

The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland

First Report from the Northern Ireland Survey of people with Activity Limitations and Disabilities



An Agency within the Department of

**Finance and
Personnel**

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Acknowledgements

We would like to express our gratitude to all those people who contributed to the development and conduct of this survey.

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Finally, special thanks go to all those who gave us their time to participate in the survey. The wealth of information you provided on your experiences and circumstances allows us to present the most comprehensive picture, since the early 1990s, of life in Northern Ireland for people with disabilities.

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Introduction

This is the first in a series of bulletins detailing the results of the Northern Ireland Survey of Activity Limitation and Disability. This report provides information on the prevalence of disability among children and adults living in private households in Northern Ireland.

Future bulletins will provide more detail on respondents' disabilities, including the use of aids, equipment or medication; links between various types of disabilities and the severity of impact on the individual. There will also be bulletins focusing on prevalence rates amongst children and adults living in communal establishments in Northern Ireland such as residential and care homes and long-stay hospital wards. Other bulletins will report on the circumstances of people with disabilities, their experiences and any barriers they face in using services and participating in society.

Summary

In 2003 the Northern Ireland Statistics and Research Agency (NISRA) was awarded Executive Programme Funds¹ for a broad programme of work which consisted of developing a central source for disseminating equality related statistics and research as well as reviewing the existing range of information on people in Northern Ireland with disabilities.

Work on the Northern Ireland Survey of Activity Limitation and Disabilities (NISALD) began at the end of 2004 following the completion of a review of existing sources of information on disability in Northern Ireland. This review included recommendations on how to address information gaps. One of the main recommendations was to carry out a comprehensive survey on the prevalence of disability in Northern Ireland and the experiences and socio-economic circumstances of people with disabilities.

The definition of disability for the purposes of the NISALD was based on the concepts of the International Classification of Functioning, Disability and Health (ICF) which was developed and endorsed by the World Health Organisation.

The ICF looks at disability in terms of the interaction between the individual and the environment. The basic premise is that a person is not considered as having a disability just because they have a health condition but instead it is how the interaction between this condition and the environment limits or prevents the individual from taking part in society that creates a disability. Further information on the ICF and the

¹ These funds were set aside by the previous Northern Ireland Executive to support a programme of work linked to policies and programmes which were based on the priorities of the Northern Ireland Agreement.

methodology used in this particular exercise are provided in later sections.

The NISALD series of questionnaires included an initial set of questions that established the type, nature and severity of disabilities. The survey instrument also included questions dedicated to collecting information on the socio-economic characteristics of the respondents and their perceptions of the environment in which they live.

Fieldwork for adults and children living in private households was carried out throughout 2006 and was completed in early 2007.

This aspect of the survey included adults and children living in private households only. In addition, the survey also includes people resident in communal establishments, including nursing homes, residential homes, and long-stay hospital wards. These establishments, like private households, contain a broad mix of residents but are likely to include disproportionately higher numbers of people with disabilities. Results relating to people in communal establishments will be published separately in a later bulletin.

Results from the NISALD have found that, in 2006/07, 18% of all people living in private households in Northern Ireland have some degree of disability. The prevalence rate for adults is 21% and 6% for children.

1 BACKGROUND AND INFORMATION

1.1 Introduction

During 2003, NISRA commissioned the consultants Secta MSA Ferndale to undertake a review of the existing stock of information on people in Northern Ireland with disabilities. At that time, there appeared to be general consensus that there was a paucity of detailed information in this area. Whilst a range of general household surveys; the 2001 Census; and various administrative systems contained related information to varying degrees, the last comprehensive study in Northern Ireland of people with disabilities was conducted in 1990 by the Policy Planning and Research Unit of DFP (a predecessor of NISRA).

The main aims of the Secta MSA Ferndale review² were, thus:

- To profile the existing supply of information on people in Northern Ireland who have a disability. This would include the name of the information resource, the 'owner', timeframe covered, principal definitions used, the information source, counting/sampling processes, the comprehensiveness and quality of the information, and overall strengths and weaknesses of each source;
- A further aim was to profile the current and potential demand for information on people in Northern Ireland who have a disability. This would include the needs of users and potential users in government, local authorities, the

² MSA Ferndale (April 2004) *Review of Disability Information – Project for DFP NISRA*
<http://www.equality.nisra.gov.uk/publications/>

community and voluntary sectors, organisations representing people with disabilities, academia, etc; and

- Finally, to set out the potential and limitations of the existing stock of information resources compared with the range of information needs, identifying any sizeable information gaps, and putting forward proposals to address such gaps.

The main findings of this review were:

- There is a lack of good quality information on people in Northern Ireland with a disability, especially in terms of their multiple identities and their experiences across a range of social and economic contexts such as education, employment, transport and claiming of benefits.
- User needs are varied and there are significant difficulties surrounding the definition (or definitions) of disabilities, including the conflict between the medical and social models.

The review made a number of recommendations.

- The primary recommendation was to conduct a comprehensive survey looking at the prevalence and types of disabilities as well as the experiences and views of people with disabilities.
- It was also recommended that an expert group should investigate the definition of disability and such a survey

should be developed in consultation with an inter-departmental group. Additionally, contact should be made with relevant agencies in other countries to examine similar current or planned surveys.

1.2 Northern Ireland Survey of Activity Limitation and Disability

Following these recommendations, work on the Northern Ireland Survey of Activity Limitation and Disability (NISALD) began at the end of 2004. It was recognised that the information collected by the NISALD would be of interest and use to a broad spectrum of users. NISRA researchers, therefore, worked closely with members of the working group for Promoting Social Inclusion (PSI) of people with disabilities throughout the development and administration of the survey.

The PSI (Disabilities) group was established by the Office of the First Minister and Deputy First Minister in response to the European Year of People with Disabilities, 2004. The group includes representatives of voluntary organisations, all Government Departments, trade unions, the Equality Commission for Northern Ireland, the Northern Ireland Human Rights Commission and the Northern Ireland Commissioner for Children & Young People. The remit of the working group is to examine the barriers to employment, education, transport, housing, access to information and lifelong learning for people with disabilities in Northern Ireland and to make recommendations on how these barriers might be removed.

The following principles were established at the beginning of the development of the NISALD.

- The primary aim of the survey is to provide an up-to-date, accurate picture on the prevalence and circumstances of people in Northern Ireland with a disability.
- The results should provide information on the prevalence, nature, and severity of disability, as well as on the socio-economic circumstances and experiences of people with disabilities.
- The information should be suitable for and relevant to policy makers and service providers as well as to interested parties more generally.

The input from members of the PSI group was imperative to realising these goals.

1.3 Definition

There is no universally accepted definition of disability that meets the needs of all users at all times. A model often used in current data collection is that where disability is broadly defined as ‘any long-standing disability, illness or infirmity that limits the respondent’s activities in any way’.

An alternative model, known as the social model, looks at the impact of the surrounding environment in which the person lives and how this affects their ability to carry out everyday activities.

