Ethnic Variations in General Health and Unpaid Care Provision, 2011

Coverage: England and Wales
Date: 17 July 2013
Geographical Areas: Country, Region
Theme: Health and Social Care
Theme: People and Places

Key Points

• In 2011, the African ethnic group had the lowest proportion of ‘Not Good’ general health (8.4 per cent), whereas Gypsy or Irish Traveller had the highest proportion of people with ‘Not Good’ general health (29.8 per cent).
• The British ethnic group provided the most unpaid care (11.1 per cent) and the White and Black African ethnic group provided the least (4.9 per cent).
• Among all ethnic groups, it was most common for 1 to 19 hours of unpaid care per week to be provided, although an equal proportion of the Gypsy or Irish Traveller ethnic group also provided unpaid care for 50 hours or more per week.
• All ethnic groups, except Irish (with an older age structure), had increasing levels of ‘Not Good’ general health as the amount of unpaid care provided increased from no unpaid care to 50 or more hours unpaid care per week.
• The White and Asian ethnic group was 4.3 times more likely to have ‘Not Good’ general health when providing 50 hours or more unpaid care per week compared with those within the same ethnic group who provided no care, whereas the Irish were only 1.8 times more likely.

Introduction

This short story examines the inequality in general health and in the provision of unpaid care between ethnic groups in England and Wales in 2011, taking account of the impact of providing unpaid care on general health, and whether this impacts more markedly in some ethnic groups compared with others.

Ethnicity is socially defined and is based on a number of aspects of life that an individual identifies with, including race, culture, religion and nationality. Ethnic inequalities in health are well known, generally showing a poorer health profile among ethnic minority groups compared with the overall population. However, there are limited data sources available to assess health variations and unpaid care provision by different ethnic groups. The 2011 Census therefore provides an opportunity to
assess the pattern and scale of inequality using detailed ethnic group breakdowns, not ordinarily available from other data sources.

Figure 1 below shows the general health, unpaid care and ethnicity questions asked in the 2011 Census.

Figure 1: General health, unpaid care and ethnicity questions that were asked in the 2011 Census

Notes


**Ethnic variations in general health**

**National focus**

The 2011 Census included a question about general health and asked people to rate their health as either ‘very good’, ‘good’, ‘fair’, ‘bad’ or ‘very bad’. In 2011, 81.2 per cent of people (45.5 million) in England and Wales reported their general health as either ‘very good’ or ‘good’ (referred to in this analysis as ‘Good’ general health) and 18.8 per cent (10.5 million) rated their health as ‘fair’, ‘bad’ or ‘very bad’ (referred to in this analysis as ‘Not Good’ general health)\(^1\).

Across the different ethnic groups, there was a very diverse picture of general health, and even within ethnic groups there was substantial variability. Figure 2 shows that the African ethnic group had the highest proportion of people with ‘very good’ (64.2 per cent) or ‘good’ health (27.4 per cent) whereas, Gypsy or Irish Traveller had the lowest proportion, with only 40.9 per cent rating their general health as ‘very good’ and 29.3 per cent as ‘good’.
To some extent, the variability in general health among different ethnic groups can be explained by their differing age structures (Figure 3). For example, White ethnic groups are among those with the highest levels of ‘Not Good’ general health (Figure 4), partly due to an ageing population and corresponding ailments associated with old age. Of the Irish population, 27.8 per cent had ‘Not Good’ health, the second highest ethnic group with ‘Not Good’ health in England and Wales. This is partly explained by the fact that 30.7 per cent of the Irish population in England and Wales are aged 65 or above, compared with only 16.4 per cent of the population as a whole\(^2\). Only 10.4 per cent of people with Chinese ethnicity reported ‘Not Good’ health. However, this favourable general health profile is consistent with the younger age structure of the Chinese population in England and Wales; 20.6 per cent of the Chinese population are aged between 20 and 24\(^2\).
Figure 3: The relationship between increasing age and percentage of people with ‘Not Good’ general health: by ethnic group, England and Wales, 2011

