Limiting/Impacting Conditions Tracker, 2022 Technical Report

Understanding the impact of a limiting condition on use of communication services

Background

Ofcom has a responsibility, under the Communications Act 2003, to ensure that communications devices and services can be accessed and used by all customers, and particularly those whose lives are impacted by a limiting condition. *Fairness for customers* is a strategic priority for Ofcom, which sits within its wider remit of *making communications work for everyone*.

To this end, Ofcom conducts research every two years to draw comparisons between consumers with and without a condition that impacts their use of communication services, as well as understand differences in terms of impacts between different types of condition. This information helps Ofcom to make informed policy decisions and better understand a range of consumers within the market it regulates by ensuring that all broadband, telephone and TV customers are able to shop around with confidence, switch easily between providers, and are treated fairly.

Objectives of this study

In order to allow Ofcom to fulfil its responsibilities outlined above, this study had the following core research objectives:

- To compare the access and use of communications devices and services among consumers with and without conditions that limit or impact their use of communications services
- To understand the impact that these conditions have on people's ability to use communication services and to be able to compare this across conditions
- To analyse demographics within conditions to understand the impact the condition has on their use of communication services, rather than other factors such as age

More specifically, this study had to allow Ofcom to:

- Understand the demographic make-up of each condition captured and compare differences between conditions
- Understand which services/devices people with a range of conditions personally use
- Understand the types of conditions that have an impact on the consumer ability to use communications services/devices
- Understand whether their condition limits or prevents their use of different services/devices and what impact demographics have on this
- Understand whether the people with conditions are the household decision makers for their communications services/devices

Choosing the right methodology and the impact of Covid-19

For the 2022 study, Kantar's Public Voice Panel was selected as the most suitable and high-quality method for capturing the data required. Previous waves of this research were conducted using a face-to-face methodology, run over multiple waves to reach a nationally representative sample. Due to the impact of the pandemic, face-to-face interviews were cut short during the 2020 study, meaning only 2 waves were completed.

As the impact of the pandemic continued into 2022, the decision was made to move this survey to a combination of online and telephone interviews. The nature of the survey means that people with a range of conditions that could make them vulnerable are at the core to the research, and any risks in face-to-face interviewing of these groups in relation to COVID-19 must be avoided. Furthermore, the government regulations and advice from the Market Research Society about conducting face-to-face research were continuing to change while the study was being conducted.

Kantar's Public Voice Panel was selected as a high-quality alternative to face-to-face interviewing. Public Voice is a random probability panel, providing gold-standard sampling and representation of the UK population and sub-populations required for this study.

Because Kantar already has a wealth of information about the Public Voice panellists, it was possible to design a sample to reach respondents with and without a condition that impacts or limits their use of communications services and scale the results to be reflective of the UK population as a whole.

Kantar's Public Voice Panel[1]

Public Voice enables accessible online surveying that is more representative of the public than using quota samples and access panels. The panel was originally recruited using a random sampling approach, using a combination of face-to-face surveying (in 2019) and Address-Based Online Sampling (also known as 'push-to-web') methods. The panel currently includes more than 26,000 individuals aged 16+ in UK.

Random sampling has multiple advantages over the kind of quota sampling common in the research industry (including samples drawn from opt-in panels). Firstly, random samples have a much lower risk of sample bias: every eligible person in the country has a chance of being asked to take part instead of just those who come across an advert to join a panel. Secondly, all survey estimates come with a margin of error. The science underpinning random samples means that we can precisely estimate the margin of error for each statistic in a way that is not possible with a quota sample.

Fieldwork for Public Voice surveys is intensive to ensure we make the most of that valuable random sample base. Four contact methods are used to encourage participation – emails, text messages, a letter and telephone calls. Online data collection is supplemented with telephone interviewing to both maximise participation and include representatives of (i) the offline population, and (ii) those with motor or (English) literacy difficulties that present barriers to the self-completion of questionnaires.

Questionnaire Design

The questionnaire was based on the previous wave. Due to the change in mode (the survey was previously conducted face-to-face), there were some small amends made to the scripts to be appropriate for online and telephone survey formats. There were also some further questions added to the survey, including: the addition of *difficulty with speech* as a potential condition for respondents to choose (Question 3, Option 9); more details on levels of confidence and awareness of available support from communications providers (Questions 8 and 9); and whether anyone in the respondent's household is receiving benefits (Question 12).

This means the data is not directly comparable to previous waves of research.

Sampling and Fieldwork Design

The sample was drawn from among the 26,798 respondents to the Public Voice recruitment surveys who were (i) resident in the UK based on the latest information available, (ii) aged 16+, (iii) had joined the Public Voice panel, and (iv) had not left or been removed from the panel.

As part of the recruitment survey, respondents were asked about any long-term conditions they have and the extent to which these conditions impact their daily activities. This created four groups to sample from, and the sample design for this study hangs off the responses to this question (see Table 1.1). Every person whose daily activities are impacted by a condition were included in the sample, while a smaller proportion were sampled among those whose condition does not impact their daily activities and those who do not live with any long-term conditions.

In total, 8,568 panel members were sampled, with 6,855 allocated to the main issued sample and 1,713 to the reserve pool.

