

census
2021

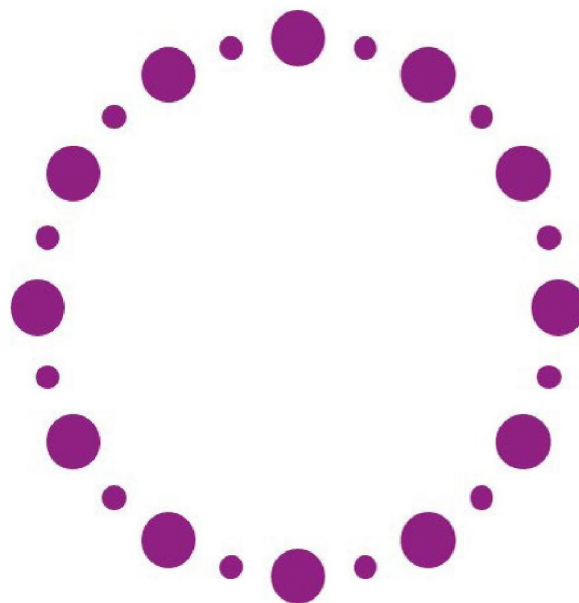


Main statistics for Northern Ireland

Statistical bulletin

Health, disability and unpaid care

15 December 2022



[nisra.gov.uk/Census2021](https://www.nisra.gov.uk/Census2021)

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1. Introduction

On 15 December 2022, the Northern Ireland Statistics and Research Agency (NISRA) released further results from Census 2021, held on 21 March 2021. The statistics released provide a profile of the Northern Ireland population covering:

- **Housing:** vacant housing, type of accommodation, household adaptations, type of central heating, renewable energy systems, housing tenure and car ownership; and
- **Health, disability and unpaid care:** general health, limiting long term illness, types of condition and provision of unpaid care.

The information covers Northern Ireland and the 11 Local Government Districts (LGDs).

This **health, disability and unpaid care** report covers the topics:

- General health;
- Long-term health problem or disability;
- Type of long-term condition; and
- Provision of unpaid care in relation to looking after others.

Statistics on **health, disability and unpaid care** have been disaggregated for a number of age bands to allow health indicators to be understood in the context of the changing age distribution of the Northern Ireland population.

For display purposes, figures are appropriately rounded but full figures are available in the [Census 2021 tables](#) on the NISRA website.

2. Key points

The key points relating to the health, disability and unpaid care topic are as follows:

The census included various questions on health, disability and unpaid care. The overall picture covers the variety of these measures and points to around four-fifths (80%) of our population having good health.

However, since the last census the percentage of the population reporting good general health has fallen. This change will be driven partly by our ageing population which reiterates one of the key messages from Census 2021.

2.1. General health

- In total 1.497 million people, or just under four persons in every five (78.7%), indicated they had 'Good or very good' general health.
- In contrast, nearly 150,000 people indicated they had 'Bad or very bad' general health. The remaining 260,000 people indicated they had 'Fair' general health.
- The standard of general health falls with age. While less than 1% of people aged under 15 had 'Bad or very bad' general health, this rises to 17% of people aged 65 or more. In contrast nearly 97% of people aged under 15 had 'Good or very good' general health, this falls to half of people aged 65 or more.
- Over the decade (2011 to 2021), the number and percentage of people with 'Bad or very bad' general health has risen. In 2011, 100,000 people had 'Bad or very bad' general health, by 2021 this had risen to nearly 150,000 people. In percentage terms this is a rise from 5.6% of the population in 2011 to 7.7% in 2021. This will be driven partly by the increasing number of older people in our population.
- All 11 Local Government Districts (LGDs) had levels of 'Good or very good' general health above 75% in 2021, with four councils Mid Ulster, Lisburn &

Castlereagh, Newry, Mourne & Down and Armagh City, Banbridge & Craigavon having levels above 80%.

- In 2021, Belfast and Derry City & Strabane LGDs had the highest percentage of their population with 'Bad or very bad' general health (at 10.0% and 9.5% respectively). Indeed over the decade to 2021, every LGD has seen an increase in the percentage of its population with 'Bad or very bad' general health.

2.2. Limiting long-term health problem or disability

- One person in four (24.3% or 463,000 people) had a limiting long-term health problem or disability, 40% of which were aged 65 or more (185,300 people).
- In total, 1.44 million people (75.7%) indicated they did not have a limiting long-term health problem or disability.
- The number of people with a limiting long-term health problem or disability increased from the 2011 to 2021 Census. The increase, from 374,600 people in 2011 to 463,000 people in 2021 (an increase of 23.6%), will be driven partly by our ageing population.
- All Local Government Districts had a rise in the number and percentage of people with a limiting long-term health problem or disability in the decade to 2021. The increase was highest in Antrim & Newtownabbey at 32.0% and lowest in Belfast at 17.6%.

2.3. Long-term health conditions

- Census 2021 shows us that 34.7% of people had one or more long-term health conditions (659,800 people).
- The most prevalent conditions (whether solely or in combination with others) were 'Long-term pain or discomfort' (11.6% of people), 'Mobility or dexterity difficulty that limits basic physical activities' (10.9% of people) and 'Shortness of breath or difficulty breathing' (10.3% of people).

