

# Oxfordshire Insight

## 2011 Census Briefing - Release 2 Phase 2: Health and Carers



On 30<sup>th</sup> January 2013, ONS released the first detailed results from the 2011 Census for England and Wales, comprising univariate counts from Key Statistics and selected Quick Statistics tables for small areas. This update provides initial analysis from Key Statistics table 301 covering health (census questions 13 and 23) and persons providing unpaid care (question 14), and compares the latest Census findings with other data.

- 61,131 of Oxfordshire's residents (9.4% of the population) provide some unpaid care to family or neighbours with ill health or disability. 1.7% provide 50 hours or more of unpaid care per week.
- 3.5% of Oxfordshire's population declared themselves in bad, or very bad, health.
- Initial comparison suggests that areas with poorer health in Oxfordshire correlate with greater deprivation, and points to further work required with multi-theme Census datasets are available (later in 2013).
- Proportions of residents providing unpaid care are higher in rural areas of Oxfordshire than in its towns.

#### Health

23,000 (3.5%) of Oxfordshire's population self-declared in the 2011 Census as being in bad or very bad health. The largest proportions of people declaring themselves to be in bad or very bad health occur in urban, rather than rural areas. Of the 8 Output Areas (small census statistic areas) with the highest proportion of residents declaring themselves in bad or very bad health, four are in Oxford City, three in Banbury, and one at Salford, near Chipping Norton.

Number of Oxfordshire residents by 2001
Census health status

0 100 200 300 400 500

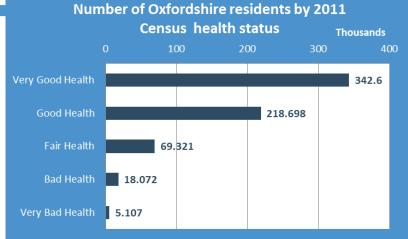
Good Health

121.26

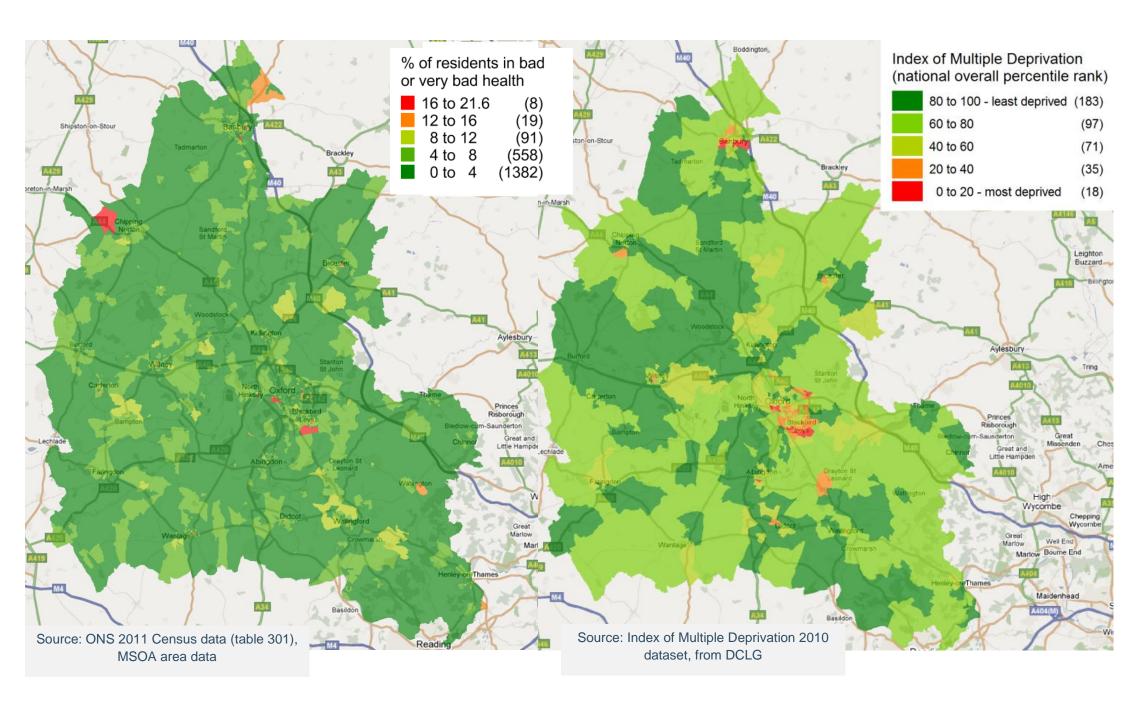
Not Good Health

36.92

Sources: ONS 2011 Census data (table 301) and 2001 Census UV20



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#### Carers and unpaid care.

