and attitudes towards the situations.

The previous chapter asked respondents how much prejudice they thought there was in Britain against disabled people. By asking people how comfortable they would feel in a given situation where they could have contact with a person with a specific disability or condition we have an indication of how prejudiced people actually are. This chapter has shown that people are most comfortable around wheelchair users and those with a sensory impairment and therefore are exhibiting least prejudice towards these people. It is towards those people with a mental health condition such as depression or schizophrenia that most prejudice is directed. This is in keeping with the previous chapter, where it was shown that people perceive there to be more prejudice against those with a mental health condition, a learning disability or a long-term illness. Although this pattern exists for all three of the situations that people were asked about, people were far more comfortable when the disabled person was moving next door and least comfortable when they were marrying a close relative, regardless of the specific disability or condition.

Being disabled or knowing a disabled person did not significantly change the attitudes of people towards disabled people. Whereas women were more likely than men to say that there is a lot of prejudice against disabled people in Britain, they appear to be less prejudiced themselves.

5 Chapter Five – Experiences of prejudice against disabled people

Summary

- Few disabled respondents reported violent, abusive, unfair or unpleasant behaviour.
- Where acts of violent, abusive, unfair or unpleasant behaviour had occurred, it was mostly 'on the street'.
- Respondents with mental health conditions were more likely to report negative behaviour against them.
- Most respondents had not witnessed violent, abusive, unfair or unpleasant behaviour.
- Two-thirds of disabled respondents were confident with using public transport.
- Disabled men more confident in using public transport than disabled women.

In the previous two chapters we looked at perceived prejudice in society by the respondents and implicit prejudice (based on how comfortable the respondent would feel when in contact with a disabled person). This chapter will seek to establish how much prejudice is actually experienced by disabled people.

Disabled respondents were asked whether they had experienced any violent or abusive behaviour or any unfair or unpleasant behaviour. In addition, all respondents were asked whether they had witnessed violent or abusive behaviour or unfair or unpleasant behaviour towards a disabled person. Respondents were requested to mention only behaviour that they felt was related to the health condition or disability of the disabled person. This suggests that the negative behaviour directed at that disabled person was prejudice. We were interested in finding out where this negative behaviour had taken place, by whom, how often and how much of an affect it had had.

Overall, we found that very few disabled respondents had experienced negative (violent, abusive, unfair or unpleasant) behaviour in relation to being disabled and, more generally, few respondents had witnessed negative behaviour against disabled people. Although these are encouraging findings this does mean that the scope for analysis is limited. It is worth noting that disabled respondents and other respondents may have experienced or witnessed more subtle forms of abuse, prejudice or discrimination that have not been reported here. Under the Disability Discrimination Act, if reasonable adjustments are not made to enable a disabled person to work or use particular services then this would be defined as discrimination.

Multivariate analysis has not been conducted because the numbers reporting negative behaviour are so small. Tables showing the proportions reporting such behaviour can be found in appendix 5¹⁰.

5.1 Experiences of prejudice by disabled respondents

Disabled respondents were firstly asked:

*In the last 12 months, have you personally experienced any **violent or abusive** behaviour for a reason related to your impairment or health condition in any of the settings listed on this card? PROBE:
Which others?*

No, have not experienced such behaviour

Yes, at school or college

Yes, at work

Yes, on public transport

Yes, in shops or banks

Yes, in bars, restaurants or leisure facilities

¹⁰ For disabled respondents who had experienced negative behaviour, there are also tables showing whether it was staff or others that were responsible for this behaviour, how often it occurred and the affect it had. As the numbers are very small these tables will not be commented on in this chapter but are available to provide indicative further details of the prejudice experienced by disabled people.

Yes, in doctors' surgeries or hospitals

Yes, in the street

Yes, somewhere else

The vast majority (92 per cent) (see Table 5.1¹¹) said they had not experienced any violent or abusive behaviour of those that had experienced such behaviour. Most acts of violent or abusive behaviour against the disabled respondents occurred 'on the street'.

Table 5.1

Personal experience of violent or abusive behaviour by type of disability of the respondent

Personally experienced violent or abusive behaviour...	Disabled respondents
	%
At school or college	0
At work	1
On public transport	2
In shops or banks	2
In bars, restaurants or leisure facilities	0
In doctors' surgeries or hospitals	1
In the street	4
Somewhere else	1
Not experienced such behaviour	92
<i>Unweighted base</i>	<i>586</i>

Table 5.2 looks at the level of violence or abuse reported by the respondents by the type of impairment of the respondent. Too few respondents had a learning disability to be able to comment on this group. The group most likely to have experienced violent or abusive behaviour was those with mental health conditions; 84 per cent saying they had not experienced such behaviour.

Table 5.2

¹¹ The remaining proportions do not add to 8 per cent because respondents were able to mention more than one experience of negative behaviour. The proportions have also been rounded to the nearest whole number.

Personal experience of violent or abusive behaviour by type of disability of the respondent

Personally experienced violent or abusive behaviour...	Type of disability of respondent				
	Physical impairment (mentioned by)	Sensory impairment (mentioned by)	Mental health condition (mentioned by)	Learning disability (mentioned by)	Other long-standing illness or health condition (mentioned by)
	%	%	%	%	%
At school or college	-	-	1	*	-
At work	1	4	5	*	1
On public transport	1	-	4	*	2
In shops or banks	3	2	5	*	3
In bars, restaurants or leisure facilities	0	1	0	*	-
In doctors' surgeries or hospitals	1	1	1	*	1
In the street	8	4	7	*	1
Somewhere else	0	-	6	*	2
<i>Not experienced such behaviour</i>	89	91	84	*	94
<i>Unweighted base</i>	158	91	127	12	264

Disabled respondents were also asked:

*In the last 12 months, have you personally experienced any other **unfair or unpleasant** behaviour for a reason related to your impairment or health condition in any of the settings listed on this card? PROBE: Which others?*

No, have not experienced such behaviour
Yes, at school or college

Yes, at work

Yes, on public transport

Yes, in shops or banks

Yes, in bars, restaurants or leisure facilities

Yes, in doctors' surgeries or hospitals

Yes, in the street

Yes, somewhere else

One in ten of the disabled respondents at each of the definitions reported experience of unfair or unpleasant behaviour. This is shown in table Table 5.3¹². This unfair or unpleasant experience was more likely to occur in the street and, after that, in the workplace. These proportions are very small and for that reason are not conclusive and can only be used as a broad indication of prejudice against disabled people.

¹² The proportions mentioning unfair or unpleasant behaviour in each of the different locations do not sum 8 to 10 per cent because respondents were able to mention more than one experience of unfair or unpleasant behaviour. The proportions have also been rounded to the nearest whole number.

Table 5.3

Personal experience of other unfair or unpleasant behaviour by type of disability of the respondent

Personally experienced unfair or unpleasant behaviour...	Respondent is disabled
	%
At school or college	1
At work	2
On public transport	1
In shops or banks	1
In bars, restaurants or leisure facilities	1
In doctors' surgeries or hospitals	1
In the street	3
Somewhere else	1
<i>Not experienced such behaviour</i>	<i>92</i>
<i>Unweighted base</i>	<i>586</i>

As with violent or abusive experience, respondents with a mental health condition were more likely to report having been subjected to unfair or unpleasant behaviour. Ten per cent reported experiencing such behaviour at work and 7 per cent reported experience of it in the street.

Thornicroft¹³ writes 'many people with mental illnesses are subjected to systematic disadvantages in most areas of their lives. These forms of social exclusion occur at home, at work, in personal life, in social activities, in healthcare and in the media'. In response, the Social Exclusion Unit¹⁴ have said that tackling stigma and discrimination against people with mental health conditions is a priority and that

¹³ Thornicroft, Graham (2006) *Actions speak louder... Tackling discrimination against people with mental illness*. London: Mental Health Foundation.

Available at:

http://cep.lse.ac.uk/textonly/research/mentalhealth/GrahamThornicroft_Actions-Speak-Louder.pdf

¹⁴ Social Exclusion Unit (2004) *Mental Health and Social Exclusion. Social Exclusion Unit Report* London: Office of the Deputy Prime Minister

stigma and discrimination can have a greater impact on people's lives than the mental health conditions themselves.

These findings support our previous findings that respondents believe there to be more prejudice against people with mental health conditions and would feel least comfortable with having contact with someone with a mental health condition. In chapter three we reported that respondents who knew someone with a mental health condition were more likely to say that people with mental health conditions experience more prejudice. We considered that this could be because these respondents had a greater understanding and familiarity of mental health conditions. An insight into such conditions and familiarity of people with them may raise awareness of levels of prejudice. An alternative or additional suggestion is that in reality there is more prejudice against people with mental health conditions and respondents who know someone with a mental health condition are aware of this. In this chapter we have found some evidence that this second suggestion is true. Of course both factors may play a part.

5.2 Prejudice witnessed against disabled people

This section describes the findings from two questions which asked whether the respondents had witnessed any violent or abusive behaviour or any unfair or unpleasant behaviour:

In the last 12 months, have you personally witnessed any violent or abusive behaviour towards a disabled person (if necessary: other than yourself) for a reason related to their impairment or health condition in any of the settings listed on this card? PROBE: Which others?

No, have not experienced such behaviour

Yes, at school or college

Yes, at work

Yes, on public transport

Yes, in shops or banks

Yes, in bars, restaurants or leisure facilities

Yes, in doctors' surgeries or hospitals

Yes, in the street

Yes, somewhere else

In the last 12 months, have you personally witnessed any unfair or unpleasant behaviour towards a disabled person (if necessary: other than yourself) for a reason related to their impairment or health condition in any of the settings listed on this card? PROBE: Which others?

Same answer categories as above

Ninety-two per cent of the sample had not witnessed any violent or abusive behaviour and 90 per cent had not witnessed any unfair or unpleasant behaviour. Where it had occurred, it was commonly reported to have taken place in the street.

5.3 Prejudice experienced by disabled respondents and witnessed against disabled people by demographic characteristics of respondents

Appendix 5 contains tables showing responses to each of the four questions as described above by the demographic characteristics of the respondents.

The greatest differences in reports of prejudice - whether it is personal experience or witnessed behaviour or violent or abusive or unfair or unpleasant behaviour - can be seen with the different age groups. Generally, the older age group seems to have experienced and witnessed less negative behaviour than the younger age group. The differences are most pronounced with reports of experience of unfair or unpleasant behaviour. Eighty per cent of disabled respondents aged 18 to 34 had not experienced any unfair or unpleasant behaviour compared with 97 per cent of disabled respondents over the age of 65 (Table 5.4). This behaviour was most likely to have occurred at work.

Table 5.4

Personal experience of other unfair or unpleasant behaviour by disabled respondent's age

Personally experienced unfair or unpleasant behaviour...	Mentioned by...(year olds)			
	18-34	35-44	45-64	65+
	%	%	%	%
At school or college	7	2	-	-
At work	12	2	2	-
On public transport	5	-	2	0
In shops or banks	4	2	1	0
In bars, restaurants or leisure facilities	3	1	1	-
In doctors' surgeries or hospitals	2	1	1	0
In the street	9	4	1	2
Somewhere else	3	1	1	-
<i>Not experienced such behaviour</i>	<i>80</i>	<i>89</i>	<i>90</i>	<i>97</i>
<i>Not answered</i>	<i>-</i>	<i>2</i>	<i>0</i>	<i>0</i>
<i>Unweighted base</i>	<i>90</i>	<i>94</i>	<i>266</i>	<i>299</i>

5.4 How confident disabled respondents are with using public transport

Tables in appendix 5 show the results of the analysis of a further question on confidence in using public transport asked to disabled respondents. This could encompass being confident about being physically able to use public transport as well as being confident about the treatment they will receive from staff and other passengers.

The question was as follows:

How confident do you feel in using public transport? Please take your answers from this card.

Very confident

Fairly confident

Not very confident

Not at all confident

Table 5.5 shows that around a third of respondents reported feeling very confident and approximately a further third said they were fairly confident. Respondents with sensory impairments and other long-standing illnesses were the most confident (35 per cent for both groups said they were very confident). This compares with 29 per cent of those with mental health conditions and 26 per cent with physical impairments. The proportion saying they would not be at all confident was highest among those with physical impairments.

Table 5.5

Confidence in using public transport by respondent's disability

Disabled respondents		Very confident	Fairly confident	Not very confident	Not at all confident	Don't know	Unweighted base
	%	31	33	15	18	3	586

Multivariate analysis was run on this question because the base sizes allowed for this. This analysis found that, even when controlling for all demographic characteristics of the disabled respondents, gender still had a significant effect on how confident the respondents felt. Thirty-eight per cent of men would feel very comfortable in using public transport compared with 30 per cent of women. Comparisons of the other demographic groups can be found in appendix 5.

6 Chapter Six – Perceptions of disabled people

Summary

- Respondents mostly thought that people in Britain don't think of people as getting in the way or with discomfort and awkwardness, over half the respondents thought that people in Britain thought disabled people need to be cared for and over half thought that people in Britain thought they were the same as everyone else.
- Fewer respondents thought disabled people got in the way and thought of them with discomfort and awkwardness.
- Respondents personally were more likely to think of disabled people as being needed to be cared for and more likely to think of disabled people as the same.
- Slightly more disabled respondents thought that disabled people don't get in the way and didn't think of them with discomfort and awkwardness.
- Disabled respondents were more likely to think disabled people need to be cared for and less likely to think of disabled people as the same.
- Women were more likely to never think of disabled people as getting in the way and more likely to think that disabled people are the same as everyone else most the time.
- The older the respondent the less likely they were to think that disabled people should be thought of as the same as everyone else most the time and the more likely they were to think disabled people need to be cared for.
- No consistent views from respondents on whether disabled people should be expected to work rather than rely on benefits.
- Majority of respondents thought of disabled people as making just as good parents as non-disabled people.
- Most respondents thought that disabled students could do as well as non-disabled students.
- The majority of respondents thought that a disabled person should not have to live in a residential home if they do not want to.

This chapter will describe the findings from a set of self-completion questions given to the respondents following the face-to-face interviewer administered questions. Administering questions in this format allows respondents to take more time to think through their answers meaning that this method is particularly suitable for detailed or complex questions. The method is also appropriate for more sensitive questions where a respondent may be reluctant to respond in an honest way to an interviewer.

