

STATISTICS

Health, disability and provision of unpaid care in Wales (Census 2021)

Population estimates for general health status, disability and provision of unpaid care of usual residents in Wales from Census 2021.

First published: 19 January 2023

Last updated: 19 January 2023

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Introduction

The Office for National Statistics (ONS) have published Census 2021 data on general health, disability, and provision of unpaid care of individuals in Wales and England in three separate bulletins:

- General health, England and Wales: Census 2021
- Disability, England and Wales: Census 2021
- Unpaid care, England and Wales: Census 2021

This statistical bulletin contains summaries for these three topic areas for Wales.

To account for differences in population size and age structure, agestandardised proportions (ASPs) are used throughout this bulletin to draw comparisons over time and between local areas. You can download both agestandardised and non-age standardised datasets from the ONS website. For further information on age-standardised proportions, see Quality and methodology information.

Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond. See the Strengths and limitations section for more information.

Main points

General health

 In Wales, the age-standardised proportion of the population reporting very good health was 46.6% and for good health was 32.5%. This was an

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increase of 0.9 and 1.1 percentage points respectively since 2011.

- In 2021, 5.1% of respondents reported bad health, a decrease of 0.9 percentage points from 6.0% in 2011. 1.6% of respondents reported very bad health, 0.3 percentage points decrease from 1.9% in 2011.
- Within Wales, Gwynedd was the local authority with the highest proportion of those in very good health (51.5%), and Wrexham and Torfaen both had the highest proportion in good health (34.2% for both).
- Within local authorities in Wales, Merthyr Tydfil had the highest proportion of people reporting both bad health (7.1%) and very bad health (2.4%).

Disability

- In Wales, the age-standardised proportion of disabled people (21.1%) has decreased, compared with 2011 (23.4%).
- The proportion of non-disabled people (78.9%) has increased, compared with 2011 (76.6%).
- The local authorities with the highest proportion of disabled people were Blaenau Gwent (24.6%), Neath Port Talbot (24.6%) and Merthyr Tydfil (24.2%).

Unpaid care

- In Wales, the age-standardised proportion of people who provided any amount of unpaid care was 10.5%, a decrease from 13.0% in 2011.
- The main contributor to the decrease in provision of unpaid care since 2011 is the decrease in the proportion of people who provided 19 or fewer hours of unpaid care a week (from 7.4% in 2011 to 4.7% in 2021).
- The local authority with the highest proportion of people who provided any amount of unpaid care was Neath Port Talbot (12.3%), which also reported the joint highest proportion of disabled people.
- The local authority with the lowest proportion of people who provided any

amount of unpaid care was Gwynedd (8.9%), which also reported the highest proportion of people in very good health.

• The age-standardised proportion of people who provided any amount of unpaid care was higher in Wales (10.5%) than it was in England (8.9%).

General health

Respondents to Census 2021 were asked to assess their general health on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad".

The proportion of those reporting being in very good or good health is included in the calculation of healthy life expectancy. Healthy life expectancy in Wales is a **national indicator** as part of the **Well-being of Future Generations (Wales) Act 2015**. As well as being asked on the Census, this question is also asked on the Annual Population Survey which is used to calculate healthy life expectancy in between Census years.

In 2021 the majority of respondents to the census in Wales reported their health to be very good (46.6%, around 1.4 million people) or good (32.5%, around 1.0 million). This was an increase of 0.9 and 1.1 percentage points respectively since 2011.

There was a decrease of 0.9 percentage points for those reporting to be in fair health (14.1% in 2021 compared with 15.0% in 2011).

There were also decreases in the proportion of people reporting bad or very bad health (decreases of 0.9 and 0.3 percentage points respectively). In 2021 5.1% of respondents (around 164,000 people) reported bad health (compared with 6.0% in 2011) and 1.6% of respondents (around 52,000 people) reported very bad health (compared with 1.9% in 2011).

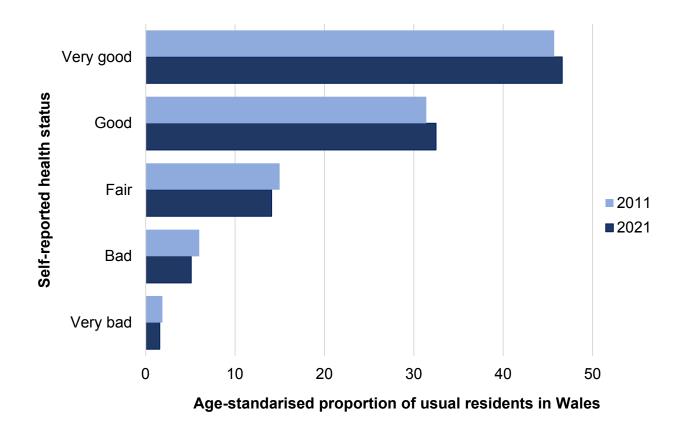


Figure 1: General health in Wales, 2011 and 2021

Bar chart showing the age-standardised proportions of general health in Wales in 2011 and 2021. The age-standardised proportion of those reporting in either very good or good health increased from 2011 to 2021. Whereas the age-standardised proportion of those reporting in either fair, bad or very bad health decreased from 2011 to 2021.

