

# Health and Unpaid Care

## Introduction

The Office for National Statistics (ONS) has begun to release detailed results from the 2021 Census for England and Wales. This latest release includes information about the health and disability status of East Sussex residents. Readers are advised that due to statistical disclosure control measures applied by the ONS and the impact of rounding, there may be small differences between estimated numbers contained in this and other census briefings and analysis (see page 21 of this briefing for further details). Note that this briefing contains both age-standardised and non-age-standardised percentages. While the age-standardised figures are useful for showing trends over time and for comparing East Sussex with other counties, to understand the number or proportions of people that may need services in the local area, we advise readers to focus on the non-age-standardised data.

## Key Findings

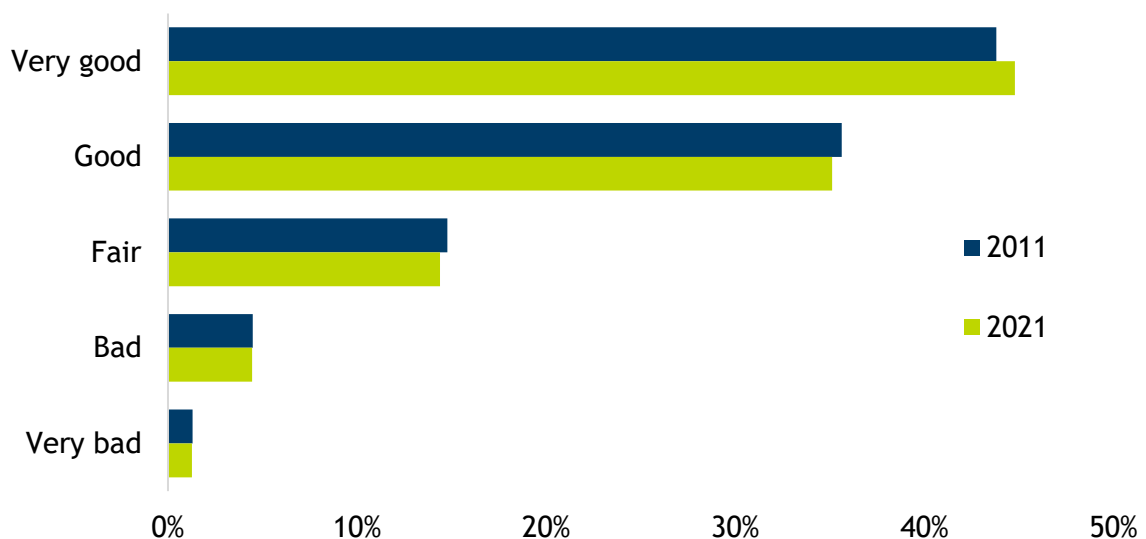
- 79.9% of East Sussex residents rated their health as “good” or “very good”, in 2021, compared to 79.4% in 2011. There was a small decrease in the proportion rating their health as “bad” or “very bad” from 5.8% in 2011 to 5.7% in 2021.
- 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities in 2021, the same proportion as in 2011.
- 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021, down from 35.1% in 2011; 7.3% of East Sussex households had two or more members identifying as disabled, compared to 7.2% in 2011.
- The proportion of residents providing unpaid care in East Sussex fell from 11.9% in 2021 to 11.7% in 2011. This was driven by a substantial fall in the proportion of people who provided 19 hours or less of unpaid care in a typical week (7.5% in 2011, compared with 5.0% in 2021) coupled with an increase in people devoting more hours to unpaid care (the proportion of residents providing 20 hours or more of unpaid care a week rose from 3.8% in 2011 to 4.9% in 2021).

## General Health

Both the 2011 Census and 2021 Census asked respondents to assess their general health on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad". While it seems on the surface a straightforward question, it is important to keep in mind that the 2021 Census took place during the coronavirus (COVID-19) pandemic, which may have influenced how people perceived and rated their health and therefore may have affected how people chose to respond. As such, readers are advised to exercise caution when comparing the 2021 responses with those from 2011.

That said, the proportion of East Sussex residents describing their health as either "good" or "very good" remained largely unchanged across the decade. In 2021, 79.9% (436,150) of East Sussex residents described their health as either "good" or "very good", compared to 79.4% (418,390) in 2011. Those describing their health as "bad" or "very bad" also remained largely unchanged: 5.7% (31,150) in 2021 compared to 5.8% (30,480) in 2011.

**How residents rated their own health in 2021 vs 2011  
(Non-age-standardised proportions)**



Source: ONS

In both 2011 and 2021, the proportion of residents describing their health as “good” or “very good” was lower than the averages for both the South East and England overall. Given East Sussex’s relatively high proportion of people over the age of 75 in its population (12.7% of East Sussex residents were aged 75 and over in 2021, compared to 8.6% in England overall), this is unsurprising.

Health and age are clearly closely related, with older people being more likely to be in poorer health. This can make it difficult to draw meaningful comparisons between different geographies where age structures may be different. To account for this, the ONS also publishes Age-Standardised Proportions (ASPs) that take into consideration both population size and age-structure, essentially evening them out so that we can compare like with like.

### How respondents rated their health in 2021, proportions

(Age-standardised percentages are given in brackets)

Area	Very Good	Good	Fair	Bad	Very Bad
<b>East Sussex</b>	<b>44.8 (47.5)</b>	<b>35.1 (34.6)</b>	<b>14.4 (12.8)</b>	<b>4.4 (4.0)</b>	<b>1.3 (1.1)</b>
Eastbourne	43.2 (45.0)	35.2 (35.2)	15.2 (14.0)	4.9 (4.5)	1.4 (1.3)
Hastings	42.2 (42.5)	35.0 (35.1)	15.5 (15.3)	5.5 (5.4)	1.7 (1.7)
Lewes	45.6 (48.4)	34.8 (34.2)	14.2 (12.6)	4.3 (3.8)	1.2 (1.0)
Rother	42.3(47.6)	36.1 (34.7)	15.6 (12.8)	4.7 (3.8)	1.3 (1.0)
Wealden	48.2 (51.4)	34.7 (33.8)	12.6 (11.0)	3.5 (3.0)	0.9 (0.8)
<b>South East</b>	<b>50.0 (49.6)</b>	<b>34.0 (34.4)</b>	<b>11.8 (11.8)</b>	<b>3.3 (3.3)</b>	<b>0.9 (0.9)</b>
<b>ENGLAND</b>	<b>48.5 (47.5)</b>	<b>33.7 (34.2)</b>	<b>12.7 (13.0)</b>	<b>4.0 (4.1)</b>	<b>1.2 (1.2)</b>

