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Social model of disability: final report

Executive Summary

1. Research background and aims

This paper reports findings from the second and final phase of a research project to develop survey questions, response options, and guidance that reflect the social model of disability. The aim of this stage (the ‘alpha’ phase) was to design and test the new questions based on the findings and recommendations of the initial ‘discovery’ phase.

The Welsh Government adopted the social model of disability in 2002. However, data collection is still heavily influenced by the Equality Act (2010) and, by extension, the medical model of disability. The social model is underpinned by the premise that barriers in society disable people, rather than their impairments. This shift required the development of new survey questions to reflect the social model in data collection and decision-making processes in Wales.

The National Centre for Social Research (NatCen) was commissioned by the Welsh Government in 2024 to develop and test a set of survey questions that reflect the social model of disability.

The initial ‘discovery’ phase of the research concluded in July 2025 with the publication of an interim report on the Welsh Government’s website. Following a review of existing data collection approaches, the report found that no single question set was available to meet the project requirements. Therefore, recommendations for the alpha phase were to:

- develop an updated ‘impairment question’ based on the GSS harmonised impairment standard, addressing issues such as outdated terminology and clarity over fluctuating conditions
- create a new question on societal barriers, focusing on a high-level list of barriers relevant to policymakers and a broad range of disabled people

This report synthesises findings from the subsequent ‘alpha’ phase of the research, which developed and refined the new suite of questions across 3 work stages: question design, cognitive testing, and quantitative field testing.

2. Alpha phase methodology and findings

Work package 4 – question design

An iterative design process was followed to systematically draft, review, and refine a set of new survey questions in line with the recommendations of the interim report. Initial designs were based upon the findings of the discovery phase and refined through the incorporation of additional research findings and feedback from Welsh Government officials and the wider research Steering Group.

The questions needed to be inclusive, appropriate for use across different modes of data collection, and suitable for adults and parents answering on behalf of their children. They were to be available in multiple formats including English, Welsh, British Sign Language (BSL), and easy read.

Impairment question

Two versions of the initial ‘impairment question’ were developed from the basis of the GSS impairment harmonised standard, with each testing different concepts, wording, and response options.

Version 1 was designed to align as closely as possible with the current impairment standard in terms of question stem structure and response options, while adopting social model language and amending some response categories in line with findings from the discovery phase. It was designed for a self-administration mode, and participants were instructed to check all the response categories that applied to them.

Version 2 was designed to test more extensive changes to the current harmonised impairment standard. In addition to widespread language changes, social model principles were used to change the way in which the concept of ‘impairment’ was defined and measured within the question. It was designed to be asked by an interviewer, and participants were required to provide a ‘yes’, ‘no’ or ‘prefer not to say’ answer. The question had an instruction to include ‘anything that may come and go or vary over time’.

Based on findings from the discovery phase and other relevant research, both versions included additional response categories for autoimmune conditions and chronic pain. Existing response categories were also updated for accuracy and inclusivity. Most notably, the ‘Socially or behaviourally’ response option was split into ‘Social interaction or communication’ and ‘Sensory processing’.

Barriers question

Two versions of the new ‘barriers’ question were also developed for testing, based on findings of the discovery phase research. While both questions were designed to capture information on the barriers experienced by disabled people, each measured and defined the concept in different ways.

Version 1 intended to capture experience of barriers within specific domains of life, for example barriers to health care, employment, or transport. It was also designed to be used exclusively as a follow up to the impairment question, with barriers and impairments explicitly linked through the question stem.

Version 2 intended to capture the different types of barriers experienced in a broader sense, adopting the social model categorisations of attitudinal, institutional, environmental, and communication barriers. It was also designed to work as a standalone question, without an explicit link between barriers and specific impairments.

Work package 5 – cognitive testing

The aim of the cognitive interviews was to test both versions of the impairment and barriers questions with adults, and parents of disabled children (aged 0 to 15). Findings from this stage informed revisions to the questions ahead of the next phase of the research.