The questions described in this chapter are about respondent's views on how people in Britain perceive disabled people and then how the respondents themselves perceive disabled people. It is hoped that allowing the respondents to answer the questions without the interviewer will elicit the most truthful answers. By asking the respondents about what society thinks before asking them what they think themselves is another approach in eliciting truthful answers. If a respondent is able to say of their answer that everyone else in society thinks the same they can justify having that particular view e.g. it would be okay to say that disabled people get in the way if the respondent believed everyone else in Britain thought the same. As the main focus of these questions was to find out about the respondent's own views, this chapter will briefly describe the responses to the questions which asked about the views of people in Britain before a more detailed discussion of the respondent's own views.

6.1 People in Britain's perceptions of disabled people

The first questions, which asked about what the respondent thought were British society's perceptions of disabled people, were asked in the following format:

How many **people in Britain** do you think
tend to think of **disabled people in general**
in the following ways:

<i>PLEASE TICK ONE BOX ON EACH LINE</i>		Nearly all people think of disabled people like this	Quite a lot of people think of disabled people like this	A few people think of disabled people like this	Hardly anyone thinks of disabled people like this
a.	... as getting in the way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	... with discomfort and awkwardness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	... as needing to be cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	... as the same as everyone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 6.1 shows that half (51 per cent) of the respondents thought that a few people and just under a third (27 per cent) of the respondents thought that hardly anyone thought of disabled people in general as getting in the way. This left 17 per cent of respondents thinking that quite a lot of or nearly all people think that disabled people get in the way. Higher proportions of respondents felt people in Britain perceived disabled people with discomfort or awkwardness. A third (33 per cent) thought that quite a few people felt this way and 3 per cent thought nearly all people felt this way. With regard to whether disabled people needed to be cared for, half of the respondents thought that quite a lot of people in Britain thought this and 15 per cent thought nearly all people in Britain thought this. In contrast, 32 of respondents thought that nearly all or quite a lot of people in Britain thought that disabled people were the same as everyone else.

Table 6.1

Views from respondents about how many people in Britain think of disabled people in general in the following ways

Think of disabled people in general...	Nearly all people think of disabled people like this (%)	Quite a lot of people think of disabled people like this (%)	A few people think of disabled people like this (%)	Hardly anyone thinks of disabled people like this (%)	Don't know (%)	Not answered (%)
As getting in the way	2	15	51	27	0	4
With discomfort and awkwardness	3	33	47	12	0	4
As needing to be cared for	15	50	26	6	0	3
As the same as everyone else	6	26	39	25	0	4

Unweighted base = 2699

6.2 Respondent's personal perceptions of disabled people

After giving their opinion on the perceptions held by people in Britain about disabled people, the respondents then answered the same questions giving their own personal views of disabled people. The questions were presented in the following way:

And do you personally tend to think of **disabled people in general** in the following ways:

<i>PLEASE TICK ONE BOX ON EACH LINE</i>	Most of the time	Some of the time	Hardly ever	Never
a. ... as getting in the way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ... with discomfort and awkwardness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ... as needing to be cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ... as the same as everyone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall responses to this question can be seen in Table 6.2. Over half of the respondents (57 per cent) never thought of disabled people as getting in the way. Nine per cent felt disabled people got in the way most or some of the time and twenty-one per cent of respondents thought of disabled people in general with discomfort and awkwardness most or some of the time. Three-quarters of respondents thought that disabled people needed to be cared for most or some of the time. Although some respondents thought of disabled people as getting in the way or with discomfort and awkwardness and a vast majority thought of them as needing to be cared for, there were still high proportions of respondents who felt that disabled people were the same as everyone else. Forty-six per cent thought this most the time and 29 per cent thought it some of the time.

Table 6.2

Views from respondents about how they personally tend to think of disabled people in general

Think of disabled people in general...	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)
As getting in the way	1	8	31	57	-	4
With discomfort and awkwardness	1	20	33	42	-	4

As needing to be cared for	24	51	13	10	-	3
As the same as everyone else	46	29	10	12	0	3

Unweighted base = 2699

The respondents themselves took a different view than they believed people in Britain had more generally. Over half of the respondents (57 per cent) never thought of disabled people as getting in the way and 42 per cent never thought of disabled people with discomfort and awkwardness. However, only 27 per cent of the respondents credited hardly anyone in Britain with thinking disabled people get in the way and 12 per cent of respondents thought that hardly anyone in Britain thought of disabled people with discomfort and awkwardness. Twenty-four per cent of respondents thought of disabled people as needing to be cared for most the time but just 15 per cent felt that nearly all people in Britain shared this view. A greater proportion of respondents took a more inclusive perspective of disabled people (by believing they were the same as everyone else) than they attributed to other people in Britain. Forty-six per cent thought disabled people were the same as everyone else most the time but just 6 per cent thought that nearly all people in Britain felt this way.

6.3 Disabled respondent's perceptions of disabled people

The views of disabled respondents and all respondents do not differ greatly. Three per cent more of disabled respondents than all respondents believe that disabled people never get in the way and eight per cent more never think of disabled people with discomfort and awkwardness. A slightly larger proportion of disabled respondents thought that disabled people need to be cared for most of the time compared with all respondents (27 per cent compared with 24 per cent respectively). It was reported above that three-quarters of respondents thought of disabled respondents as the same most or some of the time. This compares with 67 per cent of disabled respondents believing the same. Multivariate analysis did not show any significant

relationship between the responses of disabled respondents and those who are not disabled.

6.4 Perceptions of disabled people from respondents who know a disabled person

This section will compare the views of respondents who know a disabled person and those who don't (Table 6.3 and Table 6.4). Respondents who knew a disabled person were slightly more likely to say that disabled people never get in the way than those who didn't know anyone (58 per cent compared with 52 per cent). Eight per cent of those who knew a disabled person thought that disabled people got in the way most or some of the time compared with 13 per cent of those who don't know a disabled person.

One per cent of respondents who knew a disabled person thought of disabled people with discomfort and awkwardness most of the time compared with 3 per cent of those who don't know a disabled person. The difference in views held by those who do and those who don't know a disabled person about whether a disabled person should be thought of with discomfort and awkwardness are confirmed to be statistically relevant by the multivariate analysis although these differences are small.

The respondents who didn't know a disabled person were slightly more likely to think disabled people need to be cared for most of the time (28 per cent compared with 24 per cent of those who knew a disabled person). In contrast, the respondents who knew a disabled person were more likely to think of disabled people as the same as everyone else most of the time (47 per cent compared with 42 per cent).

Table 6.3

Views from respondents who know a disabled person about how they personally tend to think of disabled people in general

Think of disabled people in general...	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)
As getting in the way	1	7	31	58	0	3
With discomfort and awkwardness	1	20	33	42	0	4
As needing to be cared for	24	51	13	10	0	2
As the same as everyone else	47	29	10	12	0	3

Unweighted base = 2279

Table 6.4

Views from respondents who do not know a disabled person about how they personally tend to think of disabled people in general

Think of disabled people in general...	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)
As getting in the way	2	11	31	52	-	5
With discomfort and awkwardness	3	21	30	40	-	5
As needing to be cared for	28	47	11	9	-	4
As the same as everyone else	42	29	13	13	-	4

Unweighted base = 422

6.5 Respondents perceptions of disabled people by the demographic characteristics of the respondents

Each of the different demographic characteristics of the respondents as described in chapter one were included in multivariate analysis of the questions which ask about respondents personal views of disabled people. Some of the characteristics of the respondents were shown to be relevant in explaining differing views and will be described here.

Men and women had differing views to as whether disabled people should be thought of as getting in the way and also as the same as everyone else which were confirmed as being statistically relevant in the multivariate analysis. This is shown in Table 6.5 to Table 6.8.

Women were more likely to never think of disabled people as getting in the way and more likely to think that disabled people are the same as everyone else most the time.

Table 6.5

Views of men and women about whether they personally tend to think of disabled people in general as getting in the way

Sex of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base (%)
Men	1	9	34	52	0	3	1163
Women	1	7	28	61	-	4	1536

Table 6.6

Views of men and women about whether they personally tend to think of disabled people in general with discomfort and awkwardness

Sex of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base (%)
Men	2	23	33	40	0	3	1163
Women	1	18	33	43	-	5	1536

Table 6.7

Views of men and women about whether they personally tend to think of disabled people in general as the same as everyone else

Sex of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base (%)
Men	43	30	12	13	0	2	1163
Women	48	28	9	11	0	3	1536

Table 6.8

Views of men and women about whether they personally tend to think of disabled people in general as needing to be cared for

Sex of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	<i>Unweighted base (%)</i>
Men	25	50	13	10	0	2	1163
Women	24	51	12	10	-	3	1536

Age (shown in Table 6.9 to Table 6.12) was also accountable for differing responses to whether disabled people should be thought of as the same as everyone else while keeping the other respondent characteristics constant. The older the respondent the less likely they were think that disabled people should be thought of as the same as everyone else most the time. Views on whether disabled people need to be cared for also differed by age. Older respondents were more likely to think this most the time than younger respondents.

Table 6.9

Views of different age groups about whether they personally tend to think of disabled people in general as getting in the way

Age of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	<i>Unweighted base</i>
18-34	1	9	33	56	-	1	594
35-44	2	9	33	54	-	2	521
45-64	1	7	31	58	0	4	946
65+	1	7	26	58	-	8	638

Table 6.10

Views of different age groups about whether they personally tend to think of disabled people in general with discomfort and awkwardness

Age of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base
18-34	2	23	37	37	-	2	594
35-44	2	21	35	39	-	3	521
45-64	1	20	33	43	0	4	946
65+	1	17	26	48	-	8	638

Table 6.11

Views of different age groups about whether they personally tend to think of disabled people in general as needing to be cared for

Age of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base
18-34	22	49	18	10	-	1	594
35-44	19	55	14	10	-	2	521
45-64	24	54	10	10	0	2	946
65+	33	44	9	9	-	4	638

Table 6.12

Views of different age groups about whether they personally tend to think of disabled people in general as the same as everyone else

Age of respondent	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base
18-34	51	28	12	8	-	1	594
35-44	43	32	12	10	-	2	521
45-64	48	28	9	13	0	3	946
65+	38	29	9	17	0	6	639

Education too had some significant relevance in the differing views of respondents (see Table 6.13 to Table 6.16). This was the case with views on how frequently disabled people should be thought of as getting in the way and with discomfort and awkwardness. With regard to whether disabled people are thought of as getting in the way, similar

proportions in each of the educational groups thought that disabled people should never be thought of in this way. However, the higher the educational group the respondent belonged to the more likely they were to say that disabled people should hardly ever be thought of this way. This was balanced by the proportions of respondents not answering this question as similar proportions thought of disabled people in this way most or some of the time regardless of educational group. The lower the educational group that the respondent belonged to the more likely they were to say that respondents should never be thought of with discomfort and awkwardness.

Table 6.13

Views of different highest educational groups about whether they personally tend to think of disabled people in general as getting in the way

Highest educational qualification	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	<i>Unweighted base</i>
Degree	1	6	41	51	-	1	431
HE below degree	0	11	32	55	-	1	339
A level or equivalent	1	8	29	60	-	2	396
O level or equivalent	1	6	32	57	-	3	526
CSE or equivalent	0	9	32	55	-	4	232
No qualification	1	8	23	60	0	8	727
<i>Foreign or other/ Don't know/ Refused/Not answered</i>	11	11	24	51	-	3	48

Table 6.14

Views of different highest educational groups about whether they personally tend to think of disabled people in general with discomfort and awkwardness

Highest educational qualification	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base
Degree	2	27	42	28	-	1	431
HE below degree	1	22	37	38	-	2	339
A level or equivalent	1	25	30	42	-	3	396
O level or equivalent	1	19	35	42	-	4	526
CSE or equivalent	1	20	33	42	-	4	232
No qualification	1	14	24	53	0	8	727
<i>Foreign or other/ Don't know/ Refused/Not answered</i>	12	13	30	41	-	4	48

Table 6.15

Views of different highest educational groups about whether they personally tend to think of disabled people in general as needing to be cared for

Highest educational qualification	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base
Degree	24	58	13	4	-	1	431
HE below degree	19	55	19	6	-	1	339
A level or equivalent	23	52	12	12	-	2	396
O level or equivalent	21	51	15	11	-	2	526
CSE or equivalent	25	46	15	10	-	3	232
No qualification	31	43	7	14	0	5	727

<i>Foreign or other/ Don't know/ Refused/Not answered</i>	28	50	10	10	-	2	48
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Table 6.16

Views of different highest educational groups about whether they personally tend to think of disabled people in general as the same as everyone else

Highest educational qualification	Most of the time (%)	Some of the time (%)	Hardly ever (%)	Never (%)	Don't know (%)	Not answered (%)	Unweighted base
Degree	48	36	10	6	0	1	431
HE below degree	47	31	12	9	-	1	339
A level or equivalent	49	30	8	11	-	2	396
O level or equivalent	45	28	13	12	-	2	526
CSE or equivalent	43	31	10	13	-	3	232
No qualification	44	23	9	18	0	6	727
<i>Foreign or other/ Don't know/ Refused/Not answered</i>	43	28	14	11	-	4	48

6.6 Prejudice through difference – analysis of whether respondents who view disabled people as different are more prejudiced against disabled people

There is an alternative approach to interpreting these questions. Disabled people could be considered as either the same (last question) or different (first two questions) to everyone else by the respondents and, if different, this could be interpreted as prejudice.

This interpretation is one taken by Link et al¹⁵ when examining stigma. Link et al argue there are several components to stigma and that one component is the ‘separating “us” from “them”’. Stigma works by identifying differences, associating the difference with negative attributes, creating a “them” and “us” separation and creating negative consequences of exclusion. Link et al cite the example of labelling someone as a ‘schizophrenic’ rather than as a person with schizophrenia. A schizophrenic is a person who is different to “us”. Whereas a person with schizophrenia is a person who is the same as everyone else but who has a mental health condition. Once a person has been stigmatised as ‘different’, this can lead to being treated differently which in turn can lead to discrimination and prejudice¹⁶.

