

# **Measuring Inequality: Autonomy**

## **The degree of empowerment in decisions about one's own life**

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Responsibility for the views expressed and any errors of fact or judgement remain the authors' alone.

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<sup>1</sup> See Appendix 1 for a complete list of advisory group and expert seminar participants.

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## **GLOSSARY**

EHRC	Equality and Human Rights Commission
EMF	Equality Measurement Framework
GB	Great Britain
GEO	Government Equalities Office
LSE	London School of Economics
ODI	Office for Disability Issues
ONS	Office for National Statistics
OPHI	Oxford Poverty and Human Development Initiative

## EXECUTIVE SUMMARY

### 1. *The Equality Measurement Framework*

The principal use of the Equality Measurement Framework (EMF) is to be able to monitor inequality in Britain. The Framework covers six equality characteristics plus social class, and ten domains (such as health, physical security, standard of living). It draws on three key inputs: the capability approach, the international human rights framework and deliberative consultation with the general public and individuals and groups at risk of discrimination and disadvantage.

The EMF evaluates the inequalities in the position of individuals and groups in terms of their substantive freedoms – the central things in life that people can *do* and *be*. We conceptualise substantive freedoms as being compromised of three types of inequality:

- inequality of outcome: inequality in the central and valuable things in life that individuals and groups actually achieve;
- inequality of process: discrimination and other aspects of unequal treatment, such as lack of dignity and respect; and
- inequality of autonomy: whether people are empowered to make decisions and act on those decisions in critical areas of their lives.

While measurement of outcomes and processes is comparatively straightforward, the methodology for measuring autonomy is less well-developed; a gap that this project has attempted to fill. In 2009, outcome and process indicators for each of the ten domains for adults were decided upon (please see Alkire *et al* (2009) for details of this). New and existing measures of autonomy have been reviewed with the outcome and process indicators for adults, and the broader aims of the EMF, taken into consideration.

Following a thorough review of existing literature and measures of autonomy and related concepts, one of the main aims of this project was to design, test and refine a questionnaire module suitable for inclusion in a large-scale household survey. A summary of this process and how these new measures can be integrated into existing EMF indicators and domains will now be outlined.

### 2. *Defining autonomy*

This project began with a broad definition of autonomy as '*the amount of choice, control and empowerment an individual has over their life*'. While it has been expanded upon, this remains the core definition from which we further conceptualised the notion of autonomy. Achieving autonomy ensures that individuals and groups are empowered to make appropriate decisions in critical areas of their lives. Thus our definition of autonomy expands wider than simply asking about the decision-making process, measuring for example "Who did the choosing?". Additional measures that capture the adequacy of the options available, and whether the outcomes would have been chosen if the person concerned had been given an informed choice, are also necessary. An applied example can be envisaged in indicators of health outcomes for older people where indicators of autonomy (for



example, the involvement of older people in their treatment plans, informed consent and their access to information) are in place alongside indicators of process (for example, discrimination in medical treatment on the grounds of age, and not being treated with dignity and respect) and measures of outcomes.

Identifying and quantifying the constraints which operate on people's ability to make decisions and act in accordance with what matters to them means looking at a range of issues that together make quite complex overall measures. There are contributing *internal* factors, such as perceptions, expectations and entrenched behavioural patterns. The existence of internal constraints of this kind make the subjective data on autonomy potentially problematic, since 'perceived choice and independence' may not be the same as 'actual choice and independence' (similar problems have been discussed in the literature on adaptive preferences and conditioned expectations). In addition to internal factors, there are also *external* constraints on the formulation and exercise of choices. These can be seen as acting directly, for example through coercion and oppression by others, or indirectly, through the socio-economic, political, legal, institutional and cultural context.

Our conceptualisation of autonomy is such that achieving autonomy does not mean having unlimited choices or operating in a completely isolated environment where the influence or concern for significant others (such as a partner, employer or children) is disregarded. A job for example, can constrain a person in some ways by reducing their free-time, but also facilitate other aims by providing the resources needed to achieve them. Our results show that while 47 per cent of those in the highest social class state they work 'too much', this group also claims to have a high level of 'choice and control' over their employment (see Figures 4.9 and 4.12). Therefore, it may be possible to deduce that individuals within this social class who work too much have freely chosen this aspect of their life. Equally, living in a shared household will mean that some decisions should be shared with others. What we have attempted to focus on is: whether or not individuals are able to reflect on their situation with respect to an area of their life; whether they are able to be involved in the decision-making process if they want to be; whether they are happy with their situation; and finally, if they are not happy with their situation, whether they feel empowered to change it.

Following the literature review, three components of autonomy were identified. While it was assumed that a person could have all, none or some of these components of autonomy, it was recognised that all three would be necessary to have complete autonomy. Due to this, all three components would need to be assessed when attempting to measure the extent of an individual's autonomy.

Figure A outlines the components of autonomy and expected barriers to achieving them. For example, coercion is listed as a barrier to achieving active decision-making. Thinking about achieved autonomy and the barriers to this meant that we were able to design questions covering any of these six areas. It would be possible to deduce, for example, that an individual with certain structural constraints will have a limited range of options available to them.

**Figure A Conceptual scheme**

<i>Component</i>	<i>Achieved autonomy</i>	<i>Barriers to autonomy</i>
1. Self-reflection	Self-reflection	Conditioned expectations
2. Active decision-making	Active or delegated decision-making	Passivity; coercion
3. Wide range of high quality options	Wide range of high quality options (perceived and actual)	Structural constraints; lack of information, advice and support

### 3. *Existing measures of autonomy*

Conducting an audit of existing measures of autonomy and related concepts became one of the key tools through which we decided how to prioritise certain domains and areas of life. New questions were designed only for areas where there were data gaps (although broad questions regarding ‘choice and control’ were asked across all domains).

It was found that two areas in particular have well-developed measures of autonomy: health and independent living. The National Patients Survey Programme asks patients a series of questions attempting to understand if they were treated with dignity and respect during their interaction with the health service. Similarly, the Office for Disabilities Issues has pioneered a range of measures aimed at reviewing the extent of Independent Living and inequalities between the disabled and non-disabled population. The Count Me In survey also highlights some interesting restrictions on autonomy found in mental health and learning disability services. In addition, there are questions such as those in the OPHI Missing Dimensions empowerment module which are suitable but do not have data collected on them in Britain.

### 4. *Creating new questions*

Deciding which domains or areas to focus on in detail was based on existing data and the areas that were deemed a priority following the literature review. We also decided that it would be more advantageous to test a small number of areas in depth rather than attempt to cover all domains in the EMF superficially. The areas focused on were: major household expenses, work/life balance and relationships. These areas can be incorporated into the wider domains in the EMF (for example, work/life balance can be incorporated into the domain Productive and Valued Activities). We were also conscious that we had broad questions asking about ‘choice and control’ across all domains.

An interesting outcome from the audit of existing measures and literature review was the recognition that many measures of autonomy operate as a suite of successive questions. This is necessary in order to uncover for example, who did the choosing, the adequacy of the options available, and whether the outcomes would have been chosen if the person concerned had been given an informed choice? A set of questions such as these will allow the researcher to understand the extent of an individual’s autonomy with respect to the different components of autonomy.

Once the questions had been designed, they were examined using cognitive interviewing and piloted in the ONS Opinions Survey.

### 5. *Testing the questions*

Cognitive interviewing is a technique which allows for the examination of potential questions, confirming the validity of the data being collected. The process allows the researcher to assess participants' comprehension of the questions and check that standardised meanings are present across respondents. In total, thirty-four interviews with members of the public were conducted. During this time, the questions evolved; definitions were added, terms changed and the focus narrowed. A full description of this process and an annotated questionnaire highlighting key points can be found in Section 3.

The newly revised questions were then piloted in the ONS Opinions Survey which had 1,071 respondents. The data produced allowed us to explore the practicality of dividing the concept of autonomy into three components, and the possibility of measuring these components separately. Factor analysis was used to confirm our assumptions about how some of the questions could be grouped to represent the different components. Three cumulative scales were created to represent: active or delegated decision-making, coercion and range and quality of options. The use of these scales was then illustrated using sub-groups of the sample.

In brief, the survey pilot confirmed the following points:

- It is possible to identify those who are potentially without autonomy.
- This is possible across all the areas tested using a template which addresses each of the components of autonomy identified.
- As the components of autonomy are measured separately, it is possible to understand which aspect/s of autonomy a person may be limited in. This includes being able to identify those with potential conditioned expectations.
- As the components of autonomy are measured separately, it is possible to examine the relationship between the components.
- Respondents are willing to answer sensitive questions about relationships. It was thought that some respondents might refuse to answer these questions.

### 6. *Recommendations*

The following points are recommended:

- The template suite of questions outlined in Box 5.1 should be used to measure all aspects of autonomy. The template can also be separated to describe specific components of autonomy, or alternatively, cumulative scales can be created using the questions tested through factor analysis (using Box 5.2).

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- For the measurement of autonomy in relationships, use the specifically designed questions in Box 5.3.
- The phrase ‘choice and control’ should be used to gain a broad measure of autonomy across a range of areas (although cognitive interviews show that this phrase is not faultless).
- Asking how much ‘choice and control’ individuals think they will have in five years’ time can be an indication of aspirations and empowerment.
- The following areas of life should be focused on:
  - major household expenses (i.e. bills or buying large household appliances such as a fridge);
  - work/life balance;
  - relationships (boyfriends, girlfriends, partners, husbands, wives);
  - health;
  - personal safety;
  - employment;
  - where you live;
  - family life;
  - religion or belief or choice not to have a religion or belief; and
  - social life.
- Existing data being collected as part of the National Patients Survey Programme and the Count Me In Survey could be used as measures of autonomy with respect to health.
- Existing data being collected by the Life Opportunities Survey could be used as measures of autonomy. We also recommend further collaboration for future developments of Life Opportunities Survey in order to potentially incorporate some of the findings from this research.

## 1. INTRODUCTION

### 1.1 The Equality Measurement Framework

This project was commissioned in order to develop new approaches to the measurement of autonomy. The project was funded by the Government Equalities Office (GEO) as a contribution to the establishment of the Equality Measurement Framework (EMF).

The Equalities Measurement Framework is being jointly developed by the Equality and Human Rights Commission (EHRC) and the GEO as a basis for monitoring inequality in twenty-first century Britain. The Framework covers the six statutory *equality characteristics*: gender, ethnicity, disability, sexual orientation and identity, religion and belief, age, and social class. The Framework also has *domains* (for example: physical security, health, education and standard of living). It enables evaluation of inequalities in the position of both individuals and groups in terms of their substantive freedoms: the central and valuable things in life that people can actually *do* and *be*.

The Framework draws on three key areas of theoretical contribution: the capability approach, the international human rights framework and deliberative consultation with the general public and individuals and groups at risk of discrimination and disadvantage. The EMF can provide evidence to both inform policy priorities and to identify inequalities that need further investigation. For a more detailed explanation of the EMF and its theoretical underpinnings, please see Burchardt and Vizard (2007).

A key building-block of the EMF is the proposition that three distinct *aspects* of inequality can arise between individual and groups:

- **inequality of outcome**: inequality in the central and valuable things in life that individuals and groups actually achieve;
- **inequality of process**: discrimination and other aspects of unequal treatment, such as lack of dignity and respect; and
- **inequality of autonomy**: whether people are empowered to make decisions and act on those decisions in critical areas of their lives.

This third aspect, inequality of autonomy, is the starting-point for this report. In 2009, outcome and process indicators for each of the ten domains of inequality in the EMF for adults were decided upon (Alkire *et al*, 2009). While measurement of outcomes and processes is comparatively straightforward, the methodology for measuring autonomy is less well-developed; a gap that this project has attempted to fill.

### 1.2 The autonomy perspective – why is it important?

The notion of autonomy exists alongside a raft of related concepts that have been moving up the British policy agenda over the past ten years. Both for the equalities agenda and for public services reform, concepts such as empowerment, self-direction and self-determination, individual choice and agency, effective control over

and involvement in decision-making, independent living, access to adequate information and the principle of informed consent have been considered. These concerns point to autonomy being a critical element of a person's substantive freedom. It ensures that individuals and groups are empowered to make appropriate decisions in critical areas of their lives. Additionally, autonomy can be instrumental in promoting other objectives such as increasing accountability and achieving qualitative improvement in public service delivery (see for example, the National Indicators related to decision-making, influence and choice and control; Communities and Local Government, 2007)

In the past, the importance of and link between autonomy and equality was often overlooked. The disability movement has been a critical force in bringing them to the attention of policymakers and the public in general. Their emphasis on 'choice and control' and the significance of independent living as a crucial part of achieving equality for disabled people has been crucial to changing policy makers' mindset (see, for example, Cabinet Office, 2005). There is now a growing consensus that problems of disempowerment are of wider relevance across a range of equality characteristics and not just to disabled people. It is additionally recognised that government can play a critical role in ensuring that individuals and groups are enabled to be fully involved in making decisions about key areas of their life. The extent to which recent public service reforms have led to greater empowerment of service users is, for instance, a controversial issue.

To develop comprehensive equality monitoring for the EMF and to assist evaluation of public policy interventions, information about inequalities in autonomy have thus to be considered alongside information about unequal outcomes and process. This means that questions such as, "Who did the choosing?" need to be developed alongside a raft of measures that capture the adequacy of the options available, and whether the outcomes would have been chosen if the person concerned had been given an informed choice. An applied example can be envisaged in indicators of health outcomes for older people where indicators of autonomy (for example, the involvement of older people in their treatment plans, their access to information, and informed consent) are in place alongside indicators of process (for example, discrimination in medical treatment on the grounds of age, and not being treated with dignity and respect) and measures of outcomes.

Data that capture autonomy are more frequently being developed, particularly in some areas. However, it is noticeably absent in others.

### **1.3 The need for new research to explore methodological challenges**

Recent work in the field of international development has produced survey-based measures of empowerment (Alsop and Heinsohn, 2005; Narayan, 2005; Ibrahim and Alkire, 2007). However the ONS (2007) review of equality data concluded that there are few, if any, applications for these approaches in the UK context.

The need for further methodological development partly reflects the difficulties involved in measuring empowerment and related concepts. Moving away from the conventional 'revealed preferences' approach in welfare economics, where actual choices are taken as a guide to underlying preferences and goals, towards an

approach that takes account of the reasons and motivations underlying choice, the menu of options available, and the nature of underlying barriers and constraints, is a significant challenge.

Identifying and quantifying the constraints which operate on people's ability to make decisions and act in accordance with what matters to them means looking at a range of issues that together can create a methodological challenge. There are contributing *internal* factors, such as perceptions, expectations and entrenched behavioural patterns. The existence of internal constraints of this kind make the subjective data on autonomy potentially problematic, since 'perceived choice and independence' may not be the same as 'actual choice and independence' (similar problems have been discussed in the literature on adaptive preferences and conditioned expectations). In addition to internal factors, there are also *external* constraints on the formulation and exercise of choices. These can be seen as acting directly, for example through coercion and oppression by others, or indirectly, through the socio-economic, political, legal, institutional and cultural context.

When it comes to empowerment, measurement is further complicated by the fact that empowerment and observed decision making and action may not always be seen together. Individuals may be empowered even if they do not make the decision themselves as they may either participate in a collective decision or entrust the decision to someone who they feel is in a better position to make the choice.

Such methodological challenges lie at the heart of this project's considerations.

#### **1.4 Project objectives**

It is crucial to emphasise at this early point in the report that the aims of this project are to contribute to methodological development and not to provide data that describes levels autonomy in the population. Our task is to provide a robust framework for addressing the data gaps on measurement of autonomy and decide how to integrate resulting autonomy indicators into the Equality Measurement Framework. The overall objective of this project is to research, design, test and refine a questionnaire module suitable for inclusion in a large-scale household survey. The questionnaire will need to measure the degree of empowerment which respondents experience in a range of different aspects of their lives.

Specific objectives are:

- A. To provide a clear understanding of the concept of autonomy in the context of the UK Equality Measurement Framework, including:
  - its relationship to equality of outcome, equality of process and equality of opportunity;
  - its relationship to the capability approach; and
  - how it is interpreted in different social science disciplines, especially economics, social policy and social psychology.
- B. To identify and review previous attempts to measure autonomy or empowerment, including an assessment of the pros and cons, and any risks, associated with each approach. This will cover:

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- the different fields in which indicators of autonomy and empowerment have been developed, including Self Determination Theory;
  - the types of indicators used to measure autonomy or empowerment in different disciplines;
  - the type of questions and data collection methods used to measure autonomy or empowerment; and
  - the problem of adaptive preferences (also referred to as conditioned expectations), together with an assessment of the strengths and weaknesses of different approaches to addressing this problem.
- C. On the basis of the findings for objectives A and B, to provide recommendations on the most appropriate approach to measuring autonomy or empowerment.
- D. To provide recommendations on where within the Equality Measurement Framework the measurement of autonomy should be prioritised, in terms of domains of equality (i.e. aspects of life such as health or education), and in terms of equality characteristics (e.g. gender, ethnicity). These recommendations will take into account pragmatic constraints on data collection and the likelihood of revealing salient information about inequality.
- E. To design, test and refine a questionnaire module suitable for inclusion in a large-scale household survey that effectively captures the autonomy aspect of the Equality Measurement Framework.
- F. To consider any issues which might arise in extending this kind of data collection across the Framework, and to make proposals for any further work required to report fully on the 'autonomy' aspect of inequality in the Equality Measurement Framework, using existing or future data.

### **1.5 The report continues through the following sections:**

- Section 2: reports on the literature review, leading to a description of the conceptual framework we use together with a review of existing survey instruments.
- Section 3: gives an overview of the methodology we employ and discusses the results of cognitive interviews that were conducted to develop and refine questions underdevelopment.
- Section 4: reports on the responses to these questions as piloted in a survey. Discusses how far these questions capture key elements of autonomy and the needs for future refinements.
- Section 5: concludes the report with a summary discussion, recommendations and comments.



## **2. AUTONOMY: A CONCEPTUAL FRAMEWORK**

This section brings together a consideration of the theoretical basis for measuring autonomy with a literature review to complement pre-existing analysis and evidence. A systematic review of literature was conducted in order to adequately explore autonomy and related concepts within the fields of social policy, social psychology and economics (using primarily the International Bibliography of the Social Sciences alongside other mechanisms). As expected, this uncovered new sources of information and research which have been incorporated into the project. During this process, existing measures of autonomy were identified. These will be briefly discussed at the end of this Section (see Appendix 2 for a full list of these measures).

### **2.1 Existing conceptions of autonomy**

Many studies have analysed the motivation, authenticity and independence of action and thought in individuals. The purposes of these studies are diverse and include attempts to understand: the necessities for well-being; how people regulate their behaviour; what constitutes freedom and how it can be measured and expanded; and how to give individuals and communities the ability to escape poverty. They draw on philosophy, psychology and political theory and use different terms to describe closely related concepts: for example, autonomy, agency, empowerment, choice and control, and self-determination. Ibrahim and Alkire (2007b) provide a useful review. We extract three themes from the literature that are salient for developing a measure of autonomy in the context of the EMF. These are self-reflection, direct and in-direct control, and the opportunity structure.

#### *2.1.1 Self-reflection*

The idea of necessary self-reflection on values and goals is one aspect of autonomy that occurs in a number of different accounts. For example, Dworkin (1998) states that an action can be deemed autonomous only when, on reflection, a person fully endorses their motivation to perform the action (cited in Ryan and Deci, 2006). Similarly, Ryff (1989) defines autonomy as being able to follow one's own convictions (cited in Alkire 2005). The distinguishing characteristics of an autonomous action include being self-determining and independent, being able to resist social pressures to think and act in certain ways, to regulate behaviour from within, and to evaluate the self by personal standards. Clearly, there is room for debate about what should qualify as an 'acceptable level' of both self-reflection and of the state of mind of the individual. Chirkov et al. (2003) suggest actions can be viewed as belonging to a continuum of relative autonomy, from lesser to greater internalisation.

Self-determination is a psychological concept of behavioural regulation which again focuses on an internal mechanism for evaluating actions. Ryan and Deci (2006) base their Self-Determination Theory on Ricoeur's definition of autonomy: that a person is autonomous when their acts are fully endorsed by the self and are in accordance with their values and interests (Ricoeur 1996, cited in Ryan and Deci 2006: 1560). An autonomous action must be identified with and owned.

All of these perspectives focus on the internal processes leading to an action and therefore exclude analysis of the context within which the action was taken, whether there was a choice or whether the action was successful in achieving the aim.

Sen's (1985) definition of agency brings in these other social components: a person with agency has the ability to act on behalf of what he or she values and has reason to value. Alkire (2008) analyses this definition of agency as having two parts that she terms autonomy and ability. Autonomy is defined as a person's ability to act on behalf of what they themselves value; ability is defined as a person's ability to act on behalf of what they have reason to value. Using such an approach to measure autonomy would require an exploration of people's own opinions and values in order to understand whether they value the options they possess or lack. The introspective aspect of autonomy is therefore important (identifying the goals the person has, based on their own understanding of their situation), but is crucial to see this approach as necessary but not sufficient and that being able to act upon these goals is arguably of equal or more importance to outcomes.

The literature identifies three main ways in which the self-reflective aspect of autonomy may be constrained or imperfect. The first arises where the individual is *acting compulsively or impetuously*. Decisions or actions of this type are not ones that the individual would, on reflection, endorse. This can arise in the context of an addiction, for example.

*Adaptive preferences or conditioned expectations* are a more long-acting type of constraint and occurs when an individual's outlook, including his or her preferences and goals, has been unduly narrowed by previous experience. This may be to such an extent that they cannot imagine another way of living (Alkire, 2008). As Sen observes, the options available to an individual can influence not only his actual choice but also the formation of his preferences (Sen, 1997).

The third type of limitation is where an action is carried out *based on the opinions or demands of others*. Self-Determination theorists identify one type of this behavioural regulation as 'introjection' (Assor, Roth and Deci, 2004: 52). This is where an individual is motivated to act by the desire for social approval or self-worth. The behaviour is not owned or valued by the individual and is formed as a result of internal pressure and tension. Although introjection is the product of internal control mechanisms, it is still influenced by the behaviour of others and thus categorised as a controlled behaviour. However, Self-Determination theorists are also clear that external influences are not always negative. Ryan and Deci (2006) argue that autonomy is about self-regulation and not independence. A person can have self-determination while acting in accordance with an external demand or after receiving advice, providing that the advice is given with their consent and that they concur with it. Similarly, Chirkov et al. (2003) detail research which shows that accepting advice from trusted others can actually lead to increased motivation and a greater volume of autonomous action. As will be shown later in this report, attempts to capture these aspects of self-reflection in survey questions were particularly difficult.

In addition to the theories of self-reflection already discussed, the notion of hope is also explored and is seen as a contributory factor to positive outcomes that involve

important internal thought-processes. Focusing on the process of adaptation to old age, Moraitou et al.'s (2006) research began by identifying two components of hope. First is the ability to generate and sustain strategies for achieving goals, including problem-solving and the ability to produce alternative paths. Second is the extent of a person's positive beliefs about their own ability, a state created by the success of past experiences (Moraitou, 2006: 74). It is argued that those who have had past success will have a greater sense of control over their environment and be motivated to continue to pursue their goals. After developing a survey instrument to measure the existence of hope and attitudes towards old age, it was found that both these points were most strongly affected by a person's health status. However, this research does not seem to have taken account of or identified conditioned expectations. Indeed, this measurement tool positively categorises those who are able to adapt to their situation and readjust their aspirations accordingly. A person who develops a limiting health condition would therefore be positively categorised if they lowered their aspirations. This does not recognise that individuals could be given more support to facilitate their original aspirations.

### 2.1.2 *Direct and indirect control*

A second strand of ideas on autonomy focus on the act of choosing or deciding. In the simplest case, the individual chooses directly. It is widely acknowledged that a definition of autonomy that solely depended on the individual actually making each and every decision independently from others would be too narrow. Many decisions are taken jointly, for example within a household or community. Indeed, there are circumstances in which we may prefer to let someone else, or something else, decide for us. These can also qualify as autonomous decisions, providing a number of conditions are met. But, specifying such conditions is the subject of more debate.

Bandura (2000) defines self-efficacy as the power to produce results or states of affairs. These can be individual, collective or proxy decisions, where an individual or organisation with more influence or power acts on behalf of the individual or community (cited in Alkire, 2008). Alkire (2005) criticises the last part of this formulation on the grounds that it does not distinguish decisions or actions that are the result of coercion.

For Alsop and Heinsohn (2005), the 'use of choice' is one component of empowerment. To establish the extent of empowerment in this respect, one needs to ask whether an individual makes decisions in and about their life, and also whether they *could* make such decisions if they wanted to. This line is pursued by Alkire (2008), who adds that it is also interesting to know whether the individual would like to make the decision in question. A person who does not make a decision about something is not necessarily without control or choices.

It is important to note that the people's empowerment may vary across the different domains in their lives (Ibrahim and Alkire, 2007a). As a consequence, many of the measurement instruments that have been designed to capture levels of empowerment are explicit about what area of a person's life to which they refer.

Incorporating freely delegated choices within the scope of autonomous decision-making has been an important element of arguments put forward by the independent

living movement. The shift towards disabled people in the UK receiving cash payments to arrange the support they need, rather than being given centrally provided services, has necessarily been accompanied by the establishment of support networks alongside such cash payments. Recent models have allowed for the possibility that the budget will be held and managed by advocates or family members nominated by the disabled person, rather than by the disabled person directly (InControl, 2009). The underlying important principle is that the disabled person retains the right to be fully involved in decision-making and to take back control if they wish.

Two forms of limitation on the active or delegated decision-making aspect of autonomy can be identified as problematic for autonomy. The first is where an assumption is made that an individual cannot or should not make choices for him or her self. This denial of agency is a well-documented problem for older people and disabled people, especially those with mental health problems or cognitive impairments (Cole et al., 2000; Morris, 1998). In a recent study of the extent and implementation of choice and control in residential services for people with learning difficulties, Finlay (2008) identified that there was a tendency to focus attention on the larger decisions in a person's life when in fact empowerment could more quickly and effectively be promoted at the level of everyday practice. Boyle (2008) found that the autonomy of older people in long term care was limited by a lack of the social rights necessary to facilitate it. Boyle evaluated the circumstances of older people in long term care using Doyal and Gough's (1991) theory of human need which states that to be minimally autonomous individuals must '*have the ability to make informed choices about what should be done and how to go about doing it*' (Doyal and Gough, 1991: 53, cited in Boyle, 2008: 301). This may involve providing individuals with material and emotional support (Boyle, 2008: 303). They found that some elderly care home residents could not even be categorised as minimally autonomous due to the lack of support and opportunities to make decisions they receive.

The second form of limitation on active or delegated decision-making is *coercion* - by another individual or group. In this case the individual may be trying to take an active role, or they may have resigned themselves to passivity, but in either case their preferences are overruled by someone more powerful.

### 2.1.3 Opportunity structure

The third and final theme identified in the literature is the importance of the range and quality of options available to a person together with the extent to which they are aware of them.

What an individual is actually able to be or do is central to the 'ability' component of agency as defined by Alkire (2008), following Sen's approach. This can be evaluated independently of the individuals' preferences and the extent to which he or she has direct control over the outcome.

Similarly, for Alsop and Heinsohn (2005), the opportunity structure a person faces is a crucial component of their empowerment. It determines the capacity they have to transform choices into desired actions and outcomes. Alsop and Heinsohn suggest the opportunity structure has three levels - local, intermediary and macro – and can

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be measured by looking at the operation of formal and informal institutions, laws, the regulatory framework and social norms.

Narayan (2005) adds that real opportunities are those that can lead to change in a situation. These are constrained or facilitated by the incentives and structures in wider society. Empowerment is therefore the process of expanding the assets and capabilities of disadvantaged people to alter the structures of wider society, in particular to negotiate with, influence, control, and hold accountable institutions that affect their lives, including the state, the market and civil society (Narayan, 2005). Increased access to information, inclusion and participation, social accountability and enhanced local organisation capacity are all routes to empowerment in this sense.

Bavetta and Peragine (2006) draw attention to the distinction between actual and perceived opportunities. They suggest that the extent of autonomy freedom a person has should include a measure of his or her awareness of available opportunities when making decisions, since options which are potentially available but which are not subjectively present to the decision-maker do not contribute to real freedom.

Bervoets (2007) argues that simply focusing on the number of options people have available to them within their opportunity sets assumes that individuals can choose any one of these options. It is argued that it is necessary to allow for the presence of uncertainty with respect to the amount of control individuals have over outcomes. Experimenting with different game theories, Bervoets found that the existence of uncertainty over outcomes acts as a constraint over the decision-making process and therefore, it is argued that this should be used to embellish descriptions of freedom alongside evaluating the number of options individuals have. Indeed a greater quantity of options can actually conflict with other important components of freedom such as the quality and diversity of options (Bervoets, 2007: 13).