Source: Census - Office for National Statistics

Notes:
1. ‘Not Good’ general health was derived from those who answered either ‘Fair’, ‘Bad’ or ‘Very bad’ to the general health question in the 2011 Census
2. Increasing age and percentage of ‘Not Good’ general health are significantly correlated ($r^2 = 0.40$, $p < 0.002$); as age increases the proportion of those with ‘Not Good’ health increases
3. Median age refers to the central age of the population in that specific ethnic group
4. Key features are highlighted within the figure

Download chart

XLS XLS format
(20.5 Kb)
Other influences such as socio-economic factors and deprivation may also have an impact on the general health status of an individual. The Gypsy and Irish Traveller ethnic group had the highest prevalence of ‘Not Good’ general health at 29.8 per cent (Figure 4). This could be a reflection of the transient lifestyle of many Gypsy and Irish Travellers restricting them from registering for public services such as with a GP which will affect their access to health care. In addition, health-related lifestyle and behavioural choices, cultural factors, and expectations for health-related well-being are relevant when comparing the health profile of different ethnic groups. The African ethnic group had the lowest level of ‘Not Good’ health (8.4 per cent).

Regional comparisons
Across all English regions and Wales, the Gypsy or Irish Traveller and Irish ethnic groups had the highest proportions of people with ‘Not Good’ general health. In Wales, Gypsy or Irish Travellers had the highest proportion of ‘Not Good’ health at 35.0 per cent, whereas the lowest proportion with ‘Not Good’ health in this group was in the North East (26.4 per cent). Similarly, 34.9 per cent of the Irish population in the West Midlands had ‘Not Good’ health, whereas in the South East 23.0 per cent of the Irish population had ‘Not Good’ health. The African ethnic group had the lowest proportions of ‘Not Good’ general health across all English regions and Wales, at between 5.1 per cent (East of England) and 9.6 per cent (London). Consequently, the Census 2011 data show that region of residence influences the general health of people with the same ethnicity.

Notes


Unpaid care provision by ethnic group

National focus

The 2011 Census showed that 10.3 per cent (5.8 million people) of the population provided some level of unpaid care ranging from 1 to 50+ hours per week. The proportion of people providing unpaid care and the amount of care provided varied greatly among ethnic groups (Figure 5). British (11.1 per cent), Irish (11.0 per cent), and Gypsy or Irish Traveller (10.7 per cent) were among the highest providers of unpaid care in England and Wales (Figure 5). White and Black African (4.9 per cent), Chinese (5.3 per cent), White and Asian (5.3 per cent) and Other White (5.3 per cent) ethnic groups were among the lowest providers of unpaid care (Figure 5).
Figure 5: Ranked proportions of total unpaid care provision and the extent of unpaid care provided: by ethnic group, England and Wales, 2011

Source: Census - Office for National Statistics

Notes:
1. Total percentage of unpaid care provision (1 to 50+ hours per week) by each ethnic group are presented in bold at the end of each bar

Download chart

XLS | XLS format
(20.5 Kb)

The most common amount of unpaid care provision was 1 to 19 hours per week, ranging from 3.0 per cent (Arab) to 7.1 per cent (British). Notably, Gypsy or Irish Traveller was the only ethnic group to provide equal proportions of 1 to 19 hours and 50 or more hours of unpaid care per week (4.4 per cent for each category).

Regional comparisons
Previous analysis by ONS showed that Wales and the North West had the highest proportion of unpaid carers at 12.1 per cent and 11.1 per cent respectively\(^1\). The lowest proportion of unpaid carers was in London at 8.4 per cent.

The highest proportions of unpaid carers in all English regions and Wales were in White ethnic groups (Figure 6). The proportions ranged from 62.2 per cent in London to 97.5 in Wales (Figure 6). These proportions are similar to the proportion of all people in White ethnic groups in each region, suggesting that being in a White ethnic group has no effect on whether someone provides unpaid care or not. London had the largest proportions of unpaid carers in all other ethnic groups; 3.4 per cent were Mixed, 19.7 per cent were Asian, 11.5 per cent were Black and 3.1 per cent were in the Other group. This is a reflection of the ethnic diversity of the London population compared with the rest of England and Wales.