The PPRU study conducted in Northern Ireland in 1990 closely followed the methodology employed in a similar study in Great Britain which was undertaken by the Office for Population Census and Surveys (OPCS),

one of the fore-runners of the Office for National Statistics (ONS). The definition of disability used in those studies was based on the International Classification of Impairments, Disabilities and Handicaps (ICIDH) developed by the World Health Organisation (WHO). The Northern Ireland Disability Study, 1990 found that 17% of the adult population (aged 16 and over) had a disability and 4% of the child population (aged 15 and below) had a disability.

Initial work on the NISALD involved research into current international practice and the range of measuring tools available. Contacts were established between NISRA and other countries at the forefront of surveying people with disabilities. These included Canada, Australia, New Zealand, Ireland and Great Britain.

Those countries which already had disability surveys in place used the framework of the International Classification of Functioning, Disability and Health (ICF)³ as the basis for their survey. The ICF was developed by and formally endorsed by the WHO in May 2001 as the replacement for the ICIDH. It was seen to be a more accurate way than ICIDH of conceptualising and measuring disability. It was also felt that, as a framework, it could be used in a variety of ways by researchers, health service providers, information service providers, teachers, and so on.

In light of the research and in discussions with the survey development group in Northern Ireland, it was decided that ICF would be used as the basis for NISALD. It should be noted, however, that the ICF does not

³ For more information on the International Classification of Functioning, Health and Disability please visit the ICF homepage of the World Health Organisation's website at the following address:

<http://www.who.int/classifications/icf/site/icftemplate.cfm>

provide a generic survey instrument or questionnaire; rather it is a classification framework from which individual researchers must develop their own tailored instruments.

The NISALD, thus, asked respondents a series of questions relating to any difficulties they experienced across a wide range of functions and illnesses. The categories included in the questionnaire covered seeing; hearing; communication; mobility; dexterity; pain; chronic illness; breathing; learning; intellectual; social / behavioural; memory; emotional / psychological / mental health; and head injury. For each of these areas, respondents were asked if they experienced any difficulty. They were then asked how often, if at all, that the amount or kind of activities that they could do were reduced or affected.

Respondents provided information across each of these areas about the severity of the difficulty they had (ranging from no difficulty through mild, moderate, severe and, for some areas, complete e.g. total blindness or deafness) as well as detailing the frequency with which their activities were limited (ranging from never, through rarely, sometimes, often, and always).

Respondents were included in the full NISALD if they indicated that they experienced either moderate, severe or complete difficulty within at least one of these areas and that their activities were consequently limited. Respondents who indicated that they had a mild difficulty in one of these areas with their activities being limited 'rarely' or 'sometimes' were not included in the full NISALD. However, some respondents indicated that they had a number of 'mild' difficulties with each limiting their activities 'sometimes'. These respondents were included in the full NISALD given the potential for a number of 'lower level' disabilities to have a greater

impact in totality than individually. In practice, it was a small number of respondents who had such disabilities.

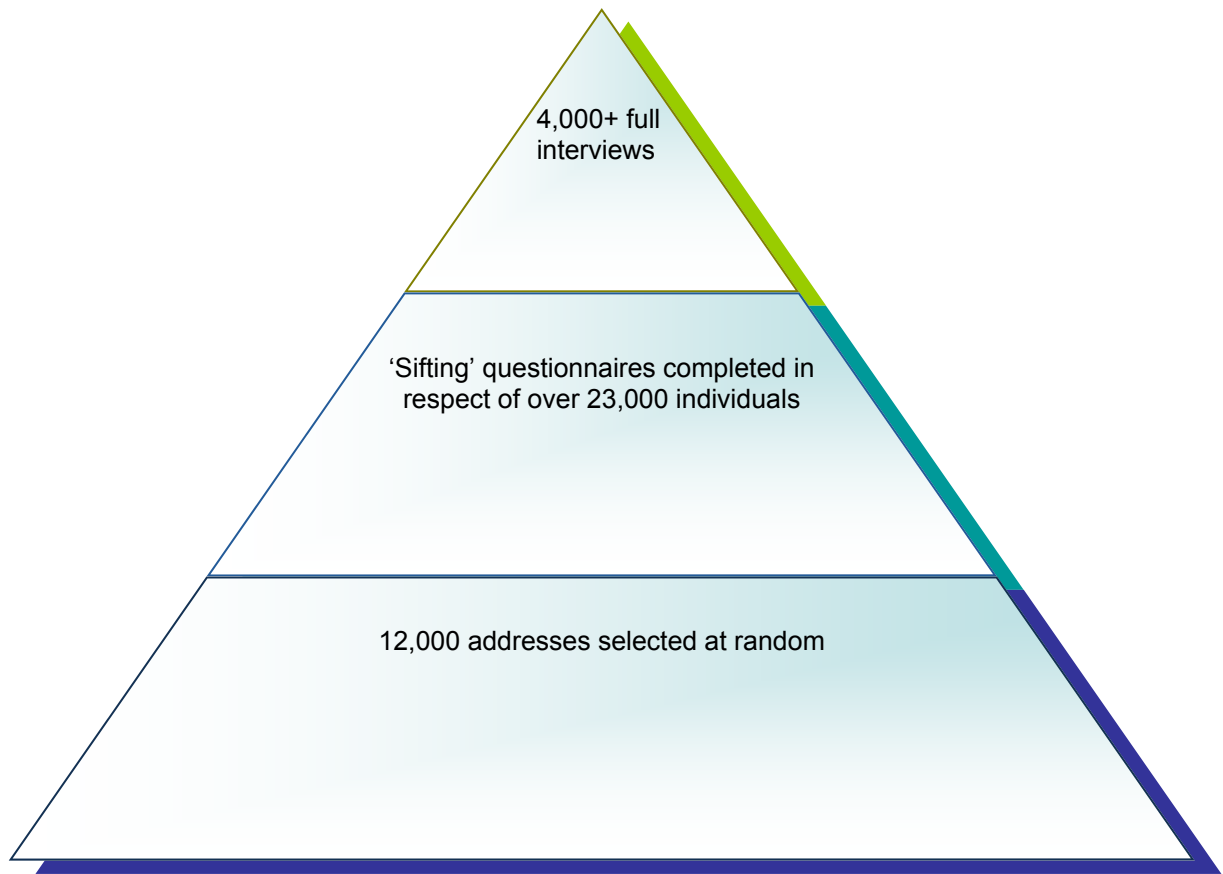
1.4 Identifying people with a disability

There is no comprehensive register of people with disabilities.

Consequently it is very difficult to carry out specific surveys on a sample of people with disabilities following a methodology that will allow the sample results to be quoted at the population level. In international disability surveying a number of countries establish their sample base, i.e. the population of people with disabilities, using a small number of focused questions on their census, as this has the capability to reach the whole population. As the next census in Northern Ireland will not take place until 2011 this method was not an option within the context of the NISALD.

Additionally, not everyone with a disability lives in a private household. Many are resident in communal establishments such as residential or care homes and long-stay hospital wards. The NISALD has, therefore, been conducted in two parts. The first part was a survey of adults and children living in private households, and is the subject of this report. The second part is a survey of adults and children living in communal establishments excluding places of detention, and military establishments. The results of that part of the exercise will be published in a later bulletin.

Appendix 1 provides details of the methodology employed in the household survey part of the exercise, including sampling. The main elements are summarised in the following diagram.



