



National Survey for Wales, 2016-17: Barriers faced by disabled people

18 October 2017
SB 55/2017

In the National Survey, people were asked whether they had a long-term health condition which reduced their ability to carry out day-to-day activities. For this bulletin, an adult is defined as 'disabled' if they have such a condition. In the survey these people were then asked about their use of various types of public transport. They were also asked about any difficulties faced when accessing public buildings, offices, shops, schools and people's homes.

Key findings



- A taxi was the mode of public transport most likely to have been used - 44% of disabled people had used a taxi in the previous year, compared with 16% who had used a coach.



- By far, the most common reason given for not using public transport was 'not needing



or wanting to'. The second most common reason given for not travelling by local buses or local trains was the transport not being available, while cost was the second most common reason for not travelling by taxi or a long-distance train.

- The majority of disabled people said that they never had difficulty, going into, moving around or using facilities in a building.
- Shops were the most commonly-reported type of building that people had difficulty accessing and using, reported by 45% of those who had difficulties. This was followed closely by hospitals, which was reported by 38%.
- 41% of those who had difficulty accessing a building, said their difficulty related to 'moving around the building', 25% reported 'parking problems' as their difficulty and 22% inadequate lifts and inadequate toilet facilities



About this bulletin

This bulletin provides more detailed analysis of the 2016-17 results for the questions on **the barriers faced by disabled people**

The full questionnaire is available on the [National Survey web pages](#).

Additional tables can be accessed via the [Results viewer](#).

In this bulletin

Use of transport	3
Local buses	4
Coaches	4
Local trains	5
Long distance trains	6
Taxi	6
Barriers to using modes of transport	7
Accessibility of buildings and public places	8
Public buildings where people had difficulty	11
Terms and definitions	14
Key quality information	16

Introduction

The Welsh Government has adopted the Social Model of Disability which seeks to address the environmental, organisational and attitudinal barriers that many disabled people face on a day to day basis. The [Framework for Action on Independent Living](#), published in 2013, sets out Welsh Government actions aimed at removing or reducing the barriers. Seven key priority areas were identified in the Framework:

1. Information, advice, advocacy and peer support
2. Accessible and supported housing
3. Personalised care and support
4. Person centred technology
5. A barrier-free transport system
6. Accessible and inclusive places
7. Employment including self-employment

Questions were included in the National Survey in 2016-17 to collect information about barriers faced by disabled people when travelling by public transport (priority area 5) and when accessing buildings (priority area 6). The survey results will be used to establish a baseline, to inform policy decisions and evaluate whether existing policies on housing, transport, planning etc. are helping to address these barriers.

Note: The National Survey did not include a question asking people whether they were disabled. Respondents were asked whether they had any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more. If they did, they were subsequently asked whether any of their conditions or illnesses reduced their ability to carry-out day-to-day activities.

33% of people reported having a long term physical or mental health condition or illness which limited their ability to carry-out day-to-day activities. For this bulletin, this 33% of people have been defined as 'disabled'. Note that this is a wider definition of disability is sometimes used.

Note also that health conditions are self-reported in the survey, so two people with the same illness might answer the question differently.

Use of transport

The [Framework for Action on Independent Living](#) identifies that the availability and accessibility of public transport can be key to wider participation in society, with many disabled people relying on public transport to get to work, participate in family and community events and have access to leisure, culture and public services.

As one way of assessing barriers disabled people face when using transport, disabled respondents were asked whether they had travelled on local buses, coaches, local trains, intercity trains and taxis in Wales in the previous 12 months. If they had, they were subsequently asked whether this was as much, more, or less than they wanted to.

The results are shown in Chart 1 below.

Chart 1: Disabled people's use of public transport and taxis in previous 12 months

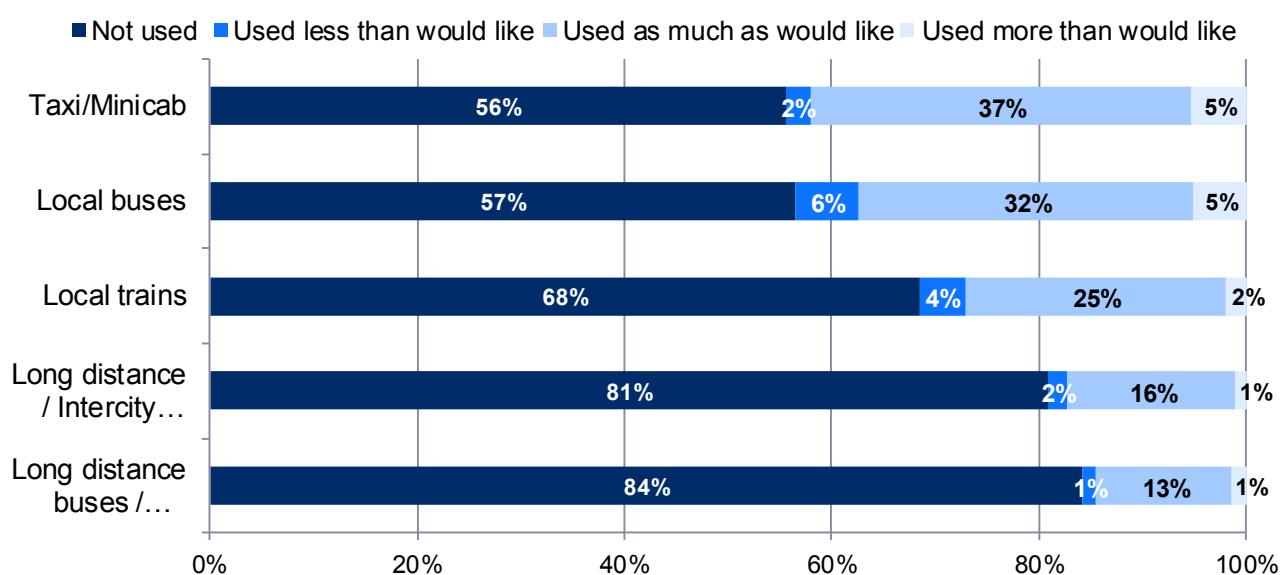


Chart 1 shows that taxis were more commonly used than public transport, used by 44% of people (2% less than they would like, 37% as much as they would have liked and 5% more than they would have liked); and the mode of public transport used least was a long-distance bus or coach, which was used by 16% of disabled people (1% less than they would like, 13% as much as they would have liked and 1% more than they would have liked)

Respondents were also asked whether a car or van was normally available for them or other members of their household to use. 79% of respondents with a disability had access to a car, compared with 89% of people without a disability.

With the exception of inter-city trains, the availability of a car reduced disabled people's use of other modes of transport. This was particularly noticeable for local buses and taxis. 66% of disabled people without access to a car had used local buses, and 59% had used a taxi (compared with 37% and 41% respectively of those with access to a car)

Use of all of these modes of transport gradually declines with age. Younger disabled people were more likely than older people to have used all of the modes of transport in the last 12 months. Although people aged 65 or over were more likely to have travelled by coach than those aged 35 to 64.