- All Local Government Districts had ‘Long-term pain or discomfort’, ‘Mobility or dexterity difficulty that limits basic physical activities’ and ‘Shortness of breath or difficulty breathing’ as their top three most common conditions.
- For the first time Census 2021 included ‘Autism or Asperger syndrome’ as a listed health condition and 35,000 people were recorded with this condition. Of this, 19,000 children (or one child in twenty) had ‘Autism or Asperger syndrome’ recorded.
- A few key results for other listed conditions are ‘Emotional, psychological or mental health’ 165,100 people (8.7%), ‘Deafness or partial hearing loss’ 109,500 people (5.8%), ‘Learning difficulty (for example dyslexia)’ 59,900 people (3.1%) and ‘Blindness or partial sight loss’ 34,000 people (1.8%).

2.4. Provision of unpaid care

- Census 2021 recorded that one person in eight of the population aged 5 or more (or 222,200 people) provided unpaid care to a relative or friend who had a health condition or illness.
- Census 2021 also recorded how many hours the carer provided each week. One person in twenty five (68,700 people) provided 50 or more hours of unpaid care per week.
- While people of all ages provided unpaid care, it was most common among those aged 40 to 64, at one person in five (or 124,600 people).
- The census also found that 2,600 children aged 5 to 14 provided unpaid care.
- The overall number of people providing unpaid care has not changed markedly from Census 2011 to Census 2021. However the number of people providing 50 or more hours unpaid care each week has increased (up from 56,300 people in 2011 to 68,700 people in 2021).

3. General health

3.1. Questions asked

Census 2021 included a question on general health which is presented in Figure 1 (online) and Figure 2 (paper).

Figure 1: Census 2021 online questionnaire – general health

How is your health in general?

Very good

Good

Fair

Bad

Very bad

Save and continue

Figure 2: Census 2021 paper questionnaire – general health

19 How is your health in general?

Very good	Good	Fair	Bad	Very bad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. General health – Census 2021

Table 1 below shows the overall levels of General health reported in Census 2021.

Table 1: General health (Census 2021)

General health	Population	Percentage
Good or very good	1,497,200	78.7%
Very good	951,100	50.0%
Good	546,000	28.7%
Fair	260,000	13.7%
Bad or very bad	146,000	7.7%
Bad	109,000	5.7%
Very bad	37,100	1.9%
Total	1,903,200	100.0%

On census day just under four persons in every five (78.7%) had ‘Good or very good’ general health (1,497,200 people). Indeed, half the Northern Ireland population (951,100 people) had ‘Very good’ general health.

In contrast, 7.7% of our population (146,000 people) had ‘Bad or very bad’ general health. Within this group 1.9% (or around one person in fifty) had ‘Very bad’ general health (37,100 people).

The remaining 13.7% or 260,000 people had ‘Fair’ general health.

When assessing general health, it is important to assess the impact of age and the following section illustrates this.

3.3. General health by age band – Census 2021

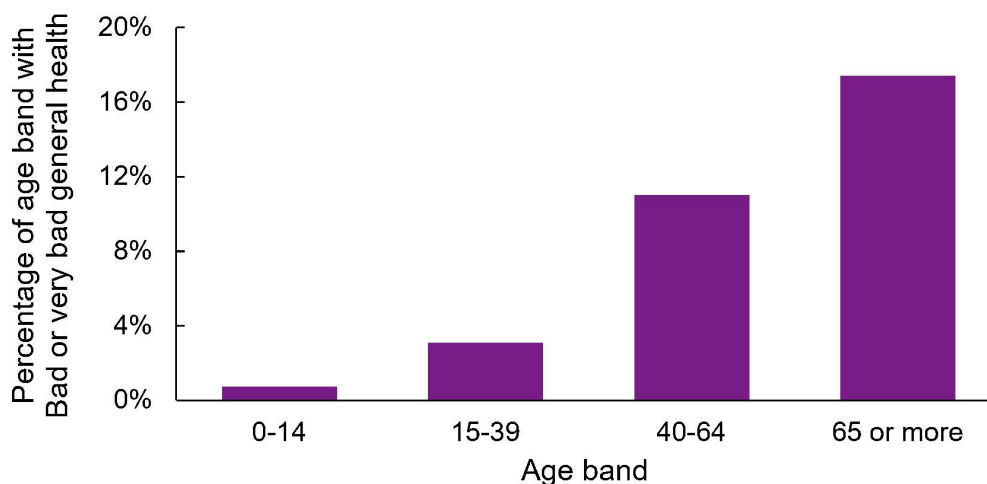
Table 2 shows how the population reports their general health by age band.

Table 2: Percentage of age band by general health (Census 2021)

Age band	'Good or very good' general health	'Fair' general health	'Bad or very bad' general health
Aged 0-14	96.6%	2.6%	0.7%
Aged 15-39	89.3%	7.6%	3.1%
Aged 40-64	72.9%	16.1%	11.0%
Aged 65+	50.1%	32.4%	17.4%
All ages	78.7%	13.7%	7.7%

The table shows a marked age gradient for general health with older people tending to have less good health than younger people. This is shown graphically in Figure 3, here the percentage of the population with 'Bad or very bad' general health rises from 0.7% in those aged 0 to 14 years to 17.4% among those aged 65 or more.

Figure 3: Percentage with 'Bad or very bad' general health by age band (Census 2021)



3.4. General health – change over time

The general health question in Census 2021 is unchanged from the Census 2011 question. Therefore, we can compare the statistics between the two. Table 3 shows the general health of the population as percentage figures from the 2011 and 2021 Censuses.