2 THE PREVALENCE OF DISABILITY IN NORTHERN IRELAND

2.1 Overview

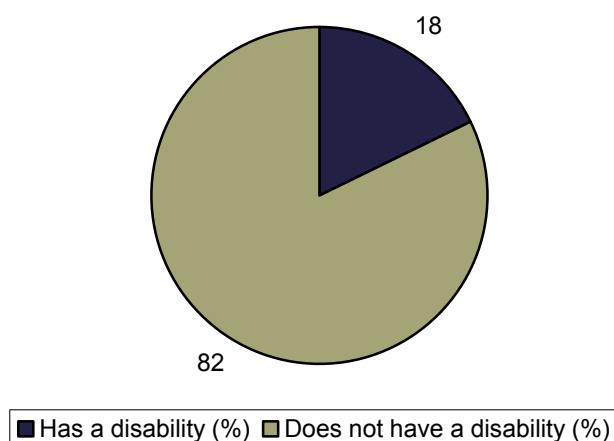
The information included in this bulletin provides prevalence rates of disability and activity limitations for people living in private households in Northern Ireland. A future bulletin will provide similar results for people living in communal establishments.

This bulletin provides overall prevalence rates as well as separate prevalence rates for adults and children, males and females, various age groups (adults only), and broad geographical areas within Northern Ireland. Section 1.3 described the definition of disability that was employed in this survey. In addition to limitations in daily living that would be commonly associated with disability, the definition used in this survey also encompassed the impacts of long-term illnesses and conditions. For the purposes of brevity, the remaining text of this report will refer to disabilities and activity limitations simply as disabilities.

2.2 Overall prevalence of disability

Figure 1 illustrates that 18% of the population in Northern Ireland are limited in their daily activities for reasons associated with a disability or long-term condition.

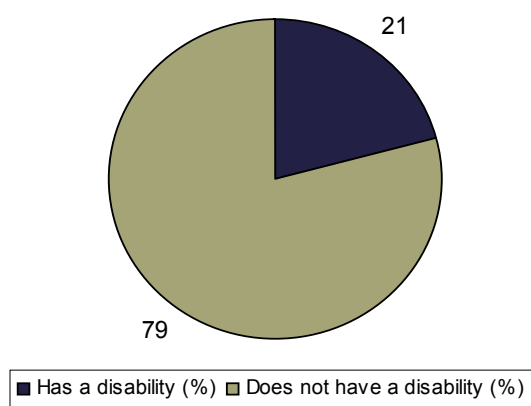
Figure 1 Prevalence of disability amongst the Northern Ireland household population



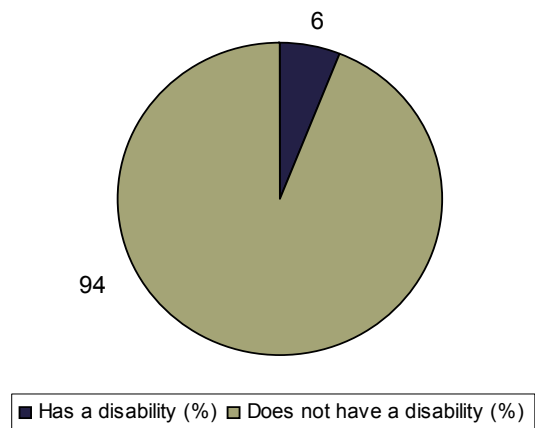
At a household level almost two out of every five (37%) Northern Ireland households include at least one person with a disability. Around one-fifth of these households contain more than one person with a disability.

Looking only at the adult population, it can be seen that over one-fifth (21%) of adults in Northern Ireland have at least one disability. Amongst children, 6% are affected by a disability.

**Figure 2 Prevalence amongst adults
living in private households**



**Figure 3 Prevalence amongst children
living in private households**



Population prevalence rates			
	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
Adults	21%	20.3%	21.5%
Children	6%	5.5%	6.8%
Overall	18%	17.2%	18.2%

2.3 Prevalence by gender

Almost one-quarter (23%) of adult females (figure 5) in Northern Ireland households indicated that they had some degree of disability, compared with around one-fifth (19%) of adult males (figure 4). The somewhat higher prevalence of disability amongst adult females, in part, reflects the greater longevity of women and the higher incidence of disability that is associated with increased age.

Figure 4 Prevalence amongst adult males living in private households

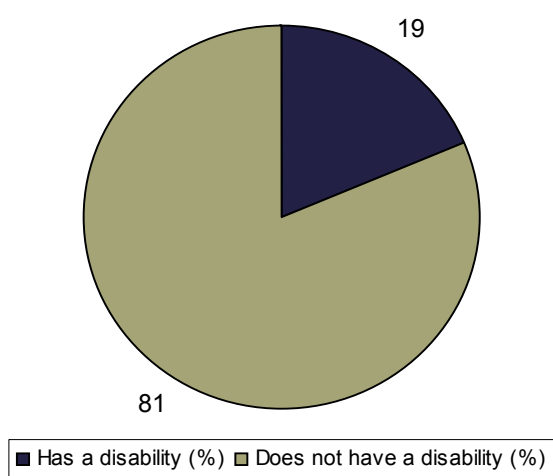
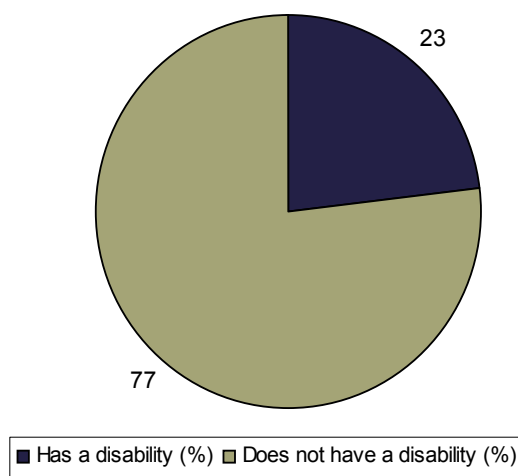


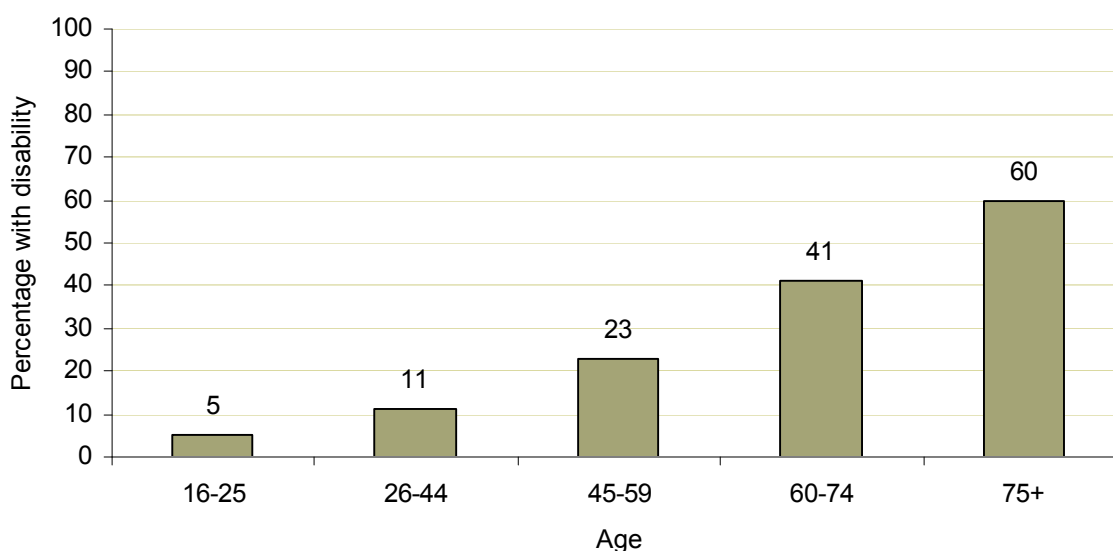
Figure 5 Prevalence amongst adult females living in private households