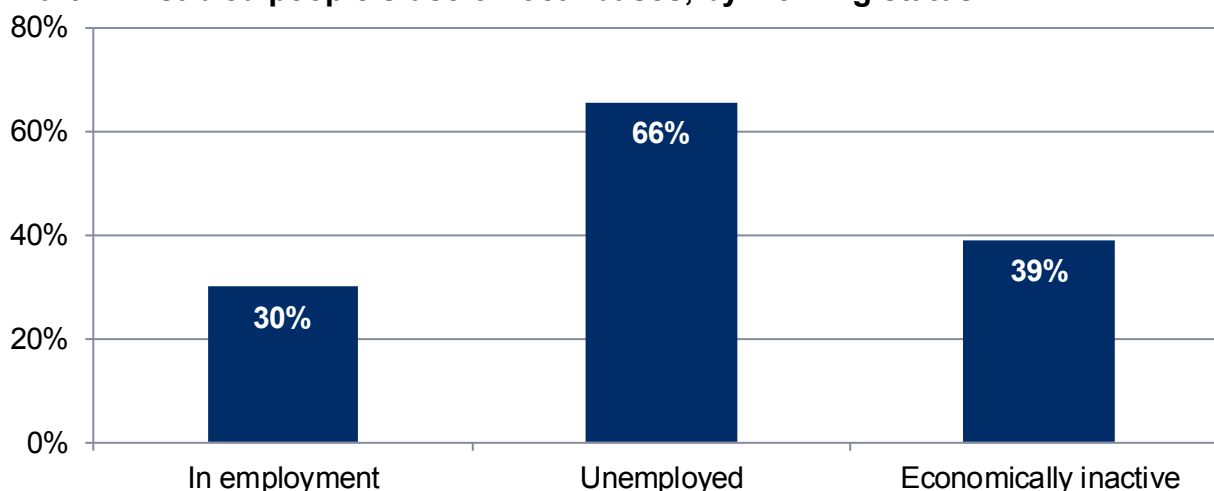
Local buses

When controlling for other factors¹, the following factors had the strongest association² with using local buses as much as (or more than) people wanted to:

- Car or van availability – those who had a car or van available for their use were less likely to use local buses than those without. Living in particular areas – people living in the more urban local authorities, like Cardiff, Swansea and Merthyr Tydfil, were more likely to have used local buses than those from more rural local authorities like Powys, Monmouthshire and Carmarthenshire.
- Level of safety felt travelling by public transport after dark – people who felt safe were more likely to use local buses than those who felt unsafe.
- Economic status - people who were unemployed, were most likely to use the bus, followed by people who were economically inactive (including retired people), employed people were the least likely to have used a local bus;
- Age - younger people were more likely to use the bus than older people, although there was an increase in local bus use for those aged between 65 and 74 years old.

Chart 2 below shows the percentage of disabled people who had used local buses at least as much as they would like, by economic status.

Chart 2: Disabled people's use of local buses, by working status



Long-distance buses / coaches

When controlling for other factors¹, the following factors had the strongest association² with travelling by coach as much as (or more than) they would like:

- Not having access to a car. Living in more urban local authorities, like Cardiff and Swansea, instead of more rural local authorities like Anglesey and Monmouthshire
- Having qualifications; and
- Being either young or old – see [Chart 3](#) shows the relationship with age.

¹ Using regression analysis – more details can be found in the [Key Quality Information](#).

² All of these factors cross-tabulated by mode of transport can be viewed as charts and tables in the [results viewer](#).

Chart 3: Disabled people's use of coaches in previous 12 months, by age

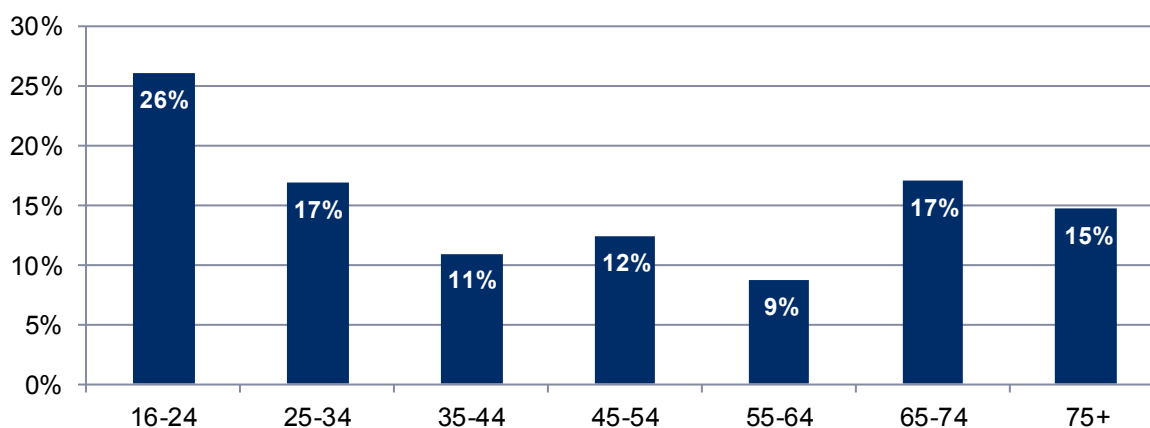


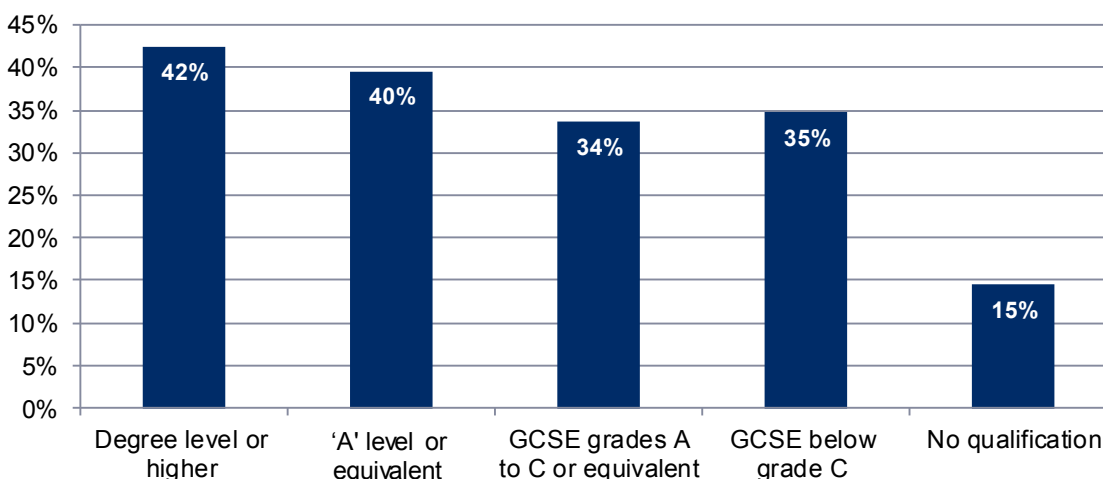
Chart 3 shows the percentage of disabled people who have travelled by coach at least as much as they would like, split by age. Disabled people aged 16 to 24 were the most likely to travel by coach. This percentage declines with age until retirement age, when there was an increase in coach use for those aged over 65.