## **2.2 Other theoretical approaches**

There is another group of literature in the Marxian tradition that looks at individual autonomy as being fundamentally misaligned through macro-socio-economic structures. There are useful theoretical insights from this literature but not much can be drawn from it in the way of empirical measurement of types of autonomy.

The social and economic determinism of many in this tradition means that there is a fundamental problem of viewing autonomy as primarily based at the individual level. Recent Marxian writing has tried to theoretically distinguish, and thus give a basis for analysing the interface, between social and individual causation (Elster, 1985). Such writings can give us a clear theoretical context of what we can hope to capture and measure when approaching analytical study of autonomy. First, that the recognition that there is a theoretical distinction between individual and socially determined actions is crucial (Archer 1998). Marx's concept of alienation sees human nature as having inherent qualities that are not satisfied or optimised by social relations. This leads to a gap between actual and satisfiable needs, and an inability to fully 'self actualise'. However, neither Marx nor subsequent commentators and theorists have adequately been able to consistently say where the boundaries of subjective versus objective differences in this process are.

Second, that there is a two-way causal relationship between individual and society with 'feed-back' that makes empirical autonomy always a relative concept but that requires social action to ripen autonomy to its full potential. In essence, the argument is primarily philosophical in nature, "...only a self which, in solidarity, has emancipated itself can be said to have become self-determining, i.e. autonomous" (Bhaskar, 1998: 671). Third, that the role of individual beliefs is part of socially formed ideological 'structures'. Elster condenses the range of writings on this into a threefold relationship between social thought and social reality: "1) The beliefs have society as their object – they are explanations or justifications of facts about men and their relations to one another, 2) The emergence or persistence of such beliefs may itself be caused or, more generally, explained by social facts. 3) The beliefs themselves are social facts and may as such have consequences for the social structure- to stabilise or undermine it" (Elster, op-cit: 459).

But there is little potential to measure such processes as they are, by definition, widespread and operate subtly behind the scenes the majority of the time for the majority of the population. Statistically, there would be so little variance in any of these socially determined conditions that they would not be amenable to identification and analysis through survey. They thus remain an interesting theoretical counterweight to the potential over-emphasis of the individual level and of internalised processes of autonomy in the literature. They can be safely put to one side in any applied study.

### **2.3 Our conceptual scheme**

Our primary purpose is an applied one: to develop a survey-based measure of autonomy as a component of the broader concept of substantive freedom (the central and valuable things in life that people are able to be and do). These measures of autonomy are intended to complement information on unequal outcomes and unfair treatment, to provide an overall picture of inequality in substantive freedom.

This means that the autonomy concept needs to provide a link between outcomes and freedom, addressing both the process and opportunity aspects of freedom. For example, the outcome needs to have been brought about by a process that is influenced by the agency of the individual (directly or indirectly), and to be in accordance with the individual's considered preferences and values. The latter in turn depends both on the individual having had the opportunity to reflect on his or her preferences and values, and on there being a suitable range of options subjectively and objectively available. Therefore, while our broad definition of autonomy is the amount of choice, control and empowerment an individual has over their life, we need to draw on all three of the aspects of autonomy identified in the literature review above when measuring it.

We summarise such an approach in Figure 1. These aspects of autonomy can be thought about positively in terms of *achieved autonomy* and negatively in terms of *barriers to autonomy*. These negative and positive aspects are usually part of a continuum, so that a fully autonomous component would have no barriers operating to nullify or qualify its full expression. Note that the concepts of 'direct or indirect control' have been re-categorised as 'active or delegated decision-making'. Similarly,

what was referred to as ‘the opportunity structure’ in the literature review has been re-categorised as ‘having a wide range of high quality options’. These are applied interpretations of conceptual ideas that are more directly open to measurement by survey.

**Figure 2.1 Conceptual scheme**

<i>Component</i>	<i>Achieved autonomy</i>	<i>Barriers to autonomy</i>
1. Self-reflection	Self-reflection	Conditioned expectations
2. Active decision-making	Active or delegated decision-making	Passivity; coercion
3. Wide range of high quality options	Wide range of high quality options (perceived and actual)	Structural constraints; lack of information, advice and support

The rows of Figure 2.1 represent the *three components of autonomy* and we give them each the names that relate to their achieved status. It is worth reiterating that the three components of autonomy (and the barriers to them) are independent in the sense that it is possible to have any one or two aspects of autonomy but not the others. For example, an individual may have reflected carefully on their values but be unable to express them through their choices, either because they are prevented by someone else from being involved in the decision or because the options available to them do not include the desired outcome (or both). Complete autonomy needs all three components to be optimally achieved.

This scheme should allow for the examination of for example, the various possible circumstances of a woman who is unemployed:

- She has thought about her options and would like to be unemployed, because she wants to have time to pursue an artistic endeavour. She has the ability to make this choice because either the welfare system or someone else will support her. This is an autonomous action.
- She has never thought about getting paid work – it simply has not occurred to her because of the cultural norms she has internalised. She has not had the opportunity to reflect on her commitment to these preferences and values. Therefore is not an autonomous action.
- She is in a patriarchal relationship, and although she would like to work her partner will not allow it. She is being coerced and therefore being unemployed is not an autonomous decision.
- She would like to work and is not prevented by anyone else from doing so but she has not been able to find a suitable job. Being unemployed is the result of structural constraints and is therefore not an autonomous decision.

This type of analysis would expand outcome indicators in the Equality Measurement Framework which simply illustrate the number of people in and out of paid employment.

We now turn to consider how best to contribute new measures of autonomy and provide the best input to the Equality Measurement Framework from original research. With limited resources it is important to focus our efforts on that which had not been considered already (for instance, healthcare) in order to maximise our additional and distinct contribution to autonomy measurement. We audited existing measures and found that, while some of these circumstances are already being documented, there are also definite gaps in domains and components of autonomy that are being measured in these surveys and research activity. Some of these will be briefly discussed in the following section.

We use the term 'areas of life' to refer to particular types of social and economic and other activity that can be incorporated into domains within the EMF. For example, we focus on the area *work/life balance* which can be incorporated into the Productive and Valued Activities domain.

## **2.4 Review of existing measures**

The review of existing measures was one of the key tools with which we prioritise certain areas of life over others (a complete list of the relevant measures identified can be found at Appendix 2). As one of the key aims of this project was to develop new measures of autonomy to fill existing gaps, such auditing was crucial. Additionally, our audit of survey questionnaires allowed us to consider questions that were once used in surveys that are no longer produced. This helped to guide our formation of new questions. Indeed, slight adaptations of such questions were subsequently cognitively tested and piloted in our survey.

Two areas of life in particular have well-developed measures of autonomy: health and independent living. The National Patients Survey Programme asks patients a series of questions attempting to understand if they were treated with dignity and respect. Specifically, the survey asks: how useful the quantity and comprehension of information received was, how much choice over the treatment was given, how involved the patient was in decisions about their treatment, and how much privacy was given to them. These questions do not cover a comprehensive range of concerns about the levels of autonomy within the area of health. There is additionally some overlap with what would strictly be defined as measures of processes rather than of autonomy. Nevertheless, they are an excellent foundation for indicators of autonomy and for that reason we have not taken health and independent living as areas of life for further development of autonomy measures.

The Count Me In Survey is a national census of inpatients in mental health and learning disability services in England and Wales. The 2008 report provides statistics on the number of patients unwilling or unable to consent to their treatment, the use of hands-on restraint and the route through which the patients were referred to the service. These statistics could provide interesting measures of autonomy (for active or delegated choosing, coercion, and the amount of information, advice and support); particularly for the health domain and for reporting on vulnerable groups.

The Office for Disability Issues has pioneered a range of measures aimed at reviewing the extent of independent living within disabled groups. The recently developed Life Opportunities Survey is a longitudinal survey which will provide



impressive sample sizes for both disabled and non-disabled groups, and asks about a variety of domains (see <http://www.officefordisability.gov.uk/research/survey.php> for more information). Relevant areas of questioning include: access to and participation in various areas of life, calculating the main structural constraints which might prevent this, and exploring what mechanisms are used in order to increase access and participation.

The EMF draws heavily from the British Crime Survey for indicators in the Physical Security domain as it provides some invaluable data on people's experiences of the criminal justice system. In terms of autonomy, data collected on repeat victimisation in domestic violence would provide interesting information on the reoccurrence and intensity of coercion.

The review of existing measures also highlighted questions with a similar focus to this research. The Oxford Poverty and Human Development Initiative (OPHI) developed a module on empowerment as part of their project to create internationally comparative measures of poverty (OPHI, 2008). These questions had been tested internationally but not within the UK. As such, some of these questions were incorporated into the survey development and tested on a UK audience.

## 2.5 Creating new questions

At this point, it is worth a recap. We have a definition of autonomy based on the understanding that for complete autonomy, a person would need to have achieved three separate components:

- self-reflection,
- active or delegated decision-making, and
- range and quality of options.

We have audited existing measures and identified gaps in measures of autonomy.

The three components of autonomy (and the assumed barriers to achieving these components (see Figure 2.1)) allowed us to create questions to cover all of these details and gaps in the Equality Measurement Framework. These questions were based on pre-existing questionnaire material as a starting-point.

It is worth noting that existing questions in the field of empowerment research can be categorised as either analysing the state, the market or society. All the questions developed in this study - covering self-reflection, decision-making and range and quality of options - would fall within the society category. This was primarily because we felt that this type of questioning was absent from existing surveys. However, the state and market are incorporated as a means of understanding why autonomy may be lacking in a certain area. For example, where a person has limited autonomy in their household expenses, it may be the result of financial issues. These points will be elaborated upon further in the following section of this report.

The next step was to take this long list of potential questions and to explore how far they would be successful as survey questions using cognitive interview techniques. Details of this process and the subsequent evolution of the questions will be

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discussed in the next Section of this report.

### **3. COGNITIVE INTERVIEWS**

This section describes the cognitively testing of both newly created and existing questions. We begin with a description of the technique and methodology of cognitive testing. The results are then presented after first explaining some of the key terms and themes. Finally, we give an annotated list of the questions tested.

#### **3.1 Cognitive testing methodology**

Cognitive interview techniques were employed in order to successfully create survey questions. This is especially important in this relatively complex and unfamiliar territory. Such an approach allows us to test the questions and check the validity of the data being collected. During cognitive interviewing, a researcher administers a survey questionnaire whilst collecting additional verbal information about the responses given (Beatty, 2004). It allows the researcher to assess participants' comprehension of the question and their answering process (i.e. how the response was formulated). At its core, cognitive interviewing allows researchers to critically evaluate the transfer of information (Willis, 2005: 3). It provides insights into whether the questions are generating data in accordance with the intentions of the study.

The participants in our test samples were self-selected members of the public recruited through a range of voluntary sector organisations who advertised the interviews on our behalf. Individuals were given £15 at the end of the hour-long interview to acknowledge the use of their time and to act as an incentive for recruitment. We conducted 34 interviews. This large sample size (the average in other cognitive testing procedures being between 5 and 15) was required to ensure coverage of the range of respondent characteristics relevant to the Equality Measurement Framework. Nevertheless the sample is neither sufficiently random nor large enough for statistical estimates to be drawn (Willis, 2005: 7). Note that following the cognitive interviews, a survey pilot was conducted with over 1,000 respondents.

Sample quotas were established for each of the equality characteristics: gender, ethnicity, disability, age, sexual orientation, religion/belief and socio-economic status (see Appendix 3 for a summary of the characteristics of the participants). The interviews were conducted individually and face-to-face, following a scripted questionnaire with prompts (see Section 3.9 for the interview questions). Retrospective verbal probing was used during natural breaks in the script as an attempt to minimise disruption to the flow of the questionnaire. The interviewer also used reactive probing with respondents where interesting points were uncovered. Some think-aloud probes such as, 'Tell me what you are thinking', were also used spontaneously where respondents were hesitating over an answer. This allowed us to identify where respondents who, rather than selecting the 'Don't know' option, will select an answer in order to avoid the impression of being uninvolved, disinterested or simply unknowledgeable (Wikman, 2006: 88). This is crucial to elicit their real opinion. A script of prompts was used in order that a degree of standardisation between interviews was obtained (as is generally considered good practice) alongside more discursive and reactive discussion. This hybrid approach allowed interviewers to both maintain an investigative focus provided by verbal retrospective

probing and to allow for unanticipated answers through open-ended, think-aloud probes (Willis, 2005: 57).

One of the most useful aspects of cognitive interviewing is the ability to explore the language used with participants. Definitions of words have 'fuzzy boundaries', so the meanings that the researcher has in mind may be contradicted when the words are discussed during cognitive interviews (Wikman, 2006: 89). The goal is to create questions that have a standardised meaning across the majority of participants, in order that any divergence in answers can be ascribed to genuine variation between participants rather than variation in the process by which a conclusion is reached (Fowler and Mangione, 1990). Where we discovered that a variety of interpretations were possible, the terminology used by participants was fed back into the research process and revised later versions of the questionnaire in the form of examples, in order to clarify the meaning of the question for future participants. The questionnaire therefore evolved during the course of the cognitive interviews.

The questionnaire was designed to reflect the three components of autonomy (and their corresponding barriers) outlined in the previous section. Pre-existing questions were classified into components of autonomy, and any gaps in a complete coverage of such components were then filled with newly devised questions.

The questionnaire makes a distinction between questions that ask about individual's lives overall (which we call generic questions) and ones that ask about particular areas of their lives (which we call domain-specific<sup>2</sup> questions). This was done to identify conditioned expectations; that while some people might state that their choice and control overall is fine, when asked to describe particular situations it becomes apparent that they are for example, being coerced or limited in some way. Other research has suggested that 'unpacking' a global or generic response into components is one way to identify a gap between a person's assessment of his or her situation and actual experience (Audit Commission, 2006; Healthcare Commission, 2006).

The questionnaire was limited by the number of questions it was possible to test. We decided it would be more advantageous to test a small number of areas in depth rather than attempt to cover all areas of the Equality Measurement Framework superficially. Areas were chosen on the basis of a lack of existing data. The areas selected were: major household decisions, work/life balance, and relationships.

### **3.2 Results**

This section will outline the results of the cognitive interviews. It begins with analysis of key results. The annotated list of the questions tested is then presented and includes intermittent commentary detailing either feedback from participants or a change in wording. The question wording is written in italics and comments on the questions are indicated with an indentation.

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<sup>2</sup> We use domain in its general rather than EMF specific meaning here.

### 3.2.1 Choice and control

An integral part of our definition of autonomy is the notion of choice and control. This was thoroughly explored during the cognitive interviews. Participants were asked to comment on a scale from 1 to 10, how much choice and control they felt they had over shaping their lives. The question asked was:

*Some people feel that they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Imagine a ten step ladder, where on the bottom, the first step, stand people who are completely without free choice and control over they way their lives turn out, and on the highest step, the tenth, stand those with the most free choice and control. On which step are you today?*

(taken from empowerment module of an Oxford Poverty and Human Development Initiative survey, derived from the World Bank Values Survey).

When asked to explain their answers or their understanding of the question, a varied response was given. Some respondents thought about the overall structure of life; as one respondent commented, *“the way I see it, you have a certain amount of control and then other people like maybe the government have another certain amount of control, where you don’t have no say in it”*. Another respondent asked, *“do you mean if people can just do what they want?”*. In fact, the question was intended to ask how much influence people felt they can have in shaping or influencing their lives, rather than broadly questioning the moral and legal framework of society.

Some respondents thought about the *“big picture”* and how their lives had evolved based on the foundations they had put in place. Other respondents analysed choice and control on a day-to-day level. For example, one self-employed respondent stated, *“I have some responsibilities but I could get rid of them if I wanted to... I feel like I am free”*, and suggested that his occupation was the result of choices he had made. Therefore, in terms of choice and control over his employment, he scored himself highly. However, another four self-employed participants described being constrained by the uncertainty of work and their financial situation. Rather than having more choice about their working situation because they are self-employed, they often felt obliged to take work when offered to them. These participants did not think overall about their occupation but stated that the uncertainty of being self-employed gave them very few options.

Questions also asked participants to comment on how much choice and control they thought they would have in five years’ time; specifically asking, *‘On which step do you think you will be on in five years’ time?’*. Asking participants to describe their projections for their lives in the future was intended to give an indication of the extent to which people expect their life to change or stay the same.

Many respondents commented that they answered this question thinking about where they would like to be; a *“projection of my hopes”*, as one participant described her answer. Phrases such as *“being optimistic”* and *“I’m going to be positive today”* were used by respondents to describe their thought-processes. Other respondents thought about actual changes that would occur in their life within five years such as completing a course that was underway or getting married. Some respondents felt

unable to accurately answer the question, either because they felt it was impossible to know for certain what would happen (although we did not require certainty from respondents), or because five years was too long a time period. With the current recession in mind, one respondent commented, "*there is a big uncertainty hanging over your head... you worry about tomorrow, you can't bear [thinking] about 5 years' time*".

Following such generic questions, the questionnaire asked respondents to comment on the level of choice and control they have over different areas of their lives; asking for example '*What about choice and control over life within the household?*' or '*What about choice and control over your ability to form and maintain relationships?*', with the same ten-step ladder for responses. Questions about the household, relationships and the family were problematic for some respondents as they involved not only thinking about their life but about the lives of others. The questions were not intended to ask how much control people felt they had over others, but comments such as, "*I can give [my family] advice but they make their own decisions...they've got their own minds*", were fairly typical. These comments highlighted the need for clarification on what we were asking about (i.e. managing the relationship an individual has with others rather than making decisions for them).

Commonly, respondents expressed the feeling that being in a relationship or tight-knit family meant that you had to relinquish some choice and control. When asked about life within the household, one respondent commented that individuals should be, "*living for the benefit of the family as a whole rather than your own interests*". Another commented, "*I don't have a partner, I don't have a boyfriend, so I am in complete control of my life at the moment*". Those living on their own described having much greater choice and control over the household than others who felt that it was a "*shared place*" and scoring themselves at 5 on the scale to reflect the equal influence of a partner or housemate.

When asked about choice and control over health, one respondent who suffers from health problems and is receiving incapacity benefits stated, "*I know what is wrong with me. I know what I have to do to control it*". As such, she stated that on the scale of 1 to 10, she was currently on a 6 but hoped it would be a 10 in five years' time. It is interesting to compare this to a younger respondent who competes in sports events and trains nearly every day, and scored herself 8 for both choice and control over health at present and in five years' time. This highlights the difficulty of making interpersonal comparisons with a small sample size. Change over time for a person (a longitudinal measure) may be more informative than differences between people.

In terms of financial constraints, some respondents did not consider a lack of resources as something which may reduce their choices when responding to the overall choice and control questions. "*I control the buying if there is the money*", was stated by one respondent who scored herself highly because she was in complete control of the decision-making process, but has extremely limited choices in terms of purchases due to a lack of resources. This confirmed that including more detailed questions that probe for structural constraints are an important complement to overall choice and control questions.

### 3.2.2 *Component 1: Self-reflection (and conditioned expectations)*

Of the three components of autonomy identified, self-reflection was the hardest to capture. Based on the literature and previous questions that have been used, statements such as, *'My life has shaped itself without me making choices'* and *'I have a clear idea of how I want to lead my life'* were discussed with participants. It was hoped that these would identify whether respondents had thought about their options and had plans for the future. However, neither statement produced interesting results, with only one respondent answering negatively to both statements. Another respondent agreed with the statement, *'My life has shaped itself with me making choices'* and added that, *"there are things which are out of my control"*. This respondent elaborated to explain that he believes in the theory of reincarnation and predetermination, therefore highlighting that answers to this question may need to be interpreted differently for those who are religious.

Conditioned expectations were not asked about directly but could sometimes be detected using responses to a combination of questions. One participant had lived on social security benefits for a number of years and commented that despite having very little disposal income, he had adapted his lifestyle to suit this and therefore his income was perfectly adequate (he received approximately £50 per week total income before bills). When asked how frequently a shortage of money prevented him from doing things that were important to him, he answered that it was 'sometimes' the case, while separately he stated that he would like to be able to participate more frequently in social events. This contrasts with other participants with much higher disposable income who stated that they 'often' or 'always or nearly always' have a shortage of money.

The same participant commented that he would prefer his lifestyle and to continue his role as a volunteer rather than face the pressures of having paid employment. While he perceived his employment status as a choice he had made, it was clear that he also suffered from a lack of confidence that prevented him from changing his situation.

The cognitive interview prompts and responses added considerable detail to the information elicited from the survey questions alone, and not every instance of conditioned expectations is likely to be detected from the survey questions themselves. Nevertheless, by comparing responses from questions that ask about overall satisfaction to questions that ask if there are specific barriers that prevent the respondent doing things that are important to them, some indication of conditioned expectations can be elicited.

### 3.2.3 *Component 2: Active or delegated decision-making (and coercion)*

One question that aimed to pick up this component of autonomy asked participants the extent to which they agree with the statement *'I feel like I am free to decide for myself how to live my life'*. Most participants agreed. A couple of participants stated that they felt able to make decisions but were less sure about how it would unfold, and whether their goals would be achieved. Another respondent felt so constrained by her family responsibilities and employer that she stated there were no options available to her about how to live her life.

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Other questions aimed to investigate limitations to active decision-making, specifically coercion by others. Although not many participants disagreed with the active decision-making statement, the majority of participants agreed with the slightly broader negative statement, '*Sometimes I feel that I am being pushed around in life*'. When asked to describe what being pushed around was, answers included "*decisions being made for me*" and having "*no control over what I may or may not have to do*". These provide a close match for lacking the component of autonomy we are trying to capture here. Generally the interpretations given were very similar across interviewees, except for a couple of participants who thought the statement meant the physical action of being pushed around.

If participants agreed that sometimes they felt pushed around, they were asked to indicate who or what was pushing them around. The three most frequently cited were: the government, employers, and circumstances in general.

#### 3.2.4 *Component 3: Range and quality of options (and structural constraints)*

The framework for components of autonomy places the perceived range and quality of options as being limited in the presence of structural constraints. While only a small proportion of respondents described themselves as lacking options, many more felt that structural constraints sometimes prevented them from doing things that were important to them. The most frequently cited structural constraints from a list of prompts were: shortage of money, being in debt, job or lack of job, age, other people's attitudes, a lack of support and advice, and a lack of self-confidence.

Questions relating to the range and quality of options and structural constraints evolved substantially during the cognitive interviews. Originally the question asked individuals to state how strongly they agreed with a list of statements that followed the format '*My [health] prevents me from doing the things I want to*'. However, participants identified two problems. First was that the statement was too broad for participants to understand what '*things*' we wanted them to think about. Second was that the response options were unsuitable. Many participants wanted to give the answer "*sometimes*" or "*in some areas of my life*", rather than have to agree or disagree with the statement. The question was therefore altered to focus on important decisions, stating specifically '*My [health] prevents me from doing things that are important to me*'. The response categories were also adapted so that participants commented on the frequency with which they identified with the statement (from '*always or nearly always*' to '*almost never or never*'). This led to more coherent and accurate recording of structural constraints.

#### 3.2.5 *Relationships between components*

The cognitive interviews confirmed our initial thoughts that individuals could be lacking in certain components of autonomy and not in others. For example, individuals often felt that they had limited options available to them due to structural constraints but were positive in terms of self-reflection or active decision-making.

For example, one participant is a single mother, living with dependent children, and with two part-time jobs. She is educated, employed, living in a relatively safe environment and has the confidence and knowledge to



participate in activities or access advice when necessary. She has reflected on her options and made a decision on that basis. However, she feels powerless over her choice of employment. She is working in roles that are below her qualification and skill level because her employers allow her to work flexible hours to suit her childcare needs. She often feels that her employers exploit the dependence they recognise she has for them. She is limited in her ability to make future plans or participate in things she thinks are important because of her employment and financial situation. She is constrained by a lack of financial resources and family responsibilities.

Taking this participant's responses together, she scores highly on self-reflection but less certainty on active decision-making (due to constraints from her employer pushing her around), and the range and quality of her options, particularly where work/life balance is concerned.

Conversely, there were participants with a wide range of options available to them who felt heavily influenced by others and/or were unable to make decisions about how they wanted to live their lives.

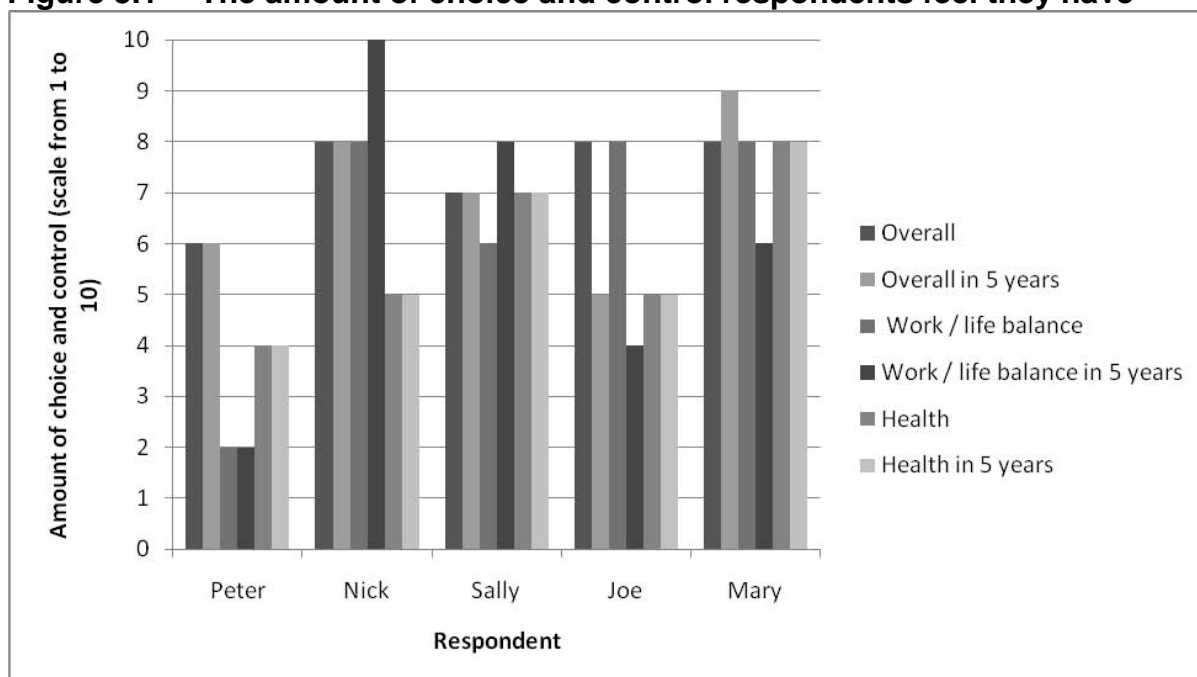
One respondent felt positively that her life overall was full of change and growth and that she had a clear idea of how she wanted to lead her life. However, she also recognised that she could be influenced by people with strong opinions and sometimes felt 'pushed around' by family members and friends. She also identified that while it would be 'very important' for her to improve her personal relationships, she was motivated by a desire to prevent others from disapproving of her.

Thus, while this participant was self-reflective with options available to her, she recognised that she could be coerced and limited by influential groups in her life.

### *3.2.6 Relationship between domains and specific areas*

There were some similarities in how respondents answered the generic and the domain-specific questions. This was particularly true where issues such as structural constraints in the form of shortage of money or a lack of support seemed all-pervasive for individuals. However, there were also differences in the amount of choice and control individuals felt they had over their lives overall in comparison to distinct areas such as work/life balance. Some examples are illustrated in Figure 3.1 (names have been changed).

**Figure 3.1 The amount of choice and control respondents feel they have**



Source: authors' analysis of cognitive interviews.

There is little variation between the generic and domain-specific responses for Sally, who was pervasively constrained in all areas of life by a shortage of money and family responsibilities. By contrast, for Peter, choice and control over his work/life balance, and over his health, both now and in terms of his expectations for the future, were much lower than his overall assessment of choice and control. These variations in the way respondents answered the generic and domain-specific questions appear to reflect differences in the circumstances of individual respondents. This gives us confidence that the questions are valid. The variation in responses also indicates the importance of including both generic and domain-specific questions in an assessment of autonomy.

Thus far, the cognitive interviews results have been grouped in terms of key themes or components of autonomy. In the next section, an annotated questionnaire will be given, presenting some of the feedback gained.

### 3.3 Annotated questionnaire

Not all of the 34 cognitive interview participants were asked all of the following questions. Commonly, participants were asked all of the introductory questions followed by one or two of the domain-specific suite of questions (either major household expenses, work/life balance, or relationships). The question wording is written in italics, with commentary provided in bullet points below each question.