2.4 Prevalence by age

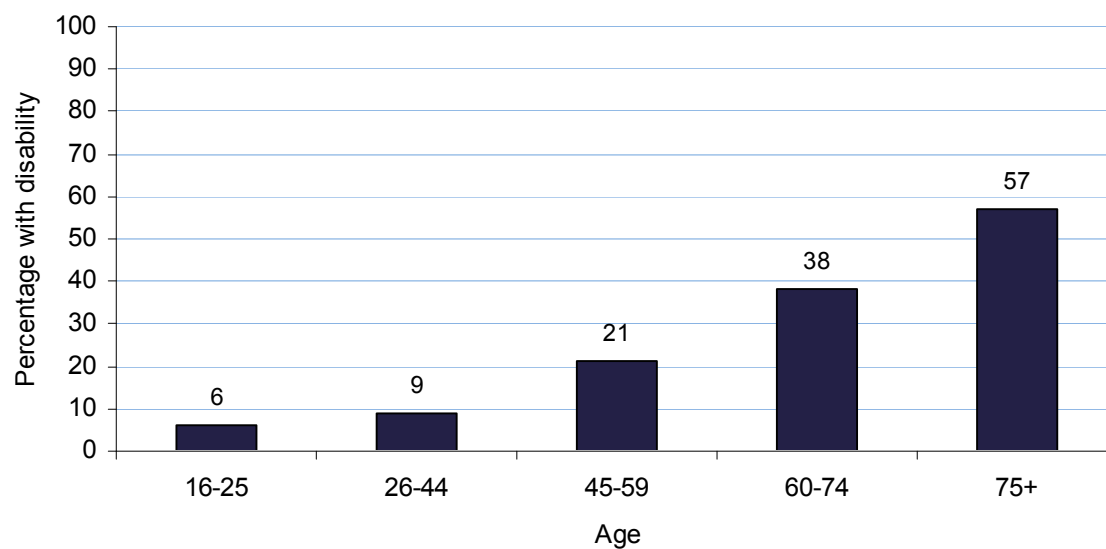
As figure 6 highlights, the prevalence of disability amongst adults varies significantly with age, ranging from a low of 5% amongst young adults aged 16-25 to 60% amongst those aged 75 and above. Indeed, amongst the very elderly, aged 85 and above, the prevalence of disability increases to almost 67%.

**Figure 6 Prevalence rates by age group
all adults**

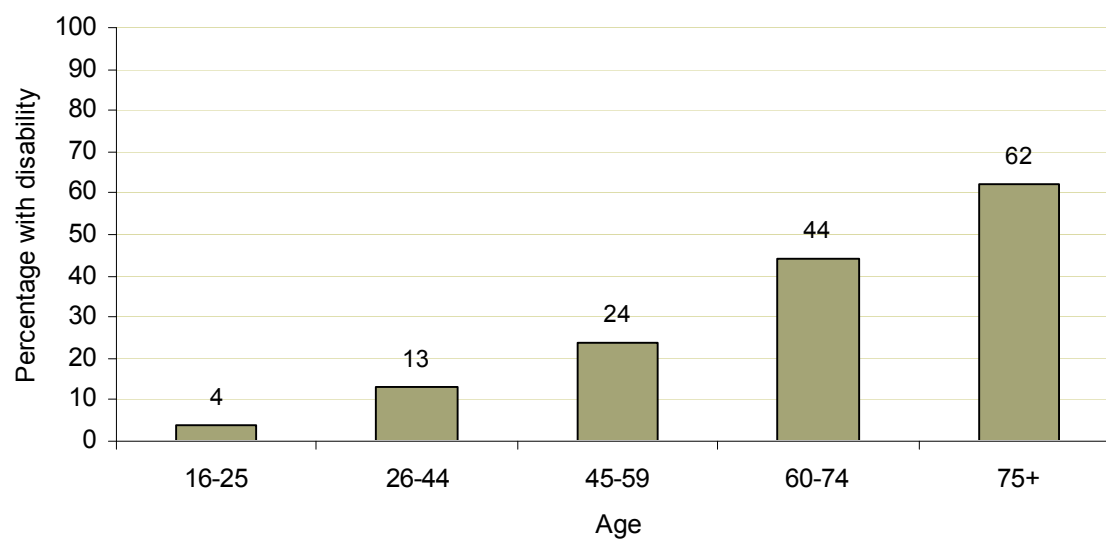


For both males and females the prevalence of disability increases with age. The prevalence of disability is particularly high for females aged 75 and above (at 62%). Figures 7 and 8 show that it is only amongst the youngest adults, aged 16 to 25, that male prevalence rates (at 6%) are higher than the equivalent for females (4%).

**Figure 7 Prevalence rates by age group
adult males**



**Figure 8 Prevalence rates by age group
adult females**



Amongst the very youngest within Northern Ireland's households, the prevalence of disability is notably higher amongst boys than amongst girls. Around 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. These differences will be subject to further investigation in a future bulletin. Initial analysis shows that Intellectual and Social / Behavioural difficulties are noticeably more prevalent amongst boys than girls.

Figure 9 Prevalence rates for boys aged 15 and under

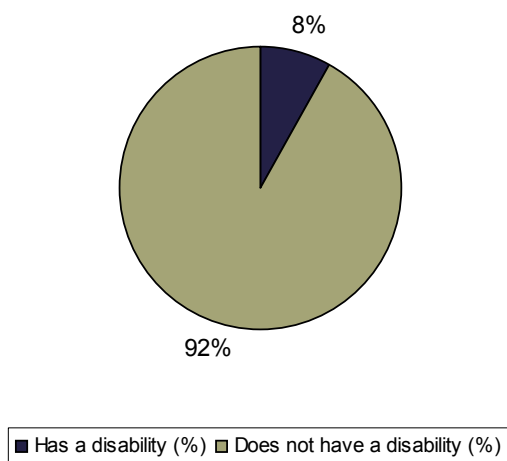
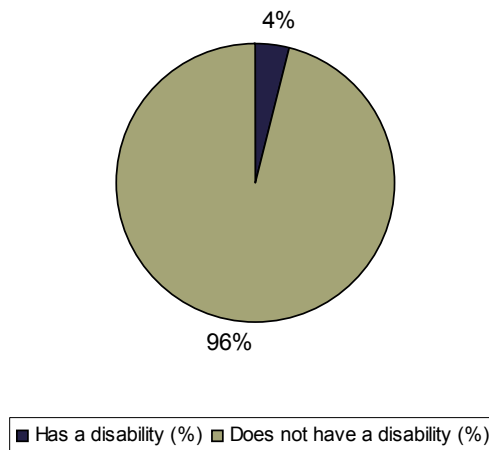