Local trains

When controlling for other factors factors,¹ the following had the strongest association² with travelling by local trains as much as (or more than) they would like:

- Not having access to a car
- Being in good health
- Living in areas of medium population density³ (i.e. not the most or the least densely populated areas);
- Being younger
- Not being in material deprivation⁴
- Having qualifications, see Chart 4 below.

Chart 4: Disabled people's use of local trains in previous 12 months, by highest qualification⁵



⁴ For information about material deprivation, see [Terms and Definitions](#)

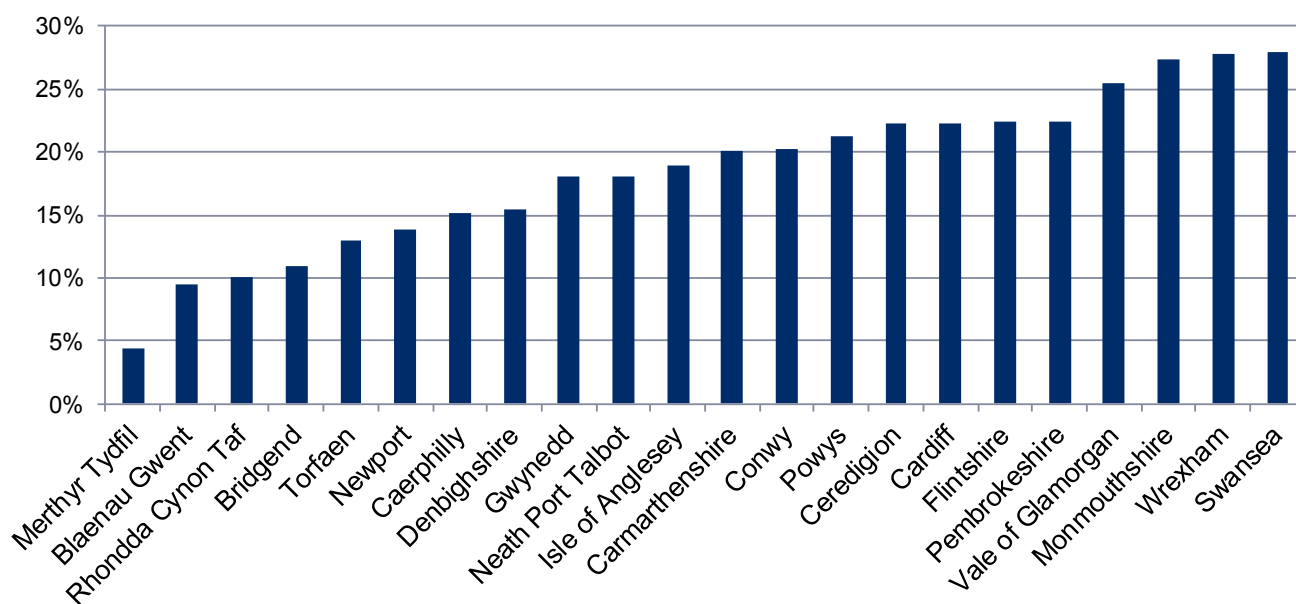
⁵ Highest level of qualifications are grouped by National Framework of Qualifications - see [Terms and Definitions](#)

Long distance trains

When controlling for other factors¹, the following had the strongest association² with travelling by long-distance/intercity trains as much as (or more than) they would like:

- Being a student or in employment.
- Being more highly qualified – The higher the level of qualifications held the more likely they were to have used a long-distance train
- Living in particular areas: - Those who lived in Swansea were most likely to have used the long-distance train with those from Merthyr Tydfil being least likely – see Chart 5.

Chart 5: Disabled people's use of long-distance trains in previous 12 months, by local authority



Taxi

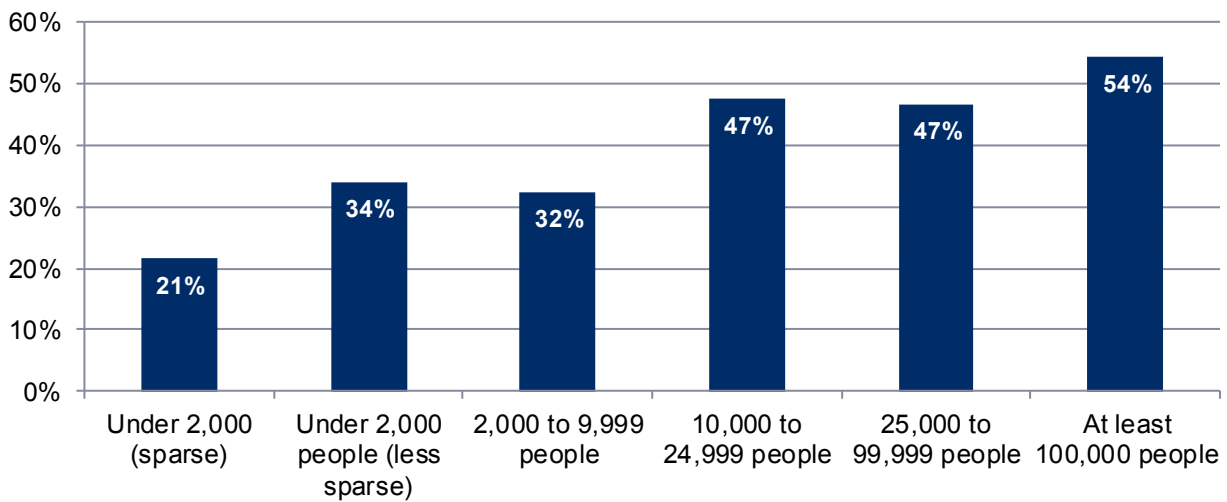
When controlling for other factors¹, the following had the strongest association² with travelling by taxi as much as (or more than) people would like:

- Car or van availability – as would be expected, those who had a car or van available for use were less likely to use a taxi than those without. Material deprivation⁴ - those in material deprivation were less likely to use a taxi
- Local authority – 57% of disabled people in Swansea had used a taxi compared with only 19% in Powys⁶
- Qualifications – those with higher levels of qualifications were more likely to have used a taxi than those with lower or no qualifications
- Age – younger people were more likely to have used a taxi, than older people Economic status, those in employment were more likely to have used a taxi than those who were unemployed and inactive
- Living in built-up areas⁷, instead of sparsely populated areas – as shown in [Chart 6](#).

⁶ Local Authority was found to have strong association with travelling by taxi, after controlling for population density.