Table 3: Percentage of population by general health (2011 and 2021 Censuses)

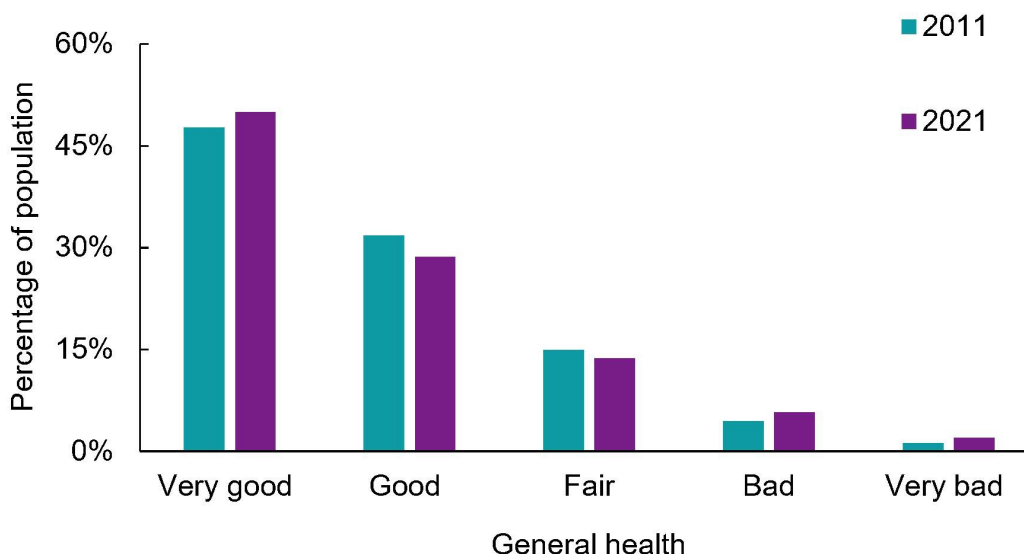
General health	Census 2011	Census 2021
Good or very good	79.5%	78.7%
Very good	47.7%	50.0%
Good	31.8%	28.7%
Fair	14.9%	13.7%
Bad or very bad	5.6%	7.7%
Bad	4.4%	5.7%
Very bad	1.2%	1.9%
Total	100.0%	100.0%

Table 3 shows a slight fall in the percentage of the population with 'Good or very good' general health from 79.5% in 2011 to 78.7% in 2021.

In contrast, the table shows that the percentage of the population with 'Bad or very bad' general health has risen from 5.6% in 2011 to 7.7% in 2021. This rise is most marked proportionately in those reporting 'Very bad' health.

These statistics are shown graphically in Figure 4.

Figure 4: Percentage of population by general health (2011 & 2021 Censuses)



3.5. General health by Local Government District – Census 2021

Table 4 shows the variation of general health across the 11 Local Government Districts (LGD) in Northern Ireland.

Table 4: Percentage of population by general health by LGD (Census 2021)

Geography	'Good or very good' general health	'Fair' general health	'Bad or very bad' general health
Antrim & Newtownabbey	79.2%	13.5%	7.3%
Armagh City, Banbridge & Craigavon	80.3%	12.7%	6.9%
Belfast	75.8%	14.2%	10.0%
Causeway Coast & Glens	77.8%	14.8%	7.4%
Derry City & Strabane	76.0%	14.5%	9.5%
Fermanagh & Omagh	79.4%	14.0%	6.7%
Lisburn & Castlereagh	81.3%	12.5%	6.2%
Mid & East Antrim	78.3%	14.4%	7.3%
Mid Ulster	81.7%	12.2%	6.1%
Newry, Mourne & Down	80.3%	12.8%	6.9%
Ards & North Down	78.1%	14.7%	7.3%
Northern Ireland	78.7%	13.7%	7.7%

The table shows that in all LGDs, 75% or more of the population reported 'Good or very good' general health. Indeed Mid Ulster, Lisburn & Castlereagh, Newry, Mourne & Down and Armagh City, Banbridge & Craigavon all had over 80% of their populations reporting 'Good or very good' general health.

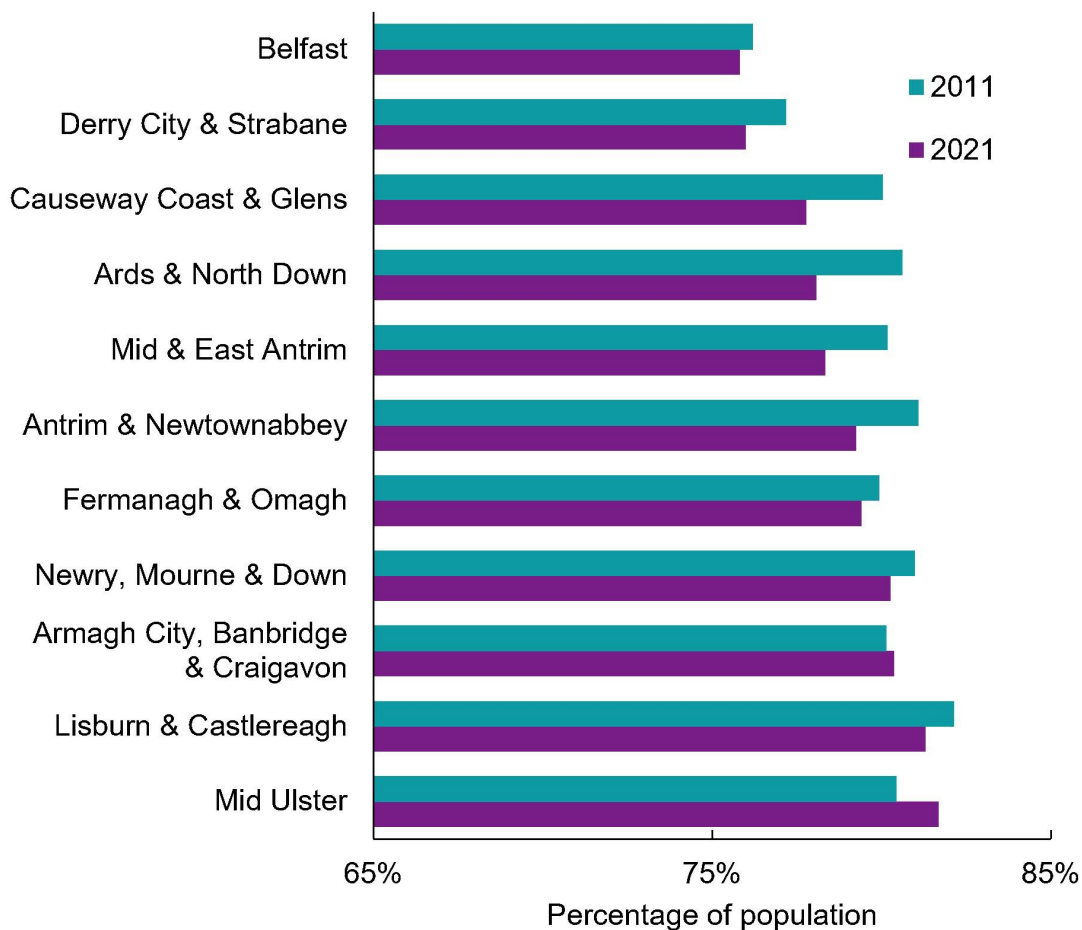
In contrast, Belfast LGD had the highest percentage of people reporting 'Bad or very bad' general health, at 10.0% or 1 person in 10. This is closely followed by Derry City & Strabane LGD at 9.5%.