How general health varied across Wales

Very good or good health in Wales

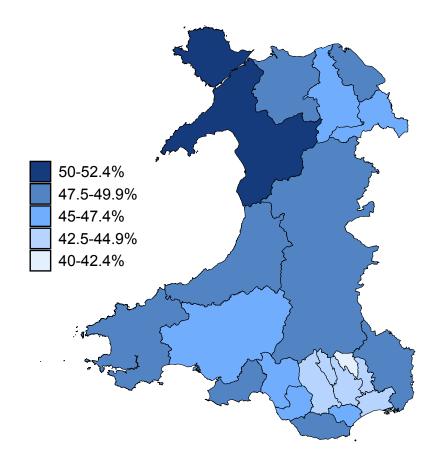
In Wales in 2021, the proportion of the population reporting very good health was 46.6% and for good health was 32.5%. The proportions for very good and good health were lower than the proportions reported for England (47.5% in very good health, 34.2% in good health).

For very good health, Gwynedd (51.5%), Isle of Anglesey (50.7%) and Monmouthshire (49.7%) had the highest proportions.

Whilst Wrexham (34.2%), Torfaen (34.2%), and Newport (33.6%) had the highest proportions of people reporting good health.

However, the lowest proportions of people reporting their health as very good or good were in Blaenau Gwent (41.5% in very good health) and Neath Port Talbot (30.5% in good health). These local authorities were also among the bottom ten local authorities across both England and Wales for very good health and good health respectively.

Figure 2: Age-standardised proportions of usual residents reporting very good health by local authority in Wales, 2021



Map showing the percentages of people reporting very good health as a proportion of the usual resident population in 2021 for each local authority. Gwynedd and Isle of Anglesey were the local authorities with the highest age-standardised proportion of those reporting very good health. Blaenau Gwent was the local authority with the lowest age-standardised proportion of those in very good health.

Bad or very bad health in Wales

In Wales in 2021, the proportion of the population reporting bad health was 5.1% and for very bad health it was 1.6%. The proportions for both bad and very bad health were higher than the proportions reported for England (4.1% in bad health, 1.2% in very bad health).

Merthyr Tydfil was the local authority in Wales with highest proportion of people reporting both bad (7.1%) and very bad health (2.4%). Across all local authorities in both England and Wales, Merthyr Tydfil had the highest proportion of those reporting bad health, and the second highest proportion reporting very bad health after the London borough of Tower Hamlets (2.5%). However, Merthyr Tydfil was also the area with the largest decrease of people reporting very bad health (0.7 percentage point decrease, from 3.1% in 2011).

Denbighshire (1.6%) was the only Welsh local authority which saw an increase in the proportion of people reporting very bad health, up from 1.5% in 2011.

Blaenau Gwent (2.3%) and Neath Port Talbot (2.1%) were also in the top ten local authorities in England and Wales reporting the highest proportions of those in very bad health.

Some of the local authorities in Wales with larger proportions of people reporting very bad health are also areas in which larger proportions of people provided unpaid care.

Disability

As in 2011, Census 2021 asked usual residents to report if they had a long-term health condition or illness, lasting or expected to last 12 months or more.

The question was worded slightly differently from 2011, to collect data that more closely aligned with the definition of disability in the Equality Act (2010). This requires that a person has a physical or mental impairment, and that the impairment has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities. The 2021 question also included a reference to physical or mental health conditions and removed a visible prompt to include problems related to old age.

As set out in the **question development report (Office for National Statistics)**, the question was split into two parts. Firstly, asking whether the individual had a long-term physical or mental health condition or illness, and secondly the extent to which this limited their day-to-day activities. Respondents who reported a long-term physical or mental health condition and whose day-today activities are limited have been defined as disabled.

The approach used in the Census aligns with the medical model of disability, which defines people as disabled by their impairment. In 2002 the Welsh Government adopted the social model of disability. This model sets out a different way to view disability – rather than defining people as disabled by their impairment (as in the medical model of disability), people with impairments are considered to be disabled by physical, attitudinal and organisational barriers created by society.