⁷ For a definition of 'built up areas', see [Terms and Definitions](#)

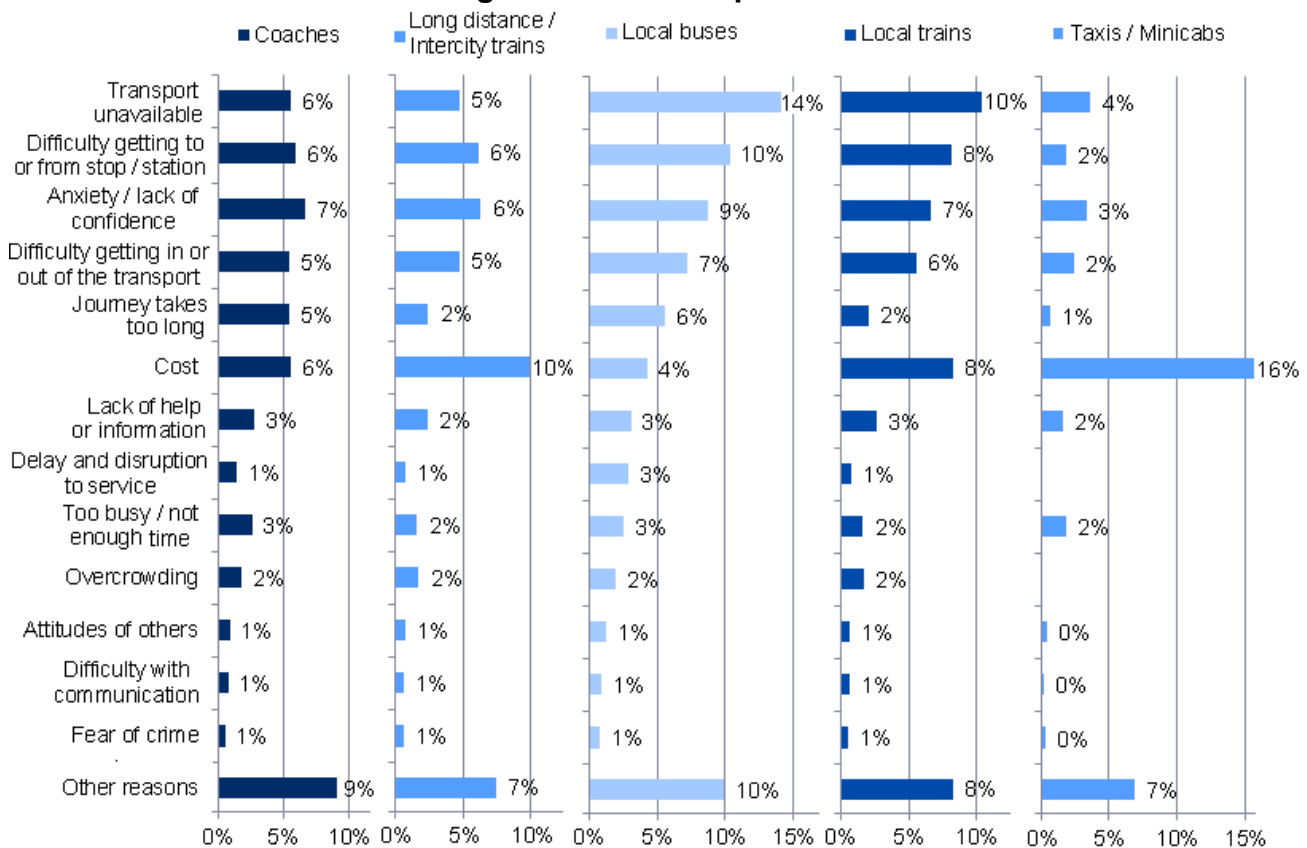
Chart 6: Disabled people’s use of taxi in previous 12 months, by settlement size



Barriers to using modes of transport

Respondents who had not travelled on local buses, coaches, local trains, intercity trains and taxis in Wales in the previous 12 months, or who had done so less often than they would have liked, were asked what had stopped them from being able to use them as often as they would like. They were shown a card with a list of possible reasons, and the most common reason given for all five modes of transport (60% or more) was that they ‘did not need or want to’. The other reasons given are shown in Chart 7 below.

Chart 7: Reasons for not using modes of transport



As is shown in [chart 7](#), transport not being available is the most common reason given for not travelling by local buses or trains. This was followed by difficulty getting to a stop or a station. Cost was cited as the most common reason for not travelling by taxi or a long-distance train.

For all modes of transport, over 7% of people gave a reason that was not listed on the card. The vast majority of these ‘other’ reasons’ were related to their health or lack of mobility.

Accessibility of buildings and public places

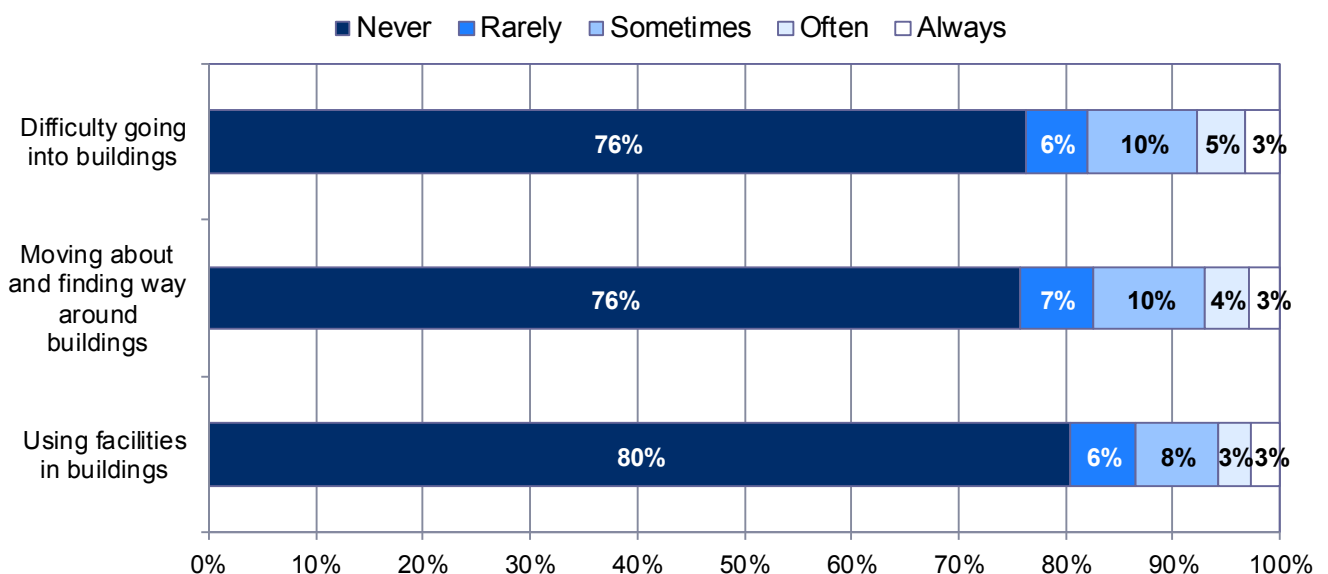
Accessible buildings and public places are essential for disabled people so they can work, go shopping, take part in leisure activities, or go to the same school or college as their peers. To monitor the views of disabled people about the accessibility of public places, the National Survey included a set of questions on access to public buildings, offices, shops, schools and people’s homes.