The third question (disabled people need to be cared for) has not been analysed here because it is difficult to know how the respondents may have interpreted the question. Some respondents may have taken a patronising view of disabled people by thinking they need to be cared for and, therefore, consider disabled people as different. In contrast, some respondents may view disabled people as the same but simply believe that they need support. We are able to accumulate the respondent’s answers to the above questions to enable us to group respondents by the extent to which they view disabled people as being the same or different to everyone else.

If a respondent answered hardly ever or never to the first two questions *and* most of the time to the last question then they were placed in a group which could be categorised as believing disabled people are the same as everyone else. If a respondent answered most of the time to the first two questions *or* never to the last question then they were defined as believing disabled people are different to

¹⁵ Link, Bruce G and Phelan, Jo C (2001). *Conceptualizing Stigma*. Annual Review of Sociology vol 27 pp.363-85.

¹⁶ It is worth noting here that this is just one interpretation and that a person who is thought of as the same can also be discriminated against – particularly through the more subtle forms of discrimination such as being excluded from a particular service because necessary adjustments have not been made to ensure a disabled person has the same access to that service as a non-disabled person. Seeing someone as different does not also necessarily mean that prejudice will occur.

everyone else. The remaining respondents were placed in a middle category. Through this process, fourteen per cent of the respondents considered disabled people to be the same as everyone else and 41 per cent viewed disabled people as different.

It can be argued that prejudice develops from a view that a person is different even if the perception of that person is a sympathetic one. Prejudice cannot occur if a person is thought of as the same as everyone else.

Chapter four discussed how comfortable the respondents were with situations where the respondent could have contact with a disabled person. The findings presented in chapter four provided an indication of the levels of prejudice among the respondents. We can accumulate the responses in the same way as above from the questions analysed in chapter four to enable us to group respondents by how prejudiced they are (inferred by how uncomfortable they are with having contact with disabled people).

Respondents were asked how comfortable they would be in three situations. The first situation was how comfortable they would be if a disabled person moved in next door. The responses to this question have not been accumulated because the majority of respondents would feel comfortable if a person with each of the disabilities mentioned moved in next door.

The second situation was how comfortable the respondent would feel if a disabled person became their boss. If a respondent said they would feel very comfortable with having a person with each of the disabilities mentioned as their boss then they were assigned to one group. This group is defined as the most comfortable with *all* situations involving a disabled person as their boss and, therefore, the least prejudiced. Respondents saying they would feel very or fairly uncomfortable with *any* of the situations were placed in a group defined as the most prejudice. The remaining respondents were put in a middle category. This method of assigning respondents to these

particular groups meant that almost equal proportions of respondents belonged to each group. Twenty-eight per cent of the respondents fell into the least prejudiced group and 34 per cent belonged to the most prejudiced group.

For consistency, the same method was applied to responses to questions about how comfortable the respondents would feel if a disabled person married a close relative of theirs. A respondent answering very comfortable at *all* the questions was placed in the least prejudiced group. A respondent answering very or fairly uncomfortable to *any* of the questions was put in the most prejudice group. All other respondents were assigned to a middle category. Fifteen per cent of respondents could be defined as least prejudiced by this method and 46 per cent as being the most prejudiced.

By using these constructed summaries we are able to see if it is true that respondents who view disabled people as different to everyone else are more likely to be least comfortable with and therefore more prejudiced against disabled people. The relationship between whether the respondent is more or less likely to think of a disabled person as being different and whether they are more or less comfortable with having a disabled person as a boss or marrying a close relative of theirs is shown in

Table 6.17 and Table 6.18 below.

There is some correlation between how prejudiced the respondent is (with regard to how comfortable they would feel with a disabled person becoming their boss) and their perceptions on whether disabled people should be viewed as different or not. Thirty-eight per cent of the respondents who were more likely to consider disabled people to be the same as everyone else belonged to the least prejudiced category. Thirty-seven per cent who thought of disabled people as being different belonged to the most prejudiced group.

Table 6.17 Whether disabled people are different by how prejudiced the respondent is

	Accumulated score of how prejudiced the respondent is...			
Whether respondent more likely to think disabled people are the same or different to everyone else	Least prejudiced (Very comfortable with disabled boss at all questions)	Neither least nor most prejudiced	Most prejudiced (Uncomfortable with disabled boss at any question)	<i>Unweighted base</i>
Disabled people same as everyone else	38%	35%	26%	1084
Disabled people different to everyone else	23%	40%	37%	378
Total	29%	37%	34%	2633

Again there does seem to be some association between thinking of disabled people as different and levels of prejudice with prejudice being measured in terms of how comfortable the respondent would feel if a close relative married a disabled person. The group of respondents who are more likely to consider disabled people to be different are most prejudiced (least comfortable with a close relative of theirs marrying a disabled person). Forty-eight per cent are classified in this way.

Table 6.18 Whether disabled people are different by how prejudiced the respondent is

	Accumulated score of how prejudice the respondent is...			
Whether respondent more likely to	Least prejudiced (Very	Neither least nor most prejudiced	Most prejudiced (Uncomfortable with disabled	<i>Unweighted base</i>

think disabled people are the same or different to everyone else	comfortable with disabled marriage of close relative at all questions)		marriage of close relative at any question)	
Disabled people same as everyone else	20%	41%	39%	1084
Disabled people different to everyone else	14%	37%	48%	378
Total	15%	40%	45%	2633

These findings are certainly not conclusive because of the tenuous link made between a respondent feeling comfortable with each of the situations involving a disabled person and that respondent being prejudiced against disabled people. However, these findings are very interesting and it can be seen that there is some association between thinking of a disabled person as being different and being prejudiced against disabled people.

6.7 Respondent's attitudes towards disabled people and their participation in society

As part of the self-completion component of the disability module, respondents were asked to say how much they agreed or disagreed with four statements presented in the format below:

Please tick one box on each line to show how much you agree or disagree with each of these statements:

PLEASE TICK ONE BOX ON EACH LINE

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Can't choose
a. Most disabled people should expect to work rather than rely on benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Disabled people make just as good parents as people who are not disabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most young disabled people will inevitably do less well at school and college than	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

non-disabled students of the same age.

d.Disabled people should never
have to live

in a residential home if they do not want to.

A third (34 per cent) of the respondents neither agreed nor disagreed that most disabled people should expect to work rather than rely on benefits. Similar proportions fell either side of the scale with a quarter (24 per cent) agreeing with this statement and a quarter (26 per cent) disagreeing.

The majority of respondents felt that disabled people make just as good parents as people who are not disabled. Just under three-quarters agreed with this (16 per cent agreed strongly and 57 per cent agreed).

Respondent's attitudes to whether most young disabled people will inevitably do less well at school and college than non-disabled students of the same age were mostly at the other end of the scale with 45 per cent disagreeing and 15 per cent strongly disagreeing. Most respondents agreed with the final statement that disabled people should never have to live in a residential home if they do not want to (53 per cent agreed and 23 per cent agreed strongly).

Multivariate analysis of these questions has been conducted and the results of which will be summarised here. The analysis included whether the respondent is disabled, whether the respondent knows a disabled person and each of the other variables outlined in chapter one which characterise the respondents.

The multivariate analysis indicated that being disabled was relevant to the attitudes given to the second, third and fourth statements. A comparison of disabled and non-disabled respondents (

Table 6.19 and

Table 6.20) has shown that the disabled respondents were more likely to say that they agreed strongly with each of the statements but were less likely to say that they agreed.

Table 6.19

Views from disabled respondents

	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose (%)	Not answered (%)
Most disabled people should expect to work rather than rely on benefits	2	18	31	28	11	7	3
Disabled people make just as good parents as people who are not disabled	24	53	14	3	0	4	3
Most young disabled people will inevitably do less well at school and college than non-disabled students of the same age	4	10	18	41	17	7	3
Disabled people should never	29	51	11	3	1	4	2

have to live in a residential home if they do not want to							
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Unweighted base = 488

Table 6.20

Views from non-disabled respondents

	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose (%)	Not answered (%)
Most disabled people should expect to work rather than rely on benefits	3	26	34	25	5	6	1
Disabled people make just as good parents as people who are not disabled	15	57	20	4	0	4	1
Most young disabled people will inevitably do less well at school and college than non-disabled students of the same age	2	12	22	46	14	3	1
Disabled people should never	22	54	16	4	1	3	1

have to live in a residential home if they do not want to							
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Unweighted base = 2211

For the first statement, that most disabled people should expect to work rather than rely on benefits, knowing a disabled person was the only characteristic shown to be relevant to the variance in responses (while controlling for all other respondent characteristics). A third of respondents who didn't know a disabled person agreed with this statement compared with a quarter (26 per cent) who did know a disabled person.

Table 6.21

Views from respondents who know a disabled person on disabled people

	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose (%)	Not answered (%)
Most disabled people should expect to work rather than rely on benefits	2	24	34	26	6	6	2
Disabled people make just as good parents as people who are not disabled	16	57	19	4	0	4	1
Most young disabled people will inevitably do less well at school and college than non-disabled students of the same age	2	12	21	46	15	3	1

Disabled people should never have to live in a residential home if they do not want to	24	53	15	4	1	3	1
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Unweighted base = 2279

Table 6.22

Views from respondents who don't know a disabled person on disabled people

	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose (%)	Not answered (%)
Most disabled people should expect to work rather than rely on benefits	5	28	30	25	5	7	1
Disabled people make just as good parents as people who are not disabled	18	55	19	3	1	3	2
Most young disabled people will inevitably do less well at school and college than non-	4	9	23	43	13	6	2

disabled students of the same age							
Disabled people should never have to live in a residential home if they do not want to	19	57	15	4	1	4	1

Unweighted base = 420

For the second statement, disabled people make just as good parents as people who are not disabled, sex, age and class were shown to be relevant to the different responses given. This is shown in Table 6.23 Table 6.24 and Table 6.25. Women, the younger age groups and the middle class groups were more likely to say that they agreed strongly although the differences were small.

Table 6.23

Views of men and women about whether they think that disabled people make just as good parents as people who are not disabled

Sex of respondent	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose	Not answered (%)	Unweighted base
Men	15	56	20	4	0	4	1	1163
Women	17	57	17	3	0	3	2	1536

Table 6.24

Views of different age groups about whether they think that disabled people make just as good parents as people who are not disabled

Age of respondent	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose	Not answered (%)	Unweighted base
18-34	20	51	21	4	0	3	1	594
35-44	17	53	22	3	0	4	1	521
45-64	14	61	17	4	1	3	1	946

65+	13	61	16	3	0	5	2	638
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Table 6.25

Views of different class groups about whether they think that disabled people make just as good parents as people who are not disabled

Class group of respondent	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose	Not answered (%)	Unweighted base
Managerial and professional	16	58	18	4	0	3	1	969
Intermediate professions	16	56	22	2	0	3	1	312
Employers in small organisations	17	53	19	5	1	4	2	223
Lower supervisory and technical	21	55	17	4	0	3	0	368
Semi-routine and routine/ Never had a job/not classifiable	14	57	19	4	1	4	2	827

The respondent's class was also statistically relevant to the differences in responses to the third statement. The higher class groups were more likely to say that they disagreed strongly that most young disabled people will inevitably do less well at school and college than non-disabled students of the same age. See Table 6.26.

Table 6.26

Views of different class groups about whether they think that most young disabled people will inevitably do less well at school and college than non-disabled students of the same age

Class group of respondent	Agree strongly (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Disagree strongly (%)	Can't choose (%)	Not answered (%)	<i>Unweighted base</i>
Managerial and professional	1	11	19	48	17	2	1	969
Intermediate professions	0	12	22	45	17	2	1	312
Employers in small organisations	2	11	22	46	13	3	2	223
Lower supervisory and technical	4	11	23	44	13	4	1	368
Semi-routine and routine/ Never had a job/not classifiable	2	12	22	43	12	6	3	827

Knowing someone also had an effect on responses to whether most young disabled people will inevitably do less well in school and college. Respondents who didn't know a disabled person were slightly more likely to disagree with this statement. Sixty-one per cent of those who knew someone disagreed compared with 56 per cent who don't know someone.

Sex, class, and also tenure appeared in the multivariate analysis output as being statistically relevant to differing attitudes to whether disabled people should never have to live in a residential home if they do not want to (see tables in appendix 6). Women were more likely to

agree strongly with this although in contrast men were more likely to agree. The middle class groups were more likely to agree strongly. Private renters were more likely to say that they agreed strongly and owner-occupiers that they agreed.

7 Conclusion

This research has produced some very interesting findings into people's understanding of disability and their perceptions of disabled people.

In chapter two, we found there wasn't unified agreement on who should be defined as disabled but a person in a wheelchair, a blind person and a person with severe arthritis were most likely to be considered disabled (91, 87 and 81 per cent of respondents would consider each person to be disabled respectively). These conditions are arguably the most visible. The Disability Discrimination Act would define each of these conditions as disabilities. In contrast a person with a broken leg who uses crutches while it heals would not be defined as disabled by the DDA but this was cited as being disabled by a third (31 per cent) of respondents.

People with mental health conditions were considered to be disabled by under half of the respondents. Forty-eight per cent thought a person with schizophrenia was disabled and 40 per cent thought a person with severe depression was disabled.

Disabled respondents were more likely to define cancer (15 per cent difference between disabled and non-disabled respondents) and severe depression as disabilities (11 per cent difference). The differences between disabled and non-disabled respondents with regard to depression were amplified when the respondent had a mental health condition (36 per cent difference). The difference in views between respondents with a mental health condition and non-disabled respondents were also significant with schizophrenia (21 per cent difference). The differences were similar between respondents with a mental health condition and all other respondents.

Respondents who knew a disabled person were generally more likely to consider each of the conditions presented to them to be disabilities. This was particularly true for mental health conditions and even more

evident if the respondent knew someone with a mental health condition rather than a disabled person in general. This indicates that a familiarisation of mental health conditions is needed to define them as disabilities.

Respondents with higher educational qualifications were more likely to consider each of the conditions presented to them to be disabilities and the very youngest and oldest age groups were less likely to.

Chapter three reported that three-quarters of the respondents thought there was a lot or, at least, a little prejudice against disabled people in general in Britain. Twenty-five per cent thought there was a lot. Respondents thought that people with schizophrenia and HIV/AIDS experienced the most prejudice.

Perceived prejudice did not vary greatly between disabled and non-disabled respondents nor between those who knew a disabled person and those who did not. The exception to this being for mental health conditions where knowing a person with a mental health condition increased the likelihood that respondents would perceive there to be prejudice against a person with schizophrenia or a person with depression.