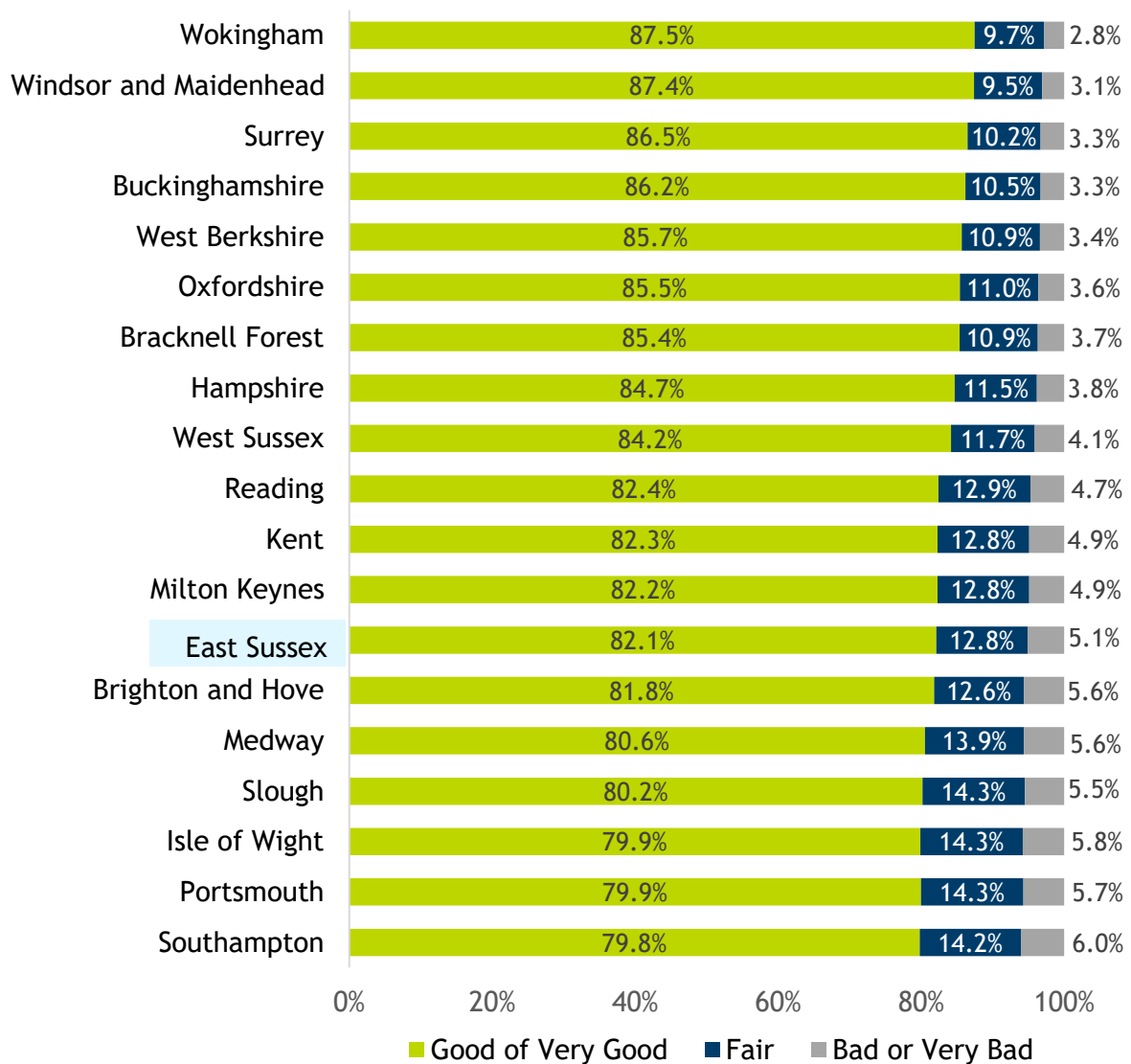
Source: ONS

Both ASPs and crude percentages have their place, which is why we have opted to include both in this briefing. The table above shows how the percentage values may vary, depending on which measure one is looking at.

Looking at the age-standardised proportions, we see that there was actually a higher proportion of residents reporting their health as either “good” or “very good” in East Sussex (82.1%) compared to England overall (81.7%), as well as a smaller proportion

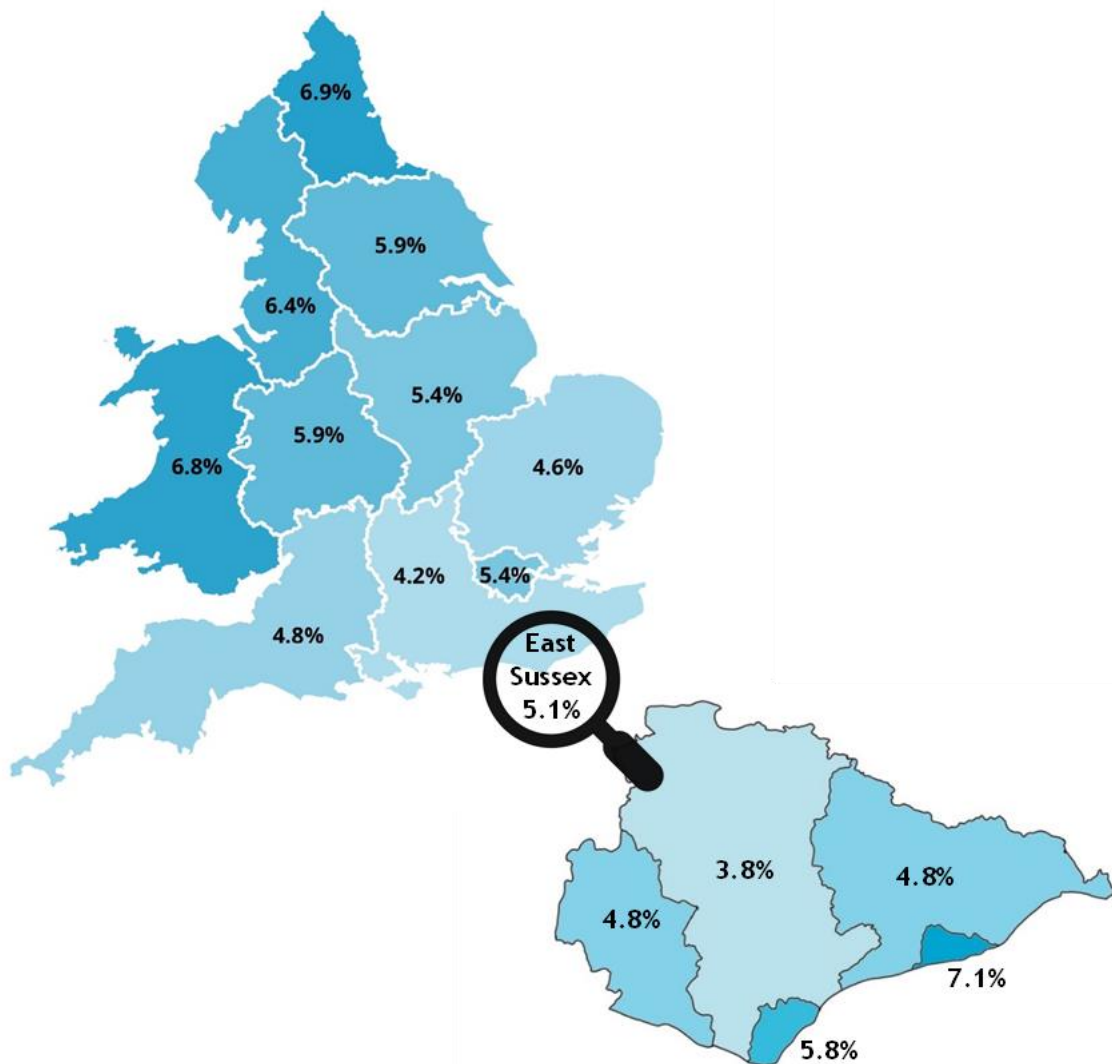
reporting their health as “bad” or “very bad” (5.1% in East Sussex versus 5.3% across the whole of England). However, East Sussex did register a higher proportion of residents who considered themselves to be in “bad” or “very bad” health when compared to the South East regional average (4.2%). It is important to keep in mind, however, that the South East region had the smallest proportion of the population who reported being in “bad” or “very bad” health across all regions in England and Wales (by contrast, the North East had the highest proportion at 6.9%).