They were asked how often over the previous 12 months, they’d had a difficulty:

- going into the buildings they needed to;
- moving about and finding their way around buildings; and
- using facilities in buildings, (e.g. toilets, or purchasing items over the counter)

The responses to these questions are shown in Chart 8 below.

Chart 8: Difficulty accessing, moving about and using facilities in public buildings

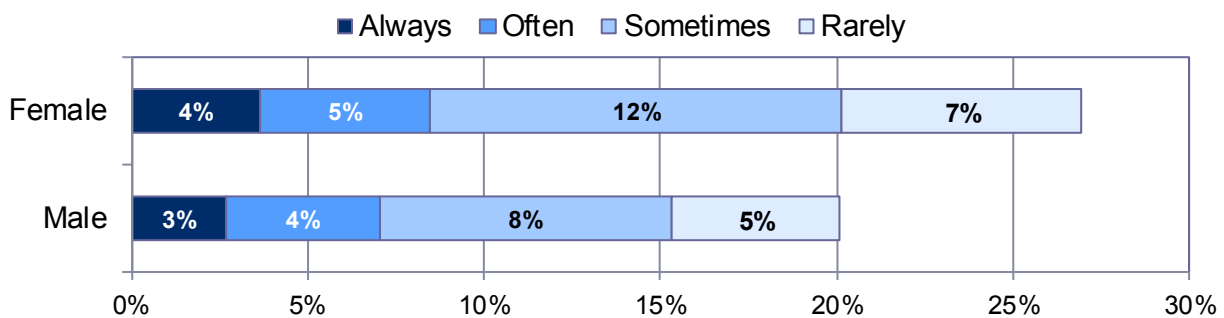


The vast majority of disabled people said that they never had difficulty, going into buildings (76%), moving about and finding their way around a building (76%), or using facilities in a building (80%). 3% said they always had difficulty, going into, finding their way around and using facilities in a building.

When controlling for other factors¹, it was found that those who experienced at least some difficulties **going into buildings and moving about** (i.e. those who didn't say 'never'), were more likely to:

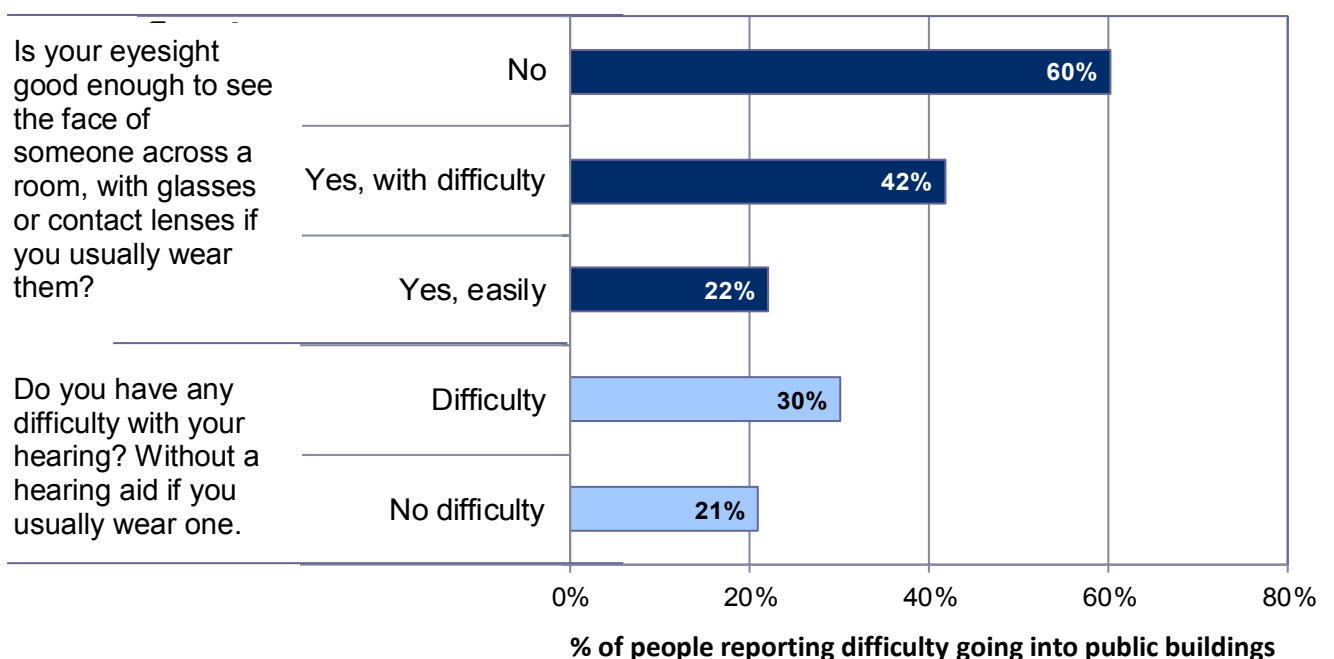
- suffer from musculoskeletal illnesses, such as arthritis, and other problems of bones, joints or muscles,
- suffer from an illness of the nervous system, such as Sciatica, Parkinson's, Alzheimer's or Carpal Tunnel syndrome
- suffer from a mental illness such as anxiety, depression or nerves
- have suffered from a stroke
- be economically inactive, and
- be female, see Chart 9.
- have poor vision or hearing, see Chart 10

Chart 9: Difficulty going into public buildings, by gender



As shown in Chart 9, disabled women were more likely to report finding it difficult to access a building than disabled men. 27% of disabled females said that they had at least some difficulty going into buildings, compared with 20% of disabled males.

Chart 10: Difficulty going into public buildings, by ability to see and hear

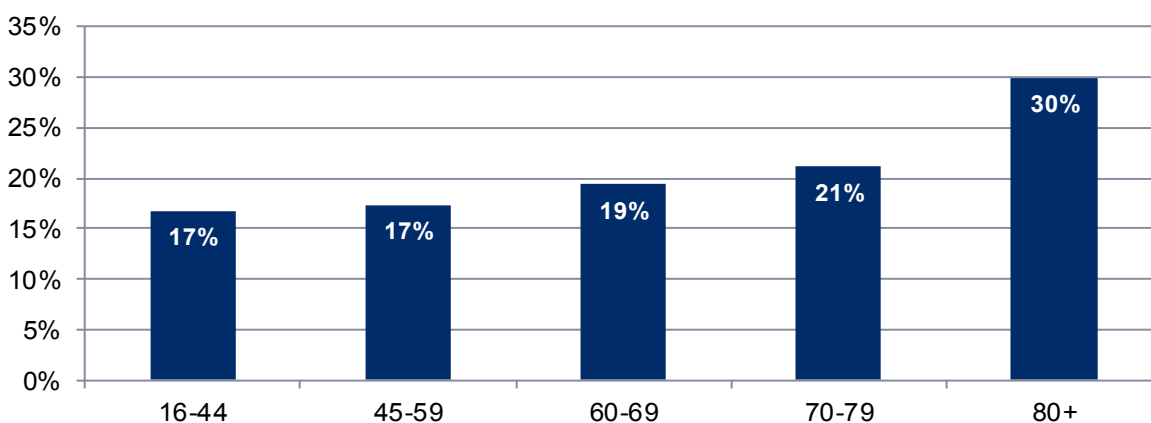


As shown in [Chart 10](#), disabled people with poor vision or who had difficulty hearing were more likely to have difficulty going into a building. 60% of disabled people who could not see the face of someone across a room expressed some difficulty entering a building compared with 22% of disabled people who could see easily. Also 30% of those who had difficulty hearing said that they had difficulty entering a building, compared with 21% of those who could hear without difficulty.