#### 3.3.1 Generic / overall questions

##### Question 1

*Some people feel that they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to*

*them. Imagine a ten step ladder where on the bottom, the first step, stand people who are completely without free choice and control over the way their lives turn out, and on the highest step, the tenth, stand those with the most free choice and control. (Show card with a ladder with steps labelled from 1 to 10).*

*a. On which step are you today?*

*b. On which step will you be on in five years' time?*

- The length of this question was difficult for some participants who needed it to be repeated.
- The majority of participants answered the second part of this question thinking about where they hoped their lives would be. It could be used as an indication of participants' aspirations.
- The second part of this question was easier for some to answer than others. It was easier for participants who were going through a period of change, such as completing a course or moving house. Therefore, the thought-process differed between individuals, with some thinking generally about their life overall.

## **Question 2**

*How strongly do you agree or disagree with the following statements?*

*(Show card with 5-item response scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).*

*a. I have little control over the things that happen to me.*

- These questions require participants to think generally about their lives overall. For some participants this was too broad because they sympathised with this statement only in some areas of their life.

*b. There's really no way I can solve some of the problems I have.*

- Again, this question raised similar concerns. One participant felt that overall, individuals can shape their destiny depending on their motivation to do so. However, obstacles arise and people have different abilities to combat them. As such, this respondent chose 'neither agree nor disagree' because he was unable to calculate whether he should answer with respect to his life and his experiences.
- This question also provoked another respondent to think about the different environments people are born into and how this may be more advantageous for some than others.

*c. I usually feel capable of dealing with the problems in life.*

*d. Sometimes I feel that I am being pushed around.*

- Definitions of this question included the following:
  - Circumstances with limited or no choice.

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- Being controlled or bullied.
- Having pressure being put on you by people to do something you don't want to.
- Not being listened to.
- The balance of power is on someone else's side.
- Other people telling you what to do.

- The definitions and examples given for this question were extremely similar between respondents, therefore suggesting a high level of comprehension. Only a couple of respondents thought about the physical act of pushing someone.
- In contrast to the other questions in this section, the question struck a chord with a high proportion of the respondents.

e. *What happens to me in the future mostly depends on me.*

- While the majority of respondents agreed with this question, one felt unable to answer it. She stated that there would always be things that were unexpected or beyond her control, for example the political or economic environment.

f. *I feel like I am free to decide for myself how to live my life.*

- This question highlights an interesting dilemma for participants when discussing control over one's life. Three participants noted that they can make a decision about how to live their life or set a plan in place, but how this develops or evolves may be out of their control. Thus when asking about decision-making, questions need to be clear whether they are referring to the process or to the outcome.

### Key conclusions:

- It is important to stress to participants that we want them to think about their lives and their experiences (not those of others or society generally).
- If these generic questions are worded too strongly, the vast majority of participants will not react to them, leading to very little variance in answers.
- We need to be aware of the different answering strategies. The practical/achievable answers versus the "if I won the lottery" answers.

### **Question 3**

*[If strongly agree or agree with Q2, bullet-point D]*

*You stated that you sometimes feel that you are being pushed around in life.*

- a. *Could you tell us who or what this is by? Select as many as appropriate.*
- *Partner*
  - *My children*

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➤ For a couple of the respondents who were struggling with their family responsibilities, this question was confusing. They felt pushed around by the situation they were in with their children, but not by the children themselves.

- *Other family members (including parents and in-laws)*
- *Friends*
- *My employer*

➤ This was a commonly cited reason for feeling pushed around.

- *Other people at work*
- *A professional e.g. advisor or carer*
- *School*

➤ This was removed for the survey pilot because it was not relevant for the vast majority of participants.

- *The government*

➤ This was the most commonly cited individual or institution that participants felt pushed around by.

➤ It was suggested that this category should be split between national and local government.

- *The community I am a part of*

➤ This was kept broad intentionally so as not to exclude certain types of communities. Although it was not relevant for the vast majority of participants, it did capture a range of different communities (religious, sexual identity, geographic).

- *The media*
- *Circumstances in general*
- *I am not sure*
- *Other, please specify.*

b. *Can you please rank the two most important or influential individuals or groups from the previous list?*

➤ This was reasonably straightforward for participants.

Key conclusion: while this question does not indicate the extent to which participants are coerced by this individual or institution, it does give an insight into the main constraints people feel they have in their lives. Asking participants to rank the two most important provides further information.

#### Question 4

*How strongly do you agree or disagree with the following statements?*

*(Show card with 5-item response scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).*

- a. *I tend to be influenced by people with strong opinions.*
- b. *I have confidence in my opinions, even if they are contrary to the general consensus.*
- c. *I judge myself by what I think is important, not by the values of what others think is important.*
  - 'the values of' was removed from the question as it is two statements in one and confused participants.
- d. *For me, life has been a continuous process of learning, changing, and growth.*
  - This question was kept broad in order to incorporate all forms of learning, not simply formal education.
- e. *I gave up trying to make big improvements or changes in my life a long time ago.*
- f. *I live life one day at a time and don't really think about the future.*
- g. *Some people wander aimlessly through life, but I am not one of them.*
  - This statement confused the majority of participants due to the change in emphasis.

#### Question 5

*Thinking about your life in general, to what extent do you agree with the following statements?*

*(Show card with 5-item response scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).*

- a. *My life is based on what I think is important to me*
  - This question was almost universally agreed with, suggesting that it would not produce any interesting results.
- b. *My life has shaped itself without me making choices*
  - One participant agreed with this statement because he was a practising Hindu and believed reincarnation. This question was designed to capture how much control people feel they have over their lives and therefore this interview was an interesting insight into how it might be interpreted by individuals belonging to certain religious groups.

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- Another participant felt unclear on how to answer this question because the amount of control she felt she had differed depending on what area of life she was thinking about.

### *c. I have a clear idea of how I want to lead my life*

- There were a variety of responses to this in terms of the answers given but there was a general consensus on its meaning.

### *d. I know who I am and what is valuable to me*

- This statement was confusing to participants as it asks two separate questions.

### *e. I feel free to plan for the future.*

- This question also had a good variety of answers.
- One participant stated that there were external factors such as the economic crisis which made planning for the future difficult.
- Other participants felt limited by more personal influences such as the age of their children.

### *f. I can do the things I want to.*

- This question appears relatively straight-forward but in fact caused a split between participants. Some answered thinking about their everyday lives and tasks, what they felt they could realistically achieve within the constraints of their lives. However, others either thought of the “*what if I won the lottery...*” answer or if, for example, they lived in a world without a legal framework.
- This question was deemed too broad and meaningless to be put forward for the pilot but it inspired other questions asking whether people are able to do what is important to them.

### *g. I feel that life is full of opportunities.*

- One participant agreed with this statement, claiming that she felt as if the opportunities were there regardless of whether or not she tried to take them.
- However, two other participants similarly noted that the question should be clearer on whether take-up of opportunities was relevant.

*h. I feel that I can live life to the full.*

- There was evidence to suggest that people answered this question within the constraints already present in their lives. Therefore it does not give a definite indication of aspirations as was intended.

Key conclusion: by this point in the interview, respondents felt that there had been quite a bit of repetition in the questions. As such, some were removed for the final part of the interviews.

### **Question 6**

*Here are a list of statements that people have used to described their lives or how they feel. Please tell me on the following scale how often this describes your life or how you feel?*

*(Show card with 5-item response scale: nearly always or always, often, sometimes, rarely, almost never or never).*

*a. Lack of support prevents me from doing things that are important to me.*

*b. Lack of advice prevents me from doing things that are important to me.*

*c. My age prevents me from doing things that are important to me.*

*d. Family responsibilities prevent me from doing things that are important to me.*

- One participant answered by considering the responsibility he felt he had to fulfil his duties in assisting to care for his elderly parents.
- Two other participants answered thinking about the constraints placed upon them by their young children.

*e. My health prevents me from doing things that are important to me*

*f. Shortage of money prevents me from doing things that are important to me*

- This question accurately highlighted those who felt extremely constrained by their financial situation. In contrast to a general assumption that participants are usually unwilling to discuss their financial situation, many participants stated that they strongly agreed with this statement.

*g. Being in debt prevents me from doing things that are important to me*

- Interestingly, this question caused opposing thought-processes in respondents. Approximately half of the respondents answered the question hypothetically “*if I were in debt, then...*” rather than thinking about their current situation. When asked about other questions, it was clear that this question was the only one which prompted a hypothetical response.



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- This must be noted for future use of the question and in our survey pilot, we included a note for interviewers to remind participants to consider their present situation.
- h. My job / lack of job prevents me from doing things that are important to me*
- This was difficult for employed respondents to answer as many stated that their jobs prevented them from doing some things but enabled other things.
- i. Other people's attitudes prevent me from doing things that are important to me*
- j. Where I live prevents me from doing things that are important to me*
- k. Discrimination towards me prevents me from doing things that are important to me*
- Participants were asked if they would be able to comment upon what they thought the reasons for their discrimination were, i.e. my gender, my age etc. While some thought that they would be able to identify the reasons, others discussed a general sense of discrimination in some circumstances that they would be unable to identify with certainty.
- l. Lack of transport prevents me from doing things that are important to me*
- None of the participants in London stated that transport was a problem for them. This contrasts to the rest of the participants, many of whom stated that owning or have the sole use of a car would be great advantage to them.
- m. The community I am a part of prevents me from doing things that are important to me*
- n. Lack of self confidence prevents me from doing things that are important to me*
- This statement was included following a suggestion from a participant. It was commented that this statement stood apart from the others in this section because it asked participants to think about their own contribution to changing their situation. Interestingly, this statement was more accessible to participants than some of the more subtle questions derived from multi-item psychological scales (for example, *I usually feel capable of dealing with the problems in life*).
- o. Other things prevents me from doing things that are important to me*
- p. Could you please rank the two most important or influential statements from the previous list?*

Key conclusions:

- This set of questions originally asked respondents to comment on how strongly they agreed or disagreed with whether or not these structural constraints were a problem. Many expressed the concern that rather than this answer category, they wanted to express that *sometimes* they felt like this and for some areas of their life. Thus, the answer categories were changed to a frequency in order to capture *how often* participants felt like this.
- This set of questions was originally phrased 'Shortage of money *stops me from doing the things I want to*'. This was changed to 'Shortage of money *prevents me from doing things that are important to me*' in order to direct respondents to think about important decisions, rather than "wishful thinking" which was particularly apparent when considering a shortage of money.

**Question 7**

*Some people feel that they have completely free choice and control over [add in domain], while other people feel that what they do has no real effect on what happens to them. Imagine a ten step ladder, where on the bottom, the first step, stand people who are completely without free choice and control over [add in domain], and on the highest step, the tenth, stand those with the most free choice and control.*

*(Show card with a ladder with steps labelled from 1 to 10).*

- a. *On which step are you today?*
- b. *On which step do you think you will be on in five years' time?*

*For the following domains:*

- a. *Major household expenses*

- Originally this read 'Your life within the household'. However, this was understood to mean: everyday decisions, who you live with, housekeeping, where you live, the atmosphere within the house. This was deemed too broad and an emphasis was placed on major household expenses.

- b. *Work/life balance*

- We were unsure as to how this concept would be understood by participants. Although there was some variation, the underlying understanding remains constant. Definitions included:
  - How much time is spent on your personal life?
  - Being able to work flexible hours.
  - Having a choice about what work you do.
  - The restrictions work puts on your family life.

c. *Ability to form and maintain relationships*

- This statement was intended to ask about participants' control over their personal relationships. Originally the statement read 'ability to *pursue* and form relationships'. However, participants in relationships felt that the reference to pursuing relationships meant the question was not relevant for them.
- When asked what relationships participants were thinking about when they answered the question, a variety of answers were given. Consequently, the definition '*by relationships we mean boyfriends, girlfriends, partners, husbands and wives*' was added to the question.

d. *Health*

- This was interpreted in three main ways by participants: specific health problems, ability to live a healthy life style, and access to healthcare.
- Some participants suggested that the concept of 'choice and control' over health was problematic because a person can only control their health to a certain extent. These participants scored themselves between 5 and 7 on the scale. Thus we might expect this question to have a lower average than other statements, but this would not necessarily be a reflection of individuals' health condition.

e. *Personal safety*

- As with health, some participants raised concerns about the extent to which a person can ever fully control their personal safety. Thus we might expect this question to have a lower average than other statements, but this may not be a reflection of how safe individuals feel.
- The most common interpretation was for participants to think about if they felt safe in the area they live.

f. *Employment*

g. *Opportunities for learning*

- Previously this question asked about 'education' but participants interpreted this to mean that only formal education was relevant. The majority of participants also answered thinking about the level of education they had received, rather than thinking about the amount of choice and control they had over opportunities for studying and learning. The revised wording made participants think about: learning at work and courses available to them. Both of these are much closer to our intentions.

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*h. Housing*

*i. Where you live*

*j. Family life*

- This statement is intended to explore the extent to which individuals feel they can control and have choices within their family life, and negotiate relationships within the family.
- Originally the question asked about choice and control over 'family and friends'. Many respondents commented that they did not have a choice over who their family were, rather than thinking about the relationships within their family. Asking separately about 'family life' and 'social life' has limited this reaction.
- The majority of respondents scored themselves highly for this question. However, two respondents with financial concerns and young children, and a transgendered respondent scored themselves significantly lower.

*k. Social life*

*l. Religion or belief or choice not to have a religion or belief.*

- This statement was scored very highly by nearly all the participants. Feedback from our advisory group members suggested that it may be that respondents feel unable to answer this honestly as it is not sensitive enough.

### *3.3.2 Everyday household decision-making – major household expenses*

This suite of questions is intended to follow the framework outlined in the theoretical literature, i.e. to ask a series of questions mirroring the following pattern: how is the situation overall, who makes the decisions about X, how involved are you in this process, would you like to be more involved in this process, and would you like to improve the overall situation. It is then possible to ask what areas might prevent the individual from improving their situation, thus indicating the most significant structural constraints.

#### **Question 8**

*In this next section, I will be asking some questions about your everyday life.*

*Firstly, I will ask about decisions regarding major household expenses. These types of expenses include bills or buying large household appliances such as a fridge.*

*Thinking about the major household expenses that you have, would you say the situation is:*

*(Show card with the following options).*

- *So good, could not be better.*

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- *Very good.*
  - *Good.*
  - *Alright.*
  - *Bad.*
  - *Very bad.*
  - *So bad, it could not be worse.*
  - *Don't know.*
  - *Prefer not to answer.*
- Originally this question was broader and asked about the 'household situation' including 'childcare, housework, expenses and the daily routine', rather than solely 'major household expenses'. It became apparent that the generality of the question meant that participants answered the questions positively, even if through discussion it was clear that there were areas of concern.
- Asking specifically about major household expenses was decided upon after consultation on what constituted a major and minor household expense. Major household expenses were seen to be a greater concern than minor household expenses, except for those living in rented accommodation where these expenses were often categorised as the responsibility of the landlord.
- The specific focus on major household decisions separates those with and without significant financial concerns. It is less clear whether the question is able to identify those disempowered to make decisions or coerced into making certain decisions.

### **Question 9**

*When decisions are made regarding the household, who is it that normally takes the decisions? By household we mean decisions about: who does what in terms of childcare, housework, minor household expenses, the daily routine.*

*(Show card with the following options).*

- *Me*
- *My partner*
- *Me and my partner jointly*
- *Someone else – family or friend*
- *Jointly with someone else – family or friend*
- *Someone else – a professional e.g. carer or advisor*
- *Jointly with someone else – a professional e.g. carer or advisor*

### **Question 10**

*[Q9 - if not the respondent solely] Do you feel your views have equal weight when making an important decision about major household expenses?*

*(Show card with the following options: nearly always, often, sometimes, rarely, almost never)*

### **Question 11**

*[if alright or worse for Q8; Q10 – if sometimes, rarely or almost never] How important would it be for you to see an improvement in this aspect of your life?*

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*(Show card with 5-item response scale: very important, slightly important, neither important or not important, not very important, not important at all).*

**Question 12**

*[Q8 – if alright or worse; Q10 – if sometimes, rarely or almost never; Q11 – if very important or slightly important] I will now read out a list of statements. Please tell me on the following scale how much you agree or disagree with whether these statements explain what prevents you from improving your situation.*

*(Show card with 5-item response scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).*

- a. *I do not know how to improve my situation.*
- b. *I do not have the support I need to improve my situation.*
- c. *I cannot get the advice I need to improve my situation.*
  - *A lack of support and advice was commonly suggested by participants. A couple of participants singled out JobCentre Plus' as places where they felt unable to obtain the advice they needed.*
- d. *This is the only option available to me.*
- e. *I do not have a good range and quality of options available to me*
- f. *Having considered my options, this is the best situation possible.*
- g. *Someone else prevents me from improving my situation*
- h. *Pressure from others prevents me from improving my situation.*
- i. *To prevent others from disapproving of me*
- j. *My age prevents me from improving my situation.*
- k. *Family responsibilities prevent me from improving my situation*
- l. *My health prevents me from improving my situation.*
- m. *Shortage of money prevents me from improving my situation.*
- n. *Being in debt prevents me from improving my situation.*
- o. *My job / lack of job prevents me from improving my situation.*
- p. *Other people's attitudes prevent me from improving my situation.*
- q. *Where I live prevents me from improving my situation.*

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- r. *Discrimination towards me prevents me from improving my situation.*
- s. *Lack of transport prevents me from improving my situation.*
- t. *The community I am a part of prevents me from improving my situation.*
- u. *Lack of self confidence prevents me from improving my situation.*
- v. *I do not want to change my situation. I believe that it is important and worthwhile to remain this way.*
  - This was deemed too negative by a couple of participants.
- w. *There is no point trying to change, there's nothing that can be done.*
- x. *I am trying to change my situation but nothing has happened yet.*
- y. *Other, please specify.*
- z. *Could you please rank the two most important or influential statements from the previous list?*

- It was hoped that these statements could be compared to the structural constraints asked about in the overall section. This could be used to give an indication of conditioned expectations. It could also highlight where individuals have pervasive structural constraints that affect many areas of their lives, using the similar questions for work/life balance and relationships that follow.
- Initially these questions asked participants if, for example, 'Shortage of money stops me from changing my situation'. However this was deemed too negative and participants were unsure as to why they had been routed to these questions. The repetition of the word '*improvement*' helped participants focus on their answer to question 11. It was also more sensitive and removed the sense that the researcher had judged their situation in need of a change.

### **Question 13**

*How do you think this situation will be in 12 months?*

*(Show card with the following options).*

- *Definitely improved*
  - *Possibly improved*
  - *No change*
  - *Possibly worse*
  - *Definitely worse*
  - *Not sure*
- This question, along with question 14, was intended to suggest how able participants are to envisage improving their situation, perhaps showing how empowered they are. In reality, this question was only answered positively, regardless of whether the participants had a plan in place or ideas of how they would improve their lives. As such, it was concluded that this question did not

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produce meaningful results. This analysis is the same for questions 20, 21, 25 and 26.

#### **Question 14**

*How do you think this situation will be in 5 years' time?  
(Show card with the following options).*

- *Definitely improved*
- *Possibly improved*
- *No change*
- *Possibly worse*
- *Definitely worse*
- *Not sure*

#### 3.3.3 *Work / life balance*

#### **Question 15**

*I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area.*

*(Show card with 5-item response scale: too much, just right, too little, don't know, not applicable).*

- a. *My job / paid work*
  - b. *Childcare and other caring activities.*
  - c. *Social contact (including leisure time with family and/or others)*
  - d. *Own hobbies or interests*
  - e. *Sleeping*
  - f. *Taking part in voluntary activities or political activities.*
- Other areas of life that participants felt could have been listed include: domestic chores, leisure time, commuting time to work, and relaxing.
- For most participants, this was a relatively simple question to answer and accurately described the main areas of their lives.

#### **Question 16**

*When decisions are made regarding your work/life balance, who is it that normally takes the decisions?*

*(Show card with the following options).*

- *Me*
- *My partner*
- *Jointly with my partner*
- *Someone else – family or friend*
- *Jointly with someone else – family or friend*
- *Someone else – a professional e.g. carer or advisor*
- *Jointly with someone else – a professional e.g. carer or advisor*
- *Employer*
- *Jointly with my employer*
- *This is not relevant to me.*



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- The majority of respondents stated that it was themselves that usually make the decisions. As such, only a small minority of participants were routed through to the next question.
- One respondent stated that it was difficult to answer this question because work / life balance is broad and involves input from a large group of people, particularly when thinking about life outside employment.

**Question 17**

*Repetition of question 10.*

**Question 18**

*Repetition of question 11.*

**Question 19**

*Repetition of question 12.*

**Question 20**

*Repetition of question 13.*

**Question 21**

*Repetition of question 14.*

**3.3.4 Relationships**

**Question 22**

*In this next question, when I mention relationships, I am referring to boyfriends, girlfriends, partners – those kinds of relationships.*

*Do you feel free to form or maintain a relationship with someone of your choosing without external pressures?*

*(Show card with the following options).*

- *Always or nearly always*
  - *Often*
  - *Sometimes*
  - *Rarely*
  - *Never or almost never.*
- 
- When asked to describe what ‘form or maintain’ and what was previously ‘form and pursue’, answers included:
    - Understanding if there was a person or constraint, such as long working hours, that would prevent you from being able to enter a relationship.
    - One participant in a relationship did not feel that ‘pursue’ was relevant for him.
  - When asked to describe what ‘external pressures’ was understood to mean, answers included: parents, family, friends, where you live and pressures due to religious beliefs of others.

### **Question 23**

*Would you feel able to leave a relationship you were unhappy with?  
(Show card with the following options).*

- *Always or nearly always*
- *Often*
- *Sometimes*
- *Rarely*
- *Never or almost never.*

- It was important to understand whether this question was too sensitive to ask and if these questions together made participants feel uncomfortable. It was also a test to see whether any of the participants scored themselves negatively for either question, as the questions would be meaningless if individuals did not answer honestly.
- One participant stated that she felt she was 'rarely' able to leave a relationship she was unhappy with and continued to express in question 24 that a lack of self-confidence and disapproval from others prevented her from improving her situation. This suggests that at least some participants are able to answer the questions. When asked how she felt answering these questions she stated that although they were personal and intimate, she was prepared to answer honestly. However, she also commented that others may not feel the same as her.

### **Question 24**

*Repetition of question 11.*

### **Question 25**

*Repetition of question 12.*

### **Question 26**

*Repetition of question 13.*

### **Question 27**

*Repetition of question 14.*

#### **3.3.5 Overall comments**

Participants who were asked about more than one domain found it difficult when going through the list of structural constraints to remember what 'situation' we were asking about, i.e. major household expenses, work / life balance or relationships. Additionally, some participants commented that they had felt the survey to be quite repetitious in places.

There are however, some excellent conclusions that can be drawn from the process of cognitively testing the potential survey questions. These are summarised below.

### **3.4 Conclusions and key lessons from the cognitive interviews**

- Cognitive interviewing is an invaluable technique for refining survey questions and ensuring that standardised meanings are reached across participants.
- More generally, it is clear that it is possible to develop questions that measure autonomy, and measure the three components that we have theoretically decided form autonomy (i.e. self reflection, active or delegated decision making, range and quality of options).
- Some components of autonomy will be easier to measure than others. For example, while levels of self-reflection are possible for the researcher to deduce during discussions in the cognitive interview, these are difficult to capture in the questions.
- Some questions need to be simplified and shortened. Other questions need further explanation as to what aspect of a respondent's life we are referring to. For example, 'major household expenses' is much more comparable across respondents than asking about 'life within the household'.
- Certain terms such as 'choice and control' have slightly different interpretations between respondents and the survey pilot will need to check whether these concerns become less important with a larger sample size. Verifying that expected and reasonable trends are present using these questions will be necessary.

## 4. MEASUREMENTS OF AUTONOMY IN A PILOT SURVEY

### 4.1 Methodology and approach

The Opinions Survey developed by the Office for National Statistics was used to pilot the set of survey questions that had developed from our conceptual work and cognitive interviews.

The Opinions Survey is carried out 12 times a year on a month-by-month basis, and allows users to pilot questions for a minimum of 4 weeks. The survey uses random probability samples stratified by key characteristics and obtained using Royal Mail's Postcode Address File. The Opinions Survey thus covers a nationally representative sample of private households in Great Britain. A total of 2,010 households are identified for the survey per month and approximately half of these participate. One person per household is randomly selected to answer the survey. The sample can be disaggregated by: gender, age, disability and social class. Disaggregation by ethnicity and religion is only possible for large population groups.

Two priorities helped select questions for the pilot survey. Firstly, we prioritised breaking new ground and thus aimed to develop new questions for areas where there is a gap in the Equality Measurement Framework. For example, both autonomy within healthcare (being recorded within the National Patient's Survey) and the experiences of disabled people (being explored comprehensively in the new Life Opportunities Survey) were considered fairly well developed. Second, the number of questions to be piloted was budget constrained.

Even such a selective set of questions produced a wealth of data and a complete set of the frequency tables or other summary descriptive cannot be published here. In this section, we select a sub-set of the most pertinent descriptive characteristics of the overall sample. It is crucial at this point to remind readers that the purpose of the pilot was not to produce generalisable results about the population (the sample size does not allow for statistically significant inferences to be drawn). The placing of our questionnaire module in the pilot survey for a single month's sample allowed for an exploration of how well the questions perform. It additionally allowed us to assess the interaction between questions and therefore how far elements of our approach to autonomy inter-relate.

The remainder of this section uses the pilot data to assess how far the responses work as a measurement framework to capture elements of autonomy. Additionally, how far the data from the pilot survey support our theoretical assumptions regarding:

- the practicality of dividing the concept of autonomy into different components; and
- the possibility of measuring these components separately.

We use factor analysis to assess inter-relationships between these assumptions and the response across sub-sections of the sample. Following this, we consider specific areas of life; namely: major household expenses, work/life balance and relationships. In each of these areas of life, autonomy was explored using a series of questions, some of which were sequential and routed to explore particular components of

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autonomy. The aim was that when collectively analysed, it would be possible to reveal respondents who exhibit limited autonomy.

Sample sizes are too small to be able to profile the characteristics of any emerging risk groups, but overall, we can confidently suggest that the pilot confirms that:

- it is possible to identify and measure separate components of autonomy, and
- it is possible to develop a set of questions based on theoretical findings, which can be used as a template for exploring areas of life.

## **4.2 Results from Pilot Survey**

### *4.2.1 Frequencies and robustness*

Table 4.1 outlines the frequency of respondents in the survey pilot by equality characteristics. At present, the ONS Opinions Survey does not ask about sexual orientation. This meant that reporting on this equality characteristic is not possible. Note that all analysis presented after Table 4.1 has been individually weighted to rectify sampling errors.

**Table 4.1 Frequency of respondents by equality characteristics**

<i>Characteristic</i>	<i>Frequency</i>	<i>Percentage</i>
<b>Gender</b>		
Men	466	42.4
Women	605	57.6
<b>Age</b>		
16-24	81	7.7
25-44	337	31.2
45-54	157	14.9
55-64	178	16.9
65-74	146	13.9
75 +	152	14.5
<b>Disability</b>		
Non-disabled	822	78.2
Disabled	227	21.6
<b>Ethnicity</b>		
White British and any other White background	974	92.7
All other backgrounds (i.e. not White)	77	7.3
Only Black, Pakistani and Bangladeshi	32	3
<b>Religion<sup>3</sup></b>		
Christian	807	76.8
No religion	189	18
Any other religion	53	5
<b>Social class (NS-SEC)</b>		
Managerial	345	32.8
Intermediate	143	13.6
Small employers	90	8.6
Lower supervisory	83	7.9
Semi-routine and routine	312	29.7
Not classified	78	7.4
<b>Total sample</b>	<b>1071</b>	

Source: ONS Opinions Survey 2009 module MCF: Autonomy.

In order to analyse the robustness of the questions, response rates have been checked for high rates of:

- missing values (including 'don't know' and 'refusal');
- those going for the middle option where provided (such as 'neither agree nor disagree'); and
- where there is not a good distribution of answers.

<sup>3</sup> The survey asks participants to select a religion even if they are not practising. As previous research for the Equality Measurement Framework has shown, this is not the most appropriate wording and the data for religion might blur between those who do and do not consider themselves religious. This has been factored into our analysis.

These robustness checks showed the majority of the questions to perform well. However, there were a couple of questions that did not perform as expected. Two questions which ask respondents whether they have equal weight in the decision-making process with regard to major household expenses and work/life balance (questions 9 and 13 in Appendix 4), were only answered by a small portion of the sample; 56 per cent and 32 per cent respectively. This low response rate was partially expected due to the routing to this question. However, in addition to this, the majority of those who were routed to these questions answered positively; 85 per cent. This raises concern for the question because although the aim is to identify the few who are lacking autonomy, the number of respondents who fit into this group is small. This could cause difficulties when drawing conclusions.