The change over time in these measures across Northern Ireland is considered in the next section.

3.6. General health by Local Government District – Change over time

Figure 5 shows the percentage of the population reporting 'Good or very good' general health for each Local Government District (LGD) at the 2011 and 2021 Censuses.

Figure 5: Percentage of population with 'Good or very good' general health by LGD (2011 and 2021 Censuses) (non-zero axis)



All LGDs in both the 2011 and 2021 Censuses reported levels of 'Good or very good' general health at 75% or more.

Over the decade 9 out of the 11 LGDs have had falls in the percentage of their populations with 'Good or very good' general health. Only Armagh, Banbridge & Craigavon, and Mid Ulster LGDs have had improvements.

Figure 6 shows the converse – namely the percentage of the population with ‘Bad or very bad’ general health in the 2011 and 2021 Censuses, by LGD.

Figure 6: Percentage of population with ‘Bad or very bad’ general health by LGD (2011 and 2021 Censuses)

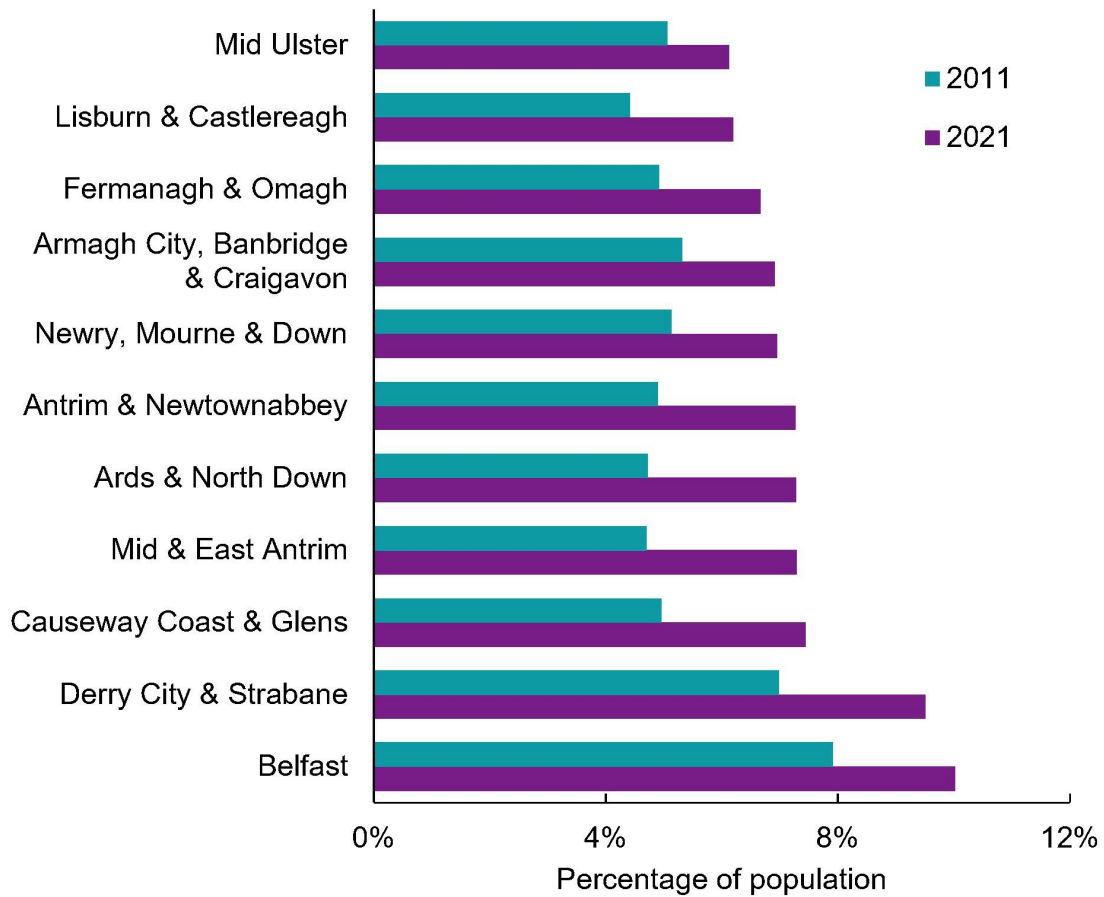


Figure 6 shows that every LGD has seen a rise over the decade in the percentage of their population reporting ‘Bad or very bad’ general health. Derry City & Strabane and Belfast remain the two areas with markedly higher levels of ‘Bad or very bad’ general health.

