2021 Census: Health, Disability and Unpaid Care



The figures in the table below are based on total population numbers and percentages. Age-standardised proportions (ASPs) are included in the following charts and allow for comparison between populations over time and across geographies, as they account for differences in the population size and age structure.

	Self-Reported Health: Very Good / Good (% Total Population)	Self-Reported Health: Bad / Very Bad (% Total Population)	Disabled (% Total Population)	Households With At Least 1 Disabled Resident (% All Households)	Provides Unpaid Care (% Total Population)	Provides 20 + Hours A Week Unpaid Care (% Total Population)
Hull 2021	208,926 78.2%	18,237 6.8%	53,395 20.0%	41,093 35.6%	21,241 8.0%	13,093 4.9%
Hull Change 2011 - 2021	+ 8,799 + 4.4%	+ 60 + 0.3%	+ 3,004 + 6.0%	+ 1,946 + 5.0%	- 2,395 - 10.1%	+ 2,059 + 18.7%
England 2021	46,431,564 82.2%	2,911,136 5.2%	9,774,510 17.3%	7,507,887 32.0%	4,678,265 8.3%	2,374,540 4.2%
England Change 2011 - 2021	+ 3,284,395 + 7.6%	- 59 - 0.0%	+ 421,924 + 4.5%	+ 289,982 + 4.0%	- 721 , 751 - 13 .8%	+ 397,160 + 20.1%

Age Standardising Data: What does this mean and why does it matter?

Health, disability and unpaid care, are all closely related to the age of a population. In a more elderly population, you would expect poorer health, more disability and more unpaid care.

This means comparing between time periods can be problematic as the population's characteristics can change over time. For example, we know the number of elderly people in the England population has increased over this period, so would a finding of poorer health in 2021 be directly due to a decline in health, or just reflect that the population has aged?

Similarly, we now know that very good general health has improved between 2011 and 2021, but without standardising the data, the extent of health improvements could be masked by poorer health of the older population.

There's a similar problem when we compare between geographies. We might find that disability prevalence in one local authority is much lower than another and conclude that there's a lower proportion of disabled people in the first area. This could be true, but if one of the populations is younger, this finding isn't necessarily related to better health, just a younger age distribution.

Similarly, two geographical areas may have the same proportion of disabled people for one age group (known as the age specific rate) but will have different overall rates if the age structure of the population is different.

To enable us to make meaningful comparisons of, health, disability and unpaid care outcomes when we compare across age groups, over time or between geographies, we age standardise the data. Age-standardised proportions (ASPs) take into consideration both population size and age-structure, essentially evening them out so that you can compare like with like.

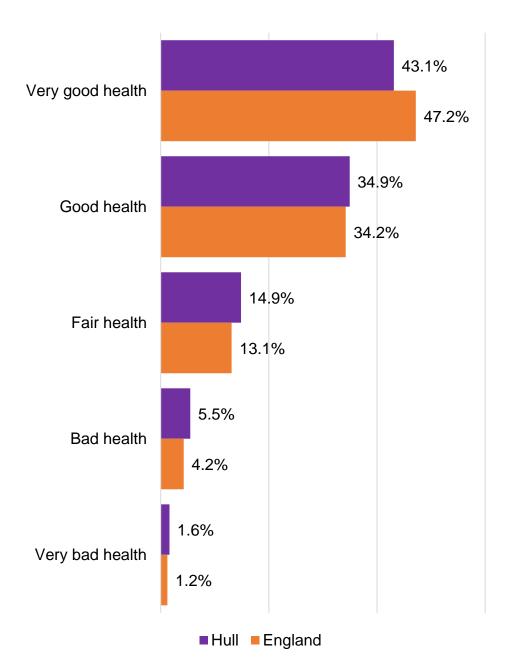
When using ASPs to compare between local authorities, we can say that the higher proportion of disabled people found in one local authority is due to a difference in prevalence, rather than, for instance, a difference in the age or size of the population. Standardised data is valuable to users who would want to understand differences in one area in comparison with others. Which areas are doing better or worse? Has health improved or got worse over time? This has implications for policy making, holding organisations that spend public money to account, and informing wider public debate. However, age-standardised data is only available as proportions.

Of course, there are instances where it is more useful to use non-standardised data. Service providers like local authorities, GPs, social services and local charities are more likely to need to know about the population in their area and what proportion have health concerns or a disability. This helps in understanding what needs exist in an area and planning service provision to support them. Non-age-standardised data is available as numbers and proportions.