Key points:

- It is not possible to disaggregate by sexual orientation.
- Disaggregation by ethnicity and religion is only possible for larger groups.
- Response rates show that the questions are robust, with a couple of potentially problematic questions.

#### *4.2.2 Components of autonomy: results of factor analysis*

Our three-fold definition of components of autonomy - self-reflection, active or delegated decision-making and a range and quality of options - informed a set of measures aiming to identify instances of limited autonomy. Our original conception of these components was that they would operate separately, and thus that individuals could have all, some or none of the three components. The cognitive interviews indicated that this was indeed the case, and that for example, an individual could be active in their decision-making but have a poor range of options due to structural constraints such as a lack of money or information. Additionally identifying the barriers to achieving autonomy allowed us to pose questions as supplemental elements to measure structural constraints, coercion and conditioned expectations. In this way, both the theoretical analysis and cognitive interviews were used to directly inform our assumptions about the most effective questions to use.

We are able to test to see if these components operate in this fashion by using factor analysis to identify clustering of responses. Factor analysis is a statistical technique which explores the relationship between questions, using respondents' answers. It informs the researcher as to which questions are related and also the extent to which they are related, by taking single question responses and grouping them. Factor analysis is employed here to test our assumptions on how the question responses (and thus components of autonomy) could be grouped. This approach follows other research that has used such analysis as a guide rather than to create statistical scales (for example Callan, Nolan and Whelan, 1993). We created unit weights using a simple accumulation of scores from the analysis rather than weighted indices as this still allows for an exploration of the relationship between groups of questions in small samples whilst producing more readily interpretable graphs for the general readership of this report.

Questions 2a-2j are a stream of questions that were explicitly designed to measure the three components of autonomy (see Appendix 4). If our assumptions hold true, the responses to these questions should form three groups in factor analysis (reflecting the three components of autonomy). In fact, factor analysis separated the questions into four groups (the full results of which, including a comparison with our original assumptions, can be found in Appendix 5). One of the groups had a very weak association and will therefore not be considered any further. In addition, two of the question responses were not adequately placed in any of these four groups and will also not be considered any further. Overall, the groups identified were broadly in line with our assumptions although there were some differences (see Appendix 5).

Confirming our findings in the cognitive interviews, questions related to self-reflection in the pilot were difficult for respondents to interpret and therefore did not gain a standardised meaning. The questions we had originally understood as measuring self-reflection were indeed the group with the lowest factor loadings following factor analysis. As such, it was not possible to form a group that represents self-reflection. Only the groups in Figure 4.1 will be further analysed.

**Figure 4.1 Components of autonomy: factor analysis groupings**

	<i>Group / component 1: active or delegated decision-making</i>
Q2f:	“I feel like I am free to decide for myself how to live my life”
Q2h:	“I feel free to plan for the future”
Q2i:	“I feel that life is full of opportunities”
	<i>Group / component 2: coercion</i>
Q2e:	“Sometimes I feel that I am being pushed around in life”
	<i>Group / component 3: perceived range and quality of options</i>
Q2c:	“My life has shaped itself without me making choices”
Q2j:	“There is no point trying to improve my life, there’s nothing that can be done”

Source: authors’ analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Notes: uses oblique factor analysis.

The three groups of questions shown in Figure 4.1 will form the basis of further analysis as it has been confirmed that these questions can be considered as adequately representing our components of autonomy (active or delegated decision-making; coercion; and perceived quality of options). One crucial finding is that factor analysis separated out active decision-making and coercion responses, meaning that these groups cannot be considered opposites of the same spectrum as we had theoretically conceived them. Due to this, the groups will be described as measuring three distinct components of autonomy (rather than two as we had expected). However, as will be shown in Section 4.2.3, these two components have a strong relationship.

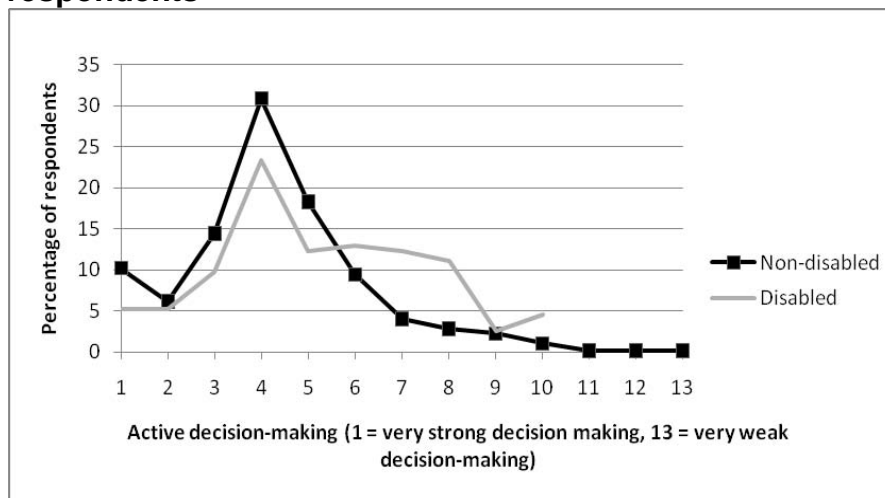
Cumulative scales (or unit weights) were formed from the data. For example, the component of autonomy *perceived range and quality of options* is composed of two



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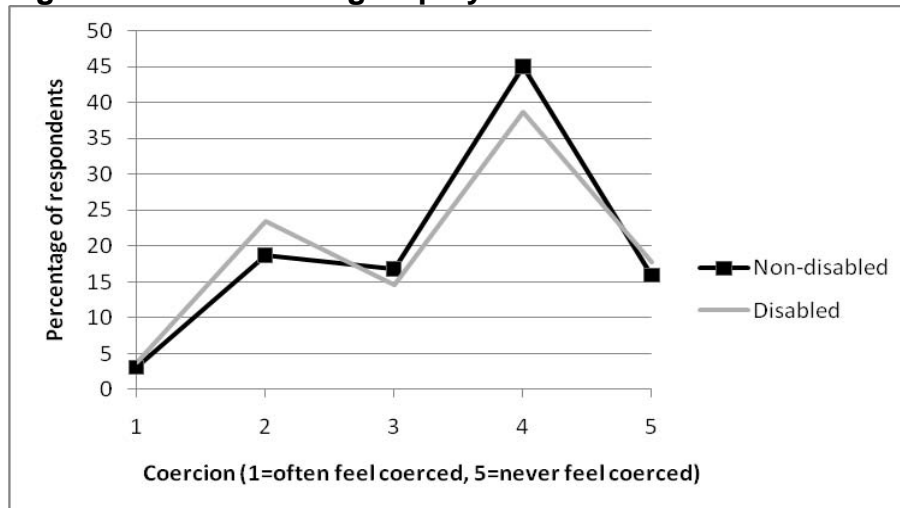
questions, each with five possible answers. Each of these answers was given a numerical value from 1 to 5. The scales only include respondents who answered both questions, and so these respondents will have a score from 2 to 10 when the answers to both questions are added together. From this it is possible to state that a respondent with a score of 2 has a very low range and quality of options, whereas a person with a score of 10 has a very high range. This scaling process was repeated for all three components of autonomy to create derived measures of autonomy. Figures 4.2, 4.3 and 4.4 explore these scales in more detail. (Note that the scales have been recoded to range from, for example, 1 to 9 simply for presentation purposes).

**Figure 4.2 Active decision-making group by non-disabled and disabled respondents**



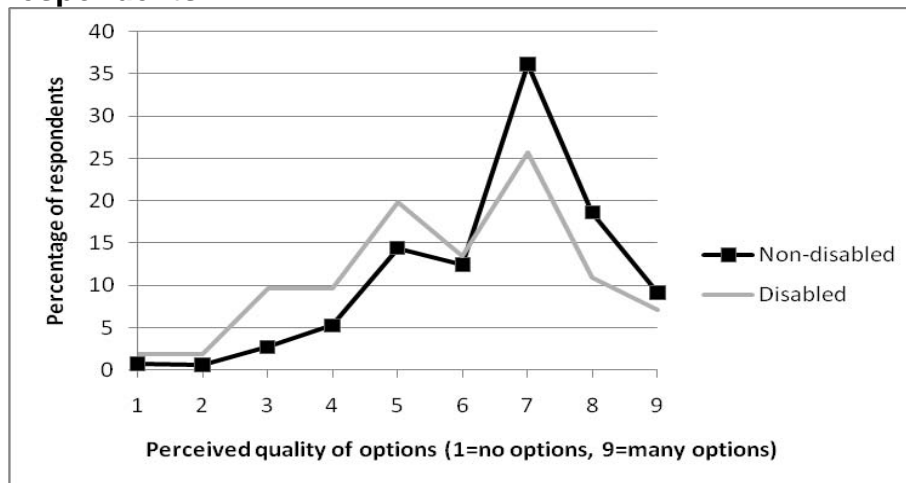
Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

**Figure 4.3 Coercion group by non-disabled and disabled respondents**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

**Figure 4.4 Perceived quality of options group by non-disabled and disabled respondents**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Figures 4.2 to 4.4 show the profile of each component measure of autonomy for disabled and non-disabled respondents in the pilot survey. As we expected from our theoretical model of autonomy there are important differences that exist between the disabled and non-disabled samples. Disabled respondents are more likely to feel unable to participate in decision-making and have fewer options available to them. These results confirm the findings of our literature review and cognitive interviews. Figure 4.3 shows a lesser distinction between these groups in terms of how often they feel coerced, although disabled respondents are slightly more likely to feel coerced than non-disabled respondents. Figures 4.2, 4.3, and 4.4 show that the questions are functioning as intended and that it is possible to measure different aspects of an individual's autonomy.

Key points:

- Factor analysis was used to affirm or refute our assumptions about which questions represented our three components of autonomy (self-reflection, active or delegated decision-making, and perceived range and quality of options).
- Factor analysis outputted three groups which represent active or delegated decision-making, coercion, and perceived range and quality of options. The questions that compose these groups are broadly in line with our assumptions although there are some differences. The questions we had assumed represented self-reflection did not have a strong enough association to be used. Thus, only two of the components of autonomy can be analysed using these questions (with active or delegated decision-making, and coercion being understood as collectively describing one component of autonomy, i.e. coercion is a barrier to achieving active decision-making).
- Therefore, autonomy can be divided as a concept and each part measured separately. Indeed, if more suitable questions were found to measure self-reflection, these could be brought into this analysis.
- Using sub-sections of the sample, it is possible to show that the groups of autonomy highlight inequalities as would be expected.
- This preliminary analysis suggests that the groups or components of autonomy will highlight different levels of inequalities between groups. For example, Figure 4.4 shows a large difference between disabled and non-disabled groups in their perceived range and quality of options, whereas Figure 4.3 indicates a lesser difference for the frequency of coercion felt by respondents. These fluctuations may shift when exploring other equality characteristics.

Factor analysis identified groups of questions that we can state represent or enquire about different components of an individual's autonomy. The relationship between these groups will now be explored using the cumulative scales described earlier in this section.

#### 4.2.3 *Analysing the relationship between components*

While the previous section examined each component of autonomy separately, we now proceed to see if there are relationships *between* the components of autonomy.

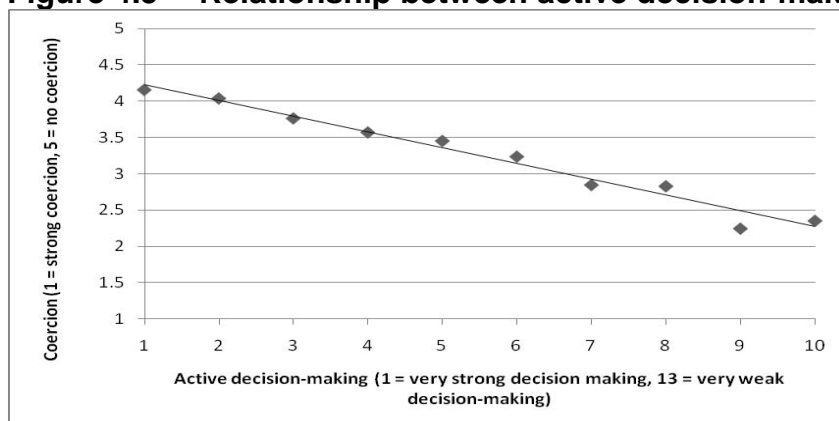
In our theoretical conceptualisation, coercion was listed as a barrier to active or delegated decision-making. Therefore we would expect a clear pattern to emerge when comparing answers to these questions. However, it is important to reiterate that as factor analysis has separated these groups, they do not operate exactly as we had anticipated, i.e. that they are opposite ends of the same spectrum. Consequently, it would be realistic to assume some variance between the components.

In looking at the relationship between perceived range and quality of options and other components of autonomy, our theoretical assumption was that although there would be some individuals who were completely without autonomy, these components would operate independently of one another. Therefore it would be possible for individuals to have high levels of one component of autonomy but be lacking in another. This was confirmed by cognitive interviewing, which found that an individual may have sole responsibility for the decision-making process without being coerced by others, while still suffering from pervasive structural constraints that affect all areas of his or her life. It is possible to explore this on a larger scale when comparing the components of autonomy.

Figure 4.5 highlights the strength of the relationship between 'active or delegated decision-making' and 'coercion'. The clear relationship here is in line with our original theoretical assumptions and findings from the cognitive interviews. Those who feel that they are unable to participate effectively in the decision-making process also feel that they are often coerced by others. Therefore, while these components may not be opposite ends of the same spectrum, the components and the questions asked still have a strong correlation with one another.

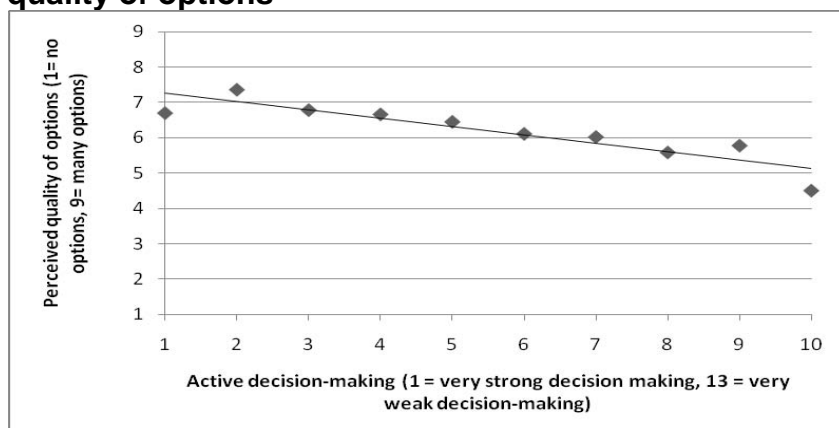
Active decision-making and perceived quality of options were conceptualised as two unrelated concepts that could exist independently. This would mean that a person who was active in decision-making could also have limited options. However, as shown in Figure 4.6, respondents who do not feel that they have many options available to them are also less likely to participate in the decision-making process. This indicates that there are respondents who are limited in both these components of autonomy and it would be interesting to analyse further in a larger survey sample whether these respondents are randomly scattered or concentrated in certain groups.

**Figure 4.5 Relationship between active decision-making and coercion**



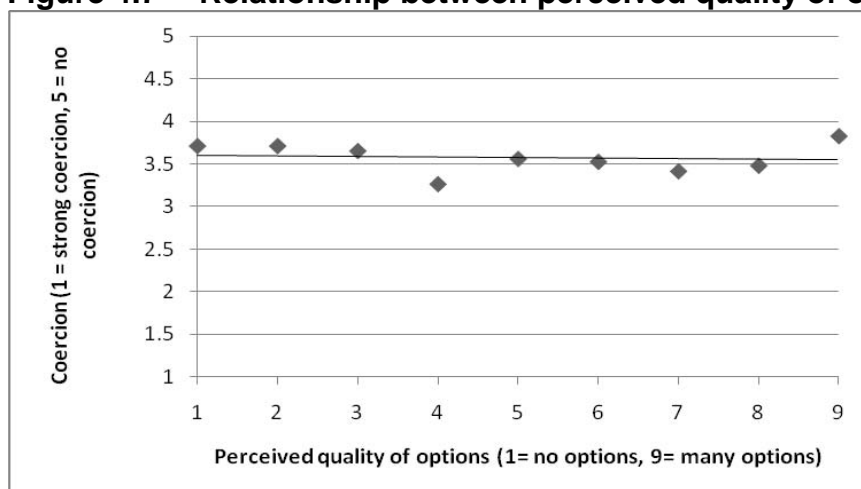
Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
 Notes: Graph does not include respondents who scored 11, 12 and 13 on the scale of active decision-making as they only represents the views of 5 respondents.

**Figure 4.6 Relationship between active decision-making and perceived quality of options**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
 Notes: Graph does not include respondents who scored 11, 12 and 13 on the scale of active decision-making as they only represents the views of 4 respondents.

**Figure 4.7 Relationship between perceived quality of options and coercion**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Figure 4.7 suggests that there may be no relationship between respondents' perceived quality of options and how often they feel coerced. This finding confirms our earlier assumptions that these two concepts could be mutually exclusive. However, if there is a relationship between perceived quality of options and active or delegated decision-making, we would also have expected a relationship between quality of options and coercion. This confirms the results of factor analysis: that the questions within coercion and active decision-making appear to be measuring distinct concepts. Understanding why the relationship between these two components of autonomy and perceived quality and range of options differs needs further analysis in a larger sample. It may be possible to uncover commonalities in the groups that lack both active choosing and quality of options, which are not present for those who also feel coerced.

Key points:

- There is a strong relationship between active or delegated decision-making and coercion. This means that where an individual is lacking in one component of autonomy, they are likely to be lacking in the other. As factor analysis has separated the questions that form these components of autonomy, it is not possible to state that they have a causal relationship. However, it is clear that there is a relationship here which as yet, has not been explained.
- There is a relationship between active or delegated decision-making and perceived range and quality of options (although not as strong as the relationship discussed above). This had not been assumed and it is thought that there may be commonalities present in individuals lacking in both these areas which may explain the relationship, rather than eluding to a causality between the components.
- There is no relationship between coercion and perceived range and quality of options. This is surprising only due to the relationship with active or delegated decision-making. However, it had been assumed that there would not be a relationship between these concepts.
- As there is a relationship between some of the components of autonomy, further analysis would allow for the identification of certain groups of people who are more at risk of autonomy deprivation across multiple components.

#### *4.2.4 Autonomy over the whole life experience*

We now move on to consider the overall concept of autonomy within different areas of life (using different questions to the ones explored in previously). Initially, these sets of questions ask broadly about levels of choice and control in life. Some of the results of these general questions are presented before considering specific areas of life.

Following our method in the cognitive interviews, these questions have also been constructed as a sequence, each exploring a different component of autonomy. The responses to these questions should then be able to be combined to present an

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overall picture of a person's autonomy. Commencing with overall autonomy in life – explored here using the phrase 'choice and control' - Box 4.1 describes these questions as asked in the survey pilot.

#### **Box 4.1 Life overall: piloted questions**

Questions

a) How much choice and control do you have over your life?<sup>4</sup>

(Show card with a ladder with steps labelled from 1 to 10, from none to a lot of choice and control).

b) How much choice and control do you have over these areas of life: major household expenses, work/life balance, ability to form and maintain relationships, health, personal safety, employment, opportunities for learning, where you live, family life, religion or belief or choice not to have a religion or belief?

(Show card with a ladder with steps labelled from 1 to 10, from none to a lot of choice and control).

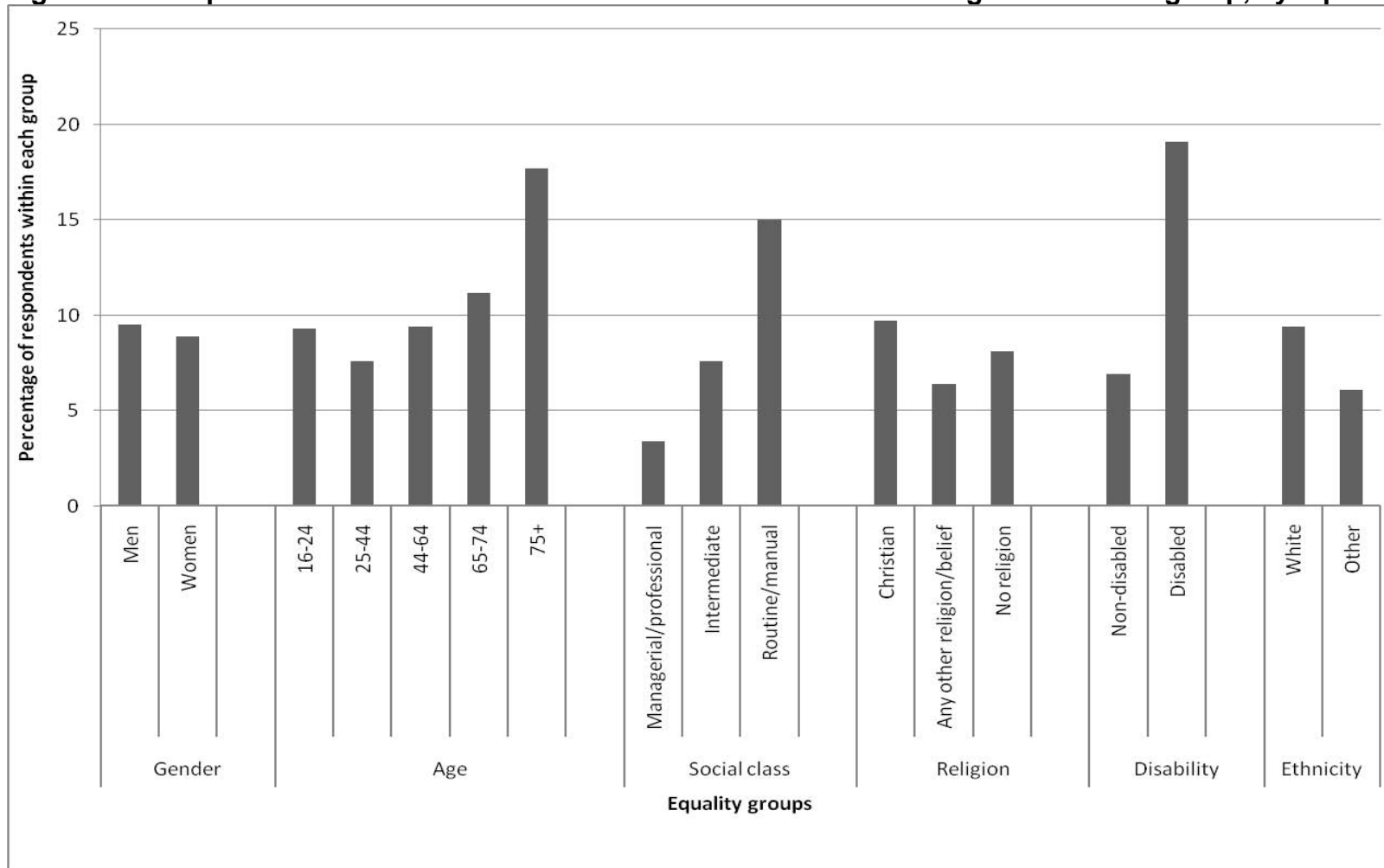
*Source:* ONS Opinions Survey 2009 module MCF: Autonomy.

Respondents were asked to mark their answer along a scale from one to ten. Consequently, it is possible to label those who have a low score as having minimal choice and control (this group is defined as those with answers one to three on the scale). This is illustrated in Figure 4.8.

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<sup>4</sup> See Appendix 4 for the full question wording.

**Figure 4.8 Experience of minimal choice and control over life. Percentage within each group, by equality characteristics**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

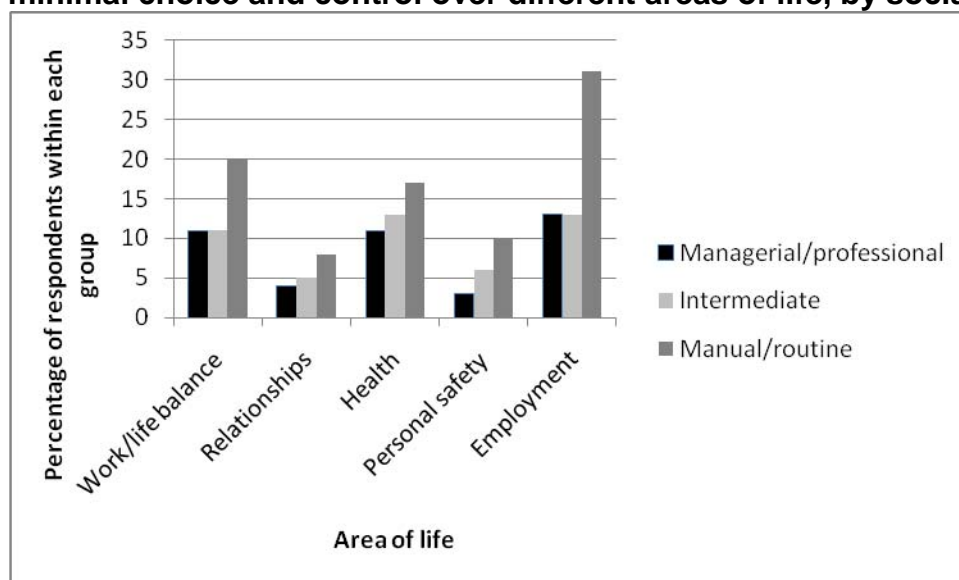
Notes: a minimal score is classified as a score of 1, 2, or 3 on the scale of 1 to 10. It is not possible to disaggregate further by ethnicity due to sample size, although this could show interesting differences.



Focusing on those who feel that they have minimal choice and control over their lives overall (question A in Box 4.1), Figure 4.8 shows the percentage of respondents who feel this way within each group. This shows that for example, the percentage of respondents over the age of 75 who feel that they have minimal choice and control over their lives overall is substantially higher than all other age groups, and over double of the 25-44 year old age group. Specifically, this means that 18 per cent of all those over the age of 75 years old feel that they have minimal choice and control, compared to 8 per cent of 25-44 year olds. Similarly, there are differences between disabled and non-disabled respondents, and even starker differences between social classes. All these findings strongly indicate that the questions will illustrate differences between equality groups.

Figure 4.9 shows how respondents feel about choice and control in different areas of their lives. As was shown in the cognitive interviews, individuals can feel they have very different levels of autonomy depending on what area of life is being considered. In Figure 4.9 we show trends by social class as it indicates some interesting differences.

**Figure 4.9 Percentage of respondents within each group who have minimal choice and control over different areas of life, by social class**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Note: social class has been reduced from five classifications to three for ease of comprehension. In addition, the areas of life selected for this graph show the largest differences. Other areas such as choice and control over religion or belief had very little variance.

Figure 4.9 suggests that there are marked differences in the number of respondents with little choice and control, by social class. We can not present this as an empirical finding due to small sample sizes but there appears to be a general trend that the higher the social class, the more choice and control respondents feel they have. For all the areas of life this is an almost universal trend, suggesting that the questions are working to identify differences that arise indirectly or directly from social class. 13 per cent of respondents with managerial and professional occupations feel that they have minimal choice

and control, compared to 36 and 30 per cent for respondents with supervisory and technical, and semi-routine and routine occupations respectively. These clear differences suggest that in larger samples it will be possible to analyse similar variations by other equality characteristics.

Key points:

- As found in the cognitive interviews, the phrase 'choice and control' is a useful tool for measuring autonomy.
- However, the cognitive interviews also found respondents interpret 'choice and control' in different ways. This can be because of conditioned expectations or merely the effect of circumstances in their lives at present. Despite this, there are large variations in answers between some equality groups. This suggests that with larger sample sizes, some of these concerns might be absorbed.
- A greater standardisation of meaning for the phrase 'choice and control' might be possible with a larger sample size and further analysis controlling for specific factors. For example, cognitive interviewing identified differences in religion and beliefs, and being an employee or self-employed, as having an impact on responses.
- It is also interesting to compare levels of choice and control between areas of life. respondents feeling that they have less choice and control over their health than their relationships.

#### 4.2.5 *Major household expenses*

Major household expenses was one area of life that was pursued in the pilot survey. Our earlier literature review and audit of existing measures identified very little data that explores potential autonomy risks despite a clear theoretical risk from gendered and other inequality. The specific focus on 'major household expenses' was decided upon following successive terms trialled in the cognitive interviews, where each one had been deemed too broad. This led us to move from asking about issues arising from 'life within the household' to be more narrowly focussed on 'major household expenses'.

Each suite of questions are designed to isolate one component of autonomy. Collectively these can be used to illustrate an individual's overall autonomy in this area. Box 4.2 outlines the sequential set of questions that arise from the theoretical analysis. It was hoped that if these sets of sequential questions perform well as a suite, the structure could be used as a template for exploring autonomy within any area of life.