4. Limiting long-term health problem or disability

4.1. Questions asked

Census 2021 included a question on long-term health problem or disability. This is presented in Figure 7 (online) and Figure 8 (paper).

Figure 7: Census 2021 online – limiting long-term health problem or disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Include problems relating to old age

- No
- Yes, limited a little
- Yes, limited a lot

Save and continue

Figure 8: Census 2021 paper – limiting long-term health problem or disability

20 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

↪ Include problems related to old age.

- No
- Yes, limited a little
- Yes, limited a lot

4.2. Limiting long-term health problem or disability – Census 2021

On Census Day 2021 around 1 person in 4 (or 463,000 people) had a limiting long-term health problem or disability – see Table 5.

Table 5: Limiting long-term health problem or disability (Census 2021)

Limiting long-term health problem or disability	Population	Percentage
Not Limited	1,440,200	75.7%
Limited	463,000	24.3%
Limited a little	245,100	12.9%
Limited a lot	218,000	11.5%
Total	1,903,200	100.0%

Looking in more detail, nearly one person in every nine in Northern Ireland had a long-term health problem or disability which limited their day-to-day activities a lot (218,000 people).

Looking another way, the table also shows that 3 persons in every 4 (1,440,200 people) did not have a limiting long-term health problem or disability.

The prevalence of a limiting long-term health problem or disability is related to age and the next section analyses this in more detail from Census 2021.

4.3. Limiting long-term health problem or disability by age band – Census 2021

In Census 2021 around 1 person in 4 (or 463,000 people) had a limiting long-term health problem or disability, this varies by age and is shown in Table 6.

Table 6: Limiting long-term health problem or disability by age band (Census 2021)

Age band	Population	With a limiting long-term health problem or disability	Percentage
0-14	365,200	29,000	7.9%
15-39	594,400	75,700	12.7%
40-64	617,100	173,000	28.0%
65 or more	326,500	185,300	56.8%
All ages	1,903,200	463,000	24.3%

Over half of the population aged 65 or more (56.8% or 185,300 people) had a limiting long-term health problem or disability. In contrast, this falls to just under 8% of those aged 0 to 14.

Figure 9 displays the prevalence of limiting long-term health problem or disability by age band. The graph also includes the level of limitation ('limited a little', 'limited a lot') for each age band.

Figure 9: Limiting long-term health problem or disability by age band and level of limitation (Census 2021)

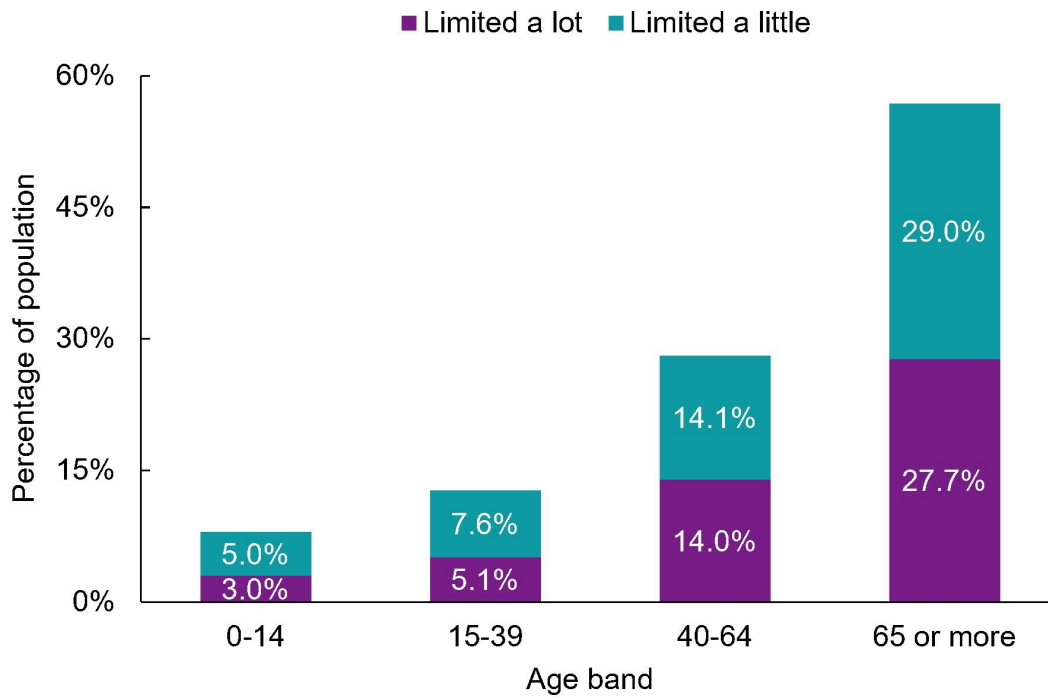


Figure 9 shows a clear age gradient for both types of limitation. The percentage of people whose day-to-day activities were limited a lot rose from 3.0% of those aged 0 to 14 years to 27.7% of those aged 65 years or more, while the percentage of people whose day-to-day activities were limited a little rose from 5.0% to 29.0%.