A total of 56 interviews were conducted, during which participants were asked to respond to the new survey questions while vocalising their thought processes. Alongside this ‘think aloud’ method, interviewers were instructed to ask probing questions to explore participants' understanding, recall, decision-making processes, and any difficulties encountered. The sequence in which the impairment and barriers questions were presented to participants was alternated to assess the impact of question order.

Smaller scale ‘proof of concept’ testing was carried out for both the BSL and easy read (English and Welsh) questions. This preliminary testing was designed to assess the feasibility and effectiveness of the questions and reveal potential issues with interpretation and administration, prior to scaled up testing with larger sample sizes.

Impairment question findings

Although participants showed no clear preference for either version of the impairment question overall, there was evidence of preference between the individual elements tested in each. As such, features from both versions were incorporated into the final impairment question to take forward to the quantitative field test.

In the question stem wording, the terminology of ‘impairments’ and ‘conditions’ used within version 1 was generally more positively received. The terms ‘issues’ and ‘differences’ used in version 2 were interpreted less consistently, with some participants finding them to be vague and potentially negative. Participants did, however, resonate positively with the instruction in version 2 to ‘include anything that may come and go or vary over time’, which was felt to be more inclusive of those with fluctuating conditions.

Regarding response options, participants showed a preference for the verb-based language approach tested in version 2 of the impairment question, finding the options to be more straightforward and relatable. Some participants also felt that version 1 included too many examples for each response option, which made them more difficult to process. New response options relating to the immune system and ‘being in pain or discomfort’ were generally understood and positively received, albeit with recommendations on how to improve clarity.

In BSL, both versions of the question were challenging due to how the questions were structured when presented in a visual language. The ‘Hearing’ category in the impairment harmonised standard, which referred to ‘deafness’ and ‘partial hearing’, was perceived as negative and unacceptable to some. The other options selected in combination with ‘Hearing’ reflected how different identities, culture, and being a visual language user impacted participants, rather than how hearing loss impacted them. The lengthy response options on the social model aligned version presented difficulty in answering.

Barriers question findings

While respondents broadly accepted and understood both versions of the barriers question, each received mixed feedback highlighting areas to be further developed ahead of the quantitative field test.

With version 1, participants generally found the question to be too wordy. Although the inclusion of examples was seen to be useful in understanding and interpreting the question, participants recommended reducing the number of examples provided or moving them behind an information button to be accessed only when required. Additionally, while the term 'barriers' was well understood and preferred to alternative terms, it was often interpreted as relating largely, or exclusively, to physical barriers. When translated, the Welsh term ‘amhariad’ (impairments) was unfamiliar to some.

With version 2, participants generally interpreted the question as asking about barriers experienced across a broad range of life domains, with some exceptions. There was some confusion caused by a lack of clarity on whether the question was asking specifically about impairment-related barriers, the absence of a reference period, and the complexity of some sentence structures. Feedback suggested that having the question stem visible might aid comprehension. When asked in Welsh, the question was considered too formal in parts.

The easy read format was positively received, though some found the volume of text and the number of response options challenging. Participants appreciated the easy read format and images, which helped with processing the information. Suggestions for improvement included clearer images and shorter response option headings to enhance clarity and accessibility.

In BSL, as with the impairment questions, the structure made both barriers' questions challenging to understand and answer. Showing the question stem separately to each barrier type increased cognitive burden and was deemed unacceptable to those taking part. While both questions appeared to be understood as intended, there was a consensus that they were difficult to answer. Recommendations included improving clarity and context in question stems and ensuring examples were relevant to experiences of deaf BSL signers.