#### **Box 4.2 Major household expenses: piloted questions**

##### Questions

- a) Thinking about the major household expenses you have, would you say the situation is...? (range from: so, good could not be better – so bad, could not be worse)
- b) When decisions are made regarding major household expenses, who is it that normally takes the decision? (a range of options that include: the participant solely, the participant and others jointly, others alone)
- c) (if not the participant solely to question B) Do you feel your views have equal weight when making an important decision about major household expenses? (range from: always – never)
- d) Thinking about your major household expenses overall, how important would it be for you to see an improvement? (range from: very important – not important at all)

*Source:* ONS Opinions Survey 2009 module MCF: Autonomy

##### Question aims

Box 4.2 shows that the first question aims to establish how good the respondents' situation is with regard to major household expenses. This will be used as the benchmark for comparison with subsequent questions and to identify conditioned expectations. The second question simply establishes who normally makes the decisions. Then, for those who do not normally make decisions solely, the third question aims to explore whether these respondents are able to participate equally in the decision-making process. This will be the primary question used to identify those who are potentially being coerced. The final question is crucial to be able to isolate those who want to change their current situation and those who do not. This question can be used to identify respondents who do not participate in the decision-making process because they do not want to (i.e. consensual delegated decision-making). Conversely, combining this question with the questions regarding choice and control, and the overall situation regarding major household expenses, it may be possible to identify conditioned expectations. For example, a person who has very little choice and control, describes their situation as poor, but then states that improvement is not necessary, may have conditioned expectations.

In brief, we would expect to identify limited autonomy in household expenses in the following ways:

- Coercion – those who do not make decisions solely and whose views do not have equal weight when an important decision is made.
- Structural constraints – those who are not in a good situation and would like to improve it.

- Conditioned expectations – those who are not in a good situation but do not want to improve their situation; those whose views do not have equal weight but do not want to improve their situation; those whose views do not have equal weight when an important decision is made, describe their situation as good and with no need for improvement, may have limited potential for self-reflection and considering their options. (All of the possible options for conditioned expectations need to be considered carefully as they may include respondents who have chosen to delegate their decisions).

It is assumed that those who do not make decisions themselves or make them jointly with someone else, but whose views have equal weight in the process are displaying consensual delegated decision-making.

#### Distribution of responses

The analysis for this area has been split between those who live alone and those who live with others. This reflects the clear finding from the cognitive interviews that those living alone approached these questions differently to co-residents. The pilot suggests that – as would be expected – 93 per cent of people who live alone state that they alone make decisions regarding major household expenses.

For both co-residents and one-person households approximately 10 per cent of the sample described their household situation as bad, very bad or so bad, it could not be worse. When we turn to consider the co-residents in more detail, we find that 17 per cent state that they alone normally take the decisions regarding major household expenses. 65 per cent of those co-residents state that they make decisions jointly with their partner, while 14 per cent state that someone else alone makes the decisions. Of these co-residents who do not make decisions solely, 14 per cent state that their views '*sometimes, rarely, almost never or never*' have equal weight. Finally, when asked how important it would be for respondents to see an improvement in their situation, 59 per cent of those who live alone and 64 per cent of those who live with others state that it would be very or slightly important.

We now attempt to understand if it is possible to identify those who may have limited autonomy due to coercion, structural constraints or conditioned expectations. The following symbols will be used to denote those sub-sets of respondents who are potentially limited in autonomy: **C** for coercion, **SC** for structural constraints, and **CE** for conditioned expectations. We highlight cells with such characteristics in grey in the tables that follow. The small sample sizes mean there is no ability to assess the strength of the relationship – our aim is to see if there are populated cells in the risk categories.

The following analysis will focus solely on those who are co-residents.

### Question correlations

Correlations between questions indicate levels of autonomy and, importantly, those who are potentially without autonomy. The correlations also indicate that the questions are performing as expected and that respondents' answers are consistent and therefore reliable.

Table 4.2 indicates that there is a noticeable trend when comparing the situation with regard to household expenses, and who makes the decisions. As mentioned previously, most respondents would like to improve their situation, particularly those who live with others and make decisions solely. These results reiterate this finding.

**Table 4.2 Major household expenses: who normally makes the decisions compared to the situation (of those who live with others)**

		Who normally makes decisions?		
		Respondent	Jointly with someone	Someone else
Major hh expenses, how is the situation?	Very good	10.3%	21.3%	9.3%
	Alright	68.2%	72.7%	76.7%
	Not good	21.5%	6%	14%
	Total	100% (n=107)	100% (n=436)	100% (n=86)

*Source:* authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
*Notes:* Grouped variables, situation: 'very good' is responses 1, 2; 'alright' is responses 4, 5; 'not good' is responses 5, 6, 7.

Table 4.3 splits the respondents into three groups according to how they feel their situation with regard to major household expenses is. These three groups are then analysed further to understand how important they feel it is to improve their situation. One of the strongest indications that these questions are performing well comes from the understanding that 98 per cent of those who think their current situation is not good, also think it would be important for them to improve the situation. Of those who think their situation with regard to household expenses is very good, only 44 per cent would like to see an improvement. It has also been possible to isolate those who potentially have limited autonomy due to structural constraints and conditioned expectations.

**Table 4.3 Major household expenses: the situation compared to improvements (of those who live with others)**

		Major hh expenses, how is the situation?		
		Very good	Alright	Not good
How important would it be to see an improvement?	Needs improvement	43.6%	65%	98.4% <i>sc</i>
	Middle ground	20.8%	20.4%	0%
	No improvement needed	35.6%	14.6%	1.6% <i>CE</i>
	Total	100% (n=101)	100% (n=452)	100% (n=62)

*Source:* authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
*Notes:* Grouped variables, improvement: 'needs improvement' is responses 1, 2; 'middle ground' is response 3; 'no improvement needed' is response 4, 5. Grouped variables, situation: 'very good' is responses 1, 2; 'alright' is responses 4, 5; 'not good' is responses 5, 6, 7.

Table 4.4 suggests equal weight in the decision-making process and the acceptability of the situation is not hugely different. However, any difference is an important area for potential analysis of autonomy. There are 70 respondents who do not have equal weight in the decision-making process, all of whom are grouped as potentially coerced. Within those who do not have equal weight in decision-making, 16 per cent would describe their situation as very good. This group has therefore been labelled potentially coerced with limited self-reflection, and therefore, with conditioned expectations.

**Table 4.4 Major household expenses: equal weight in the decision-making process compared to the situation (of those who live with others)**

		Equal weight in decision making?	
		Always / usually	Sometimes - never
Major hh expenses, how is the situation?	Very good	20.1%	15.7% <i>C/CE</i>
	Alright	73.5%	71.4% <i>c</i>
	Not good	6.4%	12.9% <i>c</i>
	Total	100% (n=453)	100% (n=70)

*Source:* authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
*Notes:* Grouped variables, situation: 'very good' is responses 1, 2; 'alright' is responses 4, 5; 'not good' is responses 5, 6, 7. Grouped variables, equal weight: 'always / usually' is responses 1, 2; 'sometimes - never' is responses 3, 4, 5.

Using Table 4.4 and taking those who are potentially coerced, it was possible to analyse this groups' answers to one of the earlier questions regarding choice and control over major household expenses (explored in Section 4.2.2). Of those who are potentially coerced, almost 40 per cent state that they have little choice and control over major household expenses, compared to 23 per cent who state that have a lot of choice and control. This shows that the questions are functioning as expected, that there are populated cells in risk areas of autonomy components, and that there is consistency to respondents' answers.

Continuing with those who do not have equal weight in the decision-making process, Table 4.5 illustrates how many of this group would like to see an improvement in their situation. 13 per cent of those who cannot participate equally in the decision-making process do not feel it is important for them to change their situation. Consequently, these respondents have been labelled as potentially having conditioned expectations.

**Table 4.5 Major household expenses: equal weight in the decision-making process compared to improvements (of those who live with others)**

		Equal weight in decision making?	
		Always / usually	Sometimes - never
How important would it be to see an improvement?	Needs improvement	20%	17.4%
	Middle ground	73.7%	69.8%
	No improvement needed	6.3%	12.8% <i>CE</i>
	Total	100% (n=491)	100% (n=86)

*Source:* authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
*Notes:* Grouped variables, improvement: 'needs improvement' is responses 1, 2; 'middle ground' is response 3; 'no improvement needed' is response 4, 5. Grouped variables, equal weight: 'always / usually' is responses 1, 2; 'sometimes – never' is responses 3, 4, 5.

#### Identifying those with limited autonomy

Confirming that the pilot results appear to support our theoretical assumptions, the following findings can be seen:

- **Coercion** – can be potentially identified through the sample of those who do not make decisions solely and whose views do not have equal weight when an important decision is made (*8.4 per cent of the pilot sample, 90 respondents*).

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- **Structural constraints** – can be potentially identified through those who are not in a good situation and would like to improve it (*32.1 per cent of the pilot sample, 344 respondents*).
- **Conditioned expectations** – can be potentially identified through those:
  - who are not in a good situation but do not want to improve their situation (*9 per cent of the pilot sample, 96 respondent*).
  - whose views do not have equal weight but do not want to improve their situation (*1.9 per cent of the pilot sample, 20 respondents*).
  - whose views do not have equal weight when an important decision is made and describe their situation as good, may have limited potential for self-reflection and consider their options (*3.9 per cent of the pilot sample, 42 respondents*).

Note that there may be respondents who fall into more than one of these categories; the figures should not be added together.

Key points:

- There are some respondents who can be categorised as potentially limited in autonomy with respect to their major household expenses. With a larger survey sample it would be possible to understand if this group is concentrated in any subgroup of concern to equality (such as gender, age, disability etc).
- During the cognitive interviews, respondents who wanted to improve their situation or were unable to participate equally in the decision-making process were asked about structural and internal constraints that may be the causes or barriers to making improvements to their situation. This included options such as a shortage of money, family responsibilities and respondents' health. Due to time and space restrictions it was not possible to do this in the survey pilot. However, it is recommended that this continue to be explored where possible.

#### 4.2.6 Work/life balance

The second area of life to be analysed in the survey pilot was work/life balance. This area was chosen because, within the Productive and Valued Activities domain in the Equality Measurement Framework, there are many outcome indicators measuring how many people are in employment, what their hourly earnings are, etc. There are also process indicators which analyse how people are treated while at work. However, autonomy indicators for this area are sparse and mainly ask individuals to comment solely on their time use. We felt that it was important to understand how much choice and control people feel they had over this time use and the negotiation between employment, family and other areas of life.

This section repeats the structure of the previous discussion of results from major household expenses in 4.2.5. We begin with an outline of the questions



piloted (shown in Box 4.3). Results will then be presented focusing on parental status as a way of understanding if the questions are functioning as intended, considering that parental employment is clearly constrained by children in ways that are known. We then move to analyse those who state that they work too much and thus focus on the possibility of identifying those with limited autonomy.

Cognitive interviews found that those who are unemployed interpret questions about their work/life balance in a different way to those in employment. It was hoped that the questions would capture those who are unemployed but would like to find paid work, but the majority of unemployed respondents state that these questions are not relevant for them. Recognising this limitation, the following results will only present data from those in employment.

### Question aims

#### **Box 4.3 Work/life balance: piloted questions**

##### Questions<sup>5</sup>

- a) Could you tell me if you spend too much, too little or just about the right amount of time in each of these areas: job or paid work; childcare and other caring activities; social contact; hobbies or interests; sleeping; taking part in voluntary or political activities.
- b) When decisions are made regarding your work/life balance, who is it that normally takes the decisions? (a range of options that include: the participant solely, the participant and others jointly, others alone)
- c) (if not the respondent alone for question B) Do you feel your views have equal weight when making an important decision about your work/life balance? (range from: always – never)
- d) Thinking about your work/life balance, how important would it be for you to see an improvement? (range from: very important – not important at all)

Source: ONS Opinions Survey 2009 module MCF: Autonomy.

Box 4.3 outlines the questions asked in this part of the pilot survey. The first question is intended to establish whether respondents' situation with regard to their work/life balance is acceptable. For any areas where '*too much time*' or '*too little time*' is spent, this is classified as having an imbalanced work/life balance. In theory, one would expect those who spend too much time in one area will spend too little time in others. This will be explored using the subgroup of those who state they work too much.

The second question establishes who normally takes the decisions regarding respondents' work/life balance. The answers can be grouped into: the

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<sup>5</sup> See appendix 4 for the full wording of these questions.

respondent alone, jointly with someone else, or someone else alone. For those who do not normally make decisions solely, the third question aims to explore whether these respondents are able to participate equally in the decision-making process. This will be the primary question used to identify those who are being coerced. The final question in this section asks how important it would be for respondents to see an improvement in their work/life balance. This should allow for an insight into structural constraints and conditioned expectations.

In brief, we would expect to identify limited autonomy in the following ways:

- Coercion – those who do not make decisions solely and whose views do not have equal weight when an important decision is made.
- Structural constraints – those who spend too little or too much time in one area of life and would like to improve it.
- Conditioned expectations – those who spend too little or too much time in one area of life but do not want to improve their situation; those whose views do not have equal weight but do not want to improve their situation; those who describe their work/life balance as ‘just right’ for all of the areas of life but do not participate in the decision-making process may not have been able to consider and reflect on their options. (All of the possible options for conditioned expectations need to be considered carefully as they may include respondents who have chosen to delegate their decisions).

We employ the same labelling of potential limitations to autonomy as in earlier descriptions of major household expenses, with tables annotated in grey cells with codes: **C** coercion, **SC** structural constraints and **CE** conditioned expectations.

### Parents in employment

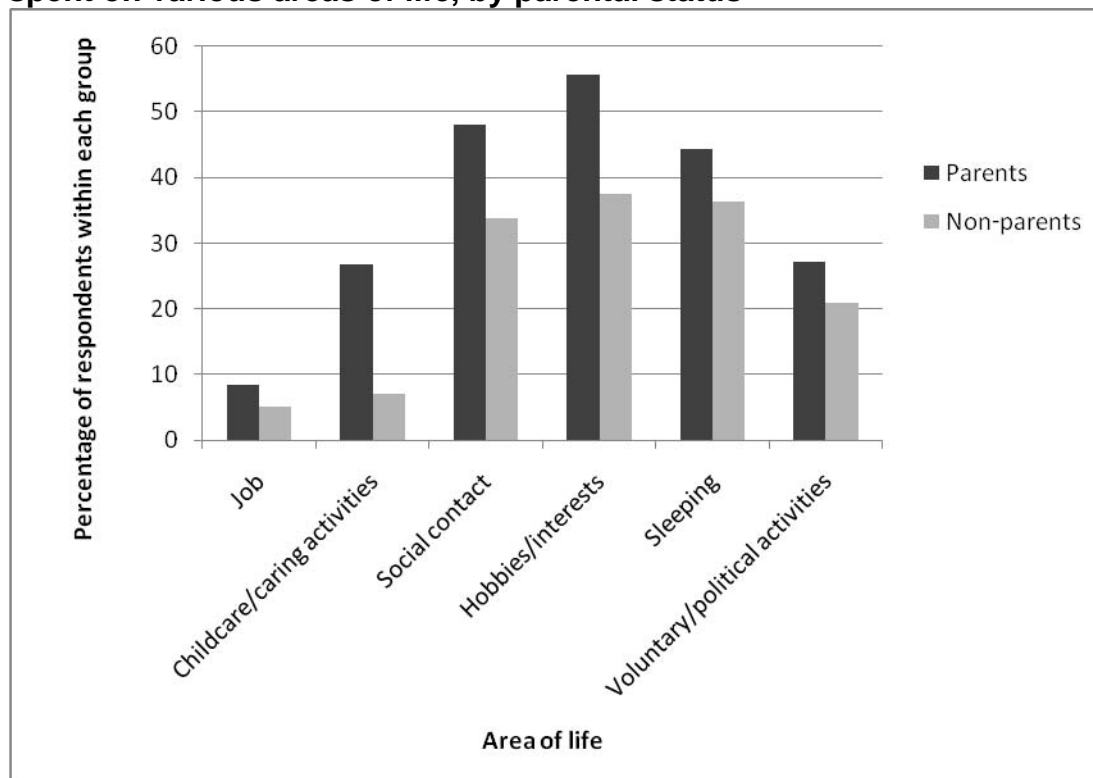
If this group indicates raised levels of limitations in their autonomy compared to the rest of the sample, it will be an indication that the suite of questions are working as intended. In particular, we might expect to see higher levels of concern for the work/life balance of lone parents. For the following analysis, parents will be identified as those who have a dependent child under the age of 16 years’ old living in the household. As the data are split between parental and relationship status, some of the sample sizes are small. However, it is hoped that the results might show trends similar to those that would be found in a larger sample. As the next section will only present those in employment, the following results include 79 per cent of parents in a relationship and 57 per cent of lone parents.

### Results

Figure 4.10 illustrates substantial differences for the work/life balance between the parent/non-parent sample. A large percentage of parents report

having too little time to spend in various areas of life, compared to the non-parent sample. The most noticeable differences here are for childcare and other caring activities, and time spent with hobbies and interests. As these results confirm that the questions are particularly relevant for parents, subsequent analysis will focus solely on this group.

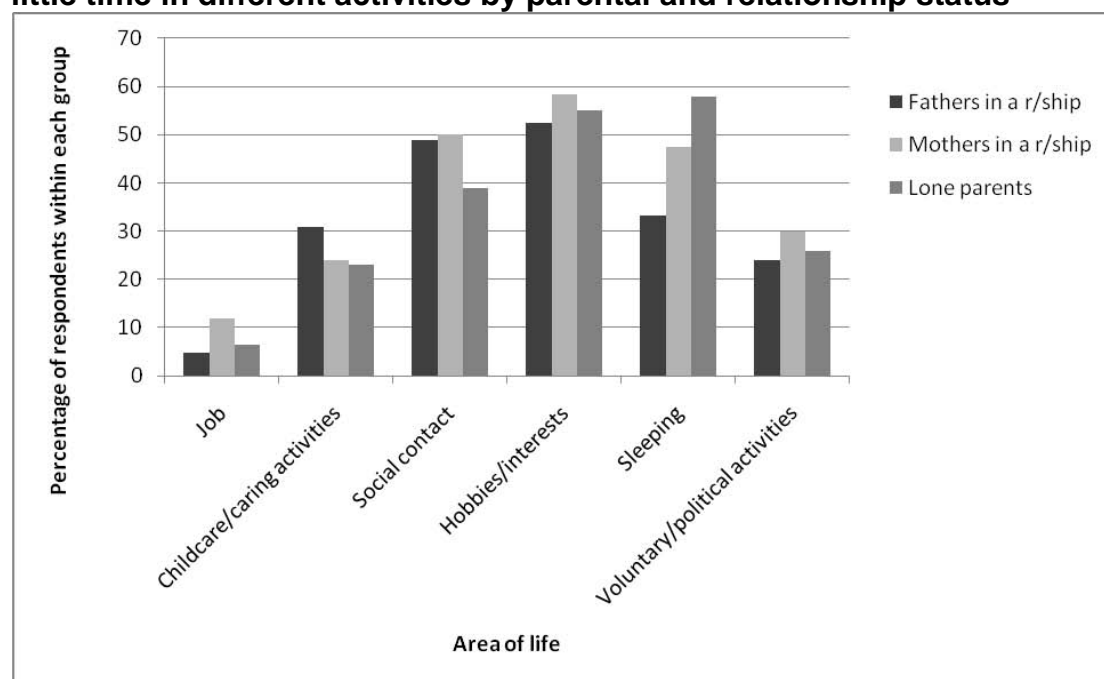
**Figure 4.10 Work/life balance: people working who report too little time spent on various areas of life, by parental status**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Analysing the composition of parents in the sample, Figure 4.11 highlights some interesting differences between mothers and fathers in a relationship and lone parents. Fathers in a relationship are the most likely to feel that they spend too little time with childcare and other caring activities (31 per cent of this group), whereas lone parents are the most likely to spend too little time sleeping (58 per cent of this group).

**Figure 4.11 Work/life balance: the percentage of those who spend too little time in different activities by parental and relationship status**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Table 4.6 describes who normally takes decisions regarding respondents' work/life balance. As was found with the decision-making process with respect to major household expenses, those who live alone have a much higher likelihood of making decisions by themselves. In work/life balance, a much higher percentage of lone parents make decisions solely. Interestingly, a higher percentage of mothers in a relationship compared to fathers in a relationship have decisions regarding their work/life balance made by someone else. Table 4.7 explores whether this can potentially be considered coercion.

**Table 4.6 Work/life balance: parental and relationship status by who makes the decision (of those in employment)**

		Group		
		Mothers in a r/ship	Fathers in a r/ship	Lone parents
Who normally makes decisions?	Respondent	54.5%	47.5%	84.4%
	Jointly with someone else	37.4%	51.3%	12.5%
	Someone else alone	8.1%	1.3%	3.1%
	Total	100% (n=99)	100% (n=80)	100% (n=32)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

The table below describes responses to the question which asks whether equal weight is given to respondents' views when an important decision

regarding work/life balance is made. There is a much higher portion of mothers in a relationship compared to fathers in a relationship whose decisions sometimes, rarely or never have equal weight. This group could be highlighted as a potential concern group and site of coercion.

**Table 4.7 Work/life balance: parental and relationship status by equal weight in the decision-making process (of those in employment)**

		Group		
		Mothers in a r/ship	Fathers in a r/ship	Lone parents
Do your views have equal weight?	Always / usually	73.9%	92.9%	75%
	Sometimes - never	26.1% c	7.1% c	25% c
	Total	100% (n=46)	100% (n=42)	100% (n=4)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Comparing parental and relationship status with how much this group would like to improve their situation, it is clear that the majority of all parents feel that an improvement in their work/life balance is needed (see Table 4.8). Fathers in a relationship and lone parents are most likely to want to improve their work/life balance. Equally, women in a relationship are three times more likely than fathers in a relationship to state that no improvement is needed.

**Table 4.8 Work/life balance: parental and relationship status by improvements (of those in employment)**

		Group		
		Mothers in a r/ship	Fathers in a r/ship	Lone parents
How important would it be to see an improvement?	Needs improvement	77.4% sc	88.4% sc	85.7% sc
	Middle ground	9.7%	7.2%	3.6%
	No improvement needed	12.9%	4.3%	10.7%
	Total	100% (n=93)	100% (n=69)	100% (n=28)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Key points:

- The questions operate as intended because the results show that those who we would expect to identify themselves as having constraints to autonomy, do indeed navigate through the questions in this way.
- It would be extremely useful to have more questions analysing why those who do not make decisions for themselves or would like to change their situation, have not done so. It would then be possible to

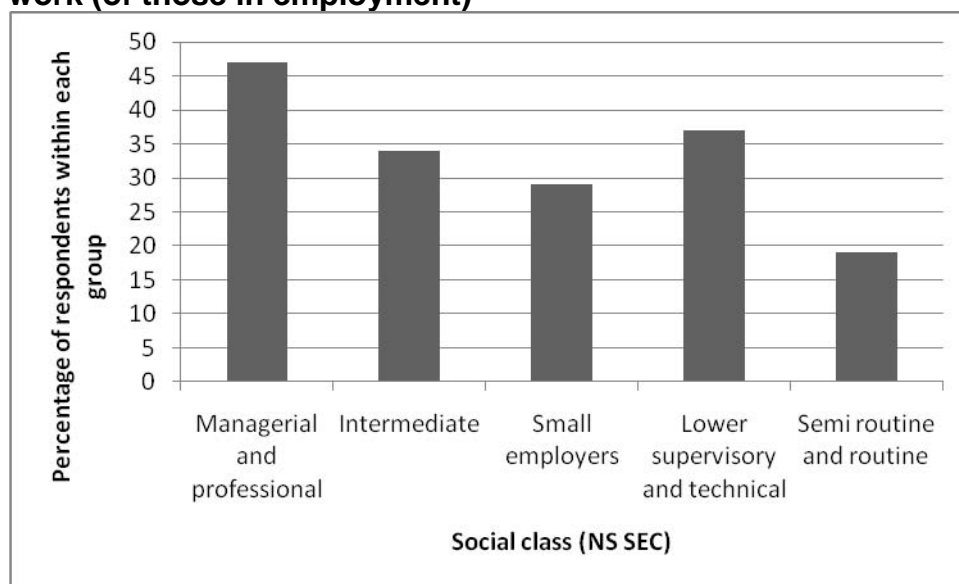
understand if, for example, parents face more problems with a shortage of money or with pressure from others, than the rest of the sample.

The following analysis will focus on those who state that they work too much, using the whole sample of those in employment regardless of parental status.

#### Those who spend too much time at work

Work/life balance covers a broad area, as exemplified by the range of areas covered in the question asked. Our analysis consequently has chosen to focus on particular groups of respondents. The following analysis will illustrate the experiences of those who state that *they spend too much time* at their job or paid work; i.e. those who have a work/life balance heavily weighted on the work aspect of their life. Within our small sample, large differences between most equality characteristics were not found. However, substantial differences were found between occupation groups. The most over-worked are the managerial and professional group, of whom 47 per cent stated that they spent too much time at work. This is compared to 19 per cent in the semi-routine and routine occupation group. Figure 4.12 shows the comparison across occupation groups.

**Figure 4.12 Respondents who feel that they spend ‘too much’ time at work (of those in employment)**

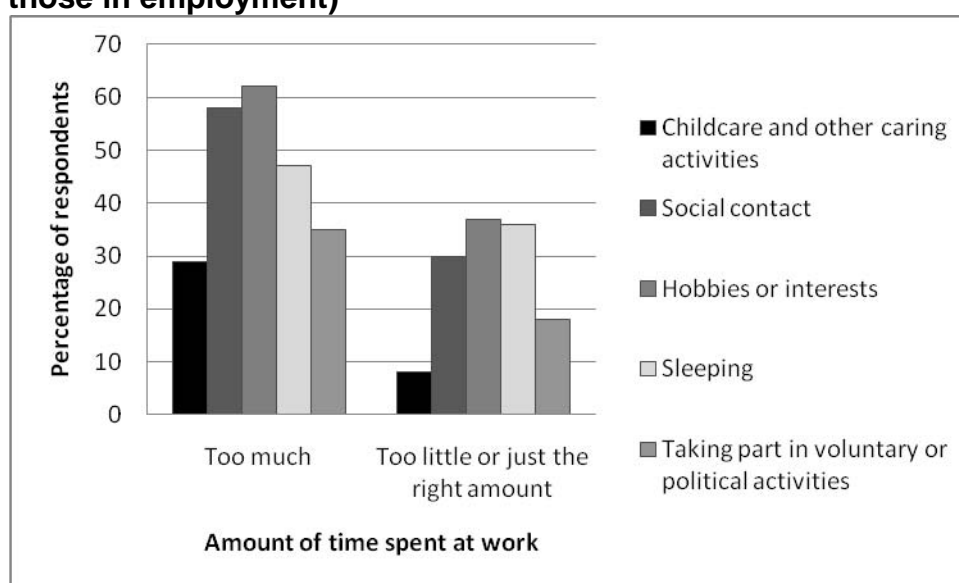


Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

As expected, those who feel that they spend too much time at work also state that they spend too little time in other areas of life. Figure 4.13 illustrates this by splitting the sample into two groups – those who work too much and those who work just the right amount or too little – and shows the percentage within these two groups who feel that they spend too little time in other areas of life. For example, of those who work too much, 29 per cent feel that they spend too little time with childcare and other caring activities, compared to 8 per cent of the rest of the sample. This proportion is higher (62 per cent) when analysing those who have a child living in the household under the age of 16,

and rises again (73 per cent) for those who have a child under the age of 4 years old. This contrasts to only 15 per cent of those with a child under the age of 4 who spend too little time with childcare or other caring activities, but do not spend too much time at work. None of the respondents who spend too much time at work and have children living in the household claimed that they slept too much. Small samples mean that we do not see such proportions as representative. The more important finding is that these questions are functioning as expected, showing that where respondents spend too much time in one area of life, there is an interaction with other areas of life. It also indicates that the data can be divided to show the different experiences and environments of various groups within the sample.

**Figure 4.13 Percentage of those who spend too little time in various areas of life, by the time spent at work (percentage within each group; of those in employment)**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

It is assumed that those that work too much may either feel obliged to do so to meet structural constraints, be coerced into doing so, or be working too much because they want to. This can be explored using subsequent questions asked in the survey.

Table 4.9 indicates who normally takes decisions regarding respondents' work/life balance. As shown, those who work too much are marginally less in control of these decisions. Indeed, when analysed in finer detail, 7 per cent of those who work too much state that their employer alone makes decisions about their work/life balance, and 4 per cent make joint decisions with their employer. This compares to 1 per cent and 2 per cent respectively of those who do not work too much.