4.4. Limiting long-term health problem or disability – Change over time

Census 2011 included a long-term health problem or disability question that is comparable with the Census 2021 question. Table 7 shows the levels of limiting long term health problem or disability from Census 2011 and Census 2021.

Table 7: Limiting long-term health problem or disability (2011 and 2021 Census)

Limiting long-term health problem or disability	Census 2011	Percentage	Census 2021	Percentage
Not limited	1,436,200	79.3%	1,440,200	75.7%
Limited	374,600	20.7%	463,000	24.3%
Limited a little	159,400	8.8%	245,100	12.9%
Limited a lot	215,200	11.9%	218,000	11.5%
All people	1,810,900	100.0%	1,903,200	100.0%

The number of people that had a long-term health problem or disability which limited their day-to-day activities increased from 374,600 people in 2011 to 463,000 people in 2021 (or a nearly 25% increase in number over the decade). This level of increase mirrors the ageing of our population.

While the overall level of a limiting long-term health problem or disability increased from 20.7% to 24.3%, the largest change is in people whose day-to-day activities were limited ‘a little’ – up from 159,400 people in 2011 to 245,100 people in 2021.

4.5. Limiting long-term health problem or disability by Local Government District – Census 2021

There were 463,000 people in Census 2021 (24.3% of the population) who had a limiting long-term health problem or disability. This varied across the Local Government Districts (LGDs). The highest level was in Derry City & Strabane at 27.1% and the lowest level was in Mid Ulster at 21.2%. This is shown in Table 8.

Table 8: Limiting long-term health problem or disability by LGD (Census 2021)

Geography	Population	With a limiting long-term illness or disability	Percentage
Antrim & Newtownabbey	145,700	34,800	23.9%
Armagh City, Banbridge & Craigavon	218,700	48,700	22.3%
Belfast	345,400	92,300	26.7%
Causeway Coast & Glens	141,700	36,300	25.6%
Derry City & Strabane	150,800	40,800	27.1%
Fermanagh & Omagh	116,800	28,000	23.9%
Lisburn & Castlereagh	149,100	32,400	21.7%
Mid & East Antrim	139,000	34,800	25.1%
Mid Ulster	150,300	31,900	21.2%
Newry, Mourne & Down	182,100	41,700	22.9%
Ards & North Down	163,700	41,300	25.3%
Northern Ireland	1,903,200	463,000	24.3%

Within this group it is instructive to see the spatial levels of long-term health problem or disability which limit day-to-day activities a lot – as this group is likely to be those who have the greatest need for health services. Figure 10 shows the level across LGDs for Census 2021.

Figure 10: Percentage of population with long-term health problem or disability which limits activities a lot by LGD (Census 2021)

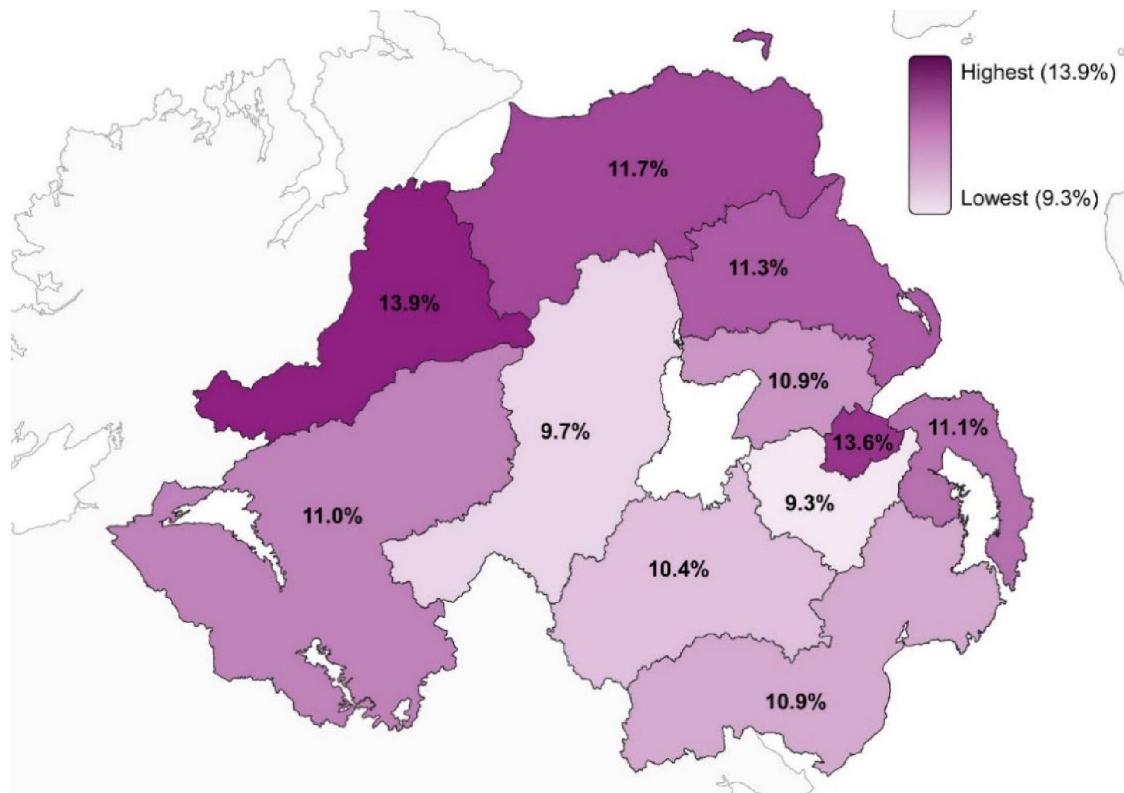


Figure 10 shows that the two urban LGDs, Derry City & Strabane and Belfast, reported the highest incidence of long-term health problem or disability which limits activities a lot at 13.9% and 13.6% of their populations.