Again, we could draw some conclusions here between a familiarity with mental health conditions and an increase in understanding and knowledge of mental health conditions.

In general, women were more likely than men to perceive there to be prejudice against disabled people (27 per cent thought there was a lot of prejudice directed against disabled people in general compared with 22 per cent of men). The eldest respondents were less likely to perceive there to be prejudice against disabled people in general.

Chapter four attempted to measure the extent to which the respondents were prejudiced themselves by asking how comfortable

they would feel in different situations where they might have contact with a disabled person.

Generally, respondents were more likely to feel comfortable with a disabled person moving in next door than if a disabled person were appointed as their boss and least comfortable with a disabled person marrying a close relative.

In all three situations, respondents would feel most comfortable with a person who uses a wheelchair and a person with a sensory impairment. Few respondents said they would feel very comfortable if a person with depression or schizophrenia were to move in next door, become their boss or marry a close relative. Perceived prejudice, as outlined in chapter three, does seem to correlate with the implicit prejudice of the respondents. This could suggest that respondents considered their own views while considering those of other people with regard to prejudice. Being disabled or knowing a disabled person seemed to have little impact on how comfortable respondents would feel in each of the situations. The exception to this being whether the respondent knew a disabled person and how comfortable they would feel having contact with a person with schizophrenia. Respondents who knew a disabled person were more likely than a person who didn't know a disabled person to say they would very comfortable with a person with schizophrenia moving in next door, being appointed as their boss or marrying a close relative. This goes some way to reinforcing the argument that being familiar with disability improves understanding.

We found in chapter three that women were more likely to perceive there to be prejudice against disabled people but in contrast in chapter four we saw that women themselves were less prejudiced than men (inferring that not being comfortable with disabled people implies prejudice).

Chapter five supports previous findings that it is people with mental health conditions that experience most prejudice. Respondents with

mental health conditions were more likely to report experiencing violent or abusive behaviour (16 per cent report experienced such behaviour). Ten per cent of respondents with mental health conditions reported unfair or unpleasant behaviour towards them in the workplace and 7 per cent reported this behaviour in the street. Around ten per cent of respondents reported witnessing violent or abusive or unfair or unpleasant behaviour directed at disabled people.

Generally older respondents reported experiencing and witnessing less negative behaviour than the younger age group.

A third (31 per cent) of disabled respondents would feel very confident using public transport and a further third (33 per cent) would feel fairly confident. The proportion saying that they would not be at all confident was highest among those with physical impairments.

Chapter six explored a number of different perceptions of disabled people and to what extent these perceptions were held by the survey respondents. Nine per cent of respondents thought of disabled people as getting in the way most or some of the time and 21 per cent thought of disabled people with discomfort and awkwardness most or some of the time. Three-quarters agreed disabled people need to be cared for most or some of the time and three-quarters thought of disabled people as the same as everyone else most or some of the time. Disabled respondents were slightly more likely to believe that disabled people need to be cared for and that they are not the same as everyone else.

Knowing a disabled person changed perceptions slightly with respondents who knew a disabled person being less likely to think of disabled people as getting in the way and with discomfort and awkwardness. Respondents who knew a disabled person were also slightly more likely to think of them as needing to be cared for and less likely to think of them as the same as everyone else.

Women were more likely to never think of disabled people as getting in the way and more likely to think that disabled people are the same as everyone else most of the time. Younger respondents too were more likely to think that disabled people should be thought of as the same as everyone else.

Finally, chapter six also reported that a quarter (24 per cent) of respondents agreed most disabled people should expect to work rather than rely on benefits and three-quarters (73 per cent) agreed disabled people make just as good parents as people who are not disabled. Respondent's attitudes to whether most young disabled people will inevitably do less well at school and college than non-disabled students of the same age were mostly at the other end of the scale with 45 per cent disagreeing and 15 per cent strongly disagreeing. Most respondents agreed with the final statement that disabled people should never have to live in a residential home if they do not want to (76 per cent agreed).

This report certainly has highlighted some interesting findings with regard to what people understand being disabled to mean, perceptions of prejudice, own implicit prejudice and other attitudes towards disabled people. Particularly interesting are views towards people with mental health conditions who are perceived to experience most prejudice, report such prejudice and respondents would also be less comfortable having contact with people with mental health conditions.

8 Technical Summary

In 2005, the sample for the *British Social Attitudes* survey was split into four sections: versions A, B C and D each made up a quarter of the sample. Depending on the number of versions in which it was included, each 'module' of questions was thus asked either of the full sample (4,268 respondents) or of a random quarter, half or three-quarters of the sample.

8.1 Sample design

The *British Social Attitudes* survey is designed to yield a representative sample of adults aged 18 or over. Since 1993, the sampling frame for the survey has been the Postcode Address File (PAF), a list of addresses (or postal delivery points) compiled by the Post Office.

For practical reasons, the sample is confined to those living in private households. People living in institutions (though not in private households at such institutions) are excluded, as are households whose addresses were not on the PAF.

The sampling method involved a multi-stage design, with three separate stages of selection.

Selection of sectors

At the first stage, postcode sectors were selected systematically from a list of all postal sectors in Great Britain. Before selection, any sectors with fewer than 500 addresses were identified and grouped together with an adjacent sector; in Scotland all sectors north of the Caledonian Canal were excluded (because of the prohibitive costs of interviewing there). Sectors were then stratified on the basis of:

37 sub-regions

population density with variable banding used, in order to create three equal-sized strata per sub-region ranking by percentage of homes that were owner-occupied.

Two hundred and eighty-six postcode sectors were selected, with probability proportional to the number of addresses in each sector.

Selection of addresses

Thirty addresses were selected in each of the 286 sectors. The issued sample was therefore $286 \times 30 = 8,580$ addresses, selected by starting from a random point on the list of addresses for each sector, and choosing each address at a fixed interval. The fixed interval was calculated for each sector in order to generate the correct number of addresses.

The Multiple-Output Indicator (MOI) available through PAF was used when selecting addresses in Scotland. The MOI shows the number of accommodation spaces sharing one address. Thus, if the MOI indicates more than one accommodation space at a given address, the chances of the given address being selected from the list of addresses would increase so that it matched the total number of accommodation spaces. The MOI is largely irrelevant in England and Wales as separate dwelling units generally appear as separate entries on PAF. In Scotland, tenements with many flats tend to appear as one entry on PAF. However, even in Scotland, the vast majority of MOIs had a value of one. The remainder, which ranged between three and 13, were incorporated into the weighting procedures (described below).

Selection of individuals

Interviewers called at each address selected from PAF and listed all those eligible for inclusion in the *British Social Attitudes* sample – that is, all persons currently aged 18 or over and resident at the selected address. The interviewer then selected one respondent using a computer-generated random selection procedure. Where there were

two or more 'dwelling units' at the selected address, interviewers first had to select one dwelling unit using the same random procedure. They then followed the same procedure to select a person for interview within the selected dwelling unit.

8.2 Weighting

The *British Social Attitudes* survey has previously only been weighted to correct for the unequal selection of addresses, dwelling units (DU) and individuals. However, falling response in recent years prompted the introduction of non-response weights. This weighting was carried out in 2005; in addition to the selection weights, a set of weights were generated to correct for any biases due to differential non-response. The final sample was then calibrated to match the population in terms of age, sex and region.

Selection weights

Selection weights are required because not all the units covered in the survey had the same probability of selection. The weighting reflects the relative selection probabilities of the individual at the three main stages of selection: address, DU and individual. First, because addresses in Scotland were selected using the MOI, weights were needed to compensate for the greater probability of an address with an MOI of more than one being selected, compared to an address with an MOI of one. (This stage was omitted for the English and Welsh data). Secondly, data were weighted to compensate for the fact that a DU at an address that contained a large number of DUs was less likely to be selected for inclusion in the survey than a DU at an address that contained fewer DUs. (We use this procedure because in most cases where the MOI is greater than one, the two stages will cancel each other out, resulting in more efficient weights). Thirdly, data were weighted to compensate for the lower selection probabilities of adults living in large households, compared with those in small households.

At each stage the selection weights were trimmed to avoid a small number of very high or very low weights in the sample; such weights would inflate standard errors, reducing the precision of the survey estimates and causing the weighted sample to be less efficient. Less than one per cent of the sample was trimmed at each stage.

Non-response model

It is known that certain sub-groups in the population are more likely to respond to surveys than others. These groups can end up over-represented in the sample, which can bias the survey estimates. Where information is available about non-responding households, the response behaviour of the sample members can be modelled and the results used to generate a non-response weight. This non-response weight is intended to reduce bias in the sample resulting from differential response to the survey.

The data was modelled using logistic regression, with the dependent variable indicating whether or not the selected individual responded to the survey. Ineligible households² were not included in the non-response modelling. A number of area level and interviewer observation variables were used to model response. Not all the variables examined were retained for the final model: variables not strongly related to a household's propensity to respond were dropped from the analysis.

The variables found to be related to response were Government Office Region (GOR), proportion of the local population from a minority ethnic group and proportion of households owner occupied. The model shows that the propensity for a household to not respond increases if it is located in an area where a high proportion of the residents are from a non-white ethnic group. Response is lower in areas where a low proportion of households are owner occupied and if households are located in the West Midlands, London or the South. The full model is given in the table below.

The final non-response model

Variable	B	S.E.	Wald	df	Sig.	Odds
% population non-white	0.01	0.00	12.5	1	0.000	1.01
% households owner occupied	-0.01	0.00	11.3	1	0.001	0.99
Government Office Region			40.3	10	0.000	
East Midlands	0.20	0.12	2.7	1	0.100	1.22
East of England	0.03	0.11	0.1	1	0.800	1.03
London	-0.20	0.11	3.1	1	0.076	0.82
North East	0.38	0.15	6.9	1	0.009	1.47
North West	-0.01	0.10	0.0	1	0.933	0.99
Scotland	0.02	0.11	0.0	1	0.836	1.02
South East	-0.12	0.10	1.5	1	0.225	0.88
South West	-0.13	0.11	1.2	1	0.272	0.88
Wales	0.05	0.13	0.1	1	0.710	1.05
West Midlands	-0.33	0.11	8.8	1	0.003	0.72
Yorks. and The Humber					<baseline>	
Constant	0.10	0.14	0.5	1	0.476	1.11

- Notes:
1. The response is 1 = individual responding to the survey, 0 = non response
 2. Only variables that are significant at the 0.05 level are included in the model.
 3. The model R^2 is 0.017 (Cox and Snell).
 4. **B** is the estimate coefficient with standard error **S.E.**
 5. The **Wald**-test measures the impact of the categorical variable on the model with the appropriate number of degrees of freedom **df**. If the test is significant (**sig** < 0.05) then the categorical variable is considered to be 'significantly associated' with the response variable and therefore included in the model

The non-response weight is calculated as the inverse of the predicted response probabilities saved from the logistic regression model. The non-response weight was then combined with the selection weights to create the final non-response weight. The top and bottom one per cent of the weight were trimmed before the weight was scaled to the achieved sample size (resulting in the weight being standardised around an average of one).

Calibration weighting

The final stage of the weighting was to adjust the final non-response weight so that the weighted respondent sample matched the population in terms of age, sex and region. Only adults aged 18 and

over are eligible to take part in the survey, therefore the data have been weighted to the British population aged 18+ based on the 2004 mid-year population estimates from the Office for National Statistics/General Register Office for Scotland.

The survey data were weighted to the marginal age/sex and GOR distributions using raking-ratio (or rim) weighting. As a result, the weighted data should exactly match the population across these three dimensions. This is shown in the table below.

Weighted and unweighted sample distribution by age, sex and GOR

	Population	Unweighted respondents	Respondents weighted by selection weight only	Respondents weighted by un-calibrated non-response weight	Respondents weighted by final weight
	%	%	%	%	%
Government Office Region					
East Midlands	7.4	7.9	7.9	7.1	7.4
East of England	9.5	10.6	11.0	10.6	9.5
London	12.8	9.6	9.8	11.5	12.8
North East	4.4	5.3	5.0	4.3	4.4
North West	11.6	12.8	12.7	12.4	11.6
Scotland	8.8	9.3	9.0	8.7	8.8
South East	14.0	13.8	14.2	14.3	14.0
South West	8.8	8.6	8.4	8.5	8.8
Wales	5.1	5.3	5.3	5.0	5.1
West Midlands	9.1	7.8	7.9	9.0	9.1
Yorks and Humber	8.6	8.9	8.7	8.6	8.6
Age and sex					
Male 18–24	5.8	3.4	4.8	4.9	5.8
Male 25–34	8.5	5.9	6.4	6.5	8.5
Male 35–44	9.8	8.6	8.6	8.6	9.8
Male 45–54	8.1	8.1	8.9	8.9	8.1
Male 55–59	4.1	4.2	4.4	4.4	4.1
Male 60–64	3.2	4.2	4.2	4.2	3.2
Male 65+	8.8	10.1	9.3	9.2	8.8
Female 18–24	5.6	4.4	5.4	5.5	5.6

Female 25–34	8.5	8.8	8.3	8.3	8.5
Female 35–44	9.9	11.7	11.5	11.6	9.9
Female 45–54	8.3	8.6	9.4	9.3	8.3
Female 55–59	4.2	4.6	4.6	4.5	4.2
Female 60–64	3.3	4.1	3.9	3.9	3.3
Female 65+	11.8	13.3	10.3	10.2	11.8
<i>Total</i>	<i>45,340,600</i>	<i>4,268</i>	<i>4,268</i>	<i>4,268</i>	<i>4,268</i>

The calibration weight is the final non-response weight to be used in the analysis of the 2005 survey, this weight has been scaled to the responding sample size. The range of the weights is given in the next table.

Range of weights

	N	Minimum	Mean	Maximum
DU and person selection weight	4,268	0.54	1.00	2.18
Un-calibrated non-response weight	4,268	0.47	1.00	2.39
Final calibrated non-response weight	4,268	0.36	1.00	3.34

Effective sample size

The effect of the sample design on the precision of survey estimates is indicated by the effective sample size (neff). The effective sample size measures the size of an (unweighted) simple random sample that would achieve the same precision (standard error) as the design being implemented. If the effective sample size is close to the actual sample size then we have an efficient design with a good level of precision. The lower the effective sample size is, the lower the level of precision. The efficiency of a sample is given by the ratio of the effective sample size to the actual sample size. Samples that select one person per household tend to have lower efficiency than samples that select all household members. The final calibrated non-response weights have an effective sample size (neff) of 3,494 and efficiency of 82 per cent.