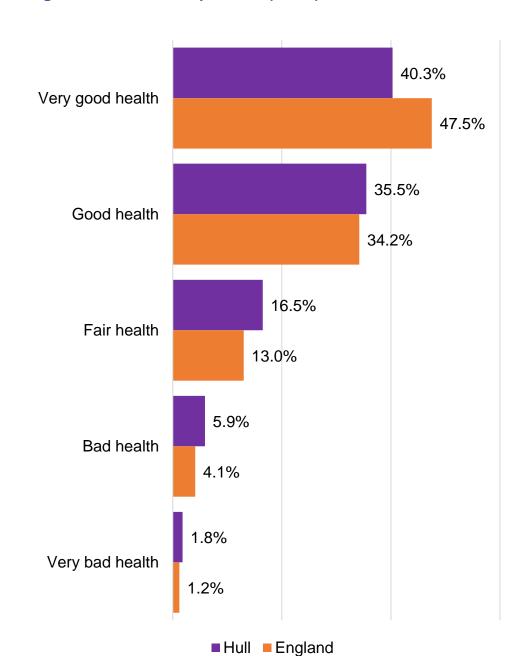
For this reason, the previous table is based on non-age standardised data, but the following charts show (where available) both non-standardised and standardised data.

Self-Reported Health (% of Total Population):

Total Population

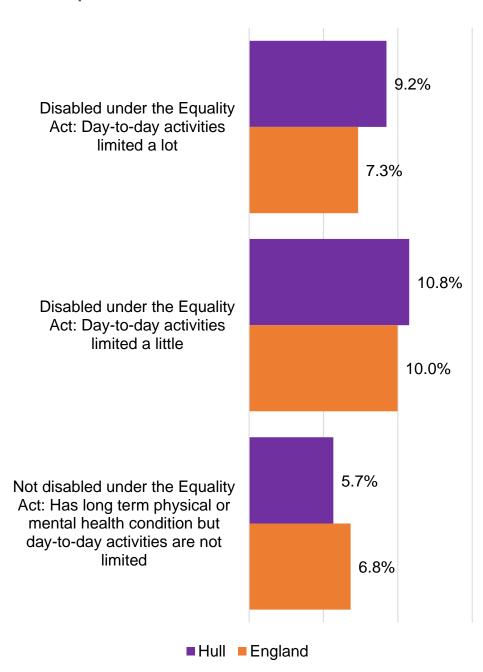


Age-Standardised Proportions (ASPs)

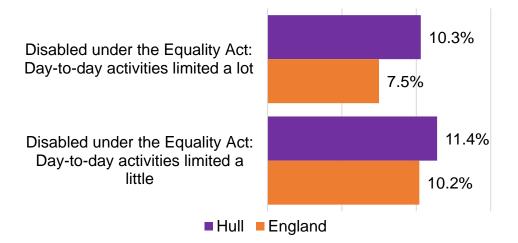


Disability (% of Total Population):

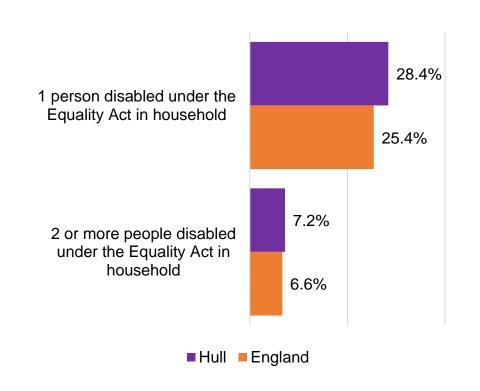
Total Population



Age-Standardised Proportions (ASPs)

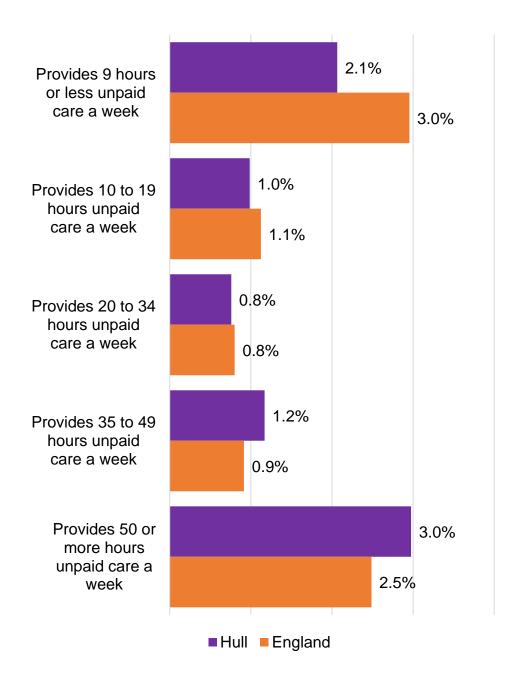


Households by Number of Disabled Residents:



Provides Unpaid Care (% of Total Population):

Total Population



Age-Standardised Proportions (ASPs)