Work package 6 - quantitative field testing

The aim of the quantitative field test was to collect adult prevalence estimates of disabled people using the revised questions and for responses to be compared against data from the current harmonised standards. In addition, feedback on the new questions would be collected in a general population context. The quantitative field test was conducted in the November 2025 wave of the NatCen Panel. To ensure a sufficient adult sample size for meaningful analysis, parent versions of the questions were not included in the Panel. Functional limitations also meant that it was not possible for the survey to be completed in BSL or easy read formats.

A random sub-sample of 4,383 cases was selected from active panel members aged 16 and over and included a boost of 750 panel members living in Wales. A 57% response rate was achieved, and a total of 2,507 interviews were conducted. The module comprised 2 sets of questions plus a respondent debriefing question:

- Set 1 included the current harmonised standards for long-lasting health conditions and illnesses, activity restriction, and impairment
- Set 2 included the revised impairment questions, a question on barriers in different life domains, and a question on types of barriers experienced

All participants were asked all questions, with the order of the sets randomised to control for priming effects. The response options for some questions were randomised to understand the impact of 'Don't know' and 'Prefer not to answer' options on responses. Survey weights were created to ensure representative estimates. Analysis was descriptive and bivariate, focusing on differences in estimates produced by the social model survey questions compared to harmonised standards.

To allow comparison with the prevalence of disabled people as defined under the Equality Act (having a long-lasting health condition or illness, and activity being limited ‘a lot’ or ‘a little’), the following 2 social model classifications were used:

- social model 1 (SMD1): respondents reporting one or more impairments and having experienced barriers in one or more ‘domains of life’ options
- social model 2 (SMD2): respondents reporting one or more impairments and having experienced one or more barriers listed within the ‘types of barriers’ options

Understanding impairments

Two versions of the impairment question were included: the standard GSS impairment harmonised question and the new social model aligned version. The harmonised impairment question identified around 35% of participants as having one or more impairments, with 'Mobility' (47%) and 'Mental health' (46%) being the most common types reported by disabled people.

The social model version identified 57% of participants as having one or more impairments. Irrespective of the social model definition of disability used, the impairments reported were similar. The most frequently reported impairments were ‘Mental health’ (50% for SMD1, and 53% for SMD2) and ‘Being in pain or discomfort’ (with 49% for SMD1, and 52% for SMD2).

Where there were functional equivalents of response categories across both versions of the question, prevalence tended to be highest on the social model aligned approach. The social model version had the lowest proportion of participants selecting ‘Other’, suggesting it better captured the range of possible options that disabled participants may want to provide.

Understanding barriers

Two different questions were tested: one on barriers in different domains of life and one on types of barriers experienced (aligned to social model categorisations). In both questions, participants with impairments consistently reported more barriers than those without impairments. Non-response for both questions varied according to whether ‘Don’t know’ and ‘Prefer not to answer’ were listed alongside other response options or hidden.

Across all impairment types, the most common areas of life disabled participants reported experiencing barriers in were ‘Health care’ (26%) and ‘Public spaces and facilities’ (18%). One in five (20%) of those with an impairment reported experiencing barriers in 2 or 3 life domains over the previous 12 months. Participants with 'Hearing' impairments were least likely to report barriers in all life domains. Selection of the ‘Other’ response option was low, suggesting the predefined categories accurately captured the most common life domains that barriers are experienced in.

For the question on types of barriers experienced, attitudinal barriers were the most frequently reported type, at 30%. Institutional barriers were the next most commonly experienced, at 23%. Just 1.6% of those with an impairment selected ‘Other’, suggesting the pre-defined response options accurately captured the main types of barriers.

Measuring the prevalence of disabled people

Three distinct prevalence estimates of disabled people were produced: one aligned with the Equality Act (2010) definition and 2 were aligned with the social model of disability. The prevalence of disabled people using the Equality Act definition was 30.8%, higher than published estimates from comparable data sources but in line with the trend of increased prevalence.