### Age-standardised proportion of residents by self-reported health in the South East



Source: ONS

Percentages (age-standardised) of people whose health was “bad” or “very bad”

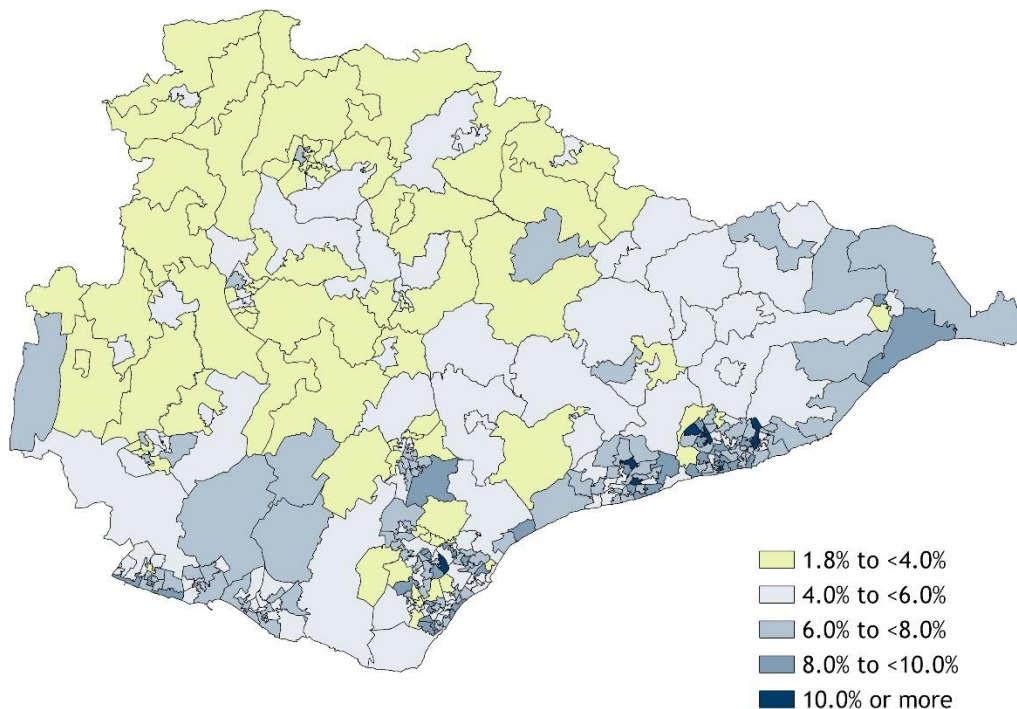


Source: ONS

There was significant variation within the county that is also worth noting. While Lewes, Rother and Wealden all had an above-average age-standardised proportion of people rating their health as “good” or very good” compared to the South East regional average, Eastbourne and Hastings had a below-average ASP.

At Lower Super Output Area<sup>1</sup> (LSOA) level, the proportion of residents rating their health as either “bad” or “very bad” ranged from 13.3% in Hastings 003C and Hastings 003E to 1.8% in Wealden 005D. In general, LSOAs in the northern half of the county had the smallest proportion of residents who considered themselves to be in poor health, and LSOAs along the south-east coast registered the highest proportions.

**Percentage of residents in poor health (“bad” and “very bad” combined) by Lower Super Output Areas (Non-age-standardised proportions)**



Source: ONS, ArcGIS

<sup>1</sup> A Lower Super Output Area (LSOA) is a geographic area with a typical population of around 1,500 or 650 households.

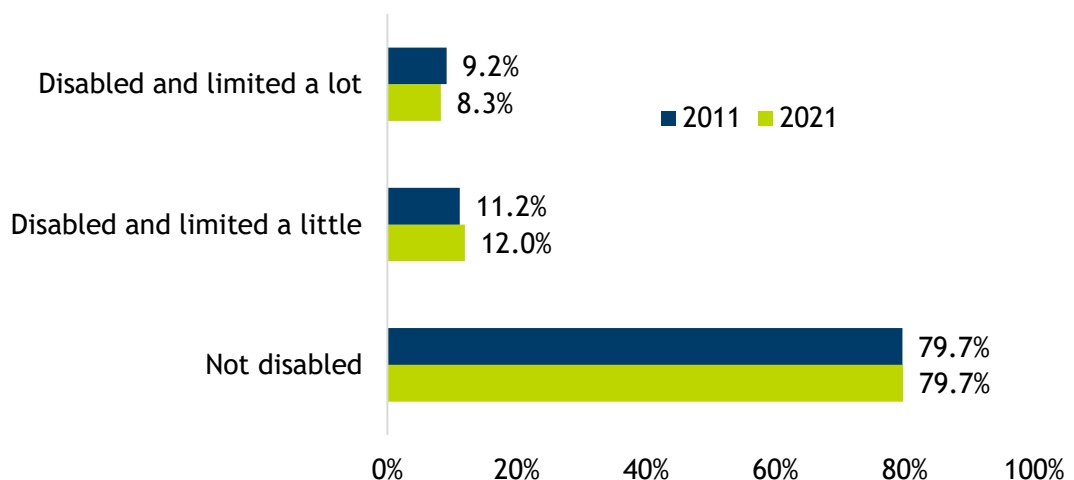
## Disability

To identify disability in England and Wales, the 2021 Census asked: "Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?" If a respondent answered yes, a further question "Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?" was presented. The identification of disability differs from the 2011 Census question used, which asked "Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months?"

The question changed in order to collect data that more closely aligned with the definition of disability in the Equality Act (2010). The Equality Act defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. The way disabled people are identified has therefore changed between 2011 and 2021 and this may have had an impact on the number of people identifying as disabled.

In 2021, the proportion of the East Sussex population that identified themselves as disabled was 20.3% (110,550). This is exactly the same as the proportion that identified as disabled in the 2011 Census (20.3%, 107,150).