**Table 4.9 Work/life balance: the amount of time spent at work compared to who makes the decision (of those in employment)**

		Time spent at work	
		Too much	Too little or just about the right amount
Who normally makes decisions?	Respondent	59.8%	59.9%
	Jointly with someone else	30.2%	36.2%
	Someone else alone	10.1%	3.9%
	Total	100% (n=169)	100% (n=309)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Table 4.10 highlights the number of respondents whose views have equal weight when decisions are made regarding their work/life balance. As might be expected, those who work too much are less likely to have equal weight in the decision-making process. All of those who state that their views sometimes, rarely or never have equal weight during the decision-making process can be categorised as potentially coerced.

**Table 4.10 Work/life balance: the amount of time spent at work compared to equal weight in decision-making (of those in employment)**

		Time spent at work	
		Too much	Too little or just about the right amount
Do your views have equal weight?	Always / usually	71.4%	85.5%
	Sometimes - never	28.6% c	14.5%
	Total	100% (n=70)	100% (n=124)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Notes: Grouped variables, equal weight: 'always / usually' is responses 1, 2; 'sometimes – never' is responses 3, 4, 5.

As with household expenses, the first question attempt to understand respondents' situation with regard to this area of life. The final question asks if respondents would like to improve their situation as a measure of whether or not their situation reflects a choice or something that they would like to change<sup>6</sup>. Table 4.11 indicates this for those who feel that they work too much. Importantly, 92 per cent of those who work too much also state that they would like to see an improvement in their work/life balance. Only 5 per cent of this group state that no improvement is needed.

<sup>6</sup> Although confusingly, this combination is also used with other questions to identify potential cases of conditioned expectations.



**Table 4.11 Work/life balance: the amount of time spent at work compared to improvements (of those in employment)**

		Time spent at work	
		Too much	Too little or just about the right amount
How important would it be to see an improvement?	Needs improvement	91.8% <i>sc</i>	69.3%
	Middle ground	3.5%	14.3%
	No improvement needed	4.7% <i>CE</i>	16.5%
	Total	100% (n=171)	100% (n=231)

*Source:* authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
*Notes:* Grouped variables, improvement: 'needs improvement' is responses 1, 2; 'middle ground' is response 3; 'no improvement needed' is response 4, 5.

When comparing respondents' role in the decision-making process by how much they would like to see an improvement in their situation (of those who work too much), 90 per cent of those whose views do not have equal weight would like to see an improvement in their situation (see Table 4.12). However, this figure is almost identical for those in the comparison group.

**Table 4.12 Work/life balance: equal weight in the decision-making process compared to improvements (of those who work too much, in employment)**

		Do your views have equal weight?	
		Always / usually	Sometimes - never
How important would it be to see an improvement?	Needs improvement	90.2%	90%
	Middle ground	5.9%	0%
	No improvement needed	3.9%	10% <i>CE</i>
	Total	100% (n=51)	100% (n=20)

*Source:* authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.  
*Notes:* Grouped variables, improvement: 'needs improvement' is responses 1, 2; 'middle ground' is response 3; 'no improvement needed' is response 4, 5. Grouped variables, equal weight: 'always / usually' is responses 1, 2; 'sometimes – never' is responses 3, 4, 5.

It is now possible to bring these results together and confirm the following points about the autonomy of those who work too much:

- **Coercion** - those who do not make decisions solely and whose views do not have equal weight when an important decision is made (1.9 per cent of the pilot sample, 20 respondents).

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- **Structural constraints** - those who spend too much time at work and would like to improve their situation (*14.7 per cent of the pilot sample, 157 respondents*).
- **Conditioned expectations** –
  - those who spend too little or too much time in one area of life but do not want to improve their situation (*0.7 per cent of the pilot sample, 8 respondents*).
  - those whose views do not have equal weight but do not want to improve their situation (*0.2 per cent of the pilot sample, 2 respondents*).

Note that there may be respondents who fall into one or more of these categories; the figures should not be added together.

It is therefore possible to suggest from the populated cells in a small pilot survey that these questions could identify a minority of the sample who are potentially limited in autonomy. With sufficient sample size in a full survey their characteristics could be more clearly established. As might be expected, it appears that structural constraints are the most frequent barriers to improving respondents' autonomy with respect to work/life balance.

Key points:

- It is possible to use the concept of work/life balance to highlight interesting differences between groups of respondents regarding perceptions of their time use.
- The questions function as expected by showing that those who spend too much time in one area of life are more likely to spend too little time in other areas.
- It is possible to identify certain groups (such as employers) as the source of potential coercion. For example, those who work too much are more likely to identify their employers as having sole control over their work/life balance compared to respondents who spend the right amount of time at work.
- It is possible to single out those who are potentially limited in their autonomy, with structural constraints, conditioned expectations and coercion.
- Importantly, 92 per cent of those who work too much would like to improve their work/life balance. This accounts for a large percentage of the total sample (15 per cent). Therefore it is possible to use these questions to focus on a sub-group within the sample and explore what possible barriers to achieving autonomy they have. In this case, it is

assumed that structural constraints are a major barrier to improving their situation.

- This area of life highlights the importance of autonomy indicators. There are groups within the sample who would perform well in the Equality Measurement Framework's existing outcome and process measures of inequality, but may have limited choice and control in their lives as discovered using the measures of autonomy. For example, the group just discussed (those who work too much) are in employment, and as the majority are in managerial, professional or intermediate occupations, it can be assumed that their income is adequate. However, there are respondents within this group who feel coerced by their employers or restrained by structural problems in their lives. It is important that these groups be identified as having limited choice and control which consequently affects their substantive freedom.

#### 4.2.7 Relationships

The final area of life that the survey pilot focused on is relationships (meaning: boyfriends, girlfriends, partners, husbands or wives). This area of life was chosen for two reasons. Firstly, both the theoretical analysis and comments during the cognitive interviews clearly indicated that relationships could be an area where people experience a series of risks to autonomy. These are:

- being limited in their ability to self-reflect and change their situation;
- lacking the self-confidence to change their situation;
- feeling pressure from others to form particular relationships and for the same reasons, feeling unable to leave a relationship they are unhappy with; and
- feeling tied to a particular relationship because of a lack of financial independence or family obligations.

A second reason for focusing on relationships is because there is a lack of existing data on this area. Often surveys will be able to describe the relationship status of an individual (whether in a relationship, married, divorced, widowed etc) but cannot shed light on how empowered a person feels within that relationship, or how much choice and control they felt over forming that relationship.

As mentioned in Section 3, the cognitive interviews highlighted some limitations in the questions. We hoped to rectify this in the survey pilot through a change in wording. For example, in the cognitive survey, some of the respondents who were in a long-term relationship did not feel that these questions were relevant for them. Some who were in a relationship understood '*form a relationship of your choosing*' to be relevant only for those seeking to create a new relationship. Therefore the wording was changed to '*form and maintain a relationship of your choosing*'. In line with this, it was also found that those in a relationship may answer the questions thinking about their current relationship whereas those not in a relationship answer thinking about past relationships or hypothetical situations. As these

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answering strategies are different, the following analysis differentiates between these groups.

It is important to note that the ONS Opinions Survey does not ask explicitly if the respondent is in a relationship and so assumptions have had to be made from other questions that report marital and other status: being married (including civil partnership) or cohabiting. All others were grouped from those who identify themselves as: single, widowed, divorced or separated.

A final problem with these potentially sensitive questions is the risk of refusal or non-response. There was a high response rate in the cognitive interviews but some respondents reported that they expected that others might refuse to answer them. During the analysis of the pilot survey, this is certainly something we were interested to explore.

The following section commences with a description of the questions and how we expected to identify those with limited autonomy. Analysis of response rates will then be provided, followed by an attempt to highlight those with limited autonomy. Conclusions will then be drawn as to the usefulness of these questions.

### Question aims

#### **Box 4.4 Relationships: piloted questions**

##### Questions

In this next section I will be asking about relationships. By relationships I mean boyfriends, girlfriends, partners, husbands or wives.

- a) Do you feel free to form or maintain a relationship with someone of your choosing without external pressure? (a range of options from: always – never)
- b) Would you feel able to leave a relationship you were unhappy with? (a range of options from: always – never)
- c) How important would it be for you to see an improvement in this aspect of your life? (a range of options from: very important – not important at all)

*Source:* ONS Opinions Survey 2009 module MCF: Autonomy.

The first question is intended to explore whether respondents were able to form or maintain relationships of their choosing, without the existence of external influences or coercion. The terms used in this question were heavily analysed during the cognitive interviewing, in particular 'forming relationships' and 'external pressures'. See Section 3 for a detailed description. The question was intended to be relevant for both those in and not in a relationship.

The aim of the second question was again intended to highlight coercion, but could also cover structural and internal constraints (as was found in the

cognitive interviews, people described situations where they found it difficult to leave a relationship because of self-confidence issues, financial constraints and pressure from others). The final question – similar to the other sections of the questionnaire – asks respondents whether they would like to improve their situation with regard to relationships. Importantly, respondents who agree with this statement may not have limited autonomy. During the cognitive interviews, some of the respondents who were not in a relationship stated that they wanted to improve their situation and the change they wanted was to be in a relationship. For the majority of these respondents, their inability to alter the situation was not the result of limitations in autonomy but merely circumstance.

In brief, we would expect to identify those with potentially limited autonomy in the following ways:

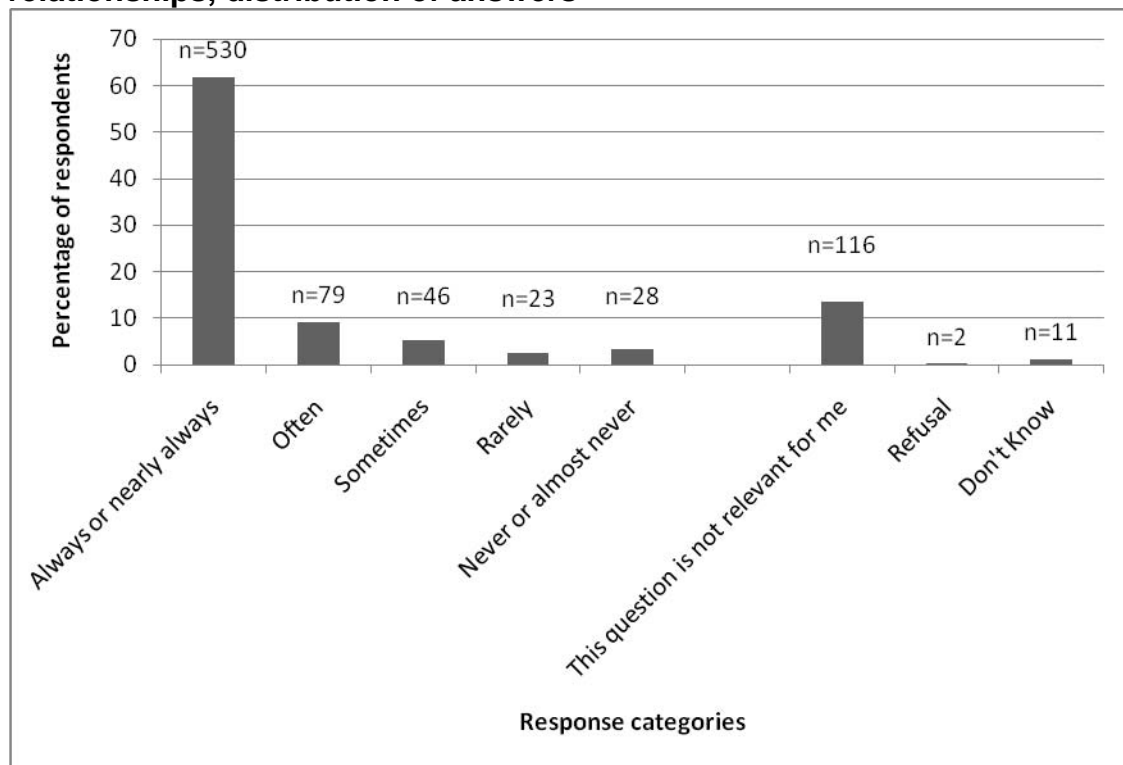
- Coercion and structural constraints -
  - those who do not feel free to maintain relationships with someone of their choosing.
  - those who do not feel able to leave a relationship they were unhappy with.
- Conditioned expectations –
  - those who do not feel free to maintain relationships with someone of their choosing or do not feel able to leave a relationship they were unhappy with and do not want to improve their situation.

During the results, those who can be classified in any of the above categories will be collectively placed in what we are terming a risk group. As previously used, the following symbols denote those who are potentially limited in autonomy: coercion **C**, structural constraints **SC**, conditioned expectations **CE**, and are highlighted in a grey boxes in the tables.

## Results

Figure 4.14 presents the distribution of answers to respondents' ability to form and maintain relationships with someone of their choosing without external pressures. As can be seen, the majority of respondents stated that this was '*always*' or '*nearly always*'. For further analysis, we group together those who answer '*rarely*', '*almost never*' or '*never*', as potentially limited in autonomy and therefore in the risk group (although it is debatable as to whether those who answered '*sometimes*' could also be included). Importantly, there is little sign of refusal to answer the question, 51 respondents felt able to answer negatively to this question (5 per cent of the total sample). In addition, while 116 respondents stated that the question was not relevant for them, only 2 refused and 11 stated that they didn't know. This shows that although there were concerns about respondents feeling able to answer these questions honestly, some respondents have been able to do so.

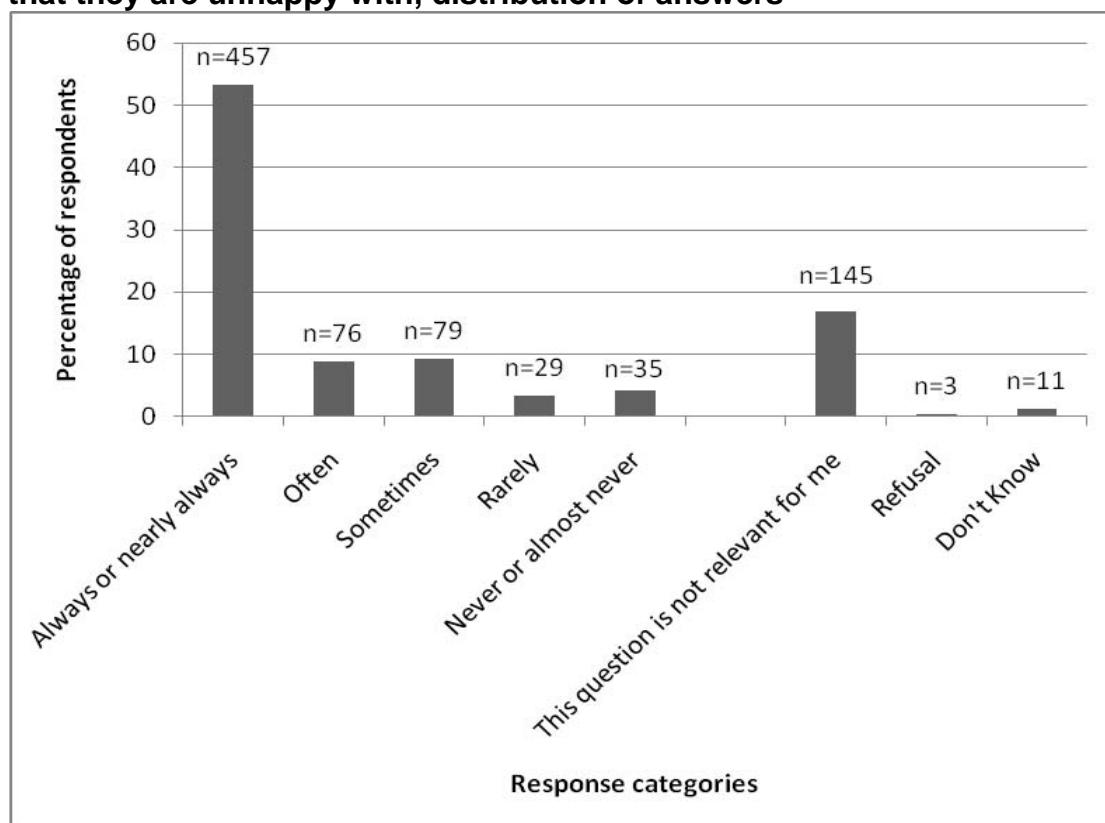
**Figure 4.14 Relationships: respondents' ability to form and maintain relationships, distribution of answers**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Figure 4.15 illustrates the response distribution to the question which asks about respondents' ability to leave a relationship that they are unhappy. Again, the majority of respondents stated that they '*always*' or '*nearly always*' felt able to do so. 64 respondents can be categorised into the risk group (6 per cent of the total sample). While 145 respondents stated that the question was not relevant for them, only 3 refused and 11 stated that they didn't know the answer (combined, these 159 respondents account for 15 per cent of the total sample).

**Figure 4.15 Relationships: respondents' ability to leave a relationship that they are unhappy with, distribution of answers**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

As was found in the cognitive interviews, those not in a relationship are more likely to state that they are unable to form and maintain a relationship of their choosing (see Table 4.13). Of the total sample who answered this question, 7 per cent can be categorised as potentially limited in their autonomy.

**Table 4.13 Relationships: relationship status by ability to form or maintain relationships**

		Relationship status		Total
		Married/ civil partnership / cohabitating	All others	
Do you feel free to form or maintain a relationship with some one of your choosing?	Always/often	90%	79.4%	86.1%
	Sometimes	4%	11.3%	6.6%
	Rarely/never	6% <i>c/sc</i>	9.3% <i>c/sc</i>	7.2%
	Total	100% (n=450)	100% (n=257)	100% (n=707)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy

Interestingly, Table 4.14 shows that those in a relationship are more than twice as likely to state that they are unable to leave a relationship they are unhappy with. As we mentioned in the introduction to this section, the

cognitive interviews suggested that this can be for a whole range of reasons including: family obligations, financial ties, self-confidence and coercion.

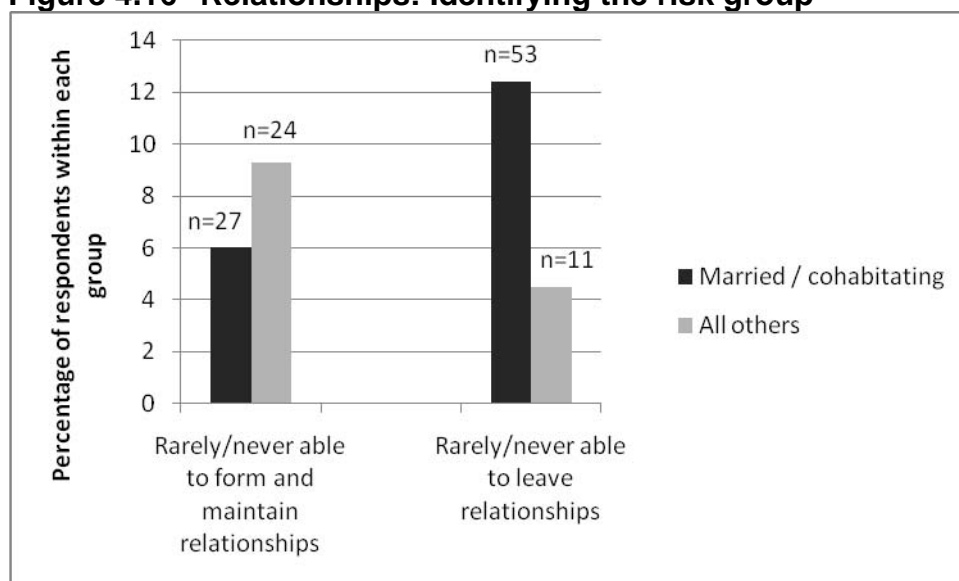
**Table 4.14 Relationships: Relationship status by ability to leave a relationship respondents were unhappy with**

		Relationship status		Total
		Married/ civil partnership / cohabitating	All others	
Would you feel able to leave a relationship you were unhappy with?	Always/often	73.7%	87.9%	78.8%
	Sometimes	14%	7.7%	11.7%
	Rarely/never	12.4% <i>c/sc</i>	4.5% <i>c/sc</i>	9.5%
	Total	100% (n=429)	100% (n=247)	100% (n=676)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Figure 4.16 illustrates the percentage of the two groups (those in and not in a relationship) who feel that they are rarely or never able to form and maintain or leave a relationship. As mentioned above, it is interesting to note how each of the questions seem to have more significance for one of the groups.

**Figure 4.16 Relationships: Identifying the risk group**



Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Notes: Individuals have been grouped in the following way: a) married, cohabiting, same-sex cohabiting; b) single, widowed, divorced, separated.

### Risk group

Taking into account the fact that some respondents will have answered both questions negatively, there are 88 respondents who answered one or both of the questions negatively. These respondents, 8 per cent of the total sample, form the potential risk group who respond in ways that suggest limited autonomy. Two-thirds of this group are in relationships. However, when



Measuring inequality: autonomy (choice, control and empowerment)

accounting for the sample sizes, those in the risk group are approximately 10 per cent of both those in and not in a relationship's sample.

In order to identify conditioned expectations, the risk group was analysed to see if they would like to improve their situation. 23 per cent of the risk group state that it would not be important for them to see an improvement in their situation (this is 20 respondents). However, the majority of those in the risk group – 56 per cent – would like to see an improvement in their situation. This is more than 10 per cent more than the whole sample.

**Table 4.15 Relationships: risk group compared to improvements**

		Risk Group	Whole sample
How important would it be to see an improvement?	Improvement needed	56.3%	43.2%
	Middle ground	20.7%	25.4%
	No improvement needed	23% <i>CE</i>	31.4%
	Total	100% (n=87)	100% (n=782)

Source: authors' analysis of ONS Opinions Survey 2009 module MCF: Autonomy.

Notes: Whole sample includes risk group.

#### Identifying limited autonomy in relationships

The questions have identified the following respondents as potentially lacking in autonomy:

- Coercion and structural constraints can be potentially identified in those:
  - who do not feel free to maintain relationships with someone of their choosing (*5 per cent of the pilot sample, 52 respondents*).
  - who do not feel able to leave a relationship they were unhappy with (*6 per cent of the pilot sample, 64 respondents*).
- Conditioned expectations can be potentially identified in those who do not feel free to maintain relationships with someone of their choosing or do not feel able to leave a relationship they were unhappy with and do not want to improve their situation (*2 per cent of the pilot sample, 20 respondents*).

Although the sample sizes are small, it is important to remember that these are new questions that are not normally asked in this way (usually sensitive questions are provided to respondents for self-completion). Therefore, it is very positive to discover populated cells in the pilot survey confirming the findings from cognitive interviews that respondents are willing to state when they are or have been in difficult situations with regard to relationships.

## Measuring inequality: autonomy (choice, control and empowerment)

### Key points:

- This is an important area of life where at present little data are collected. It is expected that there are many individuals with limited choice and control with respect to relationships that are not captured in any existing surveys.
- In our survey, 8 per cent of the total sample can be categorised as having limited autonomy with respect to relationships. Of this group, 2 per cent could have conditioned expectations as they do not want to improve their situation.
- It is important to remember that these are new questions and so it is extremely positive that some respondents are willing to share their experiences in a survey.

## 5. CONCLUSIONS AND RECOMMENDATIONS

This section summarises key outcomes from the process of developing a definition of autonomy, conducting an audit of existing measures of autonomy and related concepts, and creating new questions to fill the gaps identified. This section will conclude with recommendations for the use of existing data, suggest ways in which new data should be collected and outline how this should be incorporated in the Equality Measurement Framework.

### 5.1 Defining autonomy

This project began with a broad definition of autonomy as '*the amount of choice, control and empowerment an individual has over their life*'. While it has been expanded upon, this remains the core definition from which we further conceptualised the notion of autonomy. Achieving autonomy ensures that individuals and groups are empowered to make appropriate decisions in critical areas of their lives. Thus our definition of autonomy expands wider than simply asking about the decision-making process, measuring for example "Who did the choosing?". Additional measures that capture the adequacy of the options available, and whether the outcomes would have been chosen if the person concerned had been given an informed choice, are also necessary. An applied example can be envisaged in indicators of health outcomes for older people where indicators of autonomy (for example, the involvement of older people in their treatment plans, their access to information, and informed consent) are in place alongside indicators of process (for example, discrimination in medical treatment on the grounds of age, and not being treated with dignity and respect) and measures of outcomes.

Identifying and quantifying the constraints which operate on people's ability to make decisions and act in accordance with what matters to them means looking at a range of issues that together potentially make quite complex overall measures. There are contributing *internal* factors, such as perceptions, expectations and entrenched behavioural patterns. The existence of internal constraints of this kind make the subjective data on autonomy potentially problematic, since 'perceived choice and independence' may not be the same as 'actual choice and independence' (similar problems have been discussed in the literature on adaptive preferences and conditioned expectations). In addition to internal factors, there are also *external* constraints on the formulation and exercise of choices. These can be seen as acting directly, for example through coercion and oppression by others, or indirectly, through the socio-economic, political, legal, institutional and cultural context.

Achieving autonomy does not mean having unlimited choices or operating in a completely isolated environment where the influence or concern for significant others (such as a partner, employer or children) is ignored. A job for example, can constrain a person in some ways by reducing their free-time, but also facilitate other aims by providing the resources needed to achieve them. Our results show that while 47 per cent of those in the highest social class state they work 'too much', this group also claims to have a high level of 'choice

and control' over their employment (see Figures 4.9 and 4.12). Therefore, it may be possible to deduce that individuals within this social class who work too much have freely chosen this aspect of their life. Equally, living in a shared household will mean that some decisions should be shared with others. What we have attempted to focus on is whether or not individuals are able to reflect on their situation with respect to an area of their life; whether they are able to be involved in the decision-making process if they want to be; whether they are happy with their situation; and finally, if they are not happy with their situation, whether they feel empowered to change it.

Following the literature review, three components of autonomy were identified. While it was assumed that a person could have all, none or some of these components of autonomy, it was recognised that all three would be necessary to have complete autonomy. Due to this, all three components would need to be assessed when attempting to measure the extent of an individual's autonomy.

Figure 5.1 outlines the components of autonomy and expected barriers to achieving them. For example, coercion is listed as a barrier to achieving active decision-making. Thinking about achieved autonomy and the barriers to this meant that we were able to design questions covering any of these six areas. It would be possible to deduce, for example, that an individual with certain structural constraints will have a limited range of options available to them.

**Figure 5.1 Conceptual scheme**

<i>Component</i>	<i>Achieved autonomy</i>	<i>Barriers to autonomy</i>
1. Self-reflection	Self-reflection	Conditioned expectations
2. Active decision-making	Active or delegated decision-making	Passivity; coercion
3. Wide range of high quality options	Wide range of high quality options (perceived and actual)	Structural constraints; lack of information, advice and support

There are however, important methodological challenges to measuring autonomy. Conditioned expectations are an important consideration for reporting on perceived and actual choices and empowerment, and are particularly difficult to measure. The new questions we designed attempted to tackle some of these problems by asking a series of questions and comparing the answers given.

## **5.2 Existing measures of autonomy**

Conducting an audit of existing measures of autonomy and related concepts became one of the key tools through which we decided how to prioritise certain domains and areas of life. New questions were designed only for areas where there were data gaps (although broad questions regarding 'choice and control' were asked across all domains).

It was found that two areas in particular have well-developed measures of autonomy: health and independent living. The National Patients Survey Programme asks patients a series of questions attempting to understand if they were treated with dignity and respect during their interaction with the National Health Service. Similarly, the Office for Disabilities Issues has pioneered a range of measures aimed at reviewing the extent of Independent Living and inequalities between the disabled and non-disabled population. The Count Me In survey also highlights some interesting restrictions on autonomy found in mental health and learning disability services. In addition, there are questions such as those in the OPHI Missing Dimensions empowerment module which are suitable but do not have data collected on them in the UK. More information on these questions can be found in Appendix 6.

### **5.3 Creating new questions**

Deciding which domains and areas of life to focus on in detail was based on existing data and the areas deemed a priority following the literature review. We also decided that it would be more advantageous to test a small number of areas in depth rather than attempt to cover all domains in the EMF superficially. We were also conscious that we had broad questions of autonomy asking about 'choice and control' across all domains.

An interesting outcome from the audit of existing measures and literature review was the recognition that many measures of autonomy operate as a suite of successive questions. This is necessary in order to uncover for example, who did the choosing, the adequacy of the options available, and whether the outcomes would have been chosen if the person concerned had been given an informed choice. A set of questions such as these will allow the researcher to understand the extent of an individual's autonomy with respect to two aspects of autonomy: active or delegated decision-making, and whether the individual has a wide range of high quality options. However, self-reflection or conditioned expectations need to be understood separately.

### **5.4 Self-reflection and conditioned expectations**

As mentioned, identifying conditioned expectations is a methodological challenge. Perceived choices and independence may not be the same as the actual choices and independence available to an individual. This was tackled in the new questions developed by attempting to create what could be considered similar to objective versus subjective measures, and overall versus specific measures. This view was based on research that suggests that 'unpacking' a global or generic response into components is one way to identify a gap between a person's assessment of his or her situation and his or her actual experience (Audit Commission, 2006; Healthcare Commission, 2006).