Disabled people in Wales

In 2021, across Wales, the proportion of disabled people was 21.1% (670,000 people).

The proportion of disabled people has decreased (by 2.3 percentage points) from 2011, when it was 23.4% (696,000 people).

The proportion of non-disabled people has increased (78.9%, 2.44 million) from

76.6% (2.37 million) in 2011.

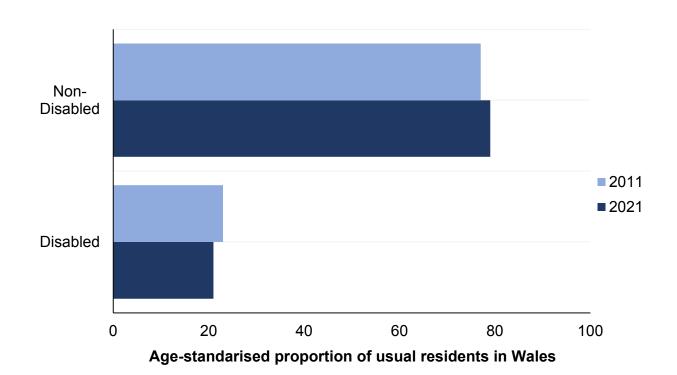


Figure 3: Disabled people in Wales, 2011 and 2021

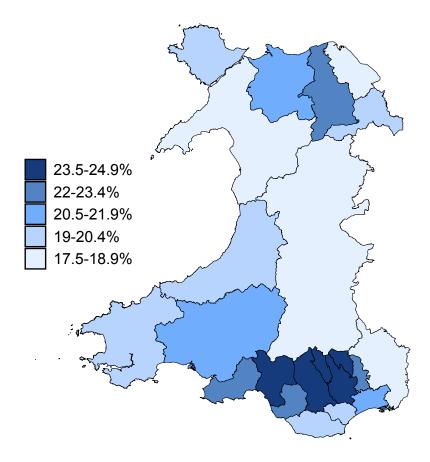
Bar chart showing the percentages of disabled people and non-disabled people in Wales in 2011 and 2021. The percentage of disabled people has decreased from 23.4% to 21.1% between Censuses. In the same period, the percentage of non-disabled people has increased from 76.6% to 78.9%.

The local authorities with the highest proportions of disabled people were Blaenau Gwent (24.6%, 17,000), Neath Port Talbot (24.6%, 36,000), and Merthyr Tydfil (24.2%, 14,000). Whereas Monmouthshire (17.7%, 18,000), Gwynedd (18.1%, 23,000) and Powys (18.1%, 27,000) had the lowest proportions of disabled people.

All local authorities in Wales saw a decrease in proportions of disabled people,

compared to 2011.

Figure 4: Age-standardised proportions of disabled people by local authority in Wales, 2021



Map showing the percentages of disabled people as a proportion of the usual resident population in 2021 for each local authority. The local authorities with the highest proportions of disabled people are concentrated in the South Wales valleys (Blaenau Gwent, Neath Port Talbot, Merthyr Tydfil, Rhondda Cynon Taf and Caerphilly). The local authorities with the lowest proportions of disabled people are located more to the north and east of Wales (Monmouthshire,

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Disabled people by household

In 2021, the ONS collected information on the number of household members that were disabled under the Equality Act (2010). It is not possible to age standardise at a household level, therefore, the proportions reported in this section are not standardised.

In Wales, the Census data on disability within households show:

- no people are disabled under the Equality Act (2010) within 62.1% (837,000) of households
- one person is disabled within 29.5% (397,000) of households
- two or more people are disabled within the remaining 8.4% (114,000) of households

The Welsh local authorities with the highest proportion of two or more disabled people within a household were Neath Port Talbot (10.4%), Caerphilly (10.2%) and Rhondda Cynon Taf (9.8%).

Out of the top ten local authorities in England and Wales with the highest proportion of two or more disabled people within a household, seven of them were within Wales.

Unpaid care

Census 2021 asked people whether they look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. Those answering "yes" were required to indicate the number of hours of unpaid care a week provided from the groupings: 9 hours or less, 10 to 19 hours, 20 to 34 hours, 35 to 49 hours and 50 or more hours a week. People were asked to exclude anything done as part of paid employment.

The wording of the question differs from the 2011 Census question. For further information on changes in measuring unpaid care between 2011 and 2021, see **Quality and methodology information**.

In this section of the bulletin, the total population base includes all usual residents aged 5 years and over. For further information on resident population, see **Quality and methodology information**.