All the percentages presented in this Report are based on weighted data.

8.3 Questionnaire versions

Each address in each sector (sampling point) was allocated to either the A, B, C or D portion of the sample. If one serial number was version A, the next was version B, the third version C and the fourth version D. Thus, each interviewer was allocated 7 or 8 cases from each of versions A, B, C and D. There were 2,145 issued addresses for each version.

8.4 Fieldwork

Interviewing was mainly carried out between June and September 2005, with a small number of interviews taking place in October and November.

Response rate on *British Social Attitudes, 2005*

	Number	%
Addresses issued	8,580	
Vacant, derelict and other out of scope	802	
In scope	7,778	100.0
Interview achieved	4,269	54.9
Interview not achieved	3,509	45.1
Refused ¹	2,743	35.3
Non-contacted ²	424	5.5
Other non-response	342	4.4

1 'Refused' comprises refusals before selection of an individual at the address, refusals to the office, refusal by the selected person, 'proxy' refusals (on behalf of the selected respondent) and broken appointments after which the selected person could not be recontacted

2 'Non-contacted' comprises households where no one was contacted and those where the selected person could not be contacted

Fieldwork was conducted by interviewers drawn from the *National Centre for Social Research's* regular panel and conducted using face-to-face computer-assisted interviewing.³ Interviewers attended a one-day briefing conference to familiarise them with the selection procedures and questionnaires.

The mean interview length was 64 minutes for version A of the questionnaire, 73 minutes for version B, 75 minutes for version C and

68 minutes for version D.⁴ Interviewers achieved an overall response rate of 55 per cent.

As in earlier rounds of the series, the respondent was asked to fill in a self-completion questionnaire which, whenever possible, was collected by the interviewer. Otherwise, the respondent was asked to post it to the *National Centre for Social Research*. If necessary, up to three postal reminders were sent to obtain the self-completion supplement.

A total of 709 respondents (17 per cent of those interviewed) did not return their self-completion questionnaire. Version A of the self-completion questionnaire was returned by 83 per cent of respondents to the face-to-face interview, version B by 80 per cent, version C by 85 per cent and version D by 86 per cent. As in previous rounds, we judged that it was not necessary to apply additional weights to correct for non-response.

Advance letter

Interviewers were supplied with letters describing the purpose of the survey and the coverage of the questionnaire, which they posted to sampled addresses before making any calls.⁵

8.5 Sampling errors

No sample precisely reflects the characteristics of the population it represents, because of both sampling and non-sampling errors. If a sample were designed as a random sample (if every adult had an equal and independent chance of inclusion in the sample) then we could calculate the sampling error of any percentage, p , using the formula:

$$\text{s.e. } (p) = \frac{p(100 - p)}{\sqrt{n}}$$

where n is the number of respondents on which the percentage is based. Once the sampling error had been calculated, it would be a

straightforward exercise to calculate a confidence interval for the true population percentage. For example, a 95 per cent confidence interval would be given by the formula:

$$p \pm 1.96 \times \text{s.e. } (p)$$

Clearly, for a simple random sample (srs), the sampling error depends only on the values of p and n . However, simple random sampling is almost never used in practice because of its inefficiency in terms of time and cost.

As noted above, the *British Social Attitudes* sample, like that drawn for most large-scale surveys, was clustered according to a stratified multi-stage design into 286 postcode sectors (or combinations of sectors). With a complex design like this, the sampling error of a percentage giving a particular response is not simply a function of the number of respondents in the sample and the size of the percentage; it also depends on how that percentage response is spread within and between sample points.

The complex design may be assessed relative to simple random sampling by calculating a range of design factors (DEFTs) associated with it, where:

$$\text{DEFT} = \frac{\text{Variance of estimator with complex design, sample size } n}{\sqrt{\text{Variance of estimator with srs design, sample size } n}}$$

and represents the multiplying factor to be applied to the simple random sampling error to produce its complex equivalent. A design factor of one means that the complex sample has achieved the same precision as a simple random sample of the same size. A design factor greater than one means the complex sample is less precise than its simple random sample equivalent. If the DEFT for a particular

characteristic is known, a 95 per cent confidence interval for a percentage may be calculated using the formula:

$$p \pm 1.96 \times \text{complex sampling error } (p)$$
$$= p \pm 1.96 \times \text{DEFT} \times \frac{p(100 - p)}{\sqrt{n}}$$

Calculations of sampling errors and design effects were made using the statistical analysis package STATA.

The table below gives examples of the confidence intervals and DEFTs calculated for a range of different questions. Most background variables were fielded on the whole sample, whereas many attitudinal variables were asked only of a half or quarter of the sample; some were asked on the interview questionnaire and some on the self-completion supplement. The table shows that most of the questions asked of all sample members have a confidence interval of around plus or minus two to three per cent of the survey percentage. This means that we can be 95 per cent certain that the true population percentage is within two to three per cent (in either direction) of the percentage we report.

Variables with much larger variation are, as might be expected, those closely related to the geographic location of the respondent (for example, whether they live in a big city, a small town or a village). Here the variation may be as large as five or six per cent either way around the percentage found on the survey. Consequently the design effects calculated for these variables in a clustered sample will be greater than the design effects calculated for variables less strongly associated with area. Also, sampling errors for percentages based only on respondents to just one of the versions of the questionnaire, or on subgroups within the sample, are larger than they would have been had the questions been asked of everyone.

Complex standard errors and confidence intervals of selected variables

	% (p)	Complex standard error of p	95% confidence interval	DEFT	Base
Classification variables					
Q240	Party identification (full sample)				
Conservative	24.2	1.0	22.3–26.1	1.45	4268
Labour	39.8	1.0	38.0–41.7	1.26	4268
Liberal Democrat	12.8	0.7	11.5–14.1	1.27	4268
Q1129	Housing tenure (full sample)				
Owns	71.5	1.1	69.3–73.7	1.59	4268
Rents from local authority	10.6	0.7	9.3–12.0	1.41	4268
Rents privately/HA	16.3	0.9	14.7–18.0	1.51	4268
Q1143	Religion (full sample)				
No religion	39.6	1.0	37.7–41.6	1.31	4268
Church of England	26.4	0.9	24.6–28.2	1.35	4268
Roman Catholic	9.1	0.5	8.2–10.0	1.07	4268
Q1208	Age of completing continuous full-time education (full sample)				
16 or under	55.5	1.1	53.4–57.6	1.38	4268
17 or 18	18.6	0.7	17.2–19.9	1.16	4268
19 or over	21.6	0.8	20.1–23.1	1.24	4268
Q340	Home internet access (full sample)				
Yes	60.8	1.1	58.8–62.9	1.4	4268
No	39.2	1.1	37.1–41.2	1.4	4268
Q1130	Urban or rural residence (1/2 sample)				
A big city	34.3	2.0	30.3–38.3	1.98	2176
A small city/town	43.5	2.4	38.8–48.2	2.23	2176
Village/countryside	21.8	1.9	17.9–25.6	2.17	2176
Attitudinal variables (face-to-face interview)					
Q255	Benefits for the unemployed are ...(3/4 sample)				
...too low	26.2	0.9	24.4–28.1	1.21	3193
...too high	50.2	1.1	48.1–52.3	1.20	3193
Q511	NHS should be only available to those with lower incomes (3/4 sample)				
Support a lot	9.4	0.6	8.2–10.5	1.15	3193
Support a little	14.7	0.7	13.2–16.1	1.17	3193
Oppose a little	15.4	0.8	13.8–17.0	1.27	3193
Oppose a lot	58.6	1.2	56.3–60.9	1.34	3193

		% (p)	Complex standard error of p	95% confidence interval	DEFT	<i>Base</i>
Q258	Government should (1/2 sample)					
	Reduce taxes & spend less on health, education etc.	6.6	0.6	5.3–7.8	1.18	2166
	Keep taxes & spending as it is on health, education etc.	43.1	1.3	40.6–45.6	1.19	2166
	Increase taxes & spend more on health, education etc.	45.6	1.3	43.1–48.1	1.19	2166
Q492	Concern that building roads could damage countryside (1/4 sample)					
	Very concerned	24.4	1.4	21.6–27.2	1.09	1101
	Fairly concerned	51.5	1.7	48.1–54.9	1.15	1101
	Not very concerned	19.0	1.3	16.3–21.6	1.14	1101
	Not all concerned	4.8	0.7	3.4–6.2	1.10	1101
Q1088	Prejudiced against people of other races (1/4 sample)					
	Very / a little	32.5	1.7	29.2–35.7	1.15	1075
	Not at all	65.3	1.7	62.1–68.6	1.14	1075
Attitudinal variables (self-completion)						
A72a B53a C34a D37a	Government should redistribute income from the better off to those who are less well off (full sample)					
	Agree strongly	6.4	0.5	5.5–7.3	1.13	3559
	Agree	25.8	0.9	24.1–27.5	1.18	3559
	Neither agree nor disagree	26.9	0.9	25.2–28.7	1.17	3559
	Disagree	31.4	0.9	29.7–33.1	1.11	3559
	Disagree strongly	7.9	0.5	6.9–8.9	1.11	3559
A38 C2 D5	Government should top up wages for couples with children (3/4 sample)					
	Should top-up	57.6	1.2	55.3–59.9	1.22	2699
	Leave to the couple	30.7	1.1	28.5–32.9	1.25	2699
B37 C22	View of voting in the general election (1/2 sample)					
	Not worth voting	12.2	0.9	10.4–14.1	1.17	1732
	Should vote if care who wins	22.6	1.1	20.3–24.8	1.12	1732
	Duty to vote	64.1	1.3	61.5–66.7	1.15	1732
B6	Satisfied with the way democracy works (1/4 sample)					
	Very satisfied	9.2	1.1	7.1–11.3	1.08	860
	Fairly satisfied	61.9	1.9	58.2–65.6	1.11	860
	Not very satisfied	22.7	1.4	19.8–25.5	1.00	860
	Not at all satisfied	4.2	0.8	2.6–5.8	1.19	860

8.6 Notes

1. Until 1991 all *British Social Attitudes* samples were drawn from the Electoral Register (ER). However, following concern that this sampling frame might be deficient in its coverage of certain population subgroups, a 'splicing' experiment was conducted in 1991. We are grateful to the Market Research Development Fund for contributing towards the costs of this experiment. Its purpose was to investigate whether a switch to PAF would disrupt the time-series – for instance, by lowering response rates or affecting the distribution of responses to particular questions. In the event, it was concluded that the change from ER to PAF was unlikely to affect time trends in any noticeable ways, and that no adjustment factors were necessary. Since significant differences in efficiency exist between PAF and ER, and because we considered it untenable to continue to use a frame that is known to be biased, we decided to adopt PAF as the sampling frame for future *British Social Attitudes* surveys. For details of the PAF/ER 'splicing' experiment, see Lynn and Taylor (1995).
2. This includes households not containing any adults aged 18 and over, vacant dwelling units, derelict dwelling units, non-resident addresses and other deadwood.
3. In 1993 it was decided to mount a split-sample experiment designed to test the applicability of Computer-Assisted Personal Interviewing (CAPI) to the *British Social Attitudes* survey series. CAPI has been used increasingly over the past decade as an alternative to traditional interviewing techniques. As the name implies, CAPI involves the use of lap-top computers during the interview, with interviewers entering responses directly into the computer. One of the advantages of CAPI is that it significantly reduces both the amount of time spent on data processing and the number of coding and editing errors. There was, however, concern that a different interviewing technique might alter the distribution of responses and so affect the year-on-year consistency of *British Social Attitudes* data.

Following the experiment, it was decided to change over to CAPI completely in 1994 (the self-completion questionnaire still being administered in the conventional way). The results of the experiment are discussed in *The 11th Report* (Lynn and Purdon, 1994).

4. Interview times recorded as less than 20 minutes were excluded as these timings were likely to be errors.
5. An experiment was conducted on the 1991 *British Social Attitudes* survey (Jowell *et al.*, 1992), which showed that sending advance letters to sampled addresses before fieldwork begins has very little impact on response rates. However, interviewers do find that an advance letter helps them to introduce the survey on the doorstep, and a majority of respondents have said that they preferred some advance notice. For these reasons, advance letters have been used on the *British Social Attitudes* surveys since 1991.

8.7 References

- Jowell, R., Brook, L., Prior, G. and Taylor, B. (1992), *British Social Attitudes: the 9th Report*, Aldershot: Dartmouth
- Lynn, P. and Purdon, S. (1994), 'Time-series and lap-tops: the change to computer-assisted interviewing', in Jowell, R., Curtice, J., Brook, L. and Ahrendt, D. (eds.), *British Social Attitudes: the 11th Report*, Aldershot: Dartmouth
- Lynn, P. and Taylor, B. (1995), 'On the bias and variance of samples of individuals: a comparison of the Electoral Registers and Postcode Address File as sampling frames', *The Statistician*, 44: 173–194

9 Disability questions asked on British Social Attitudes 2005 survey

9.1 Face-to-face Questionnaire

VERSIONS A, C AND D: ASK ALL

Q563 [DisNew2] N=3210

Do you have a long-standing physical or mental health condition or disability? By long-standing, I mean anything that has lasted at least 12 months or that is likely to last at least 12 months?

IF 'yes' AT [DisNew2]

Q564 [DisAct] N=3210

Does this condition or disability have a substantial adverse effect on your ability to carry out normal day-to-day activities?