Firstly, respondents were asked to describe their situation with respect to a particular area. This was used as the basis for comparison with other questions. Secondly, respondents were asked if they are able to participate equally in the decision-making process (the routing process for this and the

factual wording of the question endeavoured to make this a slightly more objective question). This was followed by a final question asking if respondents would like to improve their situation. Those who potentially have conditioned expectations are individuals who cannot participate equally in the decision-making process but do not want to improve their situation or describe their situation as good, and those who identify their situation as not good but do not want to improve it. Respondents were also asked on a scale of one to ten how much choice and control they have over a situation. This could be used to identify those who score low but again do not want to improve their situation. The important complication here is that of those the survey pilot was able to identify as potentially having conditioned expectations, some respondents may have instead consensually delegated their decision-making. It is equally appropriate to assume that a person who does not equally participate in the decision-making process and who does not want to improve their situation, may simply not want to participate. Without further information it is not possible to know if this decision has been reached by thoughtful consideration.

### **5.5 Template for questions**

The survey pilot confirmed that it is possible to identify those who are potentially without autonomy and in addition, to be able to specify which components of autonomy they are lacking. With reference to the EMF, understanding this level of detail about autonomy is crucial. For example, it will be possible to know whether a person is bound by structural constraints such as a lack of money, has a lack of support or is not able to make decisions for themselves. Alternatively, it could be that an individual is attempting to change their situation but nothing has happened yet. All of these would require different interventions.

The template that follows indicates how the questions work as a suite, exploring all components of autonomy (see Box 5.1). However, it would also be possible to use only some of the questions to explore specific components of autonomy. Components of autonomy can be identified in the following ways.

Coercion, or an inability to have active or delegated decision-making, is identified by:

- Those who do not make decisions by themselves and whose views do not have equal weight (Question 3 with routing from Question 2).
- Those who state that either their community, some one else, pressure from others or other people's attitudes prevents them from improving their situation (Question 5).

Structural constraints, or those with a limited range and quality of options, are identified by:

- Those whose situation is not good and they would like to improve it (Question 1 and 4).
- Those who state that either a lack of support, advice, money, job or transport, or that their health, age, family responsibilities, debt, job,

where they live or discrimination towards them prevent them from improving their situation (Question 5).

Conditioned expectations, or an inability to self-reflect, are identified by:

- Those whose situation is not good but do not want to improve it (Question 1 and 4).
- Those whose situation is good but cannot participate equally in the decision-making process (Questions 1 and 3).
- Those who do not want to improve their situation but cannot participate equally in the decision-making process (Questions 3 and 4).
- Those who lack self-confidence or do not know how to improve their situation (Question 5).

Question 5 was not asked in the survey pilot within each of the areas of life due to resource constraints (although a similar list is asked about respondents' lives in general). However, during the cognitive interviews, this list was very revealing for providing an understanding of why respondents were limited in autonomy. The question combines a variety of reasons including numerous structural constraints, coercion or influence from others, and self-reflection and self-confidence. Asking respondents which are the two most important or influential constraints allows for further analysis.

### **Box 5.1      Template of questions for exploring autonomy**

#### **Question 1**

Thinking about [insert domain], would you say the situation is<sup>7</sup>...

- (1) so good it could not be better,
- (2) very good,
- (3) good,
- (4) alright,
- (5) bad,
- (6) very bad,
- (7) or so bad, it could not be worse?

#### **Question 2**

When decisions are made regarding [insert domain], who is it that normally takes the decision?

- (1) Me
- (2) My partner
- (3) Me and my partner jointly
- (4) Someone else - family or friend
- (5) Jointly with someone else - family or friend
- (6) Someone else - a professional e.g. carer or advisor
- (7) Jointly with someone else - a professional e.g. carer or advisor

#### **Question 3**

[Routing: Q2 – if not 'me'] Do you feel your views have equal weight when

<sup>7</sup> Note that for some domains – such as work/life balance – the format of this question may need to be altered. See Section 4.2.6 for an example.

making an important decision about [insert domain]?

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**Question 4**

How important would it be for you to see an improvement in this aspect of your life?

- (1) Very important
  - (2) Slightly important
  - (3) Neither important or not important
  - (4) Not very important
  - (5) Not important at all
- (6) Not sure (Spontaneous only)

**Question 5**

[Routing: Q1 – if alright or worse; Q2 – if sometimes, rarely or almost never; Q4 – if very important or slightly important] I will now read out a list of statements. Please tell me on the following scale how much you agree or disagree with whether these statements explain what prevents you from improving your situation.

(Show card with 5-item response scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).

- a. I do not have the support I need to improve my situation.
- b. I cannot get the advice I need to improve my situation.
- c. My age prevents me from improving my situation.
- d. Family responsibilities prevent me from improving my situation.
- e. My health prevents me from improving my situation.
- f. Shortage of money prevents me from improving my situation.
- g. Being in debt prevents me from improving my situation.
- h. My job / lack of job prevents me from improving my situation.
- i. Other people's attitudes prevent me from improving my situation.
- j. Where I live prevents me from improving my situation.
- k. Discrimination towards me prevents me from improving my situation.
- l. Lack of transport prevents me from improving my situation.
- m. The community I am a part of prevents me from improving my situation.
- n. Lack of self-confidence prevents me from improving my situation.
- o. Someone else prevents me from improving my situation.
- p. Pressure from others prevents me from improving my situation.
- q. Disapproval from others prevents me from improving my situation.
- r. I do not know how to improve my situation.
- s. Having considered my options, this is the best situation possible.



- t. I am trying to improve my situation but nothing has happened yet.
- u. Other, please specify.
  
- v. Could you please rank the two most important or influential statements from the previous list?

### **5.6 Specific questions: choice and control**

It is possible to obtain an insight into the broad definition of autonomy by asking respondents to comment on how much choice and control they feel they have over certain areas of life. In order to understand how empowered the respondent is, it is possible to ask a follow-up question about how much choice and control they feel they will have in 5 years' time. The OPHI empowerment module provides a good template for wording these questions (see the final question in Section 1.7, Appendix 2).

We would recommend asking about choice and control for the following areas:

- Major household expenses (i.e. bills or buying large household appliances such as a fridge)
- Work/life balance
- Relationships (boyfriends, girlfriends, partners, husbands, wives)
- Health
- Personal safety
- Employment
- Where you live
- Family life
- Religion or belief or choice not to have a religion or belief
- Social life.

The elements of this list are easily interpretable by respondents and readily map to the EMF.

### **5.7 Specific questions: components of autonomy**

Box 5.2 outlines the recommended questions for exploring specific components of autonomy and creating scales. For more details about the factor analysis process, please see Appendix 5.

### **Box 5.2 Components of autonomy – questions for scales**

Thinking about your life in general, to what extent do you agree or disagree with the following statements? (responses: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)

#### **Active or delegated decision-making**

I feel like I am free to decide for myself how to live my life

I feel free to plan for the future

I feel that life is full of opportunities

#### **Coercion**

Sometimes I feel that I am being pushed around in life

*With the follow-up question for added information (but not for the scales):*

[routing: if 'strongly agree' or 'agree'] You stated that you sometimes feel that you are being pushed around in life. Could you tell me who or what this is by?

- (1) My partner
- (2) My children
- (3) Other family members (including parents and in-laws)
- (4) Friends
- (5) My employer
- (6) Other people at work
- (7) A professional e.g. advisor or carer
- (8) The government
- (9) The community I am a part of
- (10) The media
- (11) Circumstances in general
- (12) I am not sure
- (13) Other (Please specify)

#### **Perceived range and quality of options**

My life has shaped itself without me making choices

There is no point trying to improve my life, there's nothing that can be done

### **5.8 Specific questions: relationships**

Following the literature review and audit of existing measures, it was found both that relationships are an important area for a potential lack of autonomy and that existing measures do not cover this area. While it was unclear if respondents would feel able to answer these questions honestly, the survey pilot was able to identify a minority of individuals who could be lacking in autonomy. Therefore, we would recommend that the following three questions be used to explore autonomy within relationships (Box 5.3).

### **Box 5.3      Autonomy in relationships**

In this next section I will be asking about relationships. By relationships I mean boyfriends, girlfriends, partners, husbands and wives.

#### **Question 1**

Do you feel free to form or maintain a relationship with someone of your choosing without external pressures?

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

#### **Question 2**

Would you feel able to leave a relationship you were unhappy with?

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

#### **Question 3**

How important would it be for you to see an improvement in this aspect of your life?

- (1) Very important
- (2) Slightly important
- (3) Neither important or not important
- (4) Not very important
- (5) Not important at all

### **5.9      Measuring autonomy**

We would recommend that the template outlined in Box 5.1 be used to measure each component of autonomy. If specific components of autonomy are the focus of interest, the template can be separated as described in Section 5.6. Alternatively, the questions listed in Box 5.2 can be used collectively to analyse the extent of autonomy a respondent has and explore the relationship between components of autonomy. A broad understanding of autonomy between respondents can be found by asking about 'choice and control', with additional information about empowerment possible by comparing this answer to how much choice and control respondents think they will have in five years' time.

### **5.10    Future data developments**

There are some existing questions that could serve as measures of autonomy. These are outlined in Appendix 6.

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The National Patients Survey Programme and the British Crime Survey have questions which arguably blur the distinction between autonomy and process indicators. The same is true for some of the measures already within the Health and Physical Security domains in the EMF. Despite this slight theoretical debate, these new measures would undoubtedly contribute to a picture of equality within Britain.

The Count Me In Survey collects data which could be used to measure autonomy in healthcare.

Some questions within the Life Opportunities Survey have close similarities with the questions we have developed in this project, with a few differences (relevant questions and dissimilarities are described in Appendix 6). These would be suitable measures of parts of our conceptualisation of autonomy. We recommend collaboration for future developments of the Life Opportunities Survey, in order to potentially incorporate some of the findings of this report.

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## **Appendix 2 Existing measures**

Please refer back to Section 2.7 for contextual information regarding this appendix.

### **2.1 Allendorf (2007) – couples' attitudes and women's autonomy**

Allendorf researched couples' reports of women's autonomy in order to investigate how the attitude gaps between the couple affected outcomes in health-care. Allendorf intended to explore the consequences of male attitudes on women's actual autonomy within a couple. Autonomy is defined here as the opportunity to make choices that affect a person's own life. 1,858 couples were involved in the study and respondents were asked selected questions from the Nepal Demographic and Health Survey. In particular, respondents were asked who in the family has the final say on the following decisions: the wife's healthcare; making large household purchases; making household purchases for daily needs; paying visits to friends and relatives; choosing what food gets cooked each day. Responses were allowed from the following: respondents alone; spouse; respondent and spouse jointly; someone else; respondent and someone else jointly. It is noted however, that questions which ask who has the final say are vague and may cause respondents to refer to cultural norms to answer the question rather than reflecting on their own practices (Acharya and Bennett 1981). The research concluded that there was a disparity between the answers given within the couple and that the highest agreement was that the wife alone has sole choice about what will be cooked each day; with 62 per cent in agreement. There were also correlations between education, employment and autonomy for women.

### **2.2 Aujoulat (2008) – patient empowerment**

Aujoulat conducted research on patient empowerment for individuals with chronic illnesses. The aim of the research was to understand the process of empowerment for patients who have experienced feeling powerless as a result of their illness. Powerless in this context is conceptualised as a threat to one's sense of security and identity. It is suggested that for people with chronic illnesses, becoming empowered is a process of accepting that they will lose control over aspects of their lives whilst retaining parts of their identity. The individual is then able to accept that illness-driven boundaries are part of their reconciled self (Aujoulat 2008: 1228). Clearly a definition of empowerment which includes accepting a lack of control is controversial but it is interesting to see how it has been translated into research questions. Using open-ended questions, participants were asked firstly to identify feelings of powerlessness and to discuss difficulties they have with everyday life due to their illness. Participants were then asked to discuss processes and outcomes, attitudes and strategies, inner or external resources that helped them overcome their difficulties. At no point during the interview was a question asked that referred to an existing definition of empowerment.

**2.3 British Crime Survey (some of these measures are already used in the Equality Measurement Framework as process indicators within the Physical Security domain).**

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Question from the 2006 main survey:

- a. How much is your own quality of life affected by [fear of crime/crime], on a scale from 1 to 10, when 1 is no effect and 10 is a total effect on your quality of life?

Question from the 2006 self-complete survey on domestic violence:

- b. Thinking about any relationships you have had since you were 16, has any partner ever done any of the following things to you? By partner, we mean any boyfriend or girlfriend, as well as a husband or wife. (You can choose more than one answer at this question if you wish).
  - i. Prevented you from having your fair share of the household money
  - ii. Stopped you from seeing friends and relatives
  - iii. Repeatedly belittled you to the extent that you felt worthless
  - iv. Frightened you, by threatening to hurt you or someone close to you
  - v. Pushed you, held you down or slapped you
  - vi. Kicked, bit, or hit you with a fist or something else, or threw something at you
  - vii. Choked or tried to strangle you
  - viii. Threatened you with a weapon, for example a stick or a knife
  - ix. Threatened to kill you
  - x. Used a weapon against you, for example a stick or a knife
  - xi. Used some other kind of force against you
  - xii. None of these
  - xiii. Have never had a partner / been in a relationship
  - xiv. Don't know/can't remember
  - xv. Don't wish to answer

**2.4 Chirkov (2007) - Self-regulating Questionnaire- cultural practices. Self-determination theory and measures of motivation.**

Why do you, or why would you do certain behaviours? For example – why do you dress neatly or why would you help out a relative in financial need? The respondent is then given four statements which they have to rate on a five point scale.

Why do you dress neatly?

1. Because of external pressures (to get rewards or avoid punishments)

Assess the extent to which you dress neatly because of this reason using the following scale: from 'Not at all for this reason' (one point) to 'Completely because of this reason' (five points). *[This scale follows each of the six statements].*

Why do you dress neatly?

2. To get approval or avoid guilt

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Assess the extent to which you dress neatly because of this reason... [as above].

3. Because it is important.
4. Because it is thoughtfully considered and fully chosen
5. Because it is fun
6. No good reason.

Respondents can then be categorised as motivated by four types of behaviour: horizontal individualism, horizontal collectivism, vertical individualism and vertical collectivism.

## **2.5 Clifton Assessment Procedure for the Elderly Behaviour Rating Scale (CAPE-BRS) – Environmental control**

This scale is used to measure physical, cognitive and social dependency in terms of environment control (cited in **Barnes 2006**). The 12-item scale is outlined below.

Did the resident choose to have his or her own:

- Arrangement of furniture
- Furniture
- Pictures or ornaments
- Soft furnishings
- Wall décor.

Does the resident control his or her own:

- Heating
- Lighting
- Ventilation.

Does the resident:

- Go outside alone
- Go outside with staff
- Lock his or her bedroom door when inside
- Lock his or her bedroom door when outside.

## **2.6 English Longitudinal Study of Ageing**

A survey questioning the health and lifestyles of people aged 50 and over.

- a. How often do you feel like this?  
I feel that what happens to me is out of my control. Four point scale from 'Often' to 'Never'.
- b. How much do you agree or disagree with the following statement?  
At home, I feel I have control over what happens in most situations. Six point scale from 'strongly agree' to 'strongly disagree'.
- c. How much do you agree or disagree with the following statement?

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I feel that what happens in life is often determined by factors beyond my control. Six point scale from 'strongly agree' to 'strongly disagree'.

- d. How much do you agree or disagree with the following statement?  
At work I feel I have control over what happens in most situations. Six point scale from 'strongly agree' to 'strongly disagree'.

## 2.7 Ibrahim and Alkire (2007a) - Agency and Empowerment indicators

*Power over / control question:*

How much control do you feel you have in making personal decisions that affect your everyday activities? Five point scale ranging from 'No control at all' to 'Control over all decisions'. Source: World Bank *Moving out of poverty survey*, Narayan and Petesch.

*Power to / choice question:*

When decisions are made regarding the following aspects of household life, who is it that normally takes the decisions?

1. Respondent
2. Spouse
3. Respondent and spouse jointly
4. Someone else
5. Jointly with someone else
6. Other.

The respondents are asked to comment with respect to the following aspects: minor household expenditures; what to do if you have a serious health problem; how to protect yourself from violence; whether and how to express religious faith; what kind of tasks you do.

If the respondent marks any person other than themselves for the areas, they are then asked:

To what extent do you feel you can make your own personal decisions regarding these issues if you want to? Responses are marked on a four point scale from 'Not at all' to 'To a high extent'.

*Motivation for action*

I am now going to describe possible reasons why you make certain [minor household purchases, such as for food or other daily items]:

- I do not make choices in making minor household purchases; there are no choices to make.
- I make minor household purchases according to what my spouse or someone else insists on.
- I make minor household purchases that other people expect and so they will approve of me. If I did not, I would feel guilty.
- I make minor household purchases in line with what I personally believe it is important and valuable.
- I make minor household purchases in harmony with my most profound values.

These responses are asked for all of the areas listed above , e.g. serious health problems.

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Who do you think will contribute most to any change in your life?

- Myself
- My family
- Our community
- The local government
- The State government
- Other
- Don't know.

Do you think that people like yourself can generally change things in your community if they want to?

- Yes, very easily
- Yes, fairly easily
- Yes but with a little direction
- Yes but with a great deal of difficulty
- No, not at all
- Other
- Don't know

Some people feel they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Imagine a ten step ladder, where on the bottom, the first step, stand people who are completely without free choice and control over the way their lives turn out, and on the highest step, the tenth, stand those with the most free choice and control.

Which step are you today?

On which step are most of your neighbours today?

On which step were you ten years ago?

## **2.8 National Patients Survey Programme**

Questions from the 2007 adult inpatient survey:

- a. While you were in the Emergency Department, how much information about your condition or treatment was given to you?
  - i. Not enough.
  - ii. Right amount
  - iii. Too much
  - iv. I was not given any information about my treatment or condition
  - v. Don't know / can't remember.
  
- b. When you were referred to see a specialist, were you offered a choice of hospital for your first appointment?
  - i. Yes
  - ii. No
  - iii. Don't know / can't remember.
  
- c. Were you given a choice of admission dates?
  - i. Yes
  - ii. No

- iii. Don't know / can't remember.
- d. Were you offered a choice of food?
  - i. Yes, always
  - ii. Yes, sometimes
  - iii. No.
- e. When you had important questions to ask a [doctor/nurse], did you get answers that you could understand?
  - i. Yes, always
  - ii. Yes, sometimes
  - iii. No
  - iv. I had no need to ask.
- f. Were you involved as much as you wanted to be in decisions about your care and treatment?
  - i. Yes, definitely
  - ii. Yes, to some extent
  - iii. No.
- g. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?
  - i. Yes, completely
  - ii. Yes, to some extent
  - iii. No
  - iv. I did not want an explanation.
- h. Beforehand, did a member of staff explain what would be done during the operation or procedure?
  - i. Yes, completely
  - ii. Yes, to some extent
  - iii. No
  - iv. I did not want an explanation.
- i. Did the doctors/nurses talk in front of you as if you weren't there?
  - i. Yes, often
  - ii. Yes, sometimes
  - iii. No.

There are other sections (leaving the hospital and discharge of medicines) which ask the same questions about the level of involvement, understanding, privacy and trust experienced.

## **2.9 Nenkov (2008) - Elaboration on Potential Outcomes scale**

Nenkov developed a scale that would measure how people evaluate the outcomes of their behaviour prior to making a choice. The measure is titled the Elaboration on Potential Outcomes (EPO) scale. Originally developed to measure associations between consumer behaviours and attitudes such as self-control, procrastination, compulsive buying, debt and lifestyle choices, the method could be adapted to evaluate the self-reflection element of decision-

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making. In particular, EPO was designed to capture the degree to which individuals:

- a. Generate potential consequences of their behaviour.
- b. Evaluate the likelihood and importance of these consequences.
- c. Encode anticipated end states with a positive focus.
- d. Encode them with a negative focus.

The following is a selection of the questions asked of the research sample.

*Generation/evaluation dimension:*

Before I act I consider what I will gain or lose in the future as a result of my actions.

I try to anticipate as many consequences of my actions as I can.

Before I make a decision I consider all possible outcomes.

I always try to assess how important the potential consequences of my decisions might be.

I try hard to predict how likely different consequences are.

Usually I carefully estimate the risk of various outcomes occurring.

*Positive outcome focus dimension:*

I keep a positive attitude that things always turn out all right.

I prefer to think about the good things that can happen rather than the bad.

When thinking over my decisions I focus more on their positive end results.

*Negative outcome focus dimension:*

I tend to think a lot about the negative outcomes that might occur as a result of my actions.

I am often afraid that things might turn out badly.

When thinking over my decisions I focus more on their negative end results.

I often worry about what could go wrong as a result of my decisions.

## **2.10 Office for Disability Issues - Independent Living Strategy**

Existing measures which are be useful for thinking about autonomy with respect to independent living:

- a. Percentage of disabled people who say they have choice and control over the support needed to go about their daily lives. PSA 15; Omnibus Survey; ODI life chances indicator.
- b. Percentage of people over the age of 65 who say they receive the information, assistance and support needed to exercise choice and control. PSA 17, NI 139
- c. End of life access to palliative care enabling people to choose to die at home. NI 129. (This shows a policy/service that facilitates autonomy but it could be an outcome indicator).

Outcome or process indicators which could also be useful to complete the picture:

- a. Percentage of disabled and older people saying they have been treated fairly by public services. PSA 15, NI 140.



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- b. Percentage of 'vulnerable people' achieving independent living. PSA 17, NI 141.
- c. People supported to live independently. PSA 18, NI 136.
- d. People with long-term conditions supported to be independent and in control of their condition. NI 124.
- e. Monitoring take-up of direct payments/groups of service users. DH DSO NI 130.
- f. Social care clients receiving self-directed support (direct payments and individual budgets) DH DSO NI 130.
- g. Experience of disability / health related difficulties in using public transportation amongst disabled people. ODI indicator.

### **2.11 Ryff (1989) – Scales of Psychological Well-being** (cited in Alkire 2005)

Autonomy is one of six dimensions that compose psychological well-being. Individuals are asked to rate their responses to a list of statements on a six-point scale, from strongly disagree (1 point) to strongly agree (6 points). The statements with a (-) indicate that the point scale should be reversed.

The statements are:

1. Sometimes change the way I act or think to be more like those around me. (-)
2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
3. My decisions are not usually influenced by what everyone else is doing.
4. I tend to worry about what other people think of me. (-)
5. Being happy with myself is more important to me than having others approve of me.
6. I tend to be influenced by people with strong opinions. (-)
7. People rarely talk me into doing things I don't want to do.
8. It is more important to me to "fit in" with others than to stand alone on my principles. (-)
9. I have confidence in my opinions, even if they are contrary to the general consensus.
10. It's difficult for me to voice my own opinions on controversial matters. (-)
11. I often change my mind about decisions if my friends or family disagree. (-)
12. I am not the kind of person who gives in to social pressures to think or act in certain ways.
13. I am concerned about how other people evaluate the choices I have made in my life. (-)
14. I judge myself by what I think is important, not by the values of what others think is important.

If a person is a high scorer, they are self-determining and independent. If a person is a low scorer, they are concerned with expectations and conform to social pressures.

## 2.12 Sparks, Guthrie and Shepherd (1997) – The Dimensional Structure of the Perceived Behavioural Control Construct

A piece of research based on the theory of planned behaviour. The survey was aimed at reducing the amount of red meat and chips consumed (authors were commissioned by the Institute of Food Research).

### Perceived behavioural control

For me to reduce the amount of red meat that I eat from now on would be... *easy-difficult*.

How much control do you have over whether you do or do not reduce the amount of red meat that you eat from now on? *Complete control-very little control*.

It is mostly up to me whether or not I reduce the amount of red meat that I eat from now on. *Strongly agree-strongly disagree*.

### Subjective norm

I feel under social pressure to reduce the amount of red meat that I eat from now on. *Disagree strongly-agree strongly*.

Are there people who are likely to influence your decision to reduce the amount of red meat that you eat from now? *Yes/no*.

## 2.13 Survey of Young People in Scotland

### Scottish School Leavers Survey – 2003-05 (15/16 year olds)

For many people there are things outside their control which make it difficult for them to be in education, training or employment. Others choose not to be in these because they want to do something else. For each of the statements listed below please tick one box to indicate whether or not this applies to you. (The choice is either 'Applies to me' or 'Does not apply to me').

- a. I am currently having a break from study.
- b. I need more qualifications and skills to get a job or education or training place.
- c. I am currently looking after the home or children.
- d. I am currently looking after other family members such as a parent or other relative.
- e. I have poor health or a disability.
- f. I have housing problems.
- g. I (would) find it difficult to travel to work or college because of poor transport.
- h. I would be worse off financially in work or on a course.
- i. There are no decent jobs or courses available where I live.
- j. I have not decided yet what sort of job or course I want to do.
- k. I have not found a suitable job or course.
- l. I have other reasons (please write in below).

How strongly do you agree or disagree with the following statements. Four point scale from 'strongly agree' to 'strongly disagree'.

- a. I have little control over things that happen to me.
- b. There's really no way I can solve some of the problems I have.
- c. I often feel helpless in dealing with the problems of life.

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- d. Sometimes I feel that I am being pushed around in life.
- e. What happens to me in the future mostly depends on me.

## **2.14 United Nations Development Programme - Gender Empowerment Measure (GEM)**

The GEM is a measure designed by the United Nations Development Programme which allows for comparisons of women's empowerment across countries. The measure is calculated by scoring countries in the following areas:

- Political participation and decision-making (female and male shares of parliamentary seats).
- Economic participation and decision making (share of position as legislators, senior officials and managers; share of professional and technical positions).
- Power over economic resources (female and male estimated earned income).

Although these measures are more suited to the outcome indicators section of the Equality Measurement Framework, there have been some interesting critiques of GEM which outline areas of particular concern for women's autonomy.

In response to the GEM, Cueva Beteta (2006) argues that it is important not to disregard non-economic measures of decision-making power both at the household level and over women's own bodies and sexuality. Klasen (2006) argues that physical security (the absence of violence), time use (leisure time) and direct assessments of gender gaps in certain attributable consumptions, would be useful to measure. Dijkstra (2006) argues that the following areas should be covered: gender identity, autonomy of the body, autonomy within the household, political power, access to social resources (education and health), access to material resources (credit), access to employment and income (including the distribution of unpaid work), and time use. Labour market participation is also listed as another key area that should be analysed.

## **2.15 Various studies on the role of information in decision-making**

In a study specifically focusing on adolescents and the decision-making process, Fischhoff (2008) asked respondents to comment on their expectations for future actions. Seven topics were asked about: school, free time, clothing, friendship, health, money and parents. The research indicated that information interventions reveal very little about the decision-making competence unless they specifically address critical gaps between the recipients' informational priorities and current beliefs.

In her discussion about the importance of having information in order to make authentic decisions, Hawkins (2008) argues that it remains difficult to place an association between the volume of information an individual has and an autonomous decision. An individual may have all the relevant facts to make a decision and still fail to value their options appropriately. Subjective judgements and past experiences will influence decisions. It is suggested

that it is difficult to quantify how much influence information - in contrast to subjective judgements - have on decision-making. However, this has been attempted with a recent survey on informed choices in healthcare.

Informed choice is also discussed in the context of supporting patient autonomy and ensuring that people are neither deceived nor coerced. Jepson (2005) explores the ways in which the extent of informed choice can be measured. An informed decision is here defined as one where a reasoned choice is made by a reasonable individual using relevant information about the advantages and disadvantages of all the possible courses of action. An informed decision is a choice which is made intentionally, with understanding and without controlling influences and will increase a patient's autonomy. Overall, it is argued that there are three main aspects of choice: there should be options to choose from and people should know about them; the individual should be able to act on their choice; and the choice should be autonomous. Jepson argues that there are ways in which the extent of informed choices could be measured, such as asking people:

- a. How informed they are when they make the choice,
- b. Their preferred or intended choice.
- c. Barriers towards carrying out the choice.
- d. Their values and beliefs.
- e. Degree of preferred involvement.
- f. Degree of coercion or control.
- g. Perceived availability of choice.
- h. What behaviour occurred.

**2.16 Other measures** (all questionnaires available to download from the Survey Question Bank <http://surveynet.ac.uk/sqb/>)

- a. Freedom of choice; perceived choice; willingness to work: Maternity and Paternity Rights Survey.
- b. Proportion wanting to work more hours at their basic rate of pay: Labour Force Survey.
- c. Proportion wanting to work more hours or fewer hours: Labour Force Survey.
- d. Job prevents giving time to the family: European Quality of Life Survey.
- e. Several times a month or more I come home too tired from work to do household jobs: European Quality of Life Survey.
- f. In general, do you feel you are able to practise your religion freely in Britain?: Citizenship Survey.
- g. Ability to influence local decisions: Citizenship Survey.