4,500 Oxfordshire residents are supported by Oxfordshire County Councils Social and Community Services as Carers, compared to 61,130 Oxfordshire residents stating in the 2011 Census that they provide unpaid care. The total number of carers supported by Oxfordshire County Council is therefore 7.4% of the Census figure.

There are a number of factors in the discrepancy between the number of carers recorded by the Census and the number supported by Oxfordshire County Council:

- Social and Community services only supports carers of adults information on carers of children is held separately
- Support is not provided to people providing unpaid care on behalf of a voluntary organisation
- Support is primarily provided to carers of people who are resident in Oxfordshire - particularly relevant at the borders of the county
- Where the cared for person has only health needs then the carer may be supported by the appropriate heath trust
- Where the cared for person is self-funding their care informal carers may be unaware of the support available from Social and Community Services

#### **Carer and Disabled Persons Act 2000**

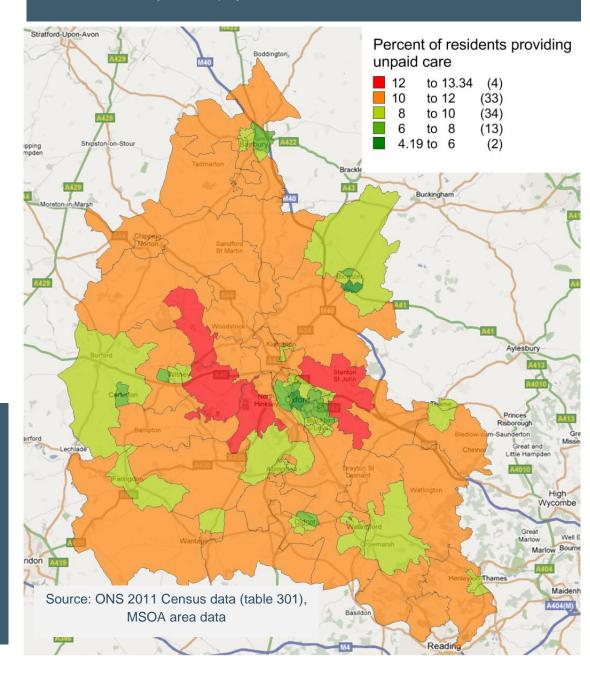
If an individual aged 16 or over ("the carer"):

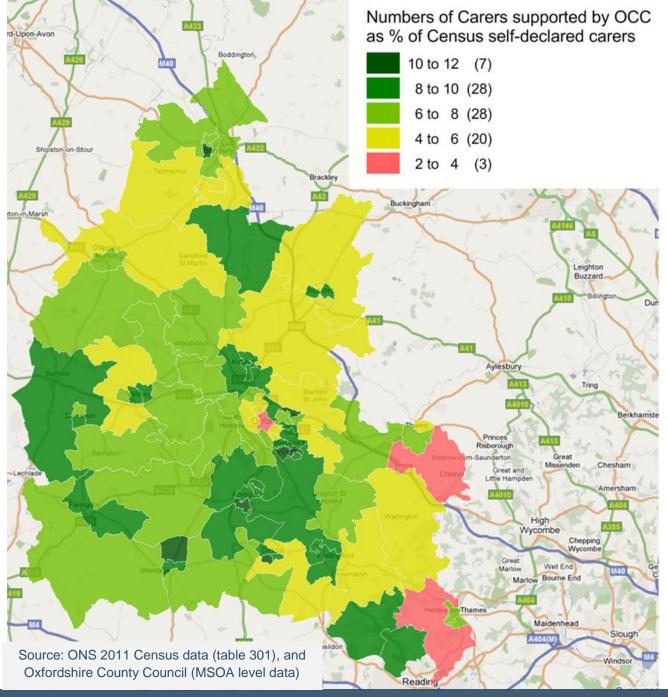
- (a) provides or intends to provide a substantial amount of care on a regular basis for another individual aged 18 or over ("the person cared for"); and
- (b) asks a local authority to carry out an assessment of his ability to provide and to continue to provide care for the person cared for,

the local authority must carry out such an assessment if it is satisfied that the person cared for is someone for whom it may provide or arrange for the provision of community care services

### **Unpaid care captured by the Census**

The 2011 census asked respondents if they provided any unpaid help or support to family members, neighbours or others who had long term ill health or disability, either physical or mental.





The relationship between Census-recorded carers and carers supported carers highlights areas where Carers are less likely to be supported by Oxfordshire County Council. As noted above, the criteria for the two measures different, yet the data reveals large differences in the proportion of Carers receiving support, which could benefit from further investigation.