	[DisNew2]	[DisAct]
	%	%
Yes	32.9	16.4
No	67.0	16.5
(Don't Know)	0.0	-
(Refusal/Not answered)	0.1	0.1

VERSIONS A, C AND D: ASK ALL

- Q565- CARD E1 N=3210
- Q575 People have different ideas about what it means to be disabled. Which of the people on this card would you think of as a disabled person?
 PROBE: Which others?
 CODE ALL THAT APPLY
- % Multicoded (Maximum of 11 codes)
- 0.5 (None of these) [WDisNone]
 - 80.8 A person with severe arthritis [WDisArth]
 - 27.0 A person who has HIV/AIDS [WDisAIDS]
 - 48.2 A person who has a diagnosis of schizophrenia [WDisSchi]
 - 39.7 A person who has a diagnosis of severe depression [WDisDepr]
 - 70.5 A person who has Down's Syndrome [WDisDown]
 - 43.8 A person who has cancer [WDisCanc]
 - 44.3 An older person who cannot hear without a hearing aid [WDisOldH]
 - 86.8 A blind person [WDisBlin]
 - 91.1 A person who uses a wheelchair most of the time [WDisWhlc]
 - 31.4 A person with a broken leg, using crutches while it heals [WDisBrok]
 - 25.3 A person with a severe facial disfigurement [WDisFacD]
 - 0.1 (Don't know)
 - (Not answered)

Q588 [DisWhlC] N=3210
 CARD E2

In law, a person is disabled if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

This might include people in each of the groups on the upper section of this card.

Thinking first of someone with a **physical impairment**, such as someone who uses a wheelchair to get around or who has problems using their arms or hands.

Thinking of people you know other than yourself, do you personally know anyone who is disabled in this way?

IF ASKED: 'Long-term' means it has lasted for 12 months or more, or is likely to last for more than 12 months.

IF ASKED: Please think what the situation for the person would be like **without** treatment or correction,

% e.g. without medication, prosthesis.

- 47.8 Yes
- 52.1 No
- 0.1 (Don't know)
- (Not answered)

IF 'yes' AT [DisWhlC]

Q589 [DisWhlCR] N=3210
 CARD E2 AGAIN

What is this person's relationship to you? (If you know several, please think of the person who you know best. Please take your answer from the lower section

- % of this card.)
- 1.8 My partner
- 1.4 My child/One of my children
- 16.1 Another close relative
- 11.4 A close friend
- 2.2 A colleague or co-worker
- 0.2 My boss
- 14.6 Someone else I know
- (Don't know)
- 0.1 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q590 [DisBlDf] N=3210

CARD E2 AGAIN

And do you personally know anyone (other than yourself) who has a sensory impairment, such as being **blind or deaf**?

INCLUDE SERIOUS VISUAL / HEARING IMPAIRMENTS

IF ASKED: Please think what the situation for the person would be like **without** treatment or correction, e.g. without hearing aid, **except** for visual impairment, where you should think of what the situation for the person is like **with** any glasses or contact lenses they normally use.

- %
- 39.6 Yes
- 60.4 No
- 0.0 (Don't know)
- (Not answered)

IF 'yes' AT [DisBlDf]

Q591 [DisBlDfR] N=3210

CARD E2 AGAIN

What is this person's relationship to you? (If you know several, please think of the person who you know best. Please

% take your answer from the lower section of this card.)

- 1.7 My partner
- 0.8 My child/One of my children
- 14.8 Another close relative
- 7.8 A close friend
- 2.2 A colleague or co-worker
- 0.1 My boss
- 12.2 Someone else I know
- (Don't know)
- 0.0 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q592 [DisMent] N=3210

CARD E2 AGAIN

And do you personally know anyone (other than yourself) who has a **mental health condition**, such as depression, schizophrenia or severe phobias?

IF ASKED: Please think what the situation for the person would be like **without** treatment, e.g. without medication.

- %
- 40.0 Yes
- 59.8 No
- 0.2 (Don't know)
- (Not answered)

IF 'yes' AT [DisMent]

Q593 [DisMentR] N=3210
 CARD E2 AGAIN
 What is this person's relationship to you? (If you know several, please think of the person who you know best. Please

% take your answer from the lower section of this card.)

2.0 My partner
 2.2 My child/One of my children
 11.9 Another close relative
 11.5 A close friend
 2.0 A colleague or co-worker
 0.0 My boss
 10.2 Someone else I know
 0.0 (Don't know)
 0.3 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q594 [DisDown] N=3210
 CARD E2 AGAIN
 And do you personally know anyone (other than yourself) who has a **learning disability** - what used to be called a **mental handicap** - such as Down's Syndrome?

%

31.5 Yes
 68.5 No
 0.1 (Don't know)
 - (Not answered)

IF 'yes' AT [DisDown]

Q595 [DisDownR] N=3210
 CARD E2 AGAIN
 What is this person's relationship to you? (If you know several, please think of the person who you know best. Please

% take your answer from the lower section of this card.)

0.0 My partner
 1.4 My child/One of my children
 6.7 Another close relative
 5.4 A close friend
 0.8 A colleague or co-worker
 - My boss
 17.2 Someone else I know
 - (Don't know)
 0.1 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q596 [DisL111] N=3210
 CARD E2 AGAIN
 And do you personally know anyone (other than yourself) who has any other **long-standing illness or health condition** which prevents them from carrying out normal day-to-day activities. This may include, for example, some people with multiple sclerosis (MS), severe arthritis, cancer or HIV/AIDS.

IF ASKED: 'Long-term' means it has lasted for 12 months or more, or is likely to last for more than 12 months.
IF ASKED: Please think what the situation for the person would be like **without** treatment (e.g. without medication).

%

49.0 Yes
 51.0 No
 0.0 (Don't know)
 - (Not answered)

IF 'yes' AT [DisL111]

Q597 [DisL111R] N=3210

CARD E2 AGAIN

What is this person's relationship to you? (If you know several, please think of the person who you know best. Please

% take your answer from the lower section of this card.)

1.9 My partner
 0.8 My child/One of my children
 18.6 Another close relative
 12.5 A close friend
 2.0 A colleague or co-worker
 0.1 My boss
 12.9 Someone else I know
 - (Don't know)
 0.0 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q598- [RDisFW] **NOT ON DATAFILE** N=3210

Q602 CARD E2 AGAIN

And do you yourself have any of the health conditions or impairments on this card, which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

PROBE: Which others?

CODE ALL THAT APPLY

IF ASKED: 'Long-term' means it has lasted for 12 months or more, or is likely to last for more than 12 months.

IF ASKED: Please think what the situation would be like **without** treatment or correction (e.g. without medication or hearing aid) - **except** for visual impairment where you should think of what the situation would be like **with** any glasses or contact lenses that you normally use.

% Multicoded (Maximum of 5 codes)

4.4 Physical impairment, such as using a wheelchair to get around and/or difficulty using your arms or hands [RDisWhlc]
 2.6 Sensory impairment such as blind/serious visual impairment or deaf/serious hearing impairment [RDisBlDf]
 3.4 Mental health condition, such as depression, schizophrenia or severe phobia [RDisMent]
 0.3 Learning disability, such as Down's syndrome [RDisDown]
 7.4 Other long-standing illness or health condition (WRITE IN) [RDisL111]
 84.2 (None of these) [RDisNone]
 0.1 (Don't know)
 0.1 (Not answered)

Q611 [DPRand] N=3210

Random number for DPrj

Range: 1 ... 4

- VERSIONS A, C AND D: ASK ALL**
- Q613 [DisPrj] * N=3210
 Generally speaking, do you think there is a lot of prejudice in Britain against **disabled people in general**, a little, hardly any or none?
- VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 1**
- Q614 [DPrjWhlC] * N=761
 CARD E3
 And generally speaking, how much prejudice do you think there is in Britain against **people with physical impairments**, such as someone who uses a wheelchair?
- Q615 [DPrjDeaf] * N=761
 CARD E3 AGAIN
 And generally speaking, how much prejudice do you think there is in Britain against **people who are deaf**?
- VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 2**
- Q616 [DPrjBlin] * N=830
 CARD E3
 And generally speaking, how much prejudice do you think there is in Britain against **people who are blind**?
- Q617 [DPrjDown] * N=830
 CARD E3 AGAIN
 And generally speaking, how much prejudice do you think there is in Britain against **people with learning disabilities**, such as someone with Down's syndrome?
- VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 3**
- Q618 [DPrjSchi] * N=783
 CARD E3
 And generally speaking, how much prejudice do you think there is in Britain against **people with schizophrenia**?
- Q619 [DPrjAIDS] * N=783
 CARD E3 AGAIN
 And generally speaking, how much prejudice do you think there is in Britain against **people who have long-term health conditions** that may seriously affect their ability to carry out normal day-to-day activities, such as **HIV/AIDS**?
- VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 4**
- Q620 [DPrjDepr] * N=836
 CARD E3
 And generally speaking, how much prejudice do you think there is in Britain against **people with depression**?
- Q621 [DPrjLill] * N=836
 CARD E3 AGAIN
 And generally speaking, how much prejudice do you think there is in Britain against **people who have long-term health conditions** that seriously affect their ability to carry out normal day-to-day activities, such as multiple sclerosis (MS) and severe arthritis?

	[DisPr j] %	[DPrjWh lC] %	[DPrjDe af] %	[DPrjBl in] %
A lot	24.8	20.0	12.5	10.2
A little	49.5	49.8	43.6	31.9
Hardly any	17.0	19.0	27.5	33.5
None	7.6	10.3	14.2	21.3
(Don't Know)	1.1	0.9	2.2	2.9
(Refusal/No t answered)	-	-	-	0.2

	[DprjD own] %	[DprjS chi] %	[DPrjA IDS] %
A lot	33.7	45.8	44.1
A little	41.0	31.9	38.0
Hardly any	14.3	8.4	9.2
None	9.6	4.0	3.8
(Don't know what this means)	0.3	3.7	0.8
(Don't Know)	1.1	6.2	4.0
(Refusal/Not answered)	-	-	-

	[DprjDe pr] %	[DprjI ll] %
A lot	28.9	14.7
A little	40.0	40.8
Hardly any	18.6	26.7
None	6.4	13.2
(Don't know what this means)	2.6	2.1
(Don't Know)	3.5	2.5
(Refusal/Not answered)	-	-

VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 1

Q622 [DNeiWhlC] N=761
CARD E4

Taking your answer from this card, how do you think you would feel if a person **who uses a wheelchair** were to move in next door?

Q623 [DNeiSchi] N=761
CARD E4 AGAIN

And what if it was a person **who has a diagnosis of schizophrenia**, which you know that he or she has managed successfully for several years (who moved in next door)? (How comfortable or uncomfortable do you think you would feel with this?)

Q624 [DNeiDeaf] * N=761
CARD E4 AGAIN

And what if it was a person **who cannot hear without a hearing aid** (who moved in next door)? (How comfortable or uncomfortable do you think you would feel with this?)

	[DNeiW hlC] %	[DNeiS chi] %	[DNeiD eaf] %
Very comfortable with this	88.7	28.7	83.0
Fairly comfortable with this	10.6	45.6	14.5
Fairly uncomfortable with this	0.1	18.6	1.8
Very uncomfortable with this	0.5	4.8	0.4
(Don't know what this means)	-	1.0	-
(Don't Know)	0.2	1.2	0.2
(Refusal/Not answered)	-	-	-

Q625 [DBosWhlC] * N=761
CARD E4 AGAIN

Thinking now of a different situation, how do you think you would (*feel/have felt*) if a person **who (uses/used) a wheelchair** (*was/had been*) appointed as your boss (*when you were working*)?

Q626 [DBosSchi] N=761
CARD E4 AGAIN

And what if it was a person **who (has/had) a diagnosis of schizophrenia** which you (*know/knew*) that he or she (*has/had*) managed successfully for several years (*who (was/had been) appointed as your boss (when you were working)*)?
(How comfortable or uncomfortable do you think you would (*feel/have felt*) with this?)

Q627 [DBosDeaf] N=761
CARD E4 AGAIN

And what if it was a person **who (cannot/could not) hear without a hearing aid** (*who (was/had been) appointed as your boss (when you were working)*)?
(How comfortable or uncomfortable do you think you would (*feel/have felt*) with this?)

	[DBosW hlC] %	[DBosS chi] %	[DBosD eaf] %
Very comfortable with this	83.1	30.9	68.2
Fairly comfortable with this	14.5	38.2	24.0
Fairly un comfortable with this	0.6	18.1	3.9
Very un comfortable with this	0.3	8.8	2.5
(Don't know what this means)	-	0.9	-
(Don't Know)	1.3	3.1	1.5
(Refusal/Not answered)	0.2	-	-

VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 2

- Q628 [DNeiBlin] N=830
CARD E4
Taking your answer from this card, how do you think you would feel if a **blind** person were to move in next door?
- Q629 [DNeiDepr] * N=830
CARD E4 AGAIN
And what if it was a person that you know **has had a diagnosis of depression** in the recent past (who moved in next door)?
(How comfortable or uncomfortable do you think you would feel with this?)
- Q630 [DNeiLill] * N=830
CARD E4 AGAIN
And what if it was a person **who has a long-term health condition** which seriously affects their ability to carry out normal day-to-day activities, such as multiple sclerosis (MS) or severe arthritis (who moved in next door)?
(How comfortable or uncomfortable do you think you would feel with this?)
- Q631 [DNeiDown] * N=830
CARD E4 AGAIN
And what if it was a person **with Down's syndrome** (who moved in next door)?
(How comfortable or uncomfortable do you think you would feel with this?)

	[DNeiB lin] %	[DNeiD epr] %	[DNeiL Ill] %	[DNeiD own] %
Very comfortable with this	78.8	44.4	62.0	59.2
Fairly comfortable with this	19.9	40.5	32.3	34.2
Fairly un comfortable with this	1.1	12.7	4.7	4.8
Very un comfortable with this	0.1	1.4	0.7	1.0
(Don't know what this means)	-	0.1	0.1	0.5
(Don't Know)	0.1	0.8	0.2	0.4
(Refusal/Not answered)	-	-	-	-

Q632 [DBosBlin] N=830

CARD E4 AGAIN

Thinking now of a different situation, how do you think you would (*feel/have felt*) if a **blind** person (*was/had been*) appointed as your boss (*when you were working*)?

(How comfortable or uncomfortable do you think you would (*feel/have felt*) with this?)

Q633 [DBosDepr] * N=830

CARD E4 AGAIN

And what if it was a person that you (*know/knew*) (**has/had**) **had serious depression** in the recent past (who (*was/had been*) appointed as your boss (*when you were working*))?

(How comfortable or uncomfortable do you think you would (*feel/have felt*) with this?)