Those who experienced at least some difficulties **finding their way around a building** had the same characteristics as those who **had difficulty going into buildings and moving about**. However, when controlling for other factors¹, to look at those who experienced some difficulties **using facilities in a building**, it was found that gender was no longer a factor, but age and suffering from bowel complaints were. Those who experienced some difficulties **using facilities in a building** were therefore more likely to:

- suffer from particular illnesses such as
 - musculoskeletal illnesses, such as arthritis
 - illnesses of the nervous system, such as sciatica, Parkinson's, Alzheimer's or carpal tunnel syndrome
 - bowel complaints
 - mental illnesses such as anxiety or depression
- have suffered from a stroke
- be economically inactive
- have poor vision or hearing, or
- be older (see Chart 11)

Chart 11: Difficulty using facilities in a building, by age

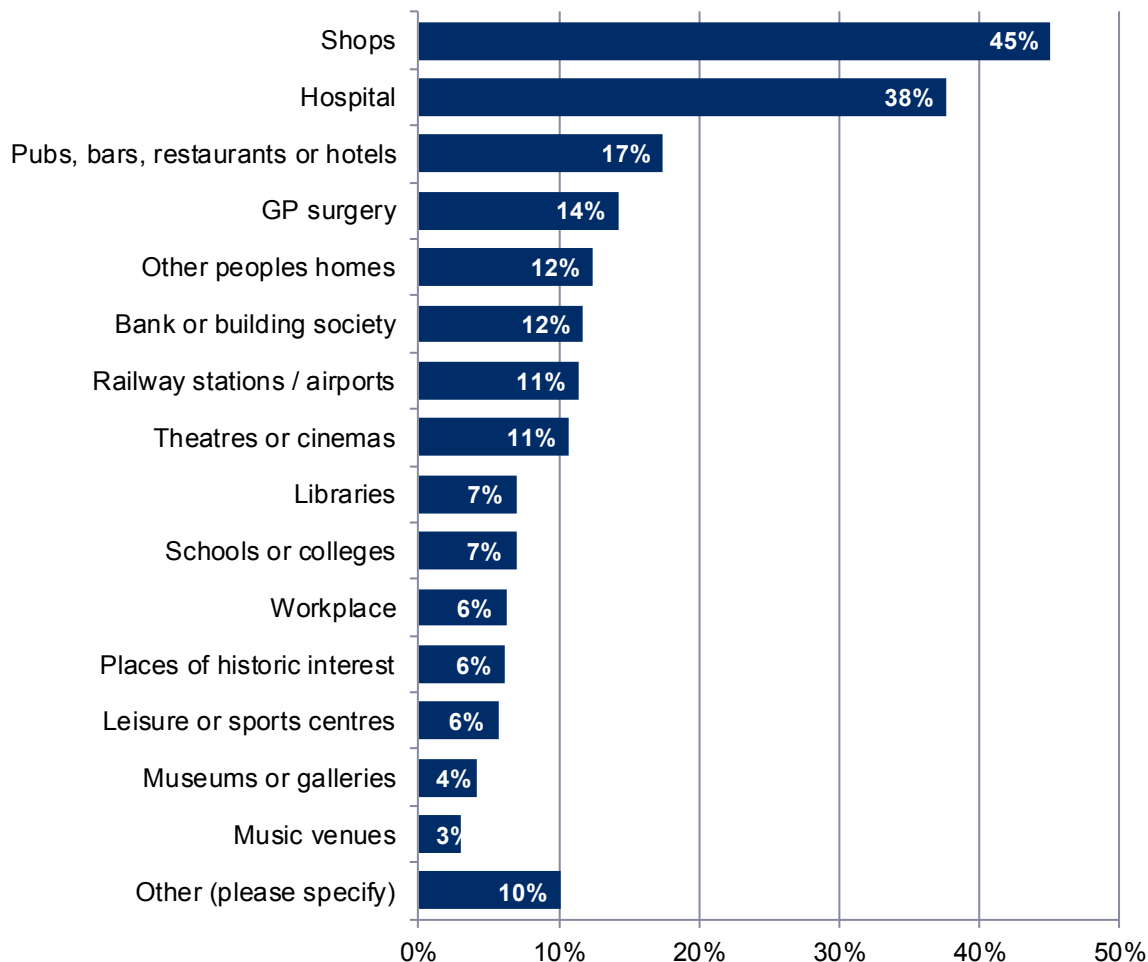


As shown in Chart 11, older disabled people were more likely to find it difficult to use facilities in buildings (e.g. toilets or purchasing items over the counter) than younger disabled people.

Public buildings where people had difficulty

31% of disabled people had experienced at least some difficulty going into buildings, moving about and finding their way around a building, or using facilities in a building. They were subsequently asked which buildings they had these difficulties at. Their responses are shown on Chart 12.

Chart 12: Public buildings where people had difficulty a difficulty accessing, moving about and using facilities ^(a)