In contrast, Lisburn & Castlereagh and Mid Ulster had the lowest levels at 9.3% and 9.7% of their populations.

4.6. Limiting long-term health problem or disability by Local Government District – Change over time

From a planning perspective it is also important to understand whether the spatial levels of limiting long-term health problem or disability change over time. Table 9 below shows how the number of people with a limiting long-term health problem or disability changes from Census 2011 to Census 2021 by Local Government District (LGD).

Table 9: Population with a limiting long-term health problem or disability by LGD (2011 and 2021 Census)

Geography	Census 2011	Census 2021	Change	Percentage Change
Antrim & Newtownabbey	26,400	34,800	+8,400	+32.0%
Armagh City, Banbridge & Craigavon	39,900	48,700	+8,900	+22.2%
Belfast	78,500	92,300	+13,800	+17.6%
Causeway Coast & Glens	28,400	36,300	+7,900	+27.8%
Derry City & Strabane	33,900	40,800	+6,900	+20.4%
Fermanagh & Omagh	23,500	28,000	+4,500	+19.1%
Lisburn & Castlereagh	24,700	32,400	+7,700	+31.2%
Mid & East Antrim	27,100	34,800	+7,800	+28.6%
Mid Ulster	26,900	31,900	+5,100	+18.9%
Newry, Mourne & Down	34,100	41,700	+7,600	+22.3%
Ards & North Down	31,500	41,300	+9,900	+31.4%
Northern Ireland	374,600	463,000	+88,400	+23.6%

All LGDs experienced an increase of 15% or more in the percentage of people who reported a long-term health problem or disability which limited day-to-day activities. Increases were highest in Antrim & Newtownabbey, Ards & North Down and Lisburn & Castlereagh and lowest in Belfast, Mid Ulster and Fermanagh & Omagh LGDs. These changes are in part a reflection of our ageing population.

5. Long-term health conditions

5.1. Questions asked

Census 2021 included questions on the type of long-term health condition for respondents. These are presented in Figure 11 (online) and Figure 12 (paper).

Figure 11: Census 2021 online – type of long health term condition

Do you have any of the following physical health conditions which have lasted, or are expected to last, at least 12 months?

Select all that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- A mobility or dexterity difficulty that requires the use of a wheelchair
- A mobility or dexterity difficulty that limits basic physical activities
For example walking or dressing
- Shortness of breath or difficulty breathing
For example Asthma

Or

- None of these conditions

Do you have any of the following other health conditions which have lasted, or are expected to last, at least 12 months?

Select all that apply

- An intellectual or learning disability
For example Down syndrome
- A learning difficulty
For example dyslexia
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition
For example depression or schizophrenia
- Frequent periods of confusion or memory loss
For example dementia
- Long-term pain or discomfort
- Other condition
For example cancer, diabetes or heart disease

Or

- None of these conditions

Figure 12: Census 2021 paper – type of long-term health condition

21 Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

➤ Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- A mobility or dexterity difficulty that requires the use of a wheelchair
- A mobility or dexterity difficulty that limits basic physical activities (for example walking or dressing)
- An intellectual or learning disability (for example Down syndrome)
- A learning difficulty (for example dyslexia)
- Autism or Asperger syndrome
- An emotional, psychological or mental health condition (for example depression or schizophrenia)
- Frequent periods of confusion or memory loss (for example dementia)
- Long-term pain or discomfort
- Shortness of breath or difficulty breathing (for example asthma)
- Other condition (for example cancer, diabetes or heart disease)
- No condition

5.2. Number of long-term health conditions – Census 2021

The Census 2021 question on type of long-term health condition allowed respondents to tick single or multiple conditions. Table 10 shows the population broken down by the number of conditions they reported.

Table 10: Population by number of long-term health conditions (Census 2021)

Number of long-term health conditions	Population	Percentage
No conditions	1,243,400	65.3%
1 or more conditions	659,800	34.7%
1 condition	344,700	18.1%
2 conditions	151,500	8.0%
3 conditions	81,100	4.3%
4 conditions	46,200	2.4%
5 or more conditions	36,400	1.9%
Total	1,903,200	100.0%

The table shows that almost two thirds of people (or 1,243,400 people) reported no long-term health condition, with the remaining 659,800 people (34.7%) reported having one or more long-term health conditions.

In total 18.1% had one long-term health condition and 16.6% of people had two or more long-term health conditions. Thus, broadly similar numbers of people had one long-term health condition as had more than one long-term health condition.

It can also be seen that almost one person in fifty (or 36,400 people) had five or more long-term health conditions.

5.3. Type of long-term health condition – Census 2021

Table 11 below shows the prevalence of specific types of long-term health conditions in the Northern Ireland population at the time of the 2021 Census.