In total, 10.5% of usual residents aged 5 years and over in Wales (around 311,000 people) provided any amount of unpaid care in a typical week in 2021.

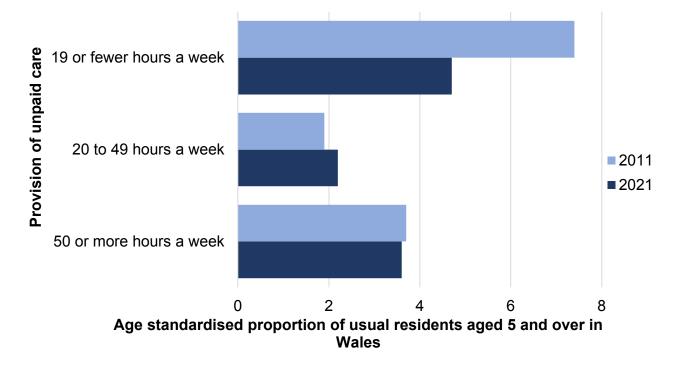
The majority of unpaid carers provided 50 or more hours of unpaid care a week (107,000 people), followed by 9 hours or less of unpaid care a week (96,000 people). About 43,000 people provided 10 to 19 hours of unpaid care a week, 31,000 people provided 20 to 34 hours of unpaid care a week, and 35,000 people provided 35 to 49 hours of unpaid care a week. By comparison, 2.6 million people did not provide unpaid care (89.5%).

Due to the differences in the number of categories included in the 2011 and 2021 questions the comparisons between 2011 and 2021 data in this bulletin are made for three broad categories of unpaid care.

The proportion of people who provided unpaid care has decreased since 2011 when 13.0% provided any amount of unpaid care (compared with 10.5% in 2021). This decrease was driven by a substantial fall in the proportion who provided 19 or fewer hours of unpaid care a week (from 7.4% in 2011 to 4.7% in 2021).

The proportion of people who provided 20 to 49 hours of unpaid care a week has increased from 1.9% in 2011 to 2.2% in 2021. Whilst the proportion of people who provided 50 or more hours of unpaid care a week remained similar (3.7% in 2011 and 3.6% in 2021). Figure 5 shows a comparison of number of hours of unpaid care provided excluding the "provides no unpaid care category" for ease of interpretation.

Figure 5: Provision of unpaid care in Wales, 2011 and 2021



Bar chart showing the age-standardised proportions of provision of unpaid care in 2011 and 2021. There was a significant decrease in provision of 19 or fewer hours of unpaid care a week in 2021 compared to 2011.

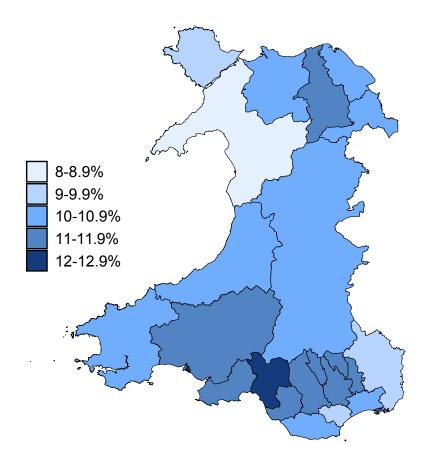
Potential explanations for changes in the provision of unpaid care could include:

- coronavirus guidance on reducing travel and limiting visits to people from other households
- unpaid carers who previously shared caring responsibilities may have taken on all aspects of unpaid care due to rules on household mixing during the pandemic
- excess deaths were highest in the older population (Office for National Statistics) and peaked at the beginning of 2021, this could have led to a reduction in the need for unpaid care
- changes in the question wording between 2011 and 2021 may have had an impact on the number of people who self-reported as unpaid carers.

You can read more about quality considerations on the ONS page for Health, disability and unpaid care quality information for Census 2021.

How provision of unpaid care varied across Wales

Figure 6: Age-standardised proportions of usual residents aged 5 years and over providing unpaid care by local authority in Wales, 2021



Map showing Neath Port Talbot was the Welsh local authority with the highest proportion of people who provided any unpaid care, at 12.3%. Neath Port Talbot also had the highest proportion of people who provided 50 or more hours of unpaid care a week (4.5%) and people who provided 20 to 49 hours of

This document was downloaded from GOV.WALES and may not be the latest version. Go to https://www.gov.wales/health-disability-and-provision-unpaid-care-wales-census-2021-html for the latest version. Get information on copyright. unpaid care a week (2.9%). Monmouthshire and Ceredigion had the highest proportion of people who provided 19 or fewer hours of unpaid care a week, at 5.3%.