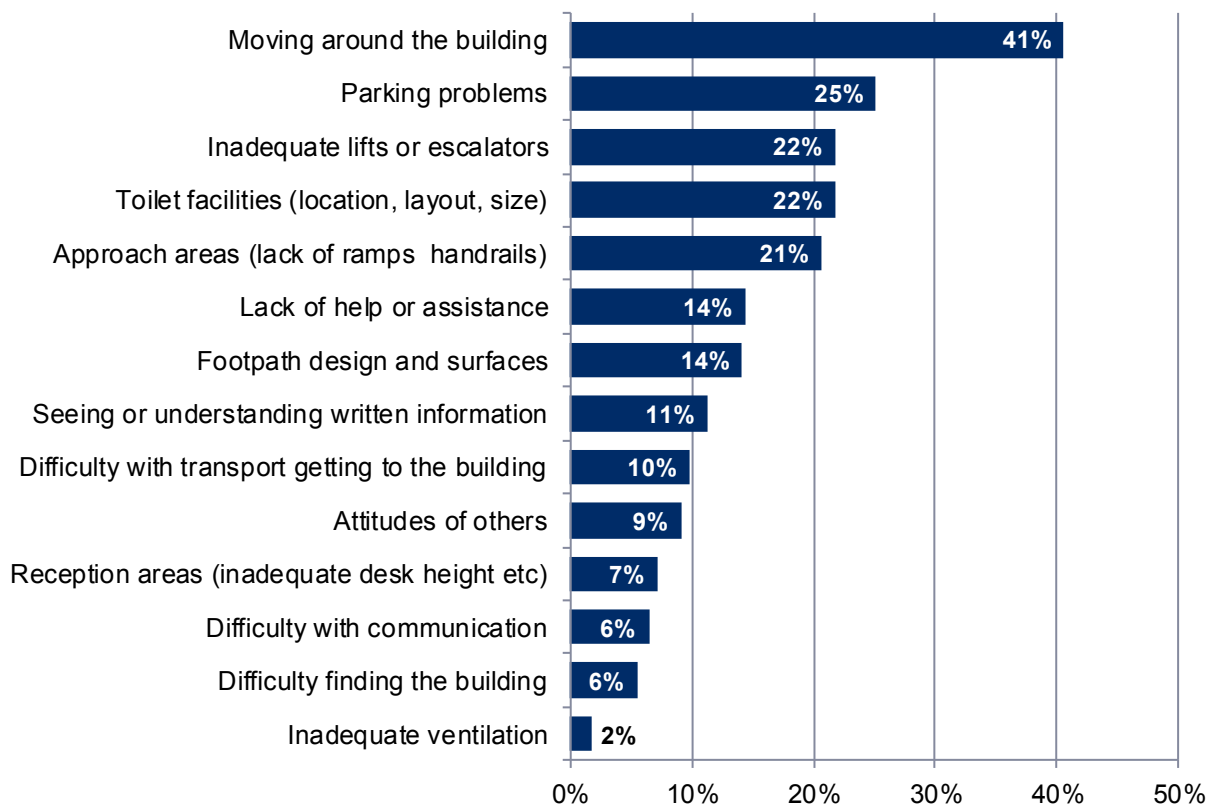


(a) This question was asked of 31% of disabled people, who said they had difficulties accessing moving about and finding their way around a building, or using facilities in a building.

Shops were the most commonly reported type of building that people had difficulty accessing, moving about and using facilities at, reported by 45% of those who had difficulties. This was followed closely by hospitals, reported by 38%.

Those who had experienced at least some difficulty, accessing and using facilities in buildings were asked to describe the cause of the difficulty. Their responses are shown on [Chart 13](#).

Chart 13: Reasons given for having difficulty accessing, moving about and using facilities in public buildings ^(a)



(a) This question was asked of 31% of disabled people, who said they had difficulties accessing moving about and finding their way around a building, or using facilities in a building.

The reason most commonly noted for having difficulty accessing a building was difficulty moving around the building, which was reported by 41% of those who had difficulty. This was followed by parking problems, inadequate lifts and problems with toilet facilities.

The reasons given were slightly different for the various types of building. For example ‘Inadequate lifts or escalators’ were reported by 51% of disabled people who’d had difficulties at places of historic interest (country homes, castles, etc.) and 48% of those who reported having difficulties at music venues. It was less of an issue for those who reported having difficulties at their workplaces or at hospitals (reported as a reason by 20% and 26% respectively).

‘Moving around the building’ was reported to be a difficulty by 37% of disabled people who reported having difficulty accessing and using facilities at leisure centres and 39% of those who had difficulties at music venues. However 72% of those who reported having difficulties at museums or galleries, and 65% of those who had difficulties at other people’s homes, gave this as their reason.

[Chart 14](#) shows the issues encountered at shops and hospitals.

Chart 14: Reasons given for having difficulty accessing, moving about and using facilities in shops and hospitals

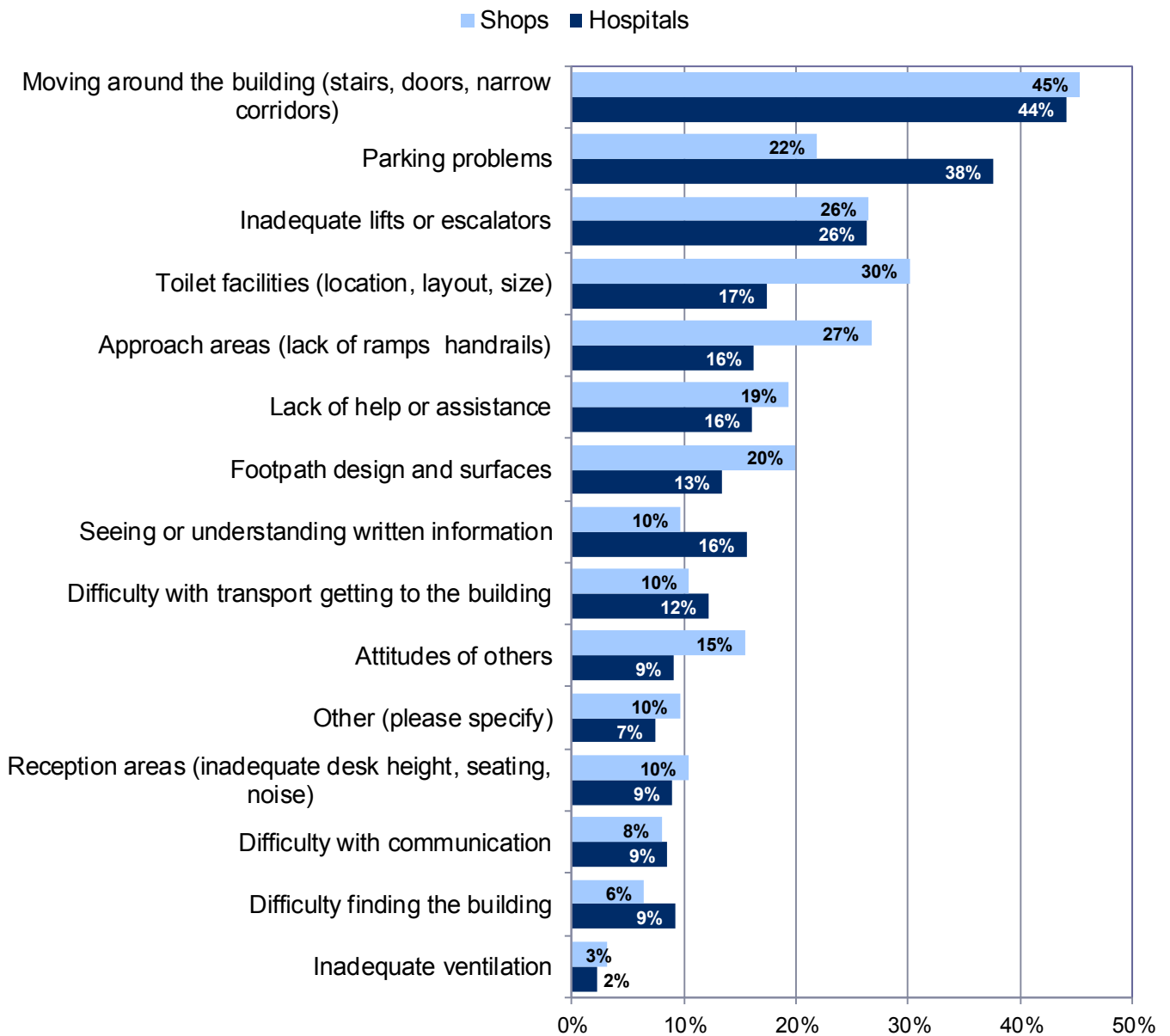


Chart 14 shows that parking problems and also seeing or understanding written information were more of an issue at hospitals than at shops, whilst 'approach areas' (e.g. ramps) and toilet facilities were more of an issue at shops than at hospitals.