**Figure 6: Ethnic variations in the provision of unpaid care (1 to 50+ hours per week): by English regions and Wales, 2011**

![Ethnic variations in the provision of unpaid care (1 to 50+ hours per week): by English regions and Wales, 2011](attachment:Figure_6.png)

**Source:** Census - Office for National Statistics

**Notes:**
1. Please note that the horizontal axis of the chart is broken; starting at 60 per cent
2. The chart includes all people providing some level of unpaid care (1 to 50+ hours per week) within each English region and Wales

**Download chart**

[download chart XLS format](attachment:Figure_6.xlsx) (19.5 Kb)
Notes


Impact of unpaid care provision on general health by ethnic group

Across all ethnic groups in England and Wales, general health became progressively worse as the level of unpaid care provided increased from between 1 to 19 hours to 50 or more hours per week (Figure 7). As expected, those without unpaid care responsibilities had better general health (fewer people said they had ‘Not Good’ health) than those providing unpaid care. The only exception was the Irish ethnic group which had a higher proportion of people providing no unpaid care in ‘Not Good’ general health (27.3 per cent) than those providing 1 to 19 hours of unpaid care per week (23.9 per cent). This is likely to reflect the distinctly older age-structure of the Irish population in England and Wales, of which the median age is 53 and 30.7 per cent are aged 65 and above\(^1,2\). Those people of retirement ages and above are more likely to be receiving care rather than providing it and this may therefore explain the higher proportion of ‘Not Good’ general health in the Irish who provide no unpaid care.
Figure 7: Percentage of unpaid care provision of people in ‘Not Good’ general health: by ethnic group, England and Wales, 2011

Source: Census - Office for National Statistics

Notes:
1. ‘Not Good’ general health was derived from those who answered either ‘Fair’, ‘Bad’ or ‘Very bad’ to the general health question in the 2011 Census
The Gypsy or Irish Traveller ethnic group had the highest proportion of people providing 50 hours or more unpaid care per week, and of those more than half reported their general health as 'Not Good' (53.8 per cent). This was closely followed by the Irish (47.8 per cent) and British (45.1 per cent) groups (Figure 7). In contrast, the African ethnic group had the lowest proportion of people providing 50 hours of unpaid care who reported ‘Not Good’ general health, at 20.3 per cent. This was almost ten per cent lower than any of the other ethnic groups. The younger age profile of this ethnic group is likely to explain the lower levels of care needed and therefore lower levels of unpaid care provided by family members.

In 2011, people in the White and Asian ethnic group who provided 50 hours of unpaid care per week, were 4.3 times more likely to have ‘Not Good’ general health compared with those in the same ethnic group providing no unpaid care (Figure 8). Conversely, those in the Irish ethnic group providing 50 hours of unpaid care were only 1.8 times more likely to have ‘Not Good’ general health, likely to be a result of the high proportion of Irish in ‘Not Good' general health and providing no care (Figure 7).
Figure 8: Ratios of those in ‘Not Good’ general health providing 50 hours or more unpaid care per week relative to those providing no care: by ethnic group, England and Wales, 2011

Source: Census - Office for National Statistics

Notes:
1. ‘Not Good’ general health was derived from those who answered either ‘Fair’, ‘Bad’ or ‘Very bad’ to the general health question in the 2011 Census
2. Ratios were calculated from the proportion of people with 'Not Good' health and providing 50 hours or more unpaid care per week divided by the proportion of those in 'Not Good' health and providing no unpaid care

Download chart

**XLS** XLS format
(20.5 Kb)

Notes


Measuring ethnicity

The ethnic group question was first asked in the England and Wales Census in 1991. The question provides information on the population's ethnic characteristics which can be used by private and public organisations to monitor equal opportunities and anti-discrimination policies, and to plan for the future through resource allocation and informing provision of services. Since 1991 the number of tick boxes has grown from nine to 18 in 2011, with some changes to tick box labels, placement and question instructions. Changes to the questionnaire were made to improve data collection and accuracy of the results, some improvements will affect direct comparability of 2011 and 2001 statistics.