**Proportion of population by long-term health condition or illness (non-age-standardised)**

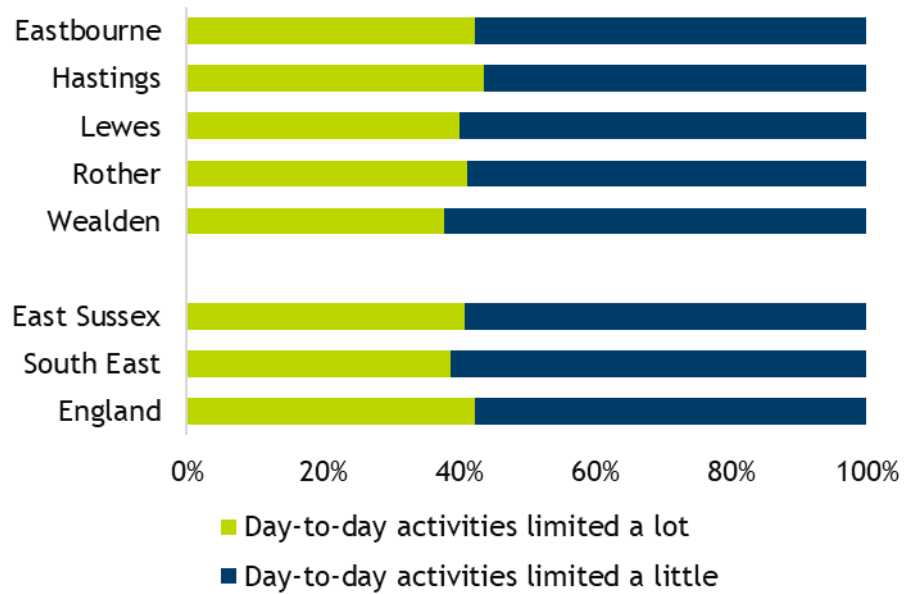


Source: ONS

### Disability in East Sussex (non-age-standardised proportions)



### Extent to which residents' disabilities affect their day-to-day activities



Source: ONS



While the overall proportion of disabled people remained the same across the decade, there were changes in the extent to which it limited their day-to-day activities. In 2021, 8.3% (45,190) of residents reported being “disabled and limited a lot”, down from 9.2% (48,250) in 2011. A further 12.0% (65,360) of residents identified as being “disabled and limited a little”, an increase of 6,460 from 58,900 (11.2%) in 2011. The remaining 79.7% (435,290) reported that they were not disabled.

### Proportion of residents by long-term health condition or illness

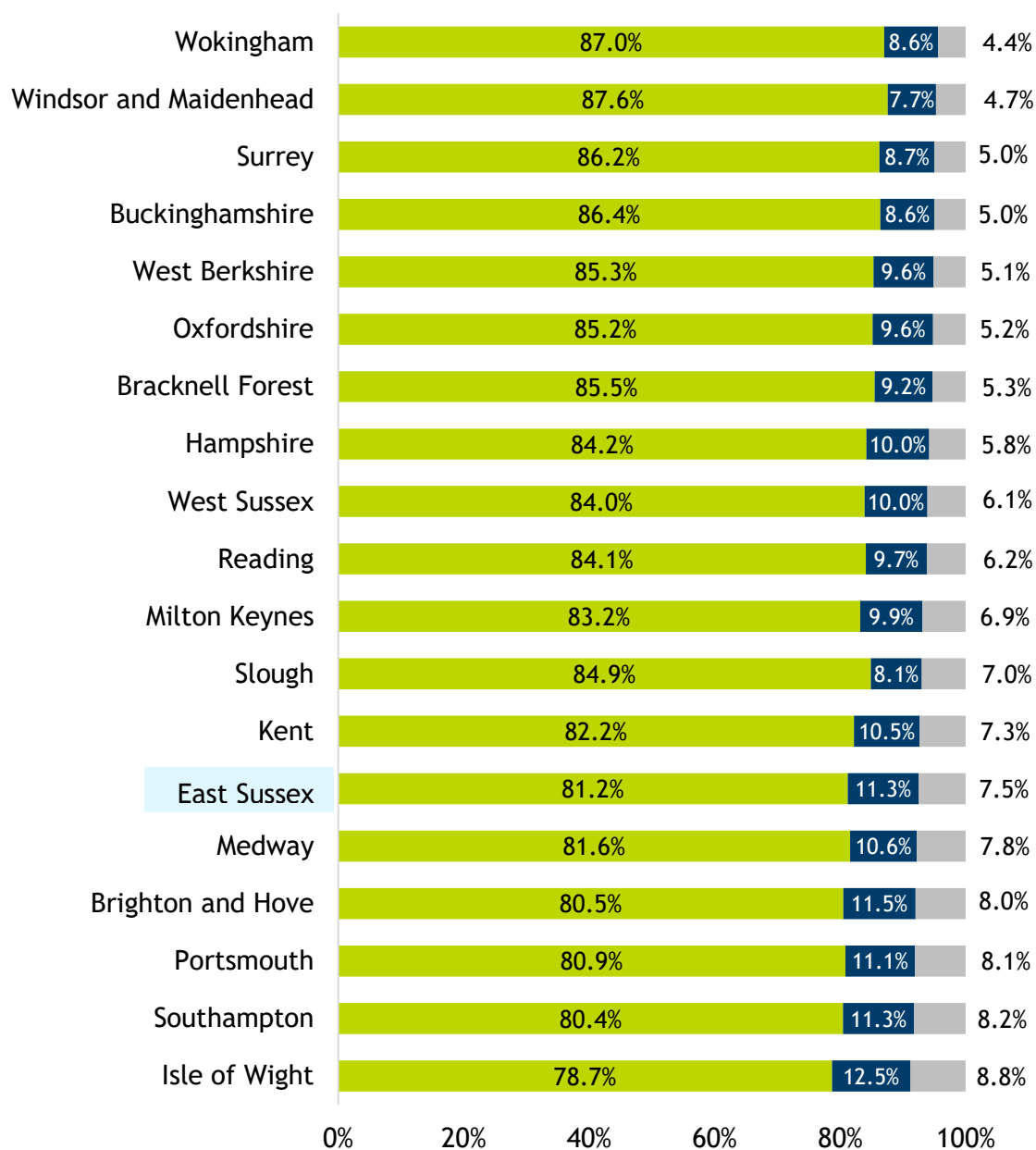
(Age-standardised percentages are given in brackets)

Area	Not disabled	Disabled and limited a little	Disabled and limited a lot
<b>East Sussex</b>	<b>79.7 (81.2)</b>	<b>12.0 (11.3)</b>	<b>8.3 (7.5)</b>
Eastbourne	78.4 (79.7)	12.4 (11.9)	9.1 (8.4)
Hastings	77.4 (77.6)	12.7 (12.6)	9.9 (9.8)
Lewes	79.6 (81.2)	12.2 (11.5)	8.2 (7.3)
Rother	78.4 (81.1)	12.7 (11.4)	8.9 (7.5)
Wealden	82.7 (84.3)	10.7 (9.9)	6.5 (5.8)
<b>South East</b>	<b>83.9 (83.9)</b>	<b>9.9 (9.9)</b>	<b>6.3 (6.2)</b>
<b>ENGLAND</b>	<b>82.7 (82.2)</b>	<b>10.0 (10.2)</b>	<b>7.3 (7.5)</b>

Source: ONS

Looking at the age-standardised figures, we can see that East Sussex had a higher proportion of age-adjusted “disabled and limited a little” residents in its population than was seen in England overall (11.3% versus 10.2%, respectively). However, the proportion of age-adjusted “disabled and limited a lot” residents was the same in both England and East Sussex (7.5%). As before, the proportion for both groups was significantly higher in East Sussex than the regional South East averages of 9.9% and 6.2%, respectively.