Terms and definitions

Built-up area

We have categorised respondents by the size of the settlement they live in, from the most rural area, where there are less than 2,000 people in the settlement, to the most densely populated urban areas where there are over 100,000 people in the settlement.

There were 5 settlement bands each with roughly equal populations:

- Under 2,000,
- 2,000 to 9,999,
- 10,000 to 24,999
- 25,000 to 99,999
- at least 100,000

The smallest band was further split into two to give an idea of “accessible” rural and “remote” rural. Settlements with population of 10,000 or more were traditionally defined as “urban”. A built up area is defined as land with a minimum area of 20 hectares (200,000 square metres), while any settlements within 200 metres of each other are linked.

More information on how these areas are defined can be found in this [statistical article](#)

Material deprivation

Material deprivation is a measure which is designed to capture the consequences of long-term poverty on households, rather than short-term financial strain.

Non-pensioner adults were asked whether they had things like ‘a holiday away from home for at least a week a year’, ‘enough money to keep their home in a decent state of decoration’, or could ‘make regular savings of £10 a month or more’. The questions for adults focussed on whether they could afford these items. These items are really for their ‘household’ as opposed to them personally which is why they were previously called ‘household material deprivation’.

Pensioners were asked slightly different questions such as whether their ‘home was kept adequately warm’, whether they had ‘access to a car or taxi, when needed’ or whether they had their hair done or cut regularly’. These also asked whether they could afford them, but also focussed on not being able to have these items for other reasons, such as poor health, or no one to help them etc. these questions were less based on the household and more about the individual.

Those who did not have these items were given a score, such that if they didn’t have any item on the list, they would have a score of 100, and if they had all items, they had a score of 0. Non-pensioners with a score of 25 or more were classed as deprived and pensioners with a score of 20 or more were classed as deprived.

Parents of children were also asked a set of questions about what they could afford for their children.

In this bulletin the non-pensioner and pensioner measures of deprivation are combined to provide an ‘adult’ deprivation variable. The terms ‘adult’ and ‘household’ deprivation may be used interchangeably depending on context.

Economic status

Respondents were classified into the following three economic statuses according to how they described what they were doing in the previous 7 days.

In employment	Unemployed	Economically inactive
<ul style="list-style-type: none"> • In any paid employment or self-employment (or away temporarily) • On a government sponsored training scheme • Doing unpaid work for a business that you or a relative owns • Waiting to take up paid work already obtained 	<ul style="list-style-type: none"> • Unemployed and looking for work • Intending to look for work but prevented by temporary sickness or injury (28 days or less) 	<ul style="list-style-type: none"> • Full-time student (including on holiday) • Unable to work because of long-term sickness or disability • Retired • Looking after home or family • Doing something else

Qualifications

Respondents’ highest qualifications have been grouped according to the National Qualification Framework (NQF) levels, where level 1 is the lowest level of qualifications and level 8 is doctoral degree or equivalent. For the National Survey, respondents have been grouped into 5 groups, those with no qualifications are in the lowest category and respondents with qualifications at levels 4 to 8 have been grouped together in the highest qualification category. [More information about the NQF levels.](#)

To provide more meaningful descriptions of the qualifications, these short descriptions have been used in this bulletin.

National Qualification Framework levels	Description used in bulletin
NQF levels 4-8	Degree level or higher
NQF level 3	‘A’ level and equivalent
NQF level 2	GCSE grades A to C and equivalent
Below NQF level 2	GCSE below grade C
No Qualifications	No Qualifications

Key quality information

Background

The National Survey for Wales is carried out by The Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed in 2016-17 (30 March 2016 – 31 March 2017).

The sample was drawn from the Royal Mail Small Users Postcode Address File (PAF), whereby all residential addresses and types of dwellings were included in the sample selection process as long as they were listed as individual addresses. If included as individual addresses on the PAF, residential park homes and other dwellings were included in the sampling frame but community establishments such as care homes and army barracks are not on the PAF and therefore were not included.

The National Survey sample in 2016-17 comprised 21,666 addresses chosen randomly from the PAF. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 45-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 10,493 interviews were achieved.

Interpreting the results

Percentages quoted in this bulletin are based on only those respondents who provided an answer to the relevant question. Some topics in the survey were only asked of a sub-sample of respondents and other questions were not asked where the question is not applicable to the respondent. Missing answers can also occur for several reasons, including refusal or an inability to answer a particular question.

Where a relationship has been found between two factors, this does not mean it is a causal relationship. More detailed analysis is required to identify whether one factor causes change in another.

The results are weighted to ensure that the results reflect the age and sex distribution of the Welsh population.

Quality report

A quality report is available, containing more detailed information on the quality of the survey as well as a summary of the methods used to compile the results.

Technical report

More detailed information on the survey methodology is set out in the [technical report](#) for the survey.

Sampling variability

Estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error. Confidence intervals can be used as a guide to the size of the sampling

error. These intervals are calculated around a survey estimate and give a range within which the true value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' figure for the whole population (that is, the figure we would get if the survey covered the entire population). In general, the smaller the sample size the wider the confidence interval. Confidence intervals are included in the tables of survey results published on StatsWales.

As with any survey, the National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the quality report for the survey.

Significant differences

Where the text of this release notes a difference between two National Survey results (in the same year), we have checked to ensure that the confidence intervals for the two results do not overlap. This suggests that the difference is statistically significant (but as noted above, is not as rigorous as carrying out a formal statistical test), i.e. that there is less than a 5% (1 in 20) chance of obtaining these results if there is no difference between the same two groups in the wider population.

Checking to see whether two confidence intervals overlap is less likely than a formal statistical test to lead to conclusions that there are real differences between groups. That is, it is more likely to lead to "false negatives": incorrect conclusions that there is no real difference when in fact there is a difference. It is also less likely to lead to "false positives": incorrect conclusions that there is a difference when there is in fact none. Carrying out many comparisons increases the chance of finding false positives. Therefore, when many comparisons are made the conservative nature of the test is an advantage because it reduces (but does not eliminate) this chance.

Where National Survey results are compared with results from other sources, we have not checked that confidence intervals do not overlap.

Regression analysis

In this bulletin, when it states that we have 'controlled for other factors', binary logistic regression has been used to identify the key variables that had influenced that particular survey outcome, when other variables are held constant. More details on this methodology can be found in the [Technical Report: Approach to regression analysis and models produced](#).

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Official Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

This document is available at: <http://gov.wales/statistics-and-research/national-survey/?lang=en>
<http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en>

Next update

Not a regular output

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