With the first social model approach (SMD1), a participant was classified as disabled if they reported having one or more impairments using the social model aligned question and they also reported experiencing barriers in one or more of the ‘domains of life’ options. According to this definition, 27.4% of participants were disabled. For the second approach (SMD2), a participant was classified as disabled if they reported having one or more impairments and they also reported experiencing one or more of the social model ‘types of barriers’ listed. Using this approach, 28.2% of participants were classified as disabled.

Confidence intervals and statistical testing found significant differences between SMD1 and the Equality Act estimates at 5% significance, but not 1%. There were no significant differences between SMD2 and the Equality Act estimates; or between SMD1 and SMD2, at either the 5% or 1% significance level. Excluding non-responders from analysis reduced the gap between the Equality Act and social model aligned estimates, but this reduction was not statistically significant.

Further analysis explored whether individuals were consistently classified across different measures. A total of 347 participants were classified as disabled in all measures. There were 247 participants classified as disabled according to the Equality Act definition but not with either social model approach. Conversely, 161 participants were classified as disabled according to both social model estimates but not the Equality Act definition. These findings highlight potential differences in how ‘disability’ is measured, depending on the definition and survey questions used.

3. Conclusions and recommendations

Recommendations were provided for the impairment question and both barriers' questions. An additional general set of recommendations applies to all the questions.

Social model impairment question

The social model-aligned impairment question tested in work package 6 should be taken forward and used in a wider range of surveys and data collection contexts. The Welsh Government should review future findings to build an evidence base on use of the question, the stability of estimates it produces, and inform whether further development work is needed and where it should be focused.

Findings from BSL testing highlighted specific issues with the 'Hearing' response category. Some BSL participants did not select this category because it referred to hearing rather than being deaf. It is recommended that further work is undertaken with deaf BSL signers to determine if and how this category can be improved.

Experience of barriers questions

A social model aligned approach to capturing people's experience of barriers across life is novel in Wales, and the wider UK context. Two questions were tested, one measuring barriers experienced in different domains of life, and the other measuring the different types of barriers experienced.

Evidence indicated both questions had no obvious or major issues. As such, the final versions should be taken forward and used in a wider range of surveys and different data collection contexts.

As both return similar prevalence estimates for disabled people (when used in combination with the new impairment question), the Welsh Government should consider how each may be applied, depending on the purpose and nature of the wider context in which they are used.

Further testing is recommended to explore whether:

- changing the format of the questions reduces non-response, particularly for the question on barriers in different life domains
- 'needs not being supported by the Police' should be introduced into the question on barriers in life domains
- barriers given in the 'Other' response category during testing are suitably considered
- the question stem for the parent versions could be revised and made clearer that the question is about their child

General recommendations

Parent version: It was not possible to quantitatively test the parent versions of the questions. Therefore, further testing of these questions should be undertaken prior to use. An instruction should be drafted and tested to advise parents which child they should answer the question about, if they have more than one child with an impairment. Additional routing questions may be needed to identify the number of children and their ages.

Child version: This was beyond the revised scope of the research. Therefore, questions should be developed and cognitively tested with disabled children so data can be collected directly from older children, rather than parents.

BSL version: Testing was small in scope and further testing and consultation with deaf BSL signers should be carried out to improve data collection in a visual language. In particular, the impact of question structures and formats on the cognitive load for BSL signers, exploration of terminology issues, and the impact of how different identities, and social, cultural and language contexts among deaf BSL signers may shape responses.

Easy read version: Testing was small in scope, and the images and wording should be subject to further cognitive testing. In particular, making it explicit that the examples provided for each response option are not intended to be an exhaustive list; revising the ‘Something else’ response option to make it clearer that writing a comment is optional; and assessing whether all images are clear and help people to correctly understand the categories.

Data collection mode: Field testing did not involve face-to-face data collection which should be tested further, alongside the impact of having a written reminder of the question and response options. The results of these tests should be published and guidance provided on what actions, if any, data producers should take to deal with any mode effects given.

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Available at: https://www.gov.wales/social-model-disability

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