Figure 10 Prevalence rates for girls aged 15 and under

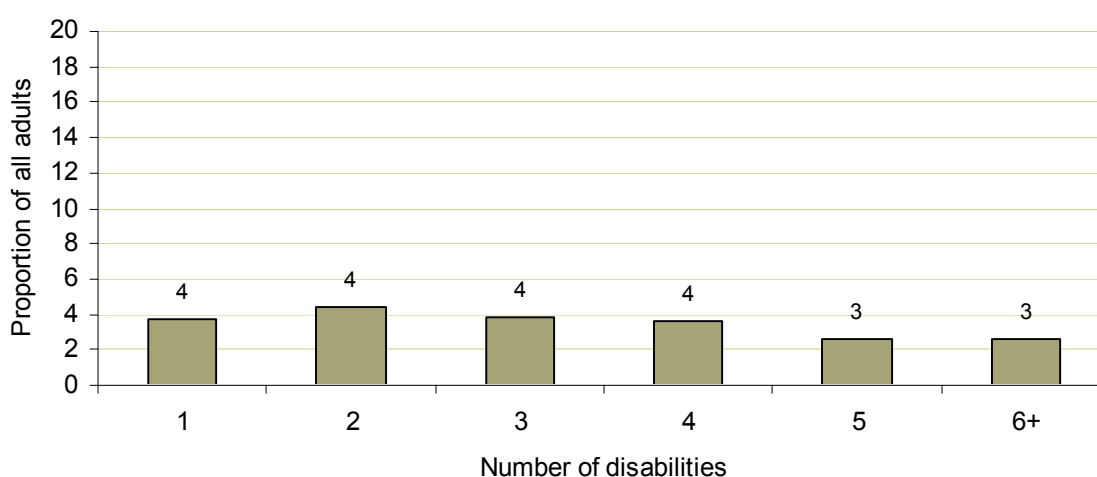


2.5 Multiple disabilities and disability type - adults

The NISALD asked respondents a series of questions relating to any difficulties they experienced across a wide range of functions and illnesses. The categories included in the questionnaire covered seeing; hearing; communication; mobility; dexterity; pain; chronic illness; breathing; learning; intellectual; social / behavioural; memory; emotional / psychological / mental health; and head injury. Respondents were asked to indicate *all* the types of disability they experienced.

Amongst adults overall, around 21% have at least one disability. Further analysis shows that around 4% of adults indicated that they had a disability in one area only. Over 5% of adults highlighted disabilities across five or more of these areas.

Figure 11 Incidence of single and multiple disabilities
Prevalence rates for all adults



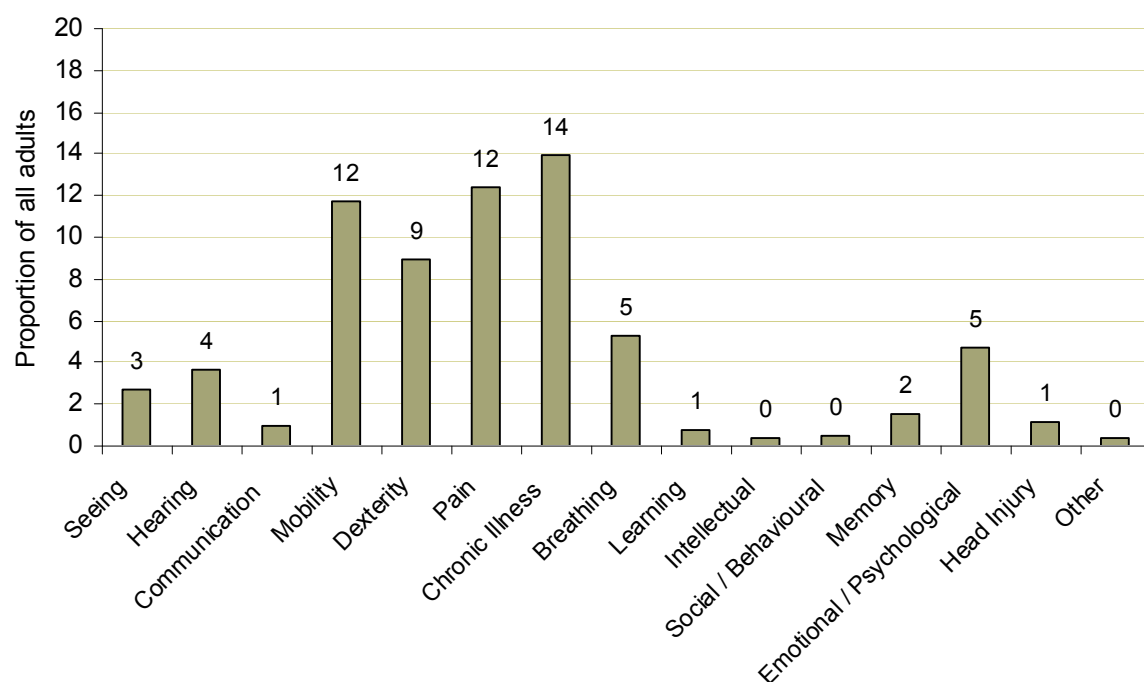
There are clearly links between the various categories of disability as included in this study. For example, there may be links between some

hearing disabilities and communication difficulties. Mobility and dexterity difficulties are likely to be inter-twined for many.

These complex interactions and their impacts will be explored in full detail in a further bulletin within this series. However, the issue is illustrated at its highest level in figure 12 which shows the prevalence rates for each of the types of disability included in this study. These prevalence rates sum to much more than the overall rate of 21% for adults in private households as they include the multiple disabilities which 17% of the adult household population indicated they have.

Figure 12 shows that the most common disability amongst adults is that associated with a chronic illness (14% of adults) followed by pain (12%) and mobility (also 12%). A number of those adults who indicated that they had a mobility disability will also have indicated a pain disability and, perhaps a chronic illness also. To illustrate, a respondent may suffer from arthritis (a chronic illness) which causes pain and associated mobility difficulties. In this instance, all three areas or 'types' of disability will have been noted. However, it is also possible that people may have a disability that is associated only with a chronic illness or with pain. Indeed around 8% of the adult respondents to this survey who did have disabilities, indicated that their experience of disability was solely identified with the categories of chronic illness or pain.

