Health of providers of unpaid care

Purpose:

To provide 2001 Census based information about resident populations' general health by the amount of care that they provide.

Definition of indicator and its variants:

General health of providers of unpaid care.

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Sex</th>
<th>Age group</th>
<th>Organisation (see glossary)</th>
<th>Current data</th>
<th>Trend data</th>
<th>File-worksheet name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and percent</td>
<td>P</td>
<td>All ages</td>
<td>E&amp;W, E, GOR, ONS area, SHA, LA, PCO, CTY</td>
<td>2001</td>
<td></td>
<td>01V_504VS_01_V2</td>
</tr>
</tbody>
</table>

Note: Data for PCOs have been produced from “best fit” of Output Areas.

Numerator:

Numerator data - Number of residents providing care by their state of health.

Source of numerator data - Office for National Statistics (ONS): Standard Table 25 (S25). Data processed by the Department of Health (DH).

Comments on numerator data - The ONS Area Classification values for Census indicators are computed from Local Authority (LA) data. Strategic Health Authority (SHA) values are computed from Primary Care Organisation (PCO) data rather than LA.

Person’s health is based on replies to the question "Over the last twelve months would you say your health has on the whole been: Good, Fairly good or Not good?"

Numbers of persons providing care are based on the replies to the following question:

"Do you look after, or give any help or support to family members, friends, neighbours or others because of: long-term physical or mental ill-health or disability, or problems related to old age?"

This excludes anything done as part of paid employment. This response is recorded as time spent in a typical week as follows:

- no care;
- 1 to 19 hours;
- 20 to 49 hours;
- 50 + hours.

Denominator:

Denominator data - The total number of carers in the area.

Source of denominator data - ONS: Standard Table 25 (S25). Data processed by DH.

Comments on denominator data - For those absent households for which no completed Census form was received by ONS, certain data were imputed.

Statistical methods:

Census data for PCOs were produced by ONS on the basis of best fit using two different methods. The 2001 Census Key Statistics tables were produced on the basis of best fit of Output Areas to PCOs, and Standard tables (which are generally the more detailed tables, showing cross-tabulations between different variables) for health areas were
produced on the basis of best fit of wards. The “two-method approach” used by ONS is a problem, in that the same variables for health areas appear as different totals in the Key Statistics and Standard tables. Some of these differences are also “significant”. For a more detailed explanation see: http://www.statistics.gov.uk/census2001/cn_96.asp

Disclosure protection measures applied by the ONS to 2001 Census output for England and Wales are in place in order to prevent the inadvertent release of information about identifiable individuals. As a result, totals may sometimes not add up. For more details about disclosure control methods see: http://www.statistics.gov.uk/census2001/op5.asp

Percentages were obtained by dividing numbers of each level of person's health and amount of care they provide by total number of household residents of good health, fairly good health or not good health as appropriate.

Interpretation of indicators:

Quality of indicator - Annex 12 describes the criteria that should be used to judge the quality of this indicator. The application of the criteria is dependent on the context (e.g. describing a single organisation, comparing several organisations) and the level (e.g. national / regional with large numbers of events, local with small numbers of events) at which the data are to be used.

Further reading:


Updated: December 2009