Changes to the 2011 Census ethnicity question:

- The re-positioning of the 'Chinese' tick box from 'Any other ethnic group' to Asian/Asian British: The 'Asian other' and 'Asian' populations will not be comparable between 2001 and 2011. It is advised against presenting data in a combined Asian category. Instead the more detailed sub-groups should be used to allow comparability. There may be some impact on responses to the 'White and Asian' tick box under the 'Mixed/multiple ethnic groups' category.
- New tick box ‘Gypsy or Irish Traveller’: Respondents may have identified in 2001 as 'British', 'Irish' or ‘Any other White background' but instead use the new tick-box to identify as 'Gypsy or Irish Traveller' in 2011.
- New tick box Arab: Data from the 2001 Census suggested that many British Arabs ticked one of the ‘Other’ categories.

The list of tick-boxes had been designed to enable the majority of the population to identify themselves in a manageable way. It wasn't possible to include a separate tick-box for all ethnic groups, therefore a tick-box with a write-in option for 'Any Other' background was provided within each of the five categories. This would ensure that minority groups were not excluded as they could write in their response.
It is important to note that assumptions should not be made about a particular ethnic group, there are some people in ethnic minorities that could (or wish to) belong under any of the ‘Other’ categories.

**Background notes**

1. This publication builds on previous releases of census data. The census provides estimates of the characteristics of all people and households in England and Wales on census day. These are produced for a variety of users including government, local and unitary authorities, business and communities. The census provides population statistics from a national to local level. This short story discusses the results at the national and regional level for England and Wales.

2. Census day was carried out on the 27 March 2011.

3. 2011 Census data contained in this short story are available via the Nomis website using data table DC2301EW (Ethnic group by provision of unpaid care by general health).

4. Interactive data visualisations developed by ONS are also available to aid interpretation of the results.

5. Future releases from the 2011 Census will include cross tabulations by other census characteristics, and tabulations at other geographies. Further information on future releases is available online in the 2011 Census Prospectus.

6. ONS has ensured that the data collected meet users’ needs via an extensive 2011 Census outputs consultation process in order to ensure that the 2011 Census outputs will be of increased use in the planning of housing, education, health and transport services in future years.

7. Figures in this publication may not sum due to rounding.

8. The England and Wales census questionnaires asked the same questions with one exception; an additional question on Welsh language was included on the Wales questionnaire.

9. ONS is responsible for carrying out the census in England and Wales. Simultaneous but separate censuses took place in Scotland and Northern Ireland. These were run by the National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA) respectively.

10. ONS is responsible for the publication of UK statistics (compiling comparable statistics from the UK statistical agencies above) and these are available on the ONS website. These will be compiled as each of the three statistical agencies involved publish the relevant data. The Northern Ireland census prospectus and the Scotland census prospectus are available online.

11. A person's place of usual residence is in most cases the address at which they stay the majority of the time. For many people this will be their permanent or family home. If a member of the services did not have a permanent or family address at which they are usually resident, they were recorded as usually resident at their base address.
12. All key terms used in this publication, such as usual resident are explained in the 2011 Census user guide.

13. All census population estimates were extensively quality assured, using other national and local sources of information for comparison and review by a series of quality assurance panels. An extensive range of quality assurance, evaluation and methodology papers were published alongside the first release in July 2012, including a Quality and Methodology Information (QMI) document (152.8 Kb Pdf) (177.6 Kb Pdf)

14. The 2011 Census achieved its overall target response rate of 94 per cent of the usually resident population of England and Wales, and over 80 per cent in all local and unitary authorities. The population estimate for England and Wales of 56.1 million is estimated with 95 per cent confidence to be accurate to within +/- 85,000 (0.15 per cent).

15. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

---

**Copyright**

© Crown copyright 2013

You may use or re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/ or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This document is also available on our website at www.ons.gov.uk.