### Age-standardised proportions of residents by long-term health condition or illness across the South East



- Not disabled under the Equality Act
- Disabled under the Equality Act: Day-to-day activities limited a little
- Disabled under the Equality Act: Day-to-day activities limited a lot

Source: ONS

Percentages (age-standardised) of people who were disabled and “limited a lot”

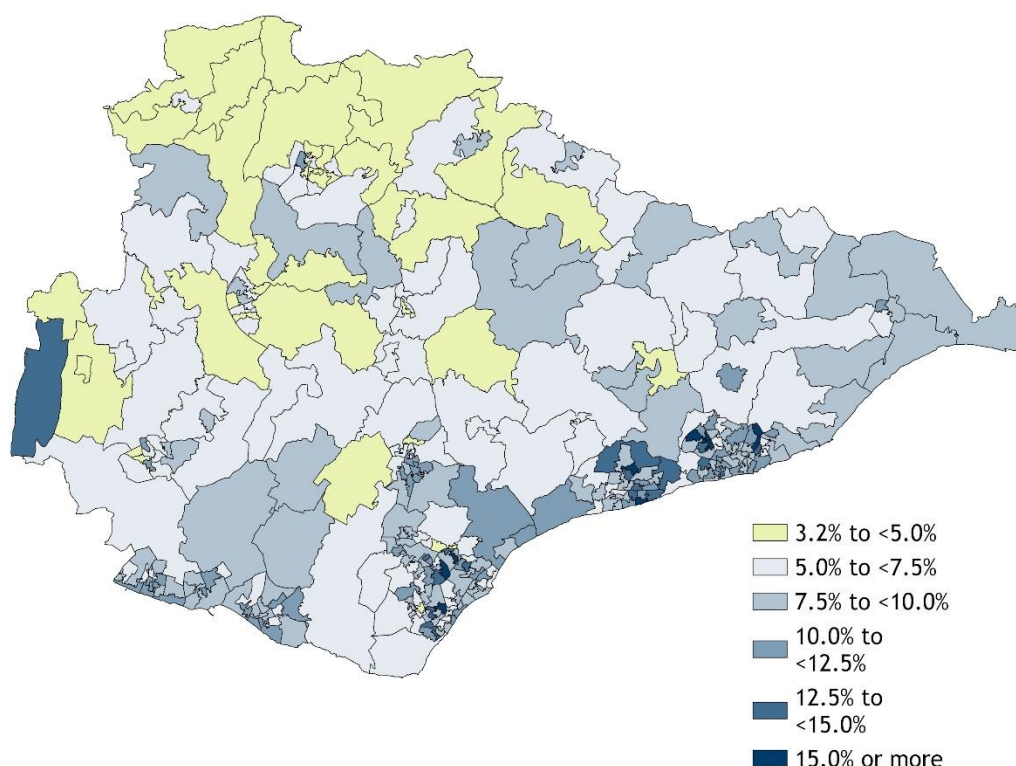


Source: ONS

At district and borough level, Hastings had the highest age-standardised proportion of residents with a disability that limited their day-to-day activities “a lot” (9.8%), while Wealden had the lowest (5.8%).

At LSOA-level, Hastings 003C (16.7%) and Eastbourne 004A (16.6%) had the highest proportion of residents with a disability that limited their day-to-day activities “a lot”, and Wealden 005D had the lowest (3.2%).

### Percentage of residents who were disabled and “limited a lot” by Lower Super Output Areas (Non-age-standardised proportions)



Source: ONS, ArcGIS

Generally speaking, urban LSOAs along the south-east coast registered the highest proportion of residents with a disability that limited their day-to-day activities “a lot”, while the northernmost part of the county had the smallest proportion. Perhaps unsurprisingly, there is also a relatively high concentration of disabled residents whose day-to-day activities are limited “a lot” in the St George’s Park area of Lewes 002B (13.4%), which is home to a large retirement village.

## Number of disabled people in households

More than one in three households in East Sussex (34.8%, 83,640) had at least one member identifying as disabled under the Equality Act in 2021. This was a slightly smaller proportion than in 2011, when 35.1% (81,480) of all households had at least one disabled member. However, changes to the way the questions surrounding disability were worded between the 2011 and 2021 Censuses may account for some of the changes across the decade.

East Sussex had a higher proportion of households with disabled members than the English national average of 32.0%. The county also registered the second-highest proportion of households with at least one disabled member in the South East region, after the Isle of Wight (38.1%).

Within East Sussex, every district except Wealden had a higher proportion of households with disabled members than England overall. Hastings had the highest proportion of households with at least one disabled member: 37.8% (15,310 households) in 2021, up from 36.9% (15,180) in 2011. In Wealden, by contrast, the proportion of households with at least one disabled member fell from 31.9% (19,970) in 2011 to 31.2% (21,320) in 2021.