Gwynedd had the lowest proportion of people who provided any unpaid care, at 8.9%. Gwynedd also had the lowest proportion of people providing 19 or fewer hours of unpaid care a week (4.1%) and who provided 20 to 49 hours of unpaid care a week (1.7%). The local authority with the lowest proportion of people providing 50 or more hours of unpaid care a week was Monmouthshire (2.7%).

Some of the local authorities in Wales with larger proportions of people who provided unpaid care are also areas in which larger proportions of people reported having bad or very bad health or having a disability.

Quality and methodology information

For full quality and methodology information, including a glossary of terms, please visit the **ONS' quality and methodology information report**. Read more about the specific quality considerations for **general health**, **disability and unpaid care (Office for National statistics)**.

Further information on our quality assurance processes is provided in the Maximising the quality of Census 2021 population estimates methodology (Office for National Statistics).

Population change in certain areas may reflect how the coronavirus (COVID-19) pandemic affected people's choice of usual residence on Census Day. These changes might have been temporary for some and more long-lasting for others.

There will be further releases of Census 2021 data, including information about topics such as the Welsh language. For further information about the data and

analysis that will be available, see the ONS' release plans.

Glossary

For a full glossary of terms, please see the ONS' Census 2021 dictionary.

Age standardisation

Age-standardised proportions (ASPs) are used to allow for comparisons to be made between populations that may contain different overall population sizes and proportions of people of different ages. The **2013 European Standard Population** is used to standardise rates.

General health

General health is a self-assessment of a person's general state of health. People were asked to assess whether their health was very good, good, fair, bad or very bad. This assessment is not based on a person's health over any specified period of time. Please refer to the **Government Statistical Service** (GSS) harmonised definition for further information.

Reference date

The census provides estimates of the characteristics of all people and households in England and Wales on Census Day, 21 March 2021. It is carried out every 10 years and gives us the most accurate estimate of all the people and households in England and Wales.

The census in Northern Ireland was also conducted on 21 March 2021, whereas

Scotland's census was moved to 20 March 2022. All UK census offices are working closely together to understand how this difference in reference dates will affect UK-wide population and housing statistics, in terms of both timing and scope.

Response rate

The **person response rate (Office for National Statistics)** is the number of usual residents for whom individual details were provided on a returned questionnaire, divided by the estimated usual resident population.

The person response rate for Census 2021 was 97% of the usual resident population of England and Wales, and over 88% in all local authorities. Most returns (89%) were received online. The response rate exceeded our target of 94% overall and 80% in all local authorities.

Unpaid care

An unpaid carer may look after, give help or support to anyone who has longterm physical or mental ill-health conditions, illness or problems related to old age.

This does not include any activities as part of paid employment.

This help can be within or outside of the carer's household.

Usual resident

A usual resident is anyone who on Census Day, 21 March 2021, was in the UK and had stayed or intended to stay in the UK for a period of 12 months or more or had a permanent UK address and was outside the UK and intended to be

outside the UK for less than 12 months.

Measuring provision of unpaid care

A question on unpaid care has been asked of all usual residents aged 5 years and over since 2001. The Census 2021 question differs to that asked in 2011.

Census 2021 question

 Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?
 Evaluate anything you do as part of your paid employment.

Exclude anything you do as part of your paid employment.

People answered the 2021 question by selecting from one of six categories:

- 1. No
- 2. Yes, 9 hours a week or less
- 3. Yes, 10 to 19 hours a week
- 4. Yes, 20 to 34 hours a week
- 5. Yes, 35 to 49 hours a week
- 6. Yes, 50 or more hours a week

Census 2011 question

- Do you look after, or give any help or support to family members, friends, neighbours or others because of either:
 - o long-term physical or mental ill-health/disability?
 - problems related to old age?
 Do not count anything you do as part of your paid employment.

People answered the 2011 question by selecting one of four categories:

- 1. No
- 2. Yes, 1 to 19 hours a week
- 3. Yes. 20 to 49 hours a week
- 4. Yes, 50 or more hours a week

Strengths and limitations

Quality considerations, along with the strengths and limitations of Census 2021 more generally, can be found in our Quality and Methodology Information (QMI) for Census 2021 report. Read more about the Health, disability and unpaid care quality information for Census 2021.

Further information on our quality assurance processes is provided in our Maximising the quality of Census 2021 population estimates report (Office for National Statistics).

National Statistics status

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

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

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

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value they add to public decisions and debate.

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

The designation of these statistics as National Statistics was confirmed to the ONS in June 2022 following a **full assessment against the Code of Practice by the Office for Statistics Regulation**.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Well-being of**

Wales report.

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

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

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