Figure 12 Prevalence of various types of disability amongst the adult household population*

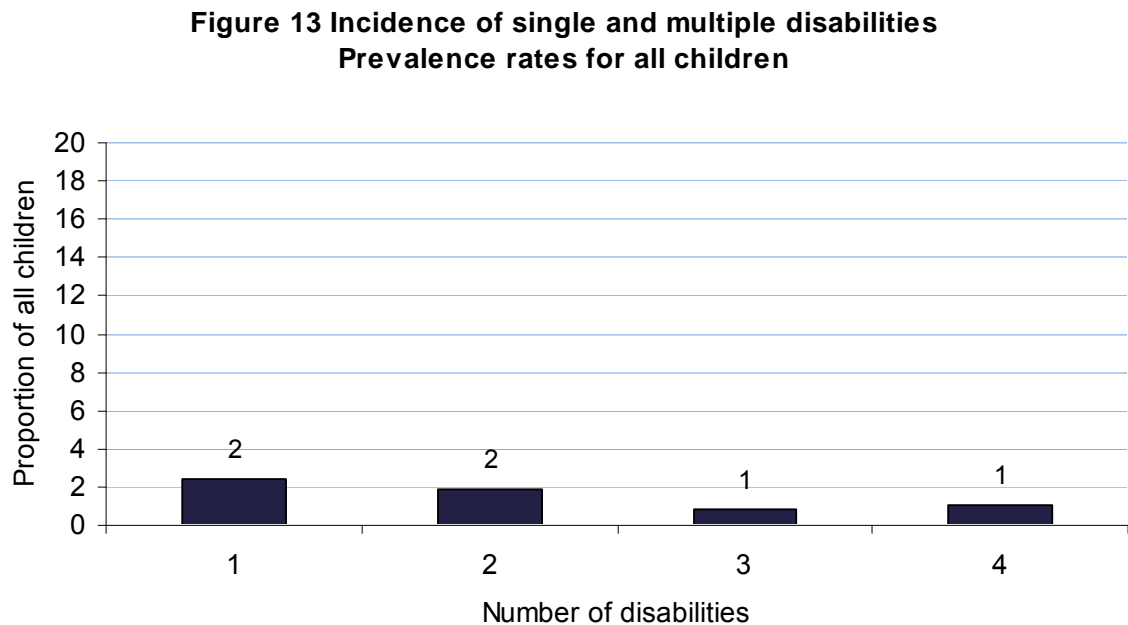


* Note: Figures in the above chart of 0% indicate that the prevalence rate for these particular disabilities is under 0.5%.

2.6 Multiple disabilities and disability type – children

The questionnaire for children included the same overall types of disability as that for adults.

The incidence of multiple disabilities is not as pronounced amongst children as amongst adults. Figure 13 shows that the most common number of disabilities for children was 1, with just over 2% of children having a disability within one area only. However, a notable number of children across Northern Ireland (almost 4%) are living with two or more disabilities.

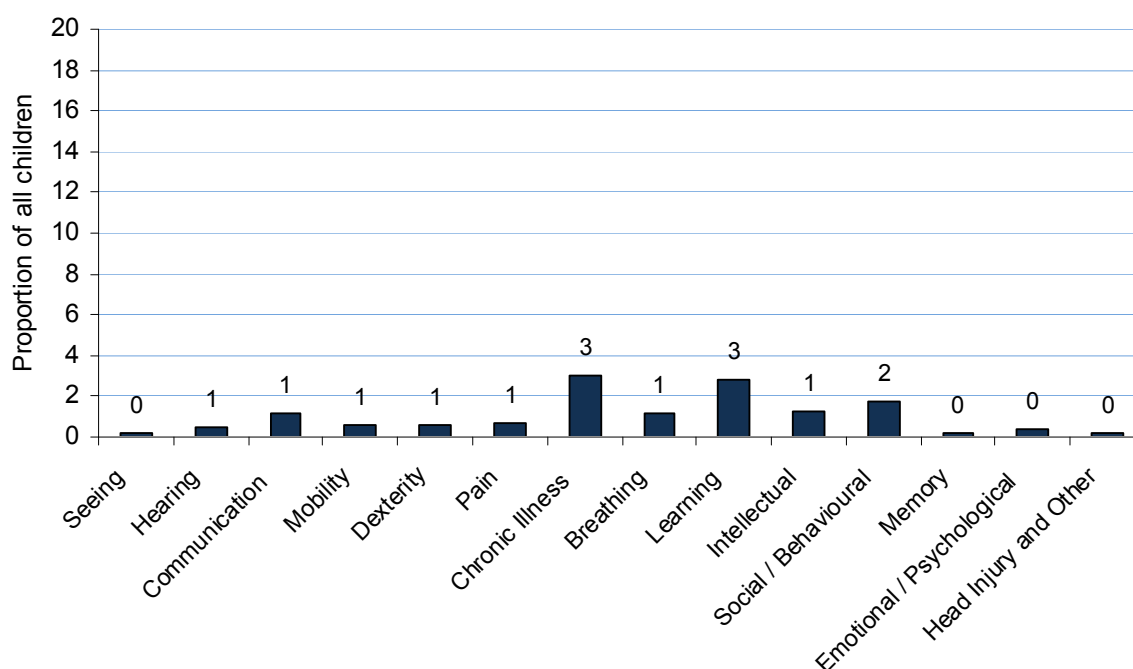


Note: Figures in the above chart of 0% indicate that the particular prevalence rate is under 0.5%.

Chronic illness, learning difficulties, social or behavioural difficulties, intellectual difficulties and difficulties with breathing were the most prevalent disabilities reported for Northern Ireland children. Many of those children with a chronic illness were living with asthma and had

associated breathing difficulties, illustrating the interaction between these two particular categories. However, more than one-quarter of children with a chronic illness had a disability associated only with that chronic illness which was not manifest in any of the other areas included in this survey.

Figure 14 Prevalence of various types of disability amongst the child household population

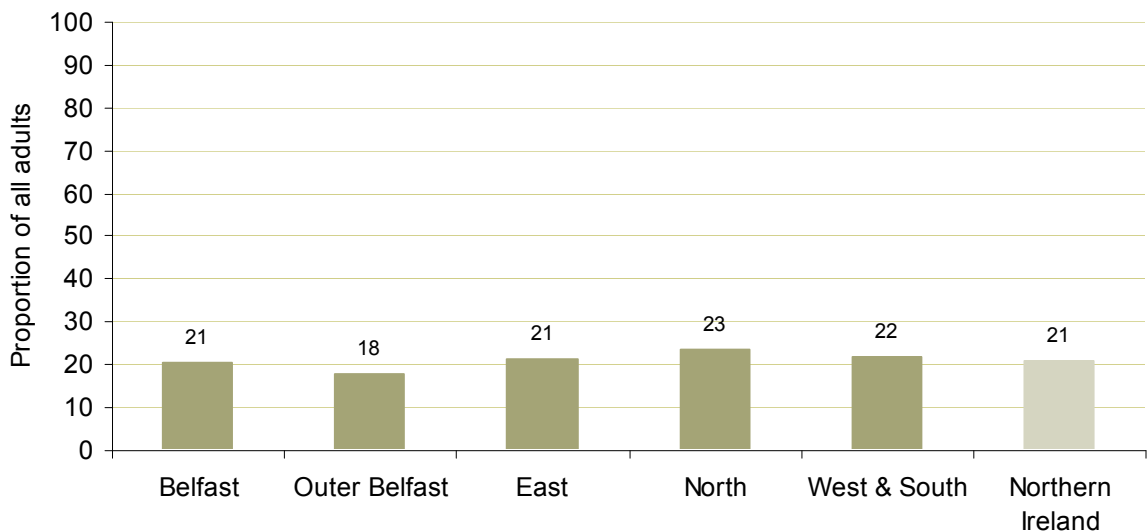


Note: Figures in the above chart of 0% indicate that the particular prevalence rate is under 0.5%.