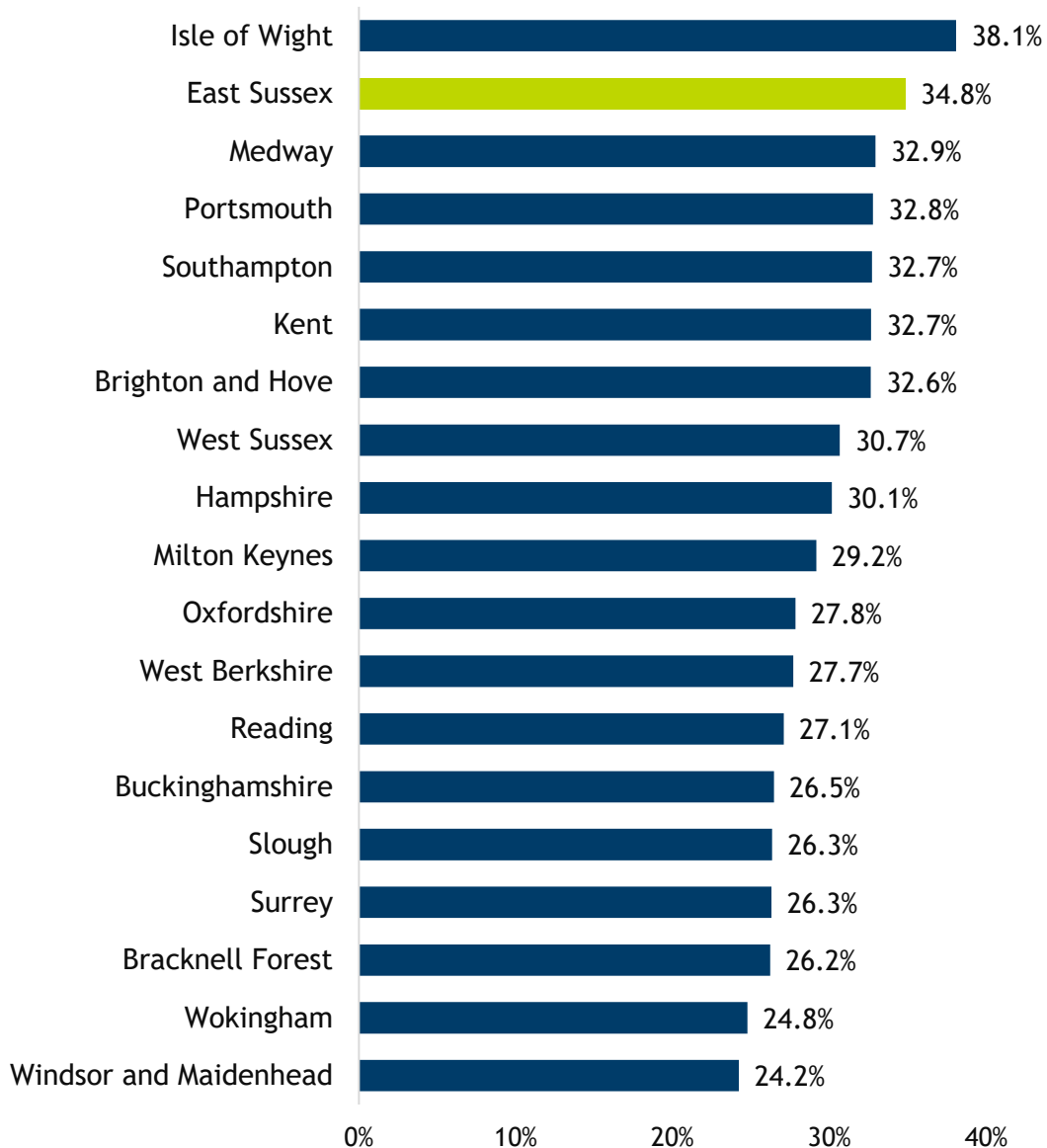
## Disability within households (not age-standardised)

Area	No people disabled in household	1 person disabled in household	2 or more people disabled in household
<b>East Sussex</b>	65.2%	27.5%	7.3%
Eastbourne	63.8%	28.7%	7.6%
Hastings	62.2%	29.5%	8.3%
Lewes	64.9%	27.7%	7.4%
Rother	64.0%	28.4%	7.6%
Wealden	68.8%	25.0%	6.3%
<b>South East</b>	70.0%	23.9%	6.1%
<b>ENGLAND</b>	68.0%	25.4%	6.6%

Source: ONS

As with general health, these higher proportions are likely due to East Sussex’s population age-distribution, since disability increases with age. (Note that it is not possible to age standardise at household level).

**Proportion of households where at least one person was identified as disabled (not age-standardised)**



Source: ONS

## Provision of Unpaid Care

An unpaid carer may look after, give help or support to anyone who has long-term 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.

The 2021 Census asked "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?" People were asked to exclude anything they did as part of their paid employment. The wording of the question differs from the 2011 Census question, which began "Do you look after, or give any help or support to family members, friends, neighbours or others".

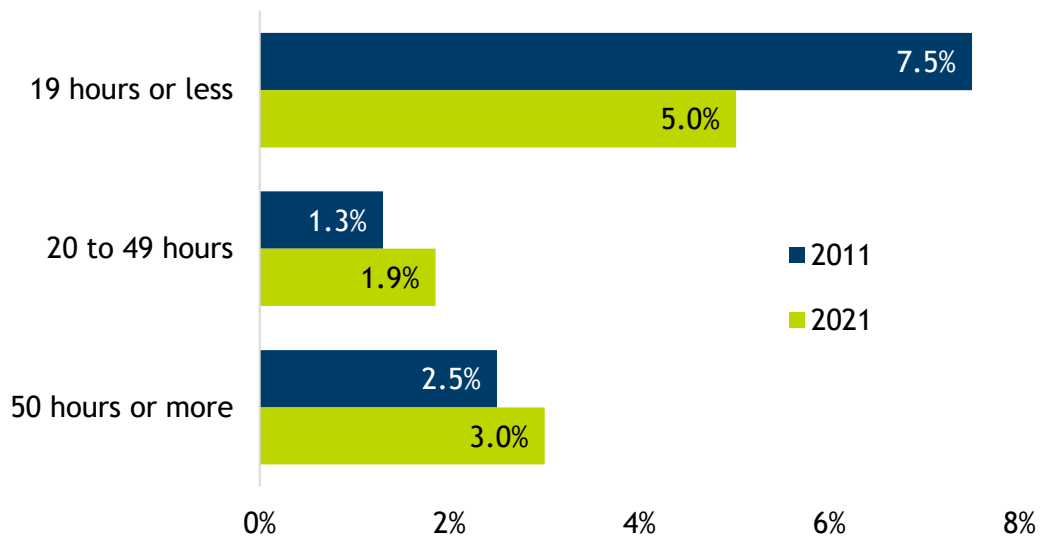
As with the question about general health, the coronavirus (COVID-19) pandemic, may have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond to this question.

An estimated 61,050 East Sussex residents (11.7%) aged 5 years and over provided unpaid care in 2021, compared to 59,410 (11.9%) in 2011.

- The proportion of people providing 19 hours or less of unpaid care a week decreased from 7.5% in 2011 to 5.0% in 2021.
- The proportion of people providing 20 to 49 hours of unpaid care a week increased from 1.3% in 2011 to 1.9% in 2021.
- The proportion of people providing 50 or more hours per week of unpaid care increased from 2.5% in 2011 to 3.0% in 2021.

Thus, while overall, there was a slight decrease in the proportion of the population providing unpaid care, this was driven by the substantial fall in the proportion of people aged 5 and over who provided 19 hours or less of unpaid care in a typical week (7.5% in 2011, compared with 5.0% in 2021). In other words, there was a shift towards fewer people dedicating more hours of their time in a typical week to unpaid care.