Q634 [DBosLill] * N=830

CARD E4 AGAIN

And what if it was a person **who (has/had) a long-term health condition** which seriously (*affects/affected*) their ability to carry out normal day-to-day activities, such as multiple sclerosis (MS) or severe arthritis (who (*was/had been*) appointed as your boss (*when you were working*))?

(How comfortable or uncomfortable do you think you would (*feel/have felt*) with this?)

	[DBosBl in] %	[DbosDe pr] %	[DbosI ll] %
Very comfortable with this	61.2	30.3	41.5
Fairly comfortable with this	29.3	37.5	38.2
Fairly un comfortable with this	4.9	24.2	14.0
Very un comfortable with this	2.5	6.0	4.3
(Don't know what this means)	-	0.1	0.2
(Don't Know)	2.0	1.8	1.7
(Refusal/Not answered)	0.1	0.1	0.1

VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 3

Q635 [RelMWhlC] N=783
CARD E4

Taking your answer from this card, how do you think you would feel if one of your close relatives were to marry a person **who uses a wheelchair**?

Q636 [RelMSchi] N=783
CARD E4 AGAIN

And what if it was a person **who has a diagnosis of schizophrenia** which you know that he or she has managed successfully for several years (who was marrying your close relative)?
(How comfortable or uncomfortable do you think you would feel with this?)

Q637 [RelMDeaf] * N=783
CARD E4 AGAIN

And what if it was a person **who cannot hear without a hearing aid** (who was marrying your close relative)?
(How comfortable or uncomfortable do you think you would feel with this?)

VERSIONS A, C AND D: ASK ALL IN RANDOM GROUP 4

Q638 [RelMBlin] * N=836
CARD E4

Taking your answer from this card, how do you think you would feel if one of your close relatives were to marry a **blind** person?

Q639 [RelMDepr] * N=836
CARD E4 AGAIN

And what if it was a person that you know who **has had serious depression** in the recent past (who was marrying your close relative)?
(How comfortable or uncomfortable do you think you would feel with this?)

Q640 [RelMLill] * N=836
CARD E4 AGAIN

And what if it was a person who **has a long-term health condition** which seriously affects their ability to carry out normal day-to-day activities, such as multiple sclerosis (MS) or severe arthritis (who was marrying your close relative)?

(How comfortable or uncomfortable do you think you would feel with this?)

	[RelMW hlC] %	[RelMS chi] %	[RelMD eaf] %
Very comfortable with this	59.3	18.7	61.5
Fairly comfortable with this	31.9	38.3	33.6
Fairly uncomfortable with this	6.8	26.4	3.8
Very uncomfortable with this	1.3	13.8	0.5
(Don't know what this means)	-	1.4	-
(Don't Know)	0.7	1.5	0.5
(Refusal/Not answered)	-	-	-

	[RelMB lin] %	[RelMD epr] %	[RelML ill] %
Very comfortable with this	51.1	14.4	21.1
Fairly comfortable with this	38.8	40.6	47.7
Fairly uncomfortable with this	7.3	34.5	23.6
Very uncomfortable with this	1.6	8.0	5.1
(Don't know what this means)	-	0.6	0.1
(Don't Know)	1.2	1.9	2.3
(Refusal/Not answered)	0.1	0.1	-

VERSIONS A, C AND D: ASK ALL DISABLED ('yes' AT [DisAct] OR DISABILITY GIVEN AT [RDisFW])

Q641- CARD E5 N=3210

Q648 In the last 12 months, have you personally experienced any **violent or abusive behaviour** for a reason related to your impairment or health condition in any of the settings listed on this card?

PROBE: Which others?

CODE ALL THAT APPLY

%	Multicoded (Maximum of 8 codes)	
19.4	No, have not experienced such behaviour	[RDsVNone]
0.0	Yes, at school or college	[RDsVSchC]
0.3	Yes, at work	[RDsVWork]
0.3	Yes, on public transport	[RDsVTran]
0.4	Yes, in shops or banks	[RDsVShop]

0.1 Yes, in bars, restaurants or leisure facilities [RDsVLeis]
0.2 Yes, in doctors' surgeries or hospitals [RDsVGP]
0.7 Yes, in the street [RDsVStre]
0.2 Yes - somewhere else (WRITE IN) [RDsVOth]
- (Don't know)
0.1 (Not answered)

IF NOT 'mentioned' AT [RDsVNone]

Q660 [RDsVStaf] N=3210
% Generally speaking, has this been ... READ OUT ...
0.2 ... by staff,
1.0 by others,
0.3 or, by both staff and others?
0.0 (Don't know)
0.1 (Not answered)

Q661 [RDsVFreq] N=3210
% Have you experienced such behaviours ... READ OUT ...
0.4 ... frequently,
0.5 occasionally,
0.6 or, rarely?
0.0 (Don't know)
0.1 (Not answered)

Q662 [RDsVAffc] N=3210
% Have these behaviours affected you ... READ OUT ...
0.7 ... a lot,
0.6 a little,
0.2 or, have they not affected you at all?
- (Don't know)
0.1 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q663- CARD E5 (AGAIN) N=3210
Q670 In the last 12 months, have you personally witnessed any **violent or abusive behaviour** towards a disabled person (*other than yourself*) for a reason related to their impairment or health condition in any of the settings listed on this card?
PROBE: Which others?
CODE ALL THAT APPLY
% Multicoded (Maximum of 8 codes)

92.0 No, have not witnessed such behaviour [DisVNone]
1.3 Yes, at school or college [DisVSchC]
1.5 Yes, at work [DisVWork]
2.2 Yes, on public transport [DisVTran]
1.2 Yes, in shops or banks [DisVShop]
1.5 Yes, in bars, restaurants or leisure facilities [DisVLeis]
0.4 Yes, in doctors' surgeries or hospitals [DisVGP]
4.2 Yes, in the street [DisVStre]
0.2 Yes - somewhere else (WRITE IN) [DisVOth]
0.1 (Don't know)
- (Not answered)

IF NOT 'mentioned' AT [DisVNone]

Q682 [DisVStaf] N=3210
% Generally speaking, has this been ... READ OUT ...

- 0.7 ... by staff,
- 6.5 by others,
- 0.7 or, by both staff and others?
- 0.1 (Don't know)
- 0.1 (Not answered)

VERSIONS A, C AND D: ASK ALL DISABLED ('yes' AT [DisAct] OR DISABILITY GIVEN AT [RDisFW])

Q683- CARD E5 AGAIN N=3210

Q690 In the last 12 months, have you personally experienced any **other unfair or unpleasant behaviour** for a reason related to your impairment or health condition in any of the settings listed on this card?

PROBE: Which others?

CODE ALL THAT APPLY

- % Multicoded (Maximum of 8 codes)
- 19.1 No, have not experienced such behaviour [RDsUNone]
- 0.3 Yes, at school or college [RDsUSchC]
- 0.6 Yes, at work [RDsUWork]
- 0.3 Yes, on public transport [RDsUTran]
- 0.3 Yes, in shops or banks [RDsUShop]
- 0.2 Yes, in bars, restaurants or leisure facilities [RDsULEis]
- 0.2 Yes, in doctors' surgeries or hospitals [RDsUGP]
- 0.6 Yes, in the street [RDsUSTre]
- 0.2 Yes - somewhere else (WRITE IN) [RDsUOth]
- (Don't know)
- 0.1 (Not answered)

IF NOT 'mentioned' AT [RDsUNone]

Q702 [RDsUstaf] N=3210

% Generally speaking, has this been ... READ OUT ...

- 0.6 ... by staff,
- 0.9 by others,
- 0.2 or, by both staff and others?
- 0.0 (Don't know)
- 0.1 (Not answered)

Q703 [RDsUFreq] N=3210

% Have you experienced such behaviours ... READ OUT ...

- 0.3 ... frequently,
- 0.8 occasionally,
- 0.7 or, rarely?
- (Don't know)
- 0.1 (Not answered)

Q704 [RDsUAffc] N=3210

% Have these behaviours affected you ... READ OUT ...

- 1.0 ... a lot,
- 0.7 a little,
- 0.1 or, have they not affected you at all?
- (Don't know)
- 0.1 (Not answered)

VERSIONS A, C AND D: ASK ALL

Q705- CARD E5 AGAIN N=3210

Q712 In the last 12 months, have you personally witnessed any **other unfair or unpleasant behaviour** towards a disabled person (*other than yourself*) for a reason related to their

impairment or health condition in any of the settings listed on this card?

PROBE: Which others?

CODE ALL THAT APPLY

% Multicoded (Maximum of 8 codes)

89.6	No, have not witnessed such behaviour	[DisUNone]
1.3	Yes, at school or college	[DisUSchC]
2.1	Yes, at work	[DisUWork]
1.8	Yes, on public transport	[DisUTran]
1.8	Yes, in shops or banks	[DisUShop]
1.9	Yes, in bars, restaurants or leisure facilities	[DisULEis]
0.4	Yes, in doctors' surgeries or hospitals	[DisUGP]
4.4	Yes, in the street	[DisUStre]
0.5	Yes - somewhere else (WRITE IN)	[DisUOth]
1.0	(Don't know)	
0.0	(Not answered)	

IF NOT 'mentioned' AT [DisUNone]

Q724 [DisUStaf] N=3210

% Generally speaking, has this been ... READ OUT ...

1.6	... by staff,
7.1	by others,
1.5	or, by both staff and others?
-	(Don't know)
0.1	(Not answered)

VERSIONS A, C AND D: ASK ALL DISABLED ('yes' AT [DisAct] OR DISABILITY GIVEN AT [RDisFW])

Q725 [ConfPT] N=3210

CARD E6

How confident do you feel in using public transport?

% Please take your answers from this card

7.1	Very confident
7.1	Fairly confident
2.8	Not very confident
3.3	Not at all confident
0.6	(Don't know)
0.1	(Not answered)

9.2 Self-completion Questionnaire

56. How many people in Britain do you think tend to think of **disabled people in general** in the following ways: N=2697

<i>PLEASE TICK ONE BOX ON EACH LINE</i>		Nearly all people think of disabled people like this	Quite a lot of people think of disabled people like this	A few people think of disabled people like this	Hardly anyone thinks of disabled people like this	Don't know	Not answered
[ThDsWay]							
a. ... as getting in the way?	%	1.9	15.4	51.4	27.2	0.1	4.0
[ThDsAwt]							
b. ... with discomfort and awkwardness?	%	3.2	32.8	47.2	12.4	0.1	4.4
[ThDsCar]							
c. ... as needing to be cared for?	%	14.6	50.2	26.4	5.7	0.1	3.2
[ThDsSam]							
d. ... as the same as everyone else?	%	6.2	26.3	38.9	24.9	0.1	3.7

57. And do you personally tend to think of **disabled people in general** in the following ways: N=2697

<i>PLEASE TICK ONE BOX ON EACH LINE</i>		Most of the time	Some of the time	Hard ever	Never	Don't know	Not answered
[RThDsWay]							
a. ... as getting in the way?	%	1.0	7.8	30.9	56.7	0.0	3.6
[RThDsAwk]							
b. ... with discomfort and awkwardness?	%	1.3	20.2	32.8	41.7	0.0	3.9
[RThDsCar]							
c. ... as needing to be cared for?	%	24.4	50.5	12.7	9.8	0.0	2.5
[RThDsSam]							
d. ... as the same as everyone else?	%	46.0	28.9	10.4	11.8	0.1	2.8

58. Please tick one box on each line to show how much you agree or disagree with each of these statements:

N=2697

<i>PLEASE TICK ONE BOX ON EACH LINE</i>		Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Can't choose	Not answered
[DissWork]								
a. Most disabled people should expect to work rather than rely on benefits.	%	2.7	24.4	33.7	25.8	5.5	6.5	1.5
[DisGPar]								
b. Disabled people make just as good parents as people who are not disabled.	%	16.1	56.5	18.7	3.7	0.4	3.6	1.1
[DisEduc]								
c. Most young disabled people will inevitably do less well at school and college than non-disabled students of the same age.	%	1.9	11.5	21.3	45.3	14.7	3.8	1.5
[DisHome]								
d. Disabled people should never have to live in a residential home if they do not want to.	%	22.8	53.4	15.0	4.1	0.7	2.8	1.1

Appendix 1

Description of classification variables

Throughout this report, different sub groups from the sample of respondents have been compared with one another to assess how views differ between groups. For example, the views of different educational groups with regard to what they consider to be a disability have been compared with one another. To enable us to do this, we have used classification variables which have been derived from questions asked in separate modules of the BSA survey to the disability module. The classification variables have been chosen on the basis of factors likely to be associated with attitudes to disability as well as on past experience of factors which tend to be associated with attitudes in general. Throughout the main part of the report not all the different sub groups have been discussed. The sub groups have only been reported where there is a statistical difference between them. Each classification variable was included in the multivariate analysis to test for the statistical differences and each has been presented in supporting tables for every chapter.

The classification variables defining each sub group are described in this section.

Respondent's self reported health condition or disability

From the questions asked in the interview, there are three separate measures of whether a respondent has a disability or long-standing health condition. Each measure has its own different value in categorising respondents and each is a useful tool for comparing those with a health condition or disability with those without.

For the most part, disabled respondents in this report are defined by the DDA (Disability Discrimination Act) definition of disability.

Respondents were asked the following questions which have been worded in accordance with the DDA definition of disability.

Do you have a long-standing physical or mental health condition or disability? By long-standing, I mean anything that has lasted 12 months or that is likely to last at least 12 months? Yes, No

If respondents said yes to the question above they were then asked:

*Does this condition or disability have a substantial adverse effect on your ability to carry out normal day-to-day activities?
Yes, No*

Sixteen per cent of the sample said yes to the second question and overall felt they had a disability or long-term health condition as defined under the DDA definition.

Table Appendix 1. 1

Number of respondents with a long-standing physical or mental health condition or disability that has adverse effect on day-to-day activities (DDA definition of disability)

Whether has long-standing health condition or disability that has adverse effect on day-to-day activities	Number	Per cent
Yes	526	16
No	530	17
No at earlier question	2152	67
Total	3210	100

A broader definition of disability can be formed from the first question:

Do you have a long-standing physical or mental health condition or disability? By long-standing, I mean anything that has lasted 12 months or that is likely to last at least 12 months? Yes, No

Table Appendix 1. 2 shows that 33 per cent of the sample considered themselves to have a disability or long-standing health condition when defined in this way. This is the ‘general health definition’ of disability.