2.7 Prevalence by geographic area

The prevalence of disability varies by geographical area amongst the adult household population from just under 18% in Outer Belfast to 23% in the North of Northern Ireland. The NUTS 3 area of Outer Belfast incorporates the local government districts of Carrickfergus, Castlereagh, Lisburn, Newtownabbey and North Down. The North of Northern Ireland refers to Ballymoney, Coleraine, Derry, Limavady, Moyle and Strabane local government districts collectively. These raw differences should be interpreted with care as the comparisons across these geographies will be further affected by the differing age profiles within each area. Secondary analysis including age standardised geographical comparisons will be included in a follow-up bulletin.

Figure 15 Prevalence of disability by NUTS 3 area
Proportion of all adults in each area who have a disability



Comparisons of prevalence rates by geography for children in private households show a somewhat different pattern to that for adults. As highlighted in figure 16 the prevalence of disability amongst children living in households varies from a low of 5% in the East of Northern Ireland (Antrim, Ards, Ballymena, Banbridge, Craigavon, Down and Larne) to 8% within Belfast. However, it should be noted that, in comparison with the adult population estimates by geography, the confidence intervals associated with the estimates for children are relatively wide. Section 3 details the 95% confidence intervals for the geographical estimates of prevalence for adults and children respectively.

Figure 16 Prevalence of disability by NUTS 3 area
Proportion of all children in each area who have a disability



3 SAMPLING ERROR AND CONFIDENCE INTERVALS

Sampling error

Any survey that is based on a sample of the population instead of the full population is unlikely to exactly reflect all aspects of the chosen population. Where a sample has been drawn randomly, i.e. each person/household has an equal and independent chance of being selected, any error of a percentage (p) due to sampling can be measured using the formula below.

$$S.E.(p) = \sqrt{p*(100-p)/n}$$

Where n is the number of respondents on which the sample is based. As the sample for the NISALD was drawn randomly this formula can be applied to obtain a measure of the sampling error.

With adult prevalence rates $p=21\%$ and $n=18517$ so the sampling error is 0.30

For children prevalence rates $p=6\%$ and $n=5172$ so our sampling error is 0.34

Confidence intervals

In addition to the sampling error it is possible to obtain confidence intervals using the following formula:

$$95\% \text{ confidence interval} = p \pm (1.96 * s.e.(p))$$

This means that if 100 similar, independent samples were chosen from the same population, 95 of them would be expected to yield an estimate for the percentage, p, within this confidence interval.

Using p and n as detailed above the confidence intervals for the overall prevalence rates for adults and children are as follows:

Adults = ± 0.59

Children = ± 0.66

This section presents a series of tables detailing the 95% confidence intervals for the key prevalence rates quoted in section 2 of this report. The tables appear in order of the prevalence rates as included in section 2.

Prevalence rates by gender - adults			
Gender	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
Males	19%	17.8%	19.4%
Females	23%	22.1%	23.8%

Prevalence rates by age – all adults			
Age	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
16-25	5%	4.2%	5.6%
26-44	11%	10.1%	11.6%
45-59	23%	21.4%	23.9%
60-74	41%	39.3%	42.8%
75+	60%	57.0%	62.5%

Prevalence rates by age – adult males			
Age	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
16-25	6%	4.5%	6.6%
26-44	9%	7.8%	9.8%
45-59	21%	19.0%	22.4%
60-74	38%	35.2%	40.2%
75+	57%	52.4%	61.2%

Prevalence rates by age – adult females			
Age	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
16-25	4%	3.4%	5.2%
26-44	13%	11.6%	13.9%
45-59	24%	22.7%	26.2%
60-74	44%	41.7%	46.5%
75+	62%	58.3%	65.3%

Prevalence rates by geographic area - adults			
NUTS 3 area	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
Belfast	21%	19.0%	22.0%
Outer Belfast	18%	16.5%	18.9%
East	21%	20.2%	22.6%
North	23%	22.0%	25.0%
West and South	22%	20.5%	23.0%

Prevalence rates by geographic area - children			
NUTS 3 area	Population estimate	95% confidence interval (lower)	95% confidence interval (upper)
Belfast	8%	5.6%	9.7%
Outer Belfast	6%	4.4%	7.3%
East	5%	3.7%	6.2%
North	6%	4.8%	8.0%
West and South	7%	5.4%	8.0%

Design of the private household strand of NISALD

Introduction

The private household survey represents part one of the complete NISALD exercise. Part two relates to the survey of residents of communal establishments. An overview of the methodologies employed within the communal establishment element of the study, including sampling, will be provided in a future bulletin dedicated to that part of the survey. The remainder of this section outlines the methodology and processes employed in the development and administration of the private household survey. A detailed technical paper will be produced for the entire NISALD on completion of the communal establishments' survey.

The sample

There is no comprehensive register of people with disabilities and so, no sample frame for the target population. It was necessary, therefore, to conduct a screening or filtering exercise on a large sample of the general household population in order to identify the sample of people with disabilities who could be invited to participate in the full NISALD.

An initial sample of 12,000 households was randomly drawn from the Valuation and Lands Agency Database, which contains a record of all domestic households in Northern Ireland. This initial sample size was designed to achieve a final target of around 3,400 individual interviews

with people with disabilities. The achieved number of full individual interviews was 3,543.

Filtering

The screening of the initial sample of households was undertaken on a mixed-mode basis as this was the most effective means of contacting such a large number of households. The aim was to conduct the filtering questions by telephone where possible and with the consent of the respondent, but where this was not possible or where the respondent had requested otherwise, the filtering questions were conducted in a face-to-face interview. The mixed-mode approach was tested in a number of pilot exercises and was found to have no significant impact on the proportions of individuals who were filtered in or out.

The full NISALD questionnaire was administered on a face-to-face basis for all participants.

Survey fieldwork

The main fieldwork for the household survey took place in several phases beginning in February 2006 and was completed in early 2007. A sample of private households was drawn from the Valuation and Lands Agency database in February 2006 and an advance letter was sent to each of these households detailing the survey, its purposes and what to expect.

Phases 1 and 2 – where a telephone number was available or where households used the freephone telephone number supplied in the advance letter, interviewers conducted filter interviews by telephone.

Those individuals who were filtered in at phase 1 then received full NISALD face-to-face interviews.

Phase 3 and 4 – those households who were not initially contacted by telephone were administered the filter questions in a face-to-face interview. As above, those individuals who were filtered in then received the full NISALD interview face-to-face.

Interviews

The survey was administered by fully trained interviewers using Computer Assisted Personal Interviewing (CAPI) technology. The interviewers are permanent employees of the Northern Ireland Statistics and Research Agency and have received detailed training on both general interviewing techniques as well as specific disability awareness training provided directly by Disability Action. This included guidance on how to interact with people with disabilities with sensitivity and how to recognise when they are becoming upset.