**Number of hours of unpaid care provided per week  
by residents aged 5 years and over in 2011 and 2021  
(Non-age-standardised proportions)**



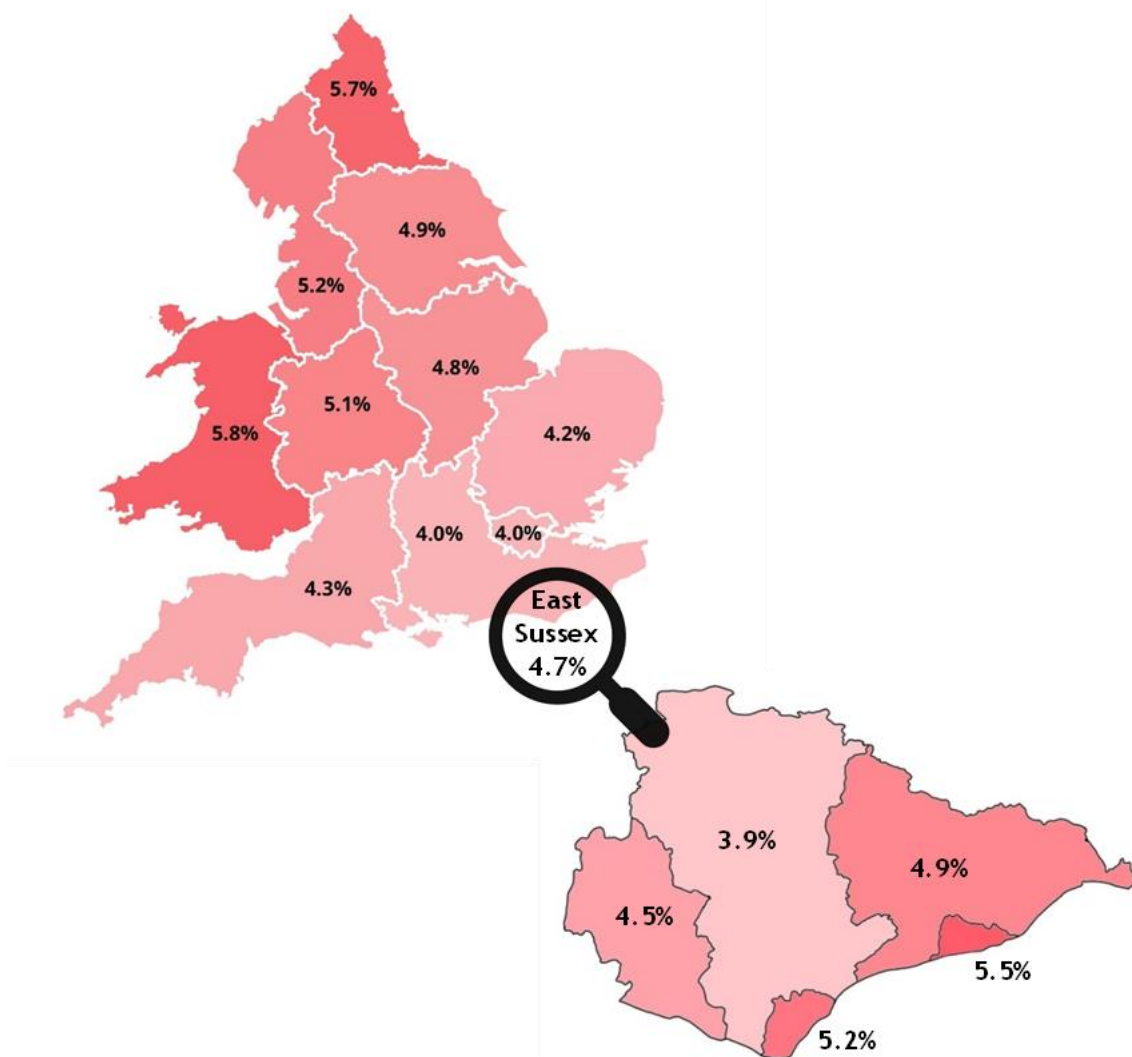
Source: ONS

There are several possible explanations for changes in the provision of unpaid care:

- 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 because of rules on household mixing during the coronavirus pandemic.
- There were a higher number of deaths than expected in the older population at the beginning of 2021 due to coronavirus (COVID-19) and other causes; 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.



**Percentages (age-standardised) of people aged five years and over who provided at least 20 hours per week of unpaid care**

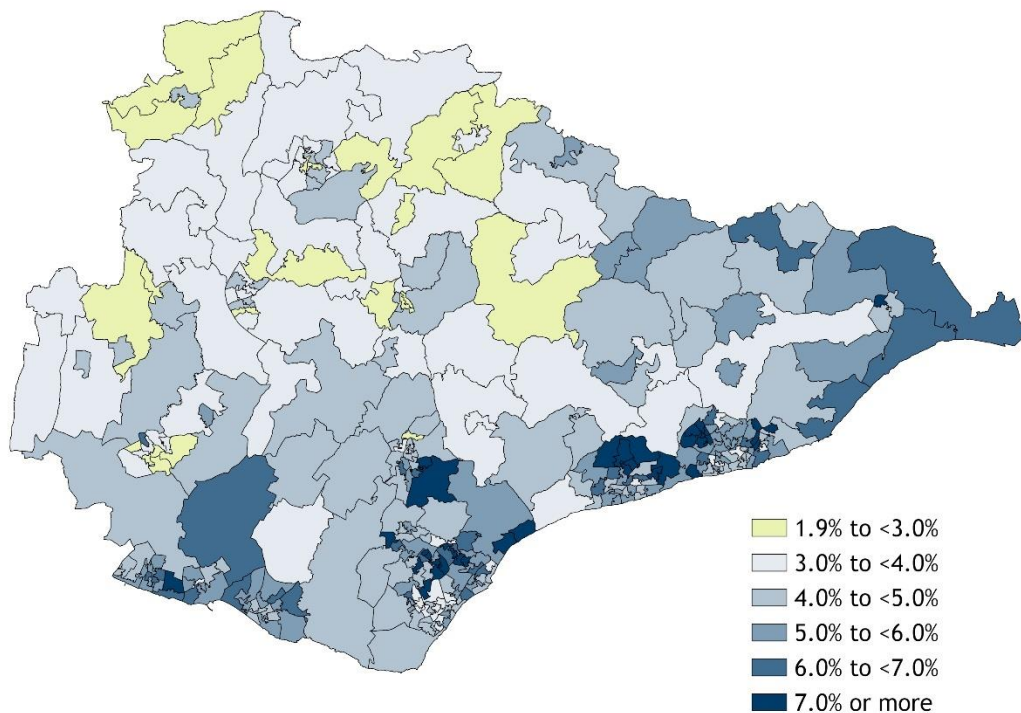


Source: ONS

In all 5 districts of East Sussex, there was a smaller proportion of unpaid carers in 2021 compared with 2011. Hastings registered the largest proportion of people aged 5 and over providing 20 or more hours of unpaid care a week: 5.5% (4,780 residents) in 2021, compared with 4.1% (3,730) in 2011.

At LSOA-level, Hastings 003C once again ranked top, with 15.4% of residents providing some form of unpaid care, followed by Rother 008D at 14.4%. At the opposite end of the scale, Wealden 018I had the smallest proportion of residents providing unpaid care at just 5.7%.

**Percentage of residents aged 5 and over who provided  
 at least 20 hours of unpaid care by Lower Super Output Areas  
 (Non-age-standardised proportions)**



Source: ONS, ArcGIS

The district with the largest decrease in the proportion of people aged 5 and over providing any amount of unpaid care was Rother, where the non-age-adjusted proportion fell from 13.4% (11,260) in 2011 to 10.4% (9,330) in 2021. However, overall, Rother still registered the highest proportion of carers when looking at the crude figures (although in age-standardised terms, Hastings registered a slightly higher proportion).