### Appendix 3 Characteristics of participants in the cognitive interviews

	<b>Number</b>
<b>Gender</b>	
Male	11
Female	23 including 1 transgender
<b>Ethnicity</b>	
White	18
Black	6
Indian	4
Other	6
<b>Disability</b>	
Non-disabled	28
Mobility impairment	4
Mental health service user	1
<b>Sexual orientation</b>	
Heterosexual	20
Lesbian/gay/bisexual	7
Other	1
No answer	5
<b>Age</b>	
18-24	4
25-44	17
45-64	12
65-74	1
<b>Religion</b>	
No religion	10
Christian	7 plus 5 non-practising
Muslim	1 non-practising
Hindu	2
Sikh	1 plus 2 non-practising
Jewish	3 plus 1 non-practising
Buddhist	1
Other	1

**Table cont'd**

<b>Number</b>	
<b>Occupation</b>	
Professional/managerial	10
Intermediate	12
Semi-routine and routine	3
Unemployed	3
Unemployed (on incapacity benefits)	2
Volunteer	2
Full-time student	1
<b>Income (in the last 12 months)</b>	
Under £2,500	2
£2,500 - £4,999	4
£5,000 - £9,999	2
£10,000 - £14,999	3
£15,000 - £19,999	4
£20,000 - £24,999	2
£25,000 - £29,999	7
£30,000 - £34,999	3
£35,000 - £39,999	1
£40,000 - £44,999	2
£45,000 plus	2
Unknown	2

## Appendix 4 Survey pilot questions

### OPN0907A.MCF

#### NATIONAL STATISTICS OPINIONS SURVEY - JULY 2009 Module MCF: Autonomy

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISStart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

#### Intro1

The next set of questions will be asking about the amount of choice and control you have over different areas of your everyday life. They are being asked on behalf of the London School of Economics.

If there are any questions that you do not want to answer, please let me know and I will move on to the next question.

(1) Press <1> to continue

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISStart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

#### MCF\_1

CF1

Some people feel that they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Imagine a ten step ladder, where on the bottom, the first step, stand people who are completely without free choice and control over they way their lives turn out, and on the highest step, the tenth, stand those with the most free choice and control.

On which step are you today?

1..10

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISStart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

#### MCF\_1a

CF1

On which step are you today in relation to choice and control over major household expenses (and by this we mean bills or buying large household appliances such as a fridge)?

1..10

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_1b**

CF1

What about choice and control over your work / life balance?

1..10

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_1c**

CF1

What about choice and control over your ability to form and maintain relationships (and by relationships we mean boyfriends, girlfriends, partners, husbands or wives)?

1..10

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_1d**

CF1

What about choice and control over your health?

1..10

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_1e**

CF1

What about choice and control over your personal safety?

1..10

---

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_1f**

CF1

What about choice and control over your employment?

1..10



**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_1g**

CF1

What about choice and control over your opportunities for learning?

1..10

---

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_1h**

CF1

What about choice and control over where you live?

1..10

---

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_1i**

CF1

What about choice and control over your family life?

1..10

---

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_1j**

CF1

What about choice and control over your religion or belief or choice not to have a religion or belief?

1..10

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_2a

CF2

Thinking about your life in general, to what extent do you agree or disagree with the following statements?

I tend to be influenced by people with strong opinions.

- (1) Strongly agree
  - (2) Agree
  - (3) Neither agree nor disagree
  - (4) Disagree
  - (5) Strongly disagree
  
  - (6) Don't know (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_2b

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

I judge myself by what I think is important, not by what others think is important.

- (1) Strongly agree
- (2) Agree
- (3) Neither agree nor disagree
- (4) Disagree
- (5) Strongly disagree
  
- (6) Don't know (Spontaneous only)

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_2c**

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

My life has shaped itself without me making choices.

- (1) Strongly agree
  - (2) Agree
  - (3) Neither agree nor disagree
  - (4) Disagree
  - (5) Strongly disagree
  
  - (6) Don't know (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_2d**

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

I have a clear idea of how I want to lead my life.

- (1) Strongly agree
- (2) Agree
- (3) Neither agree nor disagree
- (4) Disagree
- (5) Strongly disagree
  
- (6) Don't know (Spontaneous only)

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISStart.QISStart[QHHSORT.NewPer].ISwitch* = Done

**AND:** *QSignIn.IntrType* = FACE

## **MCF\_2e**

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

Sometimes I feel that I am being pushed around in life.

- (1) Strongly agree
  - (2) Agree
  - (3) Neither agree nor disagree
  - (4) Disagree
  - (5) Strongly disagree
  
  - (6) Don't know (Spontaneous only)
- 

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISStart.QISStart[QHHSORT.NewPer].ISwitch* = Done

**AND:** *QSignIn.IntrType* = FACE

## **MCF\_2f**

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

I feel like I am free to decide for myself how to live my life.

- (1) Strongly agree
- (2) Agree
- (3) Neither agree nor disagree
- (4) Disagree
- (5) Strongly disagree
  
- (6) Don't know (Spontaneous only)

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_2g

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

There's really no way I can solve some of the problems I have.

- (1) Strongly agree
  - (2) Agree
  - (3) Neither agree nor disagree
  - (4) Disagree
  - (5) Strongly disagree
  
  - (6) Don't know (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_2h

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

I feel free to plan for the future.

- (1) Strongly agree
- (2) Agree
- (3) Neither agree nor disagree
- (4) Disagree
- (5) Strongly disagree
  
- (6) Don't know (Spontaneous only)

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISStart.QISStart[QHHSORT.NewPer].ISwitch* = Done

**AND:** *QSignIn.IntrType* = FACE

## **MCF\_2i**

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

I feel that life is full of opportunities.

- (1) Strongly agree
  - (2) Agree
  - (3) Neither agree nor disagree
  - (4) Disagree
  - (5) Strongly disagree
  
  - (6) Don't know (Spontaneous only)
- 

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISStart.QISStart[QHHSORT.NewPer].ISwitch* = Done

**AND:** *QSignIn.IntrType* = FACE

## **MCF\_2j**

CF2

(Thinking about your life in general, to what extent do you agree or disagree with the following statements?)

There is no point trying to improve my life, there's nothing that can be done.

- (1) Strongly agree
- (2) Agree
- (3) Neither agree nor disagree
- (4) Disagree
- (5) Strongly disagree
  
- (6) Don't know (Spontaneous only)

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** (MCF\_2e = SAgree) OR (MCF\_2e = Agree)

## **MCF\_3M**

CF3

You stated that you sometimes feel that you are being pushed around in life. Could you tell me who or what this is by?

Code all that apply.

Interviewer instructions:

'Employer' means a person's boss, manager or the management overall.

'Other people at work' means any person who is not a person's boss or manager.

For example, a co-worker or customers.

'The community I am a part of' includes any community or communities the respondent feels

a part of.

SET [12] OF

- (1) My partner
- (2) My children
- (3) Other family members (including parents and in-laws)
- (4) Friends
- (5) My employer
- (6) Other people at work
- (7) A professional e.g. advisor or carer
- (8) The government
- (9) The community I am a part of
- (10) The media
- (11) Circumstances in general
- (12) I am not sure
- (13) Other (Please specify)

---

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** (MCF\_2e = SAgree) OR (MCF\_2e = Agree)

**AND:** other IN MCF\_3M

## **MCF\_Sp3M**

Please specify who or what else is pushing you around?

STRING[255]

**ASK IF:** DMHSIZE >= 1

**AND:** QTISStart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** (MCF\_2e = SAgree) OR (MCF\_2e = Agree)

**AND:** Count1 > 1

## MCF\_4a

CF3

Which is the most important or influential individual or group from the previous list?

- (1) ^Text[1]
  - (2) ^Text[2]
  - (3) ^Text[3]
  - (4) ^Text[4]
  - (5) ^Text[5]
  - (6) ^Text[6]
  - (7) ^Text[7]
  - (8) ^Text[8]
  - (9) ^Text[9]
  - (10) ^Text[10]
  - (11) ^Text[11]
  - (12) ^Text[12]
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISStart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** (MCF\_2e = SAgree) OR (MCF\_2e = Agree)

**AND:** Count1 > 1

## MCF\_4b

CF3

Which is the second most important or influential individual or group from the previous list?

- (1) ^Text[1]
- (2) ^Text[2]
- (3) ^Text[3]
- (4) ^Text[4]
- (5) ^Text[5]
- (6) ^Text[6]
- (7) ^Text[7]
- (8) ^Text[8]
- (9) ^Text[9]
- (10) ^Text[10]
- (11) ^Text[11]
- (12) ^Text[12]



**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_5a**

CF4 and CF5

Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?

Lack of support prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_5b**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Lack of advice prevents me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_5c**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

My age prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_5d**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Family responsibilities prevent me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_5e**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

My health prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_5f**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Shortage of money prevents me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_5g

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Being in debt prevents me from doing things that are important to me.

If the respondent looks confused or pauses, please remind them that we are asking for a

description of their lives at present.

If they are not in debt, they should answer 'Never or almost never'.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

---

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** QTLookWrk.QLookWrk[QHHSORT.NewPer].DVIL03a = InEmp

## MCF\_5h

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

My job prevents me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** NOT (QTLookWrk.QLookWrk[QHHSORT.NewPer].DVIL03a = InEmp)

## **MCF\_5i**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

My lack of job prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_5j**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Other people's attitudes prevent me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_5k**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Where I live prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** *DMHSIZE* >= 1

**AND:** *QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done*

**AND:** *QSignIn.IntrType = FACE*

## **MCF\_5I**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Discrimination towards me prevents me from doing things that are important.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_5m

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Lack of transport prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_5n

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

A community I am a part of prevents me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_5o

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Lack of self-confidence prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_5p

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Someone else prevents me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never



**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_5q**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Pressure from others prevents me from doing things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## **MCF\_5r**

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

Disapproval from others prevents me from doing things that are important to me.

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_5s

CF4 and CF5

(Here is a list of statements that people have used to describe their lives or how they feel.

Please tell me on the following scale how often this describes your life or how you feel?)

I am able to do the things that are important to me.

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_6a

CF6

Which of the previous statements is the most important or influential?

- (1) Lack of support
- (2) Lack of advice
- (3) My age
- (4) Family responsibilities
- (5) My health
- (6) Shortage of money
- (7) Being in debt
- (8) My job
- (9) My lack of job
- (10) Other people's attitudes
- (11) Where I live
- (12) Discrimination towards me
- (13) Lack of transport
- (14) A community I am a part of
- (15) Lack of self-confidence
- (16) Someone else
- (17) Pressure from others
- (18) Disapproval from others

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_6b

CF6

Which of the previous statements is the second most important or influential?

- (1) Lack of support
  - (2) Lack of advice
  - (3) My age
  - (4) Family responsibilities
  - (5) My health
  - (6) Shortage of money
  - (7) Being in debt
  - (8) My job
  - (9) My lack of job
  - (10) Other people's attitudes
  - (11) Where I live
  - (12) Discrimination towards me
  - (13) Lack of transport
  - (14) A community I am a part of
  - (15) Lack of self-confidence
  - (16) Someone else
  - (17) Pressure from others
  - (18) Disapproval from others
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## Intro2

In this next section I will be asking some questions about your everyday life.

Firstly, I will ask about decisions regarding major household expenses. These types of expenses include bills or buying large household appliances such as a fridge.

- (1) Press <1> to continue

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_7

CF7

Thinking about the major household expenses that you have, would you say the situation is...

Running prompt

- (1) so good it could not be better,
  - (2) very good,
  - (3) good,
  - (4) alright,
  - (5) bad,
  - (6) very bad,
  - (7) or so bad, it could not be worse?
  
  - (8) Don't know (Spontaneous only)
  - (9) Prefer not to answer (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_8

CF8

When decisions are made regarding major household expenses, who is it that normally takes the decision?

- (1) Me
  - (2) My partner
  - (3) Me and my partner jointly
  - (4) Someone else - family or friend
  - (5) Jointly with someone else - family or friend
  - (6) Someone else - a professional e.g. carer or advisor
  - (7) Jointly with someone else - a professional e.g. carer or advisor
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** NOT (MCF\_8 = Me)

## MCF\_9

CF9

Do you feel your views have equal weight when making an important decision about major household expenses?

- (1) Always or nearly always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never or almost never

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** NOT (MCF\_7 = SoGood)

## MCF\_10

CF10

How important would it be for you to see an improvement in this aspect of your life?

- (1) Very important
  - (2) Slightly important
  - (3) Neither important or not important
  - (4) Not very important
  - (5) Not important at all
  
  - (6) Not sure (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## Intro3

In this next section I will be asking some questions about your work / life balance. By work / life balance we mean the amount of time people are able to spend at work, looking after children or other people, doing household chores, with family and friends or doing leisure activities.

- (1) Press <1> to continue
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_11a

CF11

I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area. The first area is:

My job or paid work

- (1) Too much
- (2) Just right
- (3) Too little
- (4) Don't know
- (5) Not applicable

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_11b**

CF11

(I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area.)

Childcare and other caring activities

- (1) Too much
  - (2) Just right
  - (3) Too little
  - (4) Don't know
  - (5) Not applicable
- 

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_11c**

CF11

(I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area.)

Social contact (including leisure time with family and/or others)

- (1) Too much
  - (2) Just right
  - (3) Too little
  - (4) Don't know
  - (5) Not applicable
- 

*ASK IF: DMHSIZE >= 1*

*AND: QTISart.QISart[QHHSORT.NewPer].ISwitch = Done*

*AND: QSignIn.IntrType = FACE*

## **MCF\_11d**

CF11

(I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area.)

Own hobbies or interests

- (1) Too much
- (2) Just right
- (3) Too little
- (4) Don't know
- (5) Not applicable

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_11e

CF11

(I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area.)

Sleeping

- (1) Too much
  - (2) Just right
  - (3) Too little
  - (4) Don't know
  - (5) Not applicable
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_11f

CF11

(I am now going to read out some areas of daily life in which you can spend your time. Could you tell me if you spend too much, too little, or just about the right amount of time in each area.)

Taking part in voluntary activities or political activities

- (1) Too much
  - (2) Just right
  - (3) Too little
  - (4) Don't know
  - (5) Not applicable
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QIStart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_12

CF12

When decisions are made regarding your work / life balance, who is it that normally takes the decisions?

- (1) Me
- (2) My partner
- (3) Me and my partner jointly
- (4) Someone else - family or friend
- (5) Jointly with someone else - family or friend
- (6) Someone else - a professional e.g. carer or advisor
- (7) Jointly with someone else - a professional e.g. carer or advisor
- (8) Employer
- (9) Jointly with my employer
- (10) This is not relevant to me

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** NOT ((MCF\_12 = Me) OR (MCF\_12 = NA))

## MCF\_13

CF13

Do you feel your views have equal weight when making an important decision about your work / life balance?

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

**AND:** ((((((((((MCF\_11a = TooMuch) OR (MCF\_11a = TooLit)) OR (MCF\_11b = TooMuch)) OR (MCF\_11b = TooLit)) OR (MCF\_11c = TooMuch)) OR (MCF\_11c = TooLit)) OR (MCF\_11d = TooMuch)) OR (MCF\_11d = TooLit)) OR (MCF\_11e = TooMuch)) OR (MCF\_11e = TooLit)) OR (MCF\_11f = TooMuch)) OR (MCF\_11f = TooLit)

## MCF\_14

CF14

Thinking about your work / life balance, how important would it be for you to see an improvement in this aspect of your life?

- (1) Very important
  - (2) Slightly important
  - (3) Neither important or not important
  - (4) Not very important
  - (5) Not important at all
  
  - (6) Not sure (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## Intro4

In this next section I will be asking some questions about relationships. By relationships I mean boyfriends, girlfriends, partners, husbands or wives - those kinds of relationships.

- (1) Press <1> to continue



**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_15

CF15

Do you feel free to form or maintain a relationship with someone of your choosing without external pressures?

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
  
  - (6) This question is not relevant for me (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_16

CF15

Would you feel able to leave a relationship you were unhappy with?

- (1) Always or nearly always
  - (2) Often
  - (3) Sometimes
  - (4) Rarely
  - (5) Never or almost never
  
  - (6) This question is not relevant for me (Spontaneous only)
- 

**ASK IF:** DMHSIZE >= 1

**AND:** QTISart.QISart[QHHSORT.NewPer].ISwitch = Done

**AND:** QSignIn.IntrType = FACE

## MCF\_17

CF16

How important would it be for you to see an improvement in this aspect of your life?

- (1) Very important
- (2) Slightly important
- (3) Neither important or not important
- (4) Not very important
- (5) Not important at all
  
- (6) Not sure (Spontaneous only)

## Appendix 5 Results of factor analysis

This table shows what our assumptions were and how factor analysis grouped them. Note that under our assumptions, some of the questions were categorised under two headings and so will appear twice. Only the grey boxes were used for analysis.

Our assumptions	Results of factor analysis (fl = factor loading)
Active or delegated decision-making 2c: My life has shaped itself without me making choices 2f: I feel like I am free to decide for myself how to live my life 2h: I feel free to plan for the future	<b>Active or delegated decision-making</b> 2f: I feel like I am free to decide for myself how to live my life (fl: 0.567) 2h: I feel free to plan for the future (fl: 0.738) 2i: I feel that life is full of opportunities (fl: 0.560)
Coercion (result of limited decision-making) 2e: Sometimes I feel that I am being pushed around in life 2f: I feel like I am free to decide for myself how to live my life	<b>Coercion</b> 2e: Sometimes I feel that I am being pushed around in life (fl: -0.941)
Wide range of high quality options 2g: There's really no way I can solve some of the problems I have 2h: I feel free to plan for the future 2i: I feel that life is full of opportunities 2j: There is no point trying to improve my life, there's nothing that can be done.	<b>Wide range of high quality options</b> 2c: My life has shaped itself without me making choices (fl: 0.417) 2j: There is no point trying to improve my life, there's nothing that can be done. (fl: -0.695)
Self-reflection 2a: I tend to be influenced by people with strong opinions 2b: I judge myself by what I think is important not by what others think is important 2d: I have a clear idea of how I want to lead my life	Self-reflection 2b: I judge myself by what I think is important not by what others think is important (fl: 0.561) 2d: I have a clear idea of how I want to lead my life (fl: 0.344, this also loaded equally on another group and so was not deemed suitable for use)

## **Appendix 6 Existing, relevant measures of autonomy with data collection**

### The National Patients Survey Programme

The following questions could serve measures of autonomy within the health domain.

- a. When you were referred to see a specialist, were you offered a choice of hospital for your first appointment?
- b. Were you given a choice of admission dates?
- c. Were you involved as much as you wanted to be in decisions about your care and treatment?

(Questions taken from the 2007 adult inpatient survey)

Details of consultation responses regarding this survey and similar measures already present in the EMF health domain, please see Indicator 3: Dignity and respect in health treatment in Alkire *et al* (2009).

### Count Me In

The Count Me In survey is a national census of inpatients in mental health and learning disability services in England and Wales. In the 2008 survey, statistics were provided regarding the percentage and characteristics of patients who were unable to give consent to their treatment, or unwilling to give consent to their treatment. These could be used as measures of active or delegated decision-making, particularly important for the health domain and for vulnerable groups. The survey also explores the use of hands-on restraint defined as the physical restraint of an inpatient by one or more members of staff in response to aggressive behaviour or resistance to treatment (Count Me In 2008: 36). This monitors the overall use of restraint year-on-year and compares its use between ethnic groups. This could potentially be used as an indicator of limited autonomy in the form of coercion.

Finally, the survey also notes the path through which patients have been referred to the health service (i.e. whether through the criminal justice system). The differences found by ethnicity could suggest a lack of support and advice to certain groups.

### The British Crime Survey

The EMF draws heavily from this survey for indicators in the physical security domain as it provides some invaluable data on people's experiences of the criminal justice system. In terms of autonomy, data collected on repeat victimisation in domestic violence would supplement existing measures and be a good measure of levels of coercion, its reoccurrence and intensity.

### The Life Opportunities Survey

The Life Opportunities Survey will provide some invaluable data; a longitudinal study with a baseline survey interviewing all adults in a sample of

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37,500 households. (approximately 45,000 adults depending on response rates). The survey includes questions to identify all equality strand characteristics and disaggregate data as far as sample sizes permit.

The baseline survey began fieldwork in June 2009. Baseline survey fieldwork will be spread over two years. Interim results from half the baseline survey are expected in autumn 2010, with full results in autumn 2011. The survey has been designed to follow-up all respondents annually. The number of follow-up waves carried out will be dependent on future funding decisions.

The ODI and ONS are currently exploring the development and inclusion of 'choice and control' questions, similar to those asked in the autonomy pilot survey.

While the Life Opportunities Survey covers some vital aspects of our conceptualisation and measurement of autonomy, there are a few distinctions it is worth noting. Structural constraints that we identify as important that are not consistently included in the Life Opportunity Survey: family responsibilities, age, shortage of money, lack of support, lack of advice. Other factors which prevent action could also be added, for example: someone else prevents me, disapproval from others, pressure from others, this is the only option available to me. In addition, the survey could further explore who makes decisions and participation in the decision-making process.

Questions that could be used as measures of autonomy:

*Learning*

Do you have access to all the learning opportunities that you want now?

- (1) Yes
- (2) No
- (3) Do not want to learn new things (spontaneous only)

[if no] What limits your access to learning opportunities?

Code all that apply

- (1) Financial reasons (lack of money/can't afford to)
- (2) Too busy/not enough time
- (3) Lack of information
- (4) No learning opportunities available
- (5) A health condition, illness or impairment
- (6) A disability
- (7) Lack of help or assistance
- (8) Attitudes of other people
- (9) Caring responsibilities
- (10) Difficulty getting on a course or refused a place
- (11) Difficulty with transport
- (12) Difficulty getting into buildings
- (13) Difficulty using facilities
- (14) Other reasons (please specify)

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*Work*

Are you limited in the type or amount of paid work that you do, for example, what you can do, how long you can work for, when you can work or where you can work?

- (1) Yes
- (2) No

[if no] Why are you limited in the type or amount of paid work that you do?

Code all that apply

- (1) Lack of job opportunities
- (2) Family responsibilities
- (3) Lack of qualifications/experience/skills
- (4) A health condition, illness or impairment
- (5) A disability
- (6) Difficulty with transport
- (7) Difficulty getting into buildings
- (8) Difficulty using facilities
- (9) Caring responsibilities
- (10) Lack of special aids or equipment
- (11) Lack of help or assistance
- (12) Anxiety/lack of confidence
- (13) Attitudes of colleagues
- (14) Attitudes of employers
- (15) Affects receipt of benefits
- (16) Other reasons (please specify)

[if not in employment] There are lots of reasons why people do not do paid work or choose not to look for work. May I just check, why are you not looking for paid work at the moment?

Code all the apply

- (1) Lack of job opportunities
- (2) Family responsibilities
- (3) Lack of qualifications/experience/skills
- (4) A health condition, illness or impairment
- (5) A disability
- (6) Difficulty with transport
- (7) Difficulty getting into buildings
- (8) Difficulty using facilities
- (9) Caring responsibilities
- (10) Lack of special aids or equipment
- (11) Lack of help or assistance
- (12) Anxiety/lack of confidence
- (13) Attitudes of colleagues
- (14) Attitudes of employers
- (15) Affects receipt of benefits
- (16) Other reasons (please specify)

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*Transport*

Do you go out in the motor vehicle?

- (1) Yes
- (2) No

[if yes] And do you go out in the motor vehicle...

- (1) more than you would like,
- (2) as much as you would like,
- (3) or less than you would like?

[if less than you would like] Why don't you go out in the motor vehicle (as much as you would like)?

Code all that apply

- (1) Cost
- (2) Parking problems
- (3) Too busy/not enough time
- (4) Caring responsibilities
- (5) A health condition, illness or impairment
- (6) A disability
- (7) Vehicle not suitable/adapted
- (8) Attitudes of other people
- (9) Lack of help or assistance
- (10) Difficulty getting in or out of the vehicle
- (11) Vehicle not available when needed
- (12) Do not need or want to
- (13) Others reasons (please specify)

In the last 12 months, have you travelled on local buses?

- (1) Yes
- (2) No

[if yes] Was this...

- (1) more than you would like,
- (2) as much as you would like,
- (3) or less than you would like?

[if less than you would like] What stops you from travelling on local buses (as much as you would like)?

Code all that apply

- (1) Transport unavailable
- (2) Cost
- (3) Overcrowding
- (4) Attitudes of staff
- (5) Attitudes of passengers
- (6) Delay and disruption to service
- (7) Fear of crime
- (8) Lack of information
- (9) Anxiety/lack of confidence
- (10) Difficulty getting to stop or station
- (11) Caring responsibilities

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- (12) Difficulty getting in or out of the transport
- (13) Difficulty getting from stop or station to destination
- (14) Lack of space
- (15) Lack of a help or assistance
- (16) Too busy/not enough time
- (17) A health condition, illness or impairment
- (18) A disability
- (19) Seeing signs or hearing announcements
- (20) Unable to book a seat
- (21) Do not need or want to
- (22) Others reasons (please specify)

*The last three questions are repeated for: buses/ coaches/ the underground/ trains/ taxis or minicabs.*

*Community, leisure and civic life*

In an ideal world, where you were able to do whatever you like, which of the things on this card would you be interested in doing?

Code all that apply

- (1) Going on holiday
- (2) Visiting friends
- (3) Spending time with family
- (4) Playing sport
- (5) Charitable or voluntary work
- (6) Going to a museum or place of historic interest (country home, castle etc)
- (7) Going to the theatre, cinema or other arts activity
- (8) Going to the library or archive
- (9) None of these

Looking at the card again, in the last 12 months, which things have you done as much as you would like?

Code all that apply

- (1) Going on holiday
- (2) Visiting friends
- (3) Spending time with family
- (4) Playing sport
- (5) Charitable or voluntary work
- (6) Going to a museum or place of historic interest (country home, castle etc)
- (7) Going to the theatre, cinema or other arts activity
- (8) Going to the library or archive
- (9) None of these

[if going on holiday was not selected] What is stopping you from going on holiday (more)?

Code all that apply

- (1) Too busy/not enough time
- (2) Too expensive
- (3) No-one to go with
- (4) Fear of crime
- (5) Fear of crowds

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- (6) Lack of availability
- (7) Lack of help or assistance
- (8) A health condition, illness or impairment
- (9) A disability
- (10) Attitudes of other people
- (11) Difficulty with transport
- (12) Difficulty getting into buildings
- (13) Difficulty using facilities
- (14) Caring responsibilities
- (15) Feel that I am not welcome
- (16) Do not need or want to
- (17) Other reasons (please specify)

*The last two questions are repeated for: visiting friends, spending time with family, playing sport, doing charitable or voluntary work, going to museums or historic places of interest, theatre, cinema or other arts activities, library or archive.*

Overall, how much choice would you say you now have over how you spend your free time...

- (1) a lot of choice,
- (2) some choice,
- (3) little choice,
- (4) or no choice?

#### *Services and policies*

In the last 12 months, how much difficulty did you have accessing the health service...

- (1) no difficulty,
- (2) some difficulty,
- (3) or a lot of difficulty?

[if there was difficulty] What caused you difficulty accessing the health service?

Code all that apply

- (1) Unhelpful or inexperienced staff
- (2) Difficulty getting an appointment
- (3) Difficulty contacting by phone
- (4) Difficulty contacting by post
- (5) Difficulty contacting by email
- (6) Difficulty contacting by internet
- (7) A health condition, illness or impairment
- (8) A disability
- (9) Anxiety/lack of confidence
- (10) Lack of accessible information
- (11) Not providing a home visit
- (12) Lack of help with communication
- (13) Difficulty with transport
- (14) Difficulty getting into buildings
- (15) Difficulty using facilities



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(16) Other difficulties (specify)

*The last two questions are repeated for: justice services (police, courts, prison)/ benefits service/ culture, sports and leisure services/ tax service (Inland Revenue/HM Revenue and Customs)/ social services.*

*Economic life*

[if respondent has difficulties making ends meet] What are the main reasons for your difficulty managing financially?

Code all that apply

- (1) Limited income
- (2) Increased cost of living
- (3) Difficulty in budgeting
- (4) Costs related to a health condition, illness or impairment
- (5) Costs related to a disability
- (6) Other reasons (please specify)

*Domestic life*

[For those who need assistance with everyday activities such as washing and dressing] Thinking about your current situation, how often do you have a say over the help or assistance that you receive for these activities?

- (1) Always
- (2) Often
- (3) Sometimes
- (4) Rarely
- (5) Never

(Questions from Wave One)