Participation in the survey was voluntary at all times and respondents could choose not to participate at any stage. However, substantial efforts were made to encourage participation as much as possible and to make the interviewing process as accessible as possible to all participants. The following illustrates some of the steps that were taken to ensure this:

- Advance letters which are sent to households selected in the initial sample were available in a range of formats including Braille, large print, audio, and foreign languages;
- A Text-phone facility was established;
- Interviewers received specialist training from the disability sector;

- Sign language interpreters (British and Irish sign language) and language interpreters were available;
- Family members, friends or assistants were free to act as facilitators or interpreters if required;

Response Rates

The following tables provide details on the response rates to the various stages of the household survey. Rates are given for households and individuals as appropriate.

Households			
Addresses in initial sample	12,000	Number of Ineligible Addresses	1,016
Eligible addresses	10,984		
<i>Of which</i>			
Non Contact	4%		
Refused Filters	12%		
Completed Filter interviews	84%		

	Individuals
Filter interviews achieved	23,689
<i>Of which</i>	
Adults	18,517
Children	5,172
Number of people identified from filter as having a disability	4,185
<i>Of which</i>	
Adults	3,865
Children	320
Number of people who completed full NISALD interviews	3,543
<i>Of which</i>	
Adults	3,262
Children	281

As can be seen in the previous table, a number of individuals who were identified as having a disability as a result of the filtering process chose not to participate in the full survey. The effect of these individuals on the results is as follows.

Overall prevalence figures contained in this report are based on the maximum number of respondents who were identified at stage one as having one or more disabilities as defined for this exercise. That is, 3,865 adults and 320 children. However, as no further information could be obtained for these people the detailed analyses, which will be the

subject of future bulletins, will be based on the responses of those who completed all aspects of the survey in full. That is, 3,262 adults and 281 children.

Representativeness of the sample

Non response bias arises where the characteristics of the non-response population differ greatly from the characteristics of respondents so that the overall representativeness of the achieved sample is skewed. The level of non-response bias can be examined by looking at the characteristics of the achieved sample in comparison to the population at the time of the survey.

Broad analysis of principal defining characteristics within the NISALD samples showed that the individuals within the sample were representative of the population as a whole and there was no indication of any fundamental or inherent biases.

Content of questionnaires

Six versions of the questionnaire were produced in total to meet the needs of:

1. adults living in private households responding themselves
2. adults living in private households for whom a proxy response was provided
3. children living in private households for whom a proxy response was provided
4. adults living in communal establishments responding themselves
5. adults living in communal establishments for whom a proxy response was provided
6. children living in communal establishments for whom a proxy response was provided

The questionnaires were designed to collect as much common information as possible, both across adults and children and between private households and communal establishments.

Adult questionnaires

The adult questionnaire seeks to collect the following information:

Numbers of people with disabilities / activity limitations in each of the following areas: Seeing, Hearing, Speaking and Communicating, Mobility, Dexterity and Co-ordination, Pain, Chronic Illness, Breathing, Learning, Intellectual / Developmental, Social / Behavioural, Memory,

Emotional / Psychological or Mental Ill Health, Head injury, Any other not already covered by these.

The extent to which the disability / limitation affects their daily activities with and without the use of assistive devices.

Where possible and relevant the survey collects the cause of the disability, whether present at birth or acquired, and the age at which it impacted on the individual.

The provision of support to the individual to assist them with their disability / limitation and the individual's satisfaction with this. This includes identifying gaps in support provided and the type of support individuals would like to have received.

Details are collected on the extent to which the individual has difficulty (if any) with a series of daily tasks such as housework, cooking, shopping, managing finances, administering own treatment etc. Information is sought as to any help they get with these.

Similar questions to those above on care received are also asked of the individual with the disability or limitation in respect of any such care that they may be providing to others.

Information is sought on the respondent's general health (these are standard questions and can thus be compared with other sources such as the Continuous Household Survey of the general population).

Information is collected on the frequency of contact with both primary and secondary health care providers. This includes the full range of such service providers.

The individual is asked if their education or educational opportunities have been affected in any way for reasons associated with their disability. For those whose education has been affected, information is sought on their educational experiences.

A series of questions are asked to establish the respondent's economic status – these are consistent with the International Labour Organisation (ILO) definitions. For those respondents who are unemployed, information is sought on any previous employment and any particular measures needed for them to take up employment.

Respondents who are inactive are asked if they would like to work, what would encourage them to look for work and if they have ever had a job.

Respondents in employment are asked details of their employment which will enable their Standard Occupational and Standard Industrial Classifications to be derived – again these are harmonised questions so the results can be compared with the general population Labour Force Survey. Respondents are also asked about their career and development within their job.

The questionnaire then seeks to collect information on the individual's participation in a range of social activities, any difficulties they encounter with such participation and what changes could be made to enable them to participate more or at all (if they wish to do so). Information is sought on any services or facilities that the individual is unable to access.

Respondents are asked if they have been unable to vote in a national or council election for reasons associated with their disability.

Information is then collected on the attitudes of others to the individual and whether these attitudes prevent them from doing things they otherwise would.

Under transport and travel the respondent is asked what modes of transport they would usually use (this includes walking), their reasons for using modes of transport, preferred methods and availability of alternatives. Information is sought on any difficulties experienced using the various modes of transport.

The questionnaire then asks a series of questions related to the individual's place of residence, specifically asking about type of accommodation and tenure. Information is collected on whether any modifications have been made or are needed.

There are a small number of questions on crime and fear of crime which are directly comparable with the Northern Ireland Crime Survey.

Information is then collated on any goods, services, facilities, equipment or medication that the individual faces additional costs over. They are also asked if there are areas where they need to spend more on, for reasons associated with their disability or limitation, but cannot afford to.

General income and demographic information is also collated, including total household income, identification of the sources of income received by the household, any social security benefits being received by the individual (or on their behalf), and availability of benefits to the individual

themselves as opposed to becoming part of the total household income. Demographic information is collected regarding the individual's living arrangements (ie the other people in the house); their age, marital status (to include civil partnership status), dependents, community background, country of birth, and understanding of English.

Questionnaires for children and young people

It was agreed that a separate questionnaire should be applied to children aged 15 or under. In all cases where the child was aged 15 or under a parent, guardian or legal representative of the child was asked to complete the questionnaire on the child's behalf. Completion by proxy could be done in the presence of the child if the parent, guardian or legal representative felt it appropriate.

Where possible and relevant, the child questionnaire seeks to obtain the same or similar (e.g. only changing the description of activities) information to the adult questionnaire. It is possible therefore to combine some results from the children and adult surveys to produce figures for children and young people aged up to 25. The areas of significant divergence are education and employment (there is no specific section on formal employment as this does not apply to children under the age of 16, however, the parent / guardian is asked if any family member has ever had to stop work, reduce work or refuse work for reasons associated with the child's disability or limitation).

The child questionnaire seeks detailed information on the children's educational experiences. Information is also sought on the child's experience of play and social interactions. Parents/guardians are asked about any help they receive with providing care whether it is care

provided directly to their child or general assistance with the household. Transport questions are designed to measure how the child normally gets out and about, and to gauge the child's ability to travel independently if appropriate.