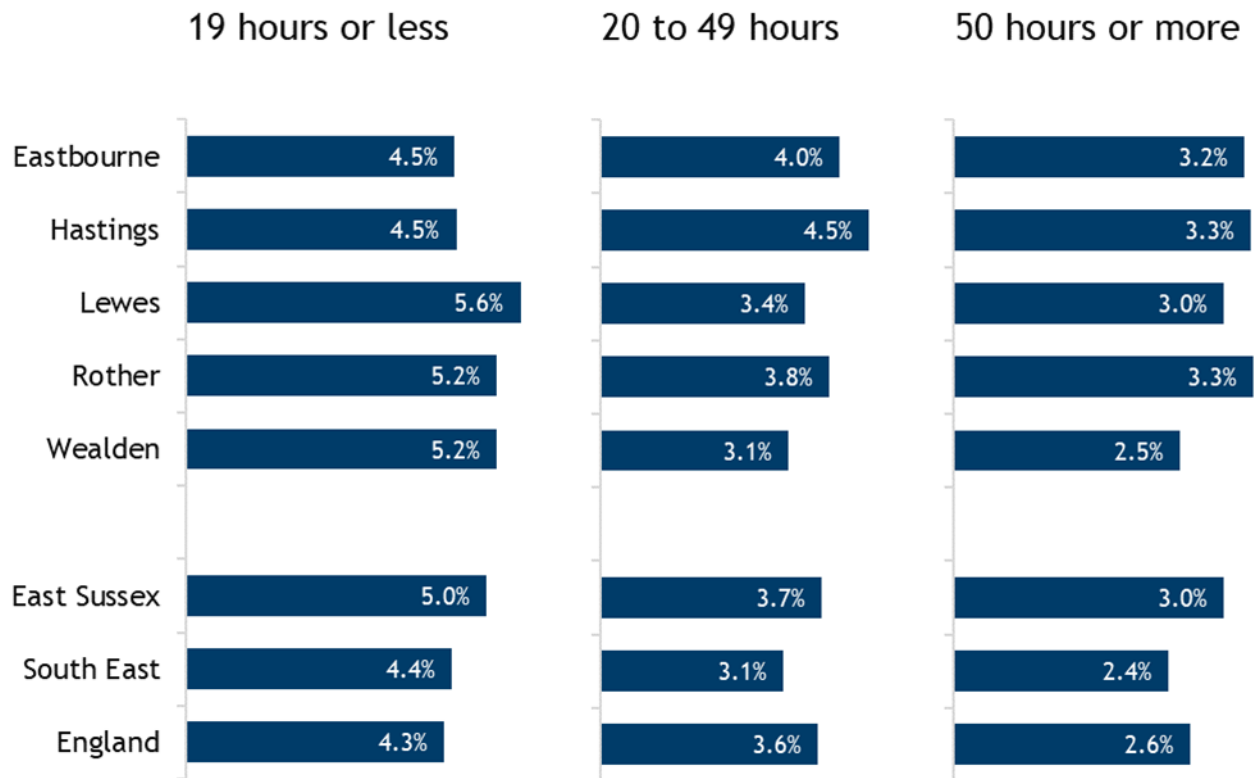
By comparison, the district with the smallest proportion of people who provided any amount of unpaid care in 2021 was Wealden (9.3% / 14,190 residents, a decrease from 11.3% / 16,690 residents in 2011).

### Proportion of residents aged 5 and over providing unpaid care in 2021 (Age-standardised percentages are given in brackets)

Area	Provides no unpaid care	Provides 19 hours or less of unpaid care a week	Provides 20 to 49 hours of unpaid care a week	Provides 50 or more hours of unpaid care a week
<b>East Sussex</b>	<b>90.1 (90.4)</b>	<b>5.0 (4.9)</b>	<b>1.9 (1.9)</b>	<b>3.0 (2.8)</b>
Eastbourne	90.3 (90.3)	4.5 (4.5)	2.0 (2.1)	3.2 (3.1)
Hastings	89.9 (90.1)	4.5 (4.4)	2.3 (2.3)	3.3 (3.2)
Lewes	89.7 (90.1)	5.6 (5.4)	1.7 (1.7)	3.0 (2.8)
Rother	89.6 (90.1)	5.2 (5.0)	1.9 (2.0)	3.3 (2.9)
Wealden	90.7 (91.2)	5.2 (4.9)	1.6 (1.6)	2.5 (2.3)
<b>South East</b>	<b>91.6 (91.6)</b>	<b>4.4 (4.5)</b>	<b>1.5 (1.6)</b>	<b>2.6 (2.4)</b>
<b>ENGLAND</b>	<b>91.2 (91.1)</b>	<b>4.3 (4.4)</b>	<b>1.8 (1.8)</b>	<b>2.4 (2.7)</b>

Source: ONS

**Proportion of residents aged 5 and over providing unpaid care in 2021  
(non-age-standardised proportions)**



Source: ONS

## Limitations and mitigations

The Office for National Statistics (ONS) produces census data for a range of different output geographies. This includes census statistics for small areas/neighbourhoods right up to statistics for large administrative units. When added together, detailed census results for smaller areas may not exactly match the same data for larger areas. This is because the ONS uses statistical disclosure control methods which swap very small numbers between areas, and/or add small changes to some counts (cell key perturbation). For example, they might change a count of four to a three or a five, to make sure that it is impossible to identify specific individuals. This means that data for small areas may not sum to the totals for higher geographical levels.

For this reason, in any discussion of the census results, we have chosen to round numbers to the nearest 10. Where percentages have been provided, these are based on unrounded numbers. Tables published in this report and on East Sussex in Figures website contain unrounded data as supplied by the ONS, but come with the caveat that individual numbers and totals may vary slightly between tables depending on the selected output geography, as detailed above.

Census statistics are estimates rather than counts, and therefore have measures of uncertainty associated with them. As with all self-completion questionnaires, some forms will have contained incorrect, incomplete, or missing information about a person or household. While the ONS takes numerous steps to correct and minimise possible sources of error, as described in their [Quality and Methodology Information \(QMI\) Report](#), no census is perfect.

## Future publications

The ONS will be releasing more detailed data and analysis on ethnicity, language and religion over the coming months, alongside the release of multivariate data. This will enable us to delve into the statistics in more detail and look at things such as the ethnic profile and marital status of those with long-term health issues.

## Further Information

For more information about the census data visit the [ONS website](#). For queries specifically relating to East Sussex, please contact the Research and Intelligence Team via email at [esif@eastsussex.gov.uk](mailto:esif@eastsussex.gov.uk).

The Research and Intelligence Team, Governance Services, provides demographic and socio-economic data, intelligence and insight to support East Sussex County Council and other East Sussex Partners. The Team also manages East Sussex in Figures (ESiF), the Local Information System for East Sussex. ESiF is a web-based information system that contains detailed, up-to-date and reliable information on a very wide range of topics. Visit [www.eastsussexinfigures.org.uk](http://www.eastsussexinfigures.org.uk) for more information.