[1] https://www.kantarpublic.com/expertise/data-and-evidence/public-voice

Table 1.1 Within-panel details (Target population: UK, 16+)

Groups	PV panel sample size	Sampling fraction (main only)	Sampling fraction (main + reserve)	Expected respondent sample size (main issue)
	N	*%*	*%*	*N*
1: Condition limits day-to-day activities a lot	1,830	100%	100%	1,026
2: Condition limits day-to-day activities a little	3,367	100%	100%	1,928
3: Condition does not limit day-to-day activities	2,898	25%	51%	433
4: No Conditions	18,703	5%	10%	498
Total	26,798	26%	32%	3,885

To maximise the representativeness of the sample in groups 3 and 4 above, the potential respondents were sorted by their recruitment group and household before a random sampling technique was used to select the sample used. The same approach was applied to minimise the number of households where more than one panel member is selected for the survey.
Within the sample illustrated above, there was a mix of panellists who were likely to complete the survey online and those who would be more likely to complete the survey over the telephone. This means that there is representation of the offline population – an important group in a study of this nature, who might find completing a survey online more challenging.

The sample was issued in three stages: Soft Launch, Main Launch, and Reserve Pool.

The respondents within these stages were contacted in a range of ways to maximise response rates and to reflect the preferences they had previously stated for how they wish to be contacted (see Table 1.1 for details).

Table 1.1: Contact design (excluding. 'soft launch' cases)

		CONTACT GROUP				
Day	**Contact stage**	**Email and mobile phone**	**Email but no mobile phone**	**Mobile phone but no email**	**Address only or address & landline**	**Phone first [2]**
1	*1*	Email with survey link + supporting text message with no link (24hrs later)	Email with survey link	Text message with survey link	Letter	Advance letter
5	*2*	Email with survey link + supporting text message with no link (24hrs later)	Email with survey link	Text message with survey link		Issue to telephone
12	*3*	Email with survey link + supporting text message with survey link (24hrs later)	Email with survey link	Text message with survey link		
14	*4*	Letter	Letter	Letter		
14	*5*	Issue to telephone	Issue to telephone (if landline number)	Issue to telephone	Issue to telephone (if landline number)	
24		Close of fieldwork				

Fieldwork Performance

In total, 3,831 questionnaires were completed during fieldwork (3rd-30th March 2022) which passed a Quality Control (QC) test.

Of the 3,831 respondents, 3,552 (93%) completed the survey online while 279 (7%) completed the survey by telephone interview. Among the main sample, the telephone interview share was 9%.
In total, 4,044 panel members in the main sample were eligible to be called by telephone. 2,596 were called at least once by a telephone interviewer, although some of these ended up completing the survey online.

In total, 279 telephone interviews passed into the final dataset. Table 1.3 shows the final disposition of all issued cases.

Table 1.3: Final distribution of all issued cases, LCT

	N	%
Issued	8,568	100%
Online questionnaire completed and passed QC	3,552	41%
Telephone questionnaire completed and passed QC	279	3%
No online completion, issued to telephone, non-interview final outcome	440	5%
No online completion, issued to telephone, no final outcome	1,368	16%
No online completion, not issued to telephone	2,929	34%

Weighting

The respondent sample was weighted to account for:

i. variations in sampling probability, both for selection into the Public Voice panel and for selection into the LCT itself
ii. variations in response probability that are correlated with profile data held about all panel members, and
iii. any residual demographic differences between the LCT respondent sample and a population benchmark: the weighted 16+ UK population taken from the ONS *Labour Force Survey* of August to October 2021 (the latest available).

The weighting process compensates for LCT non-response bias effectively. A calibration weight was also generated to fulfil the general protocol for Public Voice surveys that sex/age, region, highest educational qualification and birth country distributions should be exactly aligned with national statistics.

In addition, for the LCT, the share of the weighted sample that reported at least one impairment at Q3 (that impacts or limits daily activities or work) was constrained to match the weighted Labour Force Survey share reporting a long-term[2] health condition that limits day-to-day activities either 'a lot' or 'a little'. There is by no means perfect alignment between the LCT and LFS questions, but it seemed sensible to select a benchmark of some kind, given the importance of the sample structure in this respect.

This process ensures that the weighted respondent sample is representative of the population with respect to sex intersected with age group, region, birth country, highest educational level, and long-term illness/disability status.

[2] Lasted - or expected to last - at least 12 months.

Table 1.4 shows the calibration matrix that was used for the LCT, derived from the ONS *Labour Force Survey* of August through October 2021 but with some adjustments to reflect minor differences between the LFS and Public Voice variables.

Table 1.4: ONS Labour Force Survey population estimates, August through October 2021, UK adults aged 16+

Variable	Category	% of population
	All	100.0
Sex/age group	Male 16-24	6.5
	Male 25-34	8.4
	Male 35-44	7.8
	Male 45-54	7.9
	Male 55-64	7.7
	Male 65-74	6.0
	Male 75+	4.6
	Female 16-24	6.2
	Female 25-34	8.2
	Female 35-44	8.0
	Female 45-54	8.2
	Female 55-64	8.0
	Female 65-74	6.5
	Female 75+	5.8
	*Other	0.2
Region	NE England	4.0
	NW England	10.9
	Yorkshire & The Humber	8.2
	E Midlands	7.2
	W Midlands	8.8
	E England	9.4

	London	13.4
	SE England	13.7
	SW England	8.5
	Scotland	8.4
	Wales	4.8
	Northern Ireland	2.7
Highest education level	Degree level qualifications, aged 16-69	29.6
	Lower qualifications, aged 16-69	47.5
	No qualifications, aged 16-69	6.2
	Aged 70+	16.7
UK birth/citizenship status	UK born	83.4
	Not UK born	16.6
LTID status	LTID limits day-to-day activities a lot/a little	26.3
	Other	73.7

* Declaration of sex as 'identify differently' fixed at recruitment survey weighted level