Table Appendix 1. 2

Number of respondents with a long-standing physical or mental health condition or disability

Whether has long-standing health condition or disability	Number	Per cent
Yes	1056	33
No	2152	67
<i>Base</i>	<i>3210</i>	<i>100</i>

For the third measure, all respondents were asked if they had any health condition or impairment from a list presented to them. The additional stipulation about whether the health condition or impairment has an adverse effect on the respondent’s ability to carry out their day-to-day activities (which relates to the DDA definition of disability) was included within the question wording. This question was asked to all respondents regardless of their answer to the questions described above.

This question has its own value in, not only allowing us to compare groups of respondents with different health conditions, but to direct the respondents to pre-defined categories which they may otherwise not have reported as a health condition or impairment.

And do you yourself have any of the health conditions or impairments on this card, which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? Which others?

IF ASKED: ‘Long-term’ means it has lasted for 12 months or more, or is likely to last for more than 12 months.

IF ASKED: Please think what the situation would be like **without** treatment or correction (e.g. without medication or hearing aid) – **except** for visual impairment where you should think of what the

situation should be like **with** any glasses or contact lenses that you normally use.

...Physical impairment, such as using a wheelchair to get around and / or difficulty using your arms or hands

...Sensory impairment such as blind/serious visual impairment or deaf/serious hearing impairment

...Mental health condition, such as depression, schizophrenia or severe phobia

...Learning disability such as Down's syndrome

...Other long-standing illness or health condition

Table Appendix 1. 3

Whether has any pre-defined health condition or disability

Whether has any pre-defined disability (type of disability)	Number	Per cent
Physical impairment	140	4
Sensory impairment	84	3
Mental health condition	108	3
Learning disability	10	0
Other long-standing illness	236	7
<i>No disability mentioned at this question</i>	2708	
Total	3210	

Respondents were able to mention more than one health condition or disability if applicable.

A new variable was constructed to show if respondents had mentioned any of the health conditions or disabilities presented to them at this question. This summary variable only counts respondents once if they have mentioned more than one health condition or disability therefore indicating whether they have *any* health condition or disability rather than showing the number of health conditions or disabilities mentioned.

On this definition, 16 per cent of the sample report having a disability or long-standing illness.

Table Appendix 1. 4

Whether has any pre-defined disability or long-standing illness (impairment group definition of disability)

Whether has any pre-defined disability	Number	Per cent
Yes	502	16
No/Don't know/Refused	2708	84
Total	3210	100

As outlined above, there are three measures of a respondent's own health or whether or not they consider themselves to have an impairment or be disabled. Throughout the report the second measure (the DDA definition) is most widely used but all three definitions have been presented in the supporting chapter tables.

To summarise, the three measures are defined in the following ways:

1. – Whether the respondent has any long-standing physical or mental health condition that has an adverse effect on the respondent's day-to-day activities. This measure is closely associated with the Disability Discrimination Act's (DDA) definition of disability so is referred to as the '**DDA definition**'.

2. – Whether the respondent has any general long-standing physical or mental health condition. For the purpose of this report, this will be known as the '**general health definition**'.

3. – Whether the respondent has any pre-defined grouped health condition or impairment also closely associated with the DDA definition. Throughout this report, this measure will be cited as the '**impairment group definition**'.

It is important to note that while we have seen that 16 per cent of respondents are defined by the DDA definition and the impairment group definition these two definitions do not describe the same group of people. As seen in Table Appendix 1. 5, 11 per cent of the respondents reported a disability on both measures, with a further 5 per cent reporting it on the DDA definition only and a further 5 per cent on the impairment group definition only.

Table Appendix 1. 5

Comparison of DDA definition and impairment group definition

	Has disability at DDA definition	Does not have disability at DDA definition	Total
Has disability at impairment group definition	11%	5%	16%
Does not have disability at impairment group definition	5%	79%	84%
Total	16%	84%	100%

The characteristics of each of the sub-groups are presented in Table Appendix 1. 6. The sub-groups are; respondents with a disability at the DDA definition and the impairment group definition (11%), respondents defined by the DDA definition and not the impairment group definition (5%), respondents defined by the impairment group definition and not the DDA definition (5%) and respondents not defined by either definition (79%).

The respondents who classified themselves as disabled at both definitions were more likely to be female compared with the respondents in each of the other sub-groups. There was a smaller difference between the proportion of male and female respondents who defined themselves as disabled at one or the other of the definitions.

The table also shows each of the sub-groups by highest educational qualification. Respondents disabled at both definitions were more likely to have lower educational qualifications than those who were not disabled.

There is some variation in the characteristics of the respondents who categorised themselves as disabled at one question and not the other. The differences are small but the DDA definition only respondents are slightly less likely to be female and less likely to be younger. The DDA definition respondents were also more likely to have no qualifications and less likely to have a degree.

A further, potentially objective, measure of whether a respondent is disabled, has a health condition or injury could be whether they receive any benefit or allowance for that disability, condition or injury. This is also shown in the table below. Respondents classified by both definitions were more likely to report that they receive any of the types of benefit than respondents in the other sub-groups. The DDA definition only respondents were slightly more likely to be in receipt of one of the types of benefits than the impairment group definition only respondents were.

Table Appendix 1. 6

	Respondents with a disability at the DDA definition AND the impairment	Respondents defined by DDA definition AND NOT the impairment group	Respondents defined by impairment group definition AND NOT the DDA	All respondents without a disability (at the DDA definition and the
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	group definition (%)	definition (%)	definition (%)	impairment group definition (%)
Respondent's sex				
Male	42	49	46	49
Female	58	51	54	51
Age				
18-34	13	17	22	33
35-44	13	10	11	21
45-64	35	38	27	31
65+	39	35	40	16
Highest educational qualification				
Degree	7	6	12	20
HE below degree	8	10	10	13
A level or equivalent	10	12	12	17
O level or equivalent	15	13	19	20
CSE or equivalent	12	9	12	8
Foreign or other/Don't know/Refused/Not answered	4	5	2	2
No qualification	45	46	34	20
Benefit receipt				
Incapacity/Sickness/Invalidity	23	8	5	1
Disability Living Allowance (aged under 65)	19	11	3	2
Attendance Allowance (aged over 65)	11	3	5	1
Severe	3	0	1	0

Disablement Allowance				
Industrial Injuries	1	1	1	0
<i>Unweighted base</i>	<i>404</i>	<i>182</i>	<i>159</i>	<i>2446-2448</i>

Whether respondent knows a disabled person

In addition to asking respondents about their own health, we were also interested in whether or not they knew anyone with a physical or mental impairment. The following questions were asked:

In law, a person is disabled if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

This might include people in each of the groups on the upper section of this card.

*Thinking first of someone with a **physical impairment**, such as someone who uses a wheelchair to get around or who has problems using their arms or hands.*

Thinking of the people you know other than yourself, do you personally know anyone who is disabled in this way?

IF ASKED: *'Long-term' means it has lasted for 12 months or more, or is likely to last for more than 12 months.*

IF ASKED: *Please think what the situation for the person would be like **without** treatment or correction, e.g. without medication, prosthesis.*

Yes, No

*And do you personally know anyone (other than yourself) who has a sensory impairment, such as being **blind or deaf**?*

Yes, No

*And do you personally know anyone (other than yourself) who has a **mental health condition**, such as depression, schizophrenia or severe phobias?*

Yes, No

*And do you personally know anyone (other than yourself) who has a **learning disability** – what used to be called a **mental handicap** – such as Down’s syndrome?*

Yes, No

*And do you personally know anyone (other than yourself) who has any other **long-standing illness or health condition** which prevents them from carrying out normal day-to-day activities. This may include for example, some people with multiple sclerosis (MS), severe arthritis, cancer or HIV/AIDS.*

Yes, No

The results are shown in Table Appendix 1. 7.

Table Appendix 1. 7

Whether respondent knows a disabled person with a pre-defined impairment

Whether knows a disabled person with a pre-defined impairment (type of impairment)	Number	Per cent
Physical impairment	1533	48
Sensory impairment	2028	63
Mental health condition	1285	40
Learning disability	1010	31
Other long-standing illness	1571	49
Total	3210	

Percentages do not sum 100 because respondents could know more than one person with an impairment.

These results are summarised in Table Appendix 1. 8 which shows if the respondents know anyone with any of the impairments asked

about. Each respondent who knew someone was counted once regardless of how many people they knew.

As seen in Table Appendix 1. 8, the majority (82 per cent) knew someone with an impairment.

Table Appendix 1. 8

Whether knows a disabled person with a pre-defined impairment

Whether knows a disabled person with a pre-defined impairment	Number	Per cent
Yes	2645	82
No	565	18
Total	3210	100

Sex

The sample was almost equally divided by gender – just under half were male and just over half were female.¹⁷

Table Appendix 1. 9

Sex of respondents to disability module

Sex	Number	Per cent
Male	1556	48
Female	1654	52
Total	3210	100

Age

Respondents' views were also compared by their age. Each respondent was asked what their age was on their last birthday and were then placed into one of the following sub-groups:

18 to 34 year olds
 35 to 44 year olds
 45 to 64 year olds
 65 and over

Table Appendix 1. 10

Age of respondents to disability module¹⁸

Age	Number	Per cent
18-34	934	29
35-44	606	19
45-64	1007	31
65+	659	21
Total	3205	100

Social class

Each respondent was asked about their current or last job and was classified using the National Statistics Socio-Economic Classification (NS-SEC). By combining a respondent's employment status and their occupation (using the Standard Occupational Classification 2000 (SOC 2000)) they were placed in one of the following analytical classes:

- Managerial and professional occupations
- Intermediate occupations
- Small employers and own account workers
- Lower supervisory and technical occupations
- Semi-routine and routine occupations

Table Appendix 1. 11

¹⁷ This is partly because the weighting calibrates the sample to the population estimates for age and sex to represent the population.

¹⁸ Five respondents did not give an age and are therefore missing from any analysis which compares the different age sub-groups.

Social class of respondents to disability module

Social class	Number	Per cent
Managerial and Professional	1128	35
Intermediate	379	12
Employers in small org: own account work	273	9
Lower supervisory & technical	426	13
Semi-routine and routine	898	28
Never had a job/not classifiable	106	3
Total	3210	100

Highest educational qualification

Respondents have been classified according to the highest educational qualification they have attained. This was determined by asking them first to indicate from a card what level of school qualifications, if any, they had achieved ranging from GCSE grades D-G and equivalent qualifications, to A-Level. This was followed by another card listing post-school qualifications and asking the respondent to say which, if any, they had. From this it was possible to determine what the highest qualification they had achieved was.

Table Appendix 1. 12

Highest educational qualification of respondents to disability module

Education	Number	Per cent
Degree	545	17
HE below degree	393	12
A level or equivalent	500	16
O level or equivalent	620	19
CSE or equivalent	273	9
Foreign or other/Don't know/Refusal/Not answered	78	2
No qualification	800	25

Total	3210	100
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Housing tenure

Analysis has been conducted comparing respondents views based on the tenure group to which they belong. Respondents were asked the following:

And now some questions about you and your household. Does your household own or rent this accommodation?

IF OWNS: Outright or on a mortgage?

IF RENTS: From whom?

Owns outright

Buying on a mortgage

Rents: local authority

Rents: New Town Development Corporation

Rents: Housing Association

Rents: property company

Rents: employer

Rents: other organisation

Rents: relative

Rents: other individual

Rents: Housing Trust

Rent free, squatting

Other

The answer categories from this question has been re-grouped into the following groups:

Owned/being bought

Social housing

Other

Table Appendix 1. 13

Housing tenure of respondents to disability module

Tenure	Number	Per cent
Owned/being bought	2288	71
Social housing	528	16
Other	394	12
Total	3210	100 ¹⁹

Religion

Respondents were asked the following question about religious belonging:

*Do you regard yourself as belonging to any particular religion?
IF Yes: Which?*

No religion

Christian – no denomination

Roman Catholic

Church of England/Anglican

Baptist

Methodist

Presbyterian / Church of Scotland

Free Presbyterian

Brethren

United Reform Church (URC) / Congregational

Other protestant (WRITE IN)

Other Christian (WRITE IN)

Hindu

Jewish

Islam / Muslim

Sikh

Buddhist

Other non-Christian (WRITE IN)

For the purpose of the analysis in this report, this was simplified so respondents were classified as either belonging to a religion or not. Analysis by each individual religion is not possible because the numbers within each group are too small.

Table Appendix 1. 14

Religion of respondents to disability module

Religion	Number	Per cent
Religion	1900	59
No religion	1291	40
Refusal/Not answered/Don't know	20	1
Total	3210	100

Marital status

The following classification of marital status was included in the analysis:

Table Appendix 1. 15

Marital status of respondents to disability module

Marital status	Number	Per cent
Married	1700	53
Living as married	365	11
Separated/divorced	262	8
Widowed	239	7
Single	642	20
Total	3208	100

¹⁹ The percentages in the tables occasionally do not sum exactly to 100% due to rounding error.

Newspaper readership

All respondents were asked if they normally read any daily morning newspaper at least 3 times a week. Those who did, were then asked the following:

Which one do you normally read?

IF MORE THAN ONE: Which one do you read most frequently?

(Scottish) Daily Express

(Scottish) Daily Mail

Daily Mirror (/Scottish Mirror)

Daily Star

The Sun

Daily Record

Daily Telegraph

Financial Times

The Guardian

The Independent

The Times

Morning Star

Other Irish/Northern Irish/Scottish regional or local daily morning paper (WRITE IN)

Other (WRITE IN)

Again this was simplified for analysis purposes so that the first six newspapers on the list were considered tabloids, the Daily Telegraph through to The Times broadsheet and the remainder were grouped as regional newspapers. A final category was included in the analysis for those who said that they did not regularly read a morning newspaper at the first question or who read some other newspaper that was not included on the original list.

Half of the sample (50 per cent) did not read a newspaper or read another type of paper not presented to them in the question. A third (33 per cent) of the respondents read a tabloid paper.

Table Appendix 1. 16

Newspaper readership of respondents to disability module

Newspaper readership	Number	Per cent
Tabloid	1069	33
Broadsheet	378	12
Regional	155	5
Doesn't read a newspaper/ other/ not answered	1609	50
Total	3210	100