Table 11: Prevalence of type of long-term health condition (Census 2021)

Type of long-term health condition	Number with this condition	Percentage of population with this condition
Long-term pain or discomfort	220,300	11.6%
Mobility or dexterity difficulty that limits basic physical activities	207,600	10.9%
Shortness of breath or difficulty breathing	195,800	10.3%
Emotional, psychological or mental health	165,100	8.7%
Deafness or partial hearing loss	109,500	5.8%
Learning difficulty (for example, dyslexia)	59,900	3.1%
Frequent periods of confusion or memory loss	37,800	2.0%
Autism or Asperger syndrome	35,400	1.9%
Blindness or partial sight loss	34,000	1.8%
Mobility or dexterity difficulty that requires the use of a wheelchair	28,100	1.5%
Intellectual or learning disability (for example, Down syndrome)	16,900	0.9%

The type of long-term health condition that was most frequently reported (whether solely or in combination with others) was 'Long-term pain or discomfort' (11.6% of the population or 220,300 people). The least prevalent long-term health condition was 'Intellectual or learning disability' (0.9% or 16,900 people).

5.4. Type of long-term health condition by age band – Census 2021

The prevalence of long-term conditions varies with age. Table 12 shows the prevalence by age band of those with each condition (solely or in combination with others).

Table 12: Age-specific percentage of population with long-term health condition (Census 2021)

Type of long-term health condition	Aged 0-14	Aged 15-39	Aged 40-64	Aged 65 or more	All ages
Long-term pain or discomfort	0.6%	4.4%	16.7%	27.3%	11.6%
Mobility or dexterity difficulty that limits basic physical activities	2.0%	3.6%	13.4%	29.4%	10.9%
Shortness of breath or difficulty breathing	4.7%	7.1%	11.9%	19.2%	10.3%
Emotional, psychological or mental health	1.2%	9.5%	13.1%	7.1%	8.7%
Deafness or partial hearing loss	0.5%	1.1%	4.9%	21.7%	5.8%
Learning difficulty (for example, dyslexia)	4.4%	5.0%	1.9%	0.8%	3.1%
Frequent periods of confusion or memory loss	0.1%	0.5%	1.8%	7.3%	2.0%
Autism or Asperger syndrome	5.3%	2.3%	0.3%	0.1%	1.9%
Blindness or partial sight loss	0.4%	0.6%	1.4%	6.2%	1.8%
Mobility or dexterity difficulty that requires the use of a wheelchair	0.3%	0.4%	1.2%	5.2%	1.5%
Intellectual or learning disability (for example, Down syndrome)	1.4%	1.1%	0.7%	0.4%	0.9%

Purple text is the largest age band specific prevalence

Most conditions show a standard age-gradient, however those reporting 'Autism or Asperger syndrome' tend to be younger in age (higher prevalence at age 0 to 14). Also those reporting 'Emotional, psychological or mental health' conditions tend to be middle aged (higher prevalence at age 40 to 64).

It is important to remember that the statistics presented here relate to self-reported health conditions.

5.5. Number of long-term health conditions – Change over time

A long-term health condition question was also asked in the 2011 Census. The form of the question changed from the 2011 to 2021 Census and therefore statistics are only presented on the number and percentage of the population who have any type of long-term condition. Table 13 below shows the percentage of the population with a long-term condition in Census 2011 and Census 2021.

Table 13: Number and percentage of population with a long-term condition (Census 2011 and 2021)

Long-term health condition	2011 Census	Percentage	2021 Census	Percentage
No conditions	1,241,800	68.6%	1,243,400	65.3%
1 or more conditions	569,100	31.4%	659,800	34.7%
Total	1,810,900	100.0%	1,903,200	100.0%

The figures show that over the decade the percentage of the population that reported a long-term health condition rose from 31.4% to 34.7%, up by 90,700 people. Again this increase will be driven partly by our ageing population.

5.6. Type of long-term health condition by Local Government District – Census 2021

In Census 2021 the three most prevalent long-term health conditions were ‘Long-term pain or discomfort’, ‘Mobility or dexterity difficulty that limits basic physical activities’ and ‘Shortness of breath or difficulty breathing’.

What is remarkable is that all Local Government Districts (LGDs) also had these conditions as their three most prevalent. The more detailed statistics show differences in terms of local area age specific prevalence rates in conditions like ‘Autism or Asperger syndrome’ which will be important from a policy perspective.

At the macro level an important further assessment is the number of reported long-term health conditions by LGD (see Table 14)

Table 14: Percentage of population with long-term health conditions by LGD (Census 2021)

Geography	1-4 long term conditions	5 or more long term conditions
Antrim & Newtownabbey	33.3%	1.9%
Armagh City, Banbridge & Craigavon	30.0%	1.6%
Belfast	34.9%	2.6%
Causeway Coast & Glens	34.2%	1.8%
Derry City & Strabane	34.2%	2.4%
Fermanagh & Omagh	31.9%	1.8%
Lisburn & Castlereagh	31.6%	1.6%
Mid & East Antrim	34.2%	1.9%
Mid Ulster	28.2%	1.4%
Newry, Mourne & Down	30.8%	1.7%
Ards & North Down	35.7%	1.8%
Northern Ireland	32.8%	1.9%

Belfast (2.6%) and Derry City & Strabane (2.4%) LGDs had the greatest percentage of people with five or more conditions. While Mid Ulster (1.4%), Lisburn & Castlereagh (1.6%), and Armagh City, Banbridge & Craigavon LGDs (1.6%) had the lowest.

6. Provision of unpaid care

6.1. Questions asked

Census 2021 included a question on provision of unpaid care presented in Figure 13 (online) and Figure 14 (paper).

Figure 13: Census 2021 online questionnaire – provision of unpaid care

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?

Exclude anything you do in paid employment

No

Yes, 1 to 19 hours a week

Yes, 20 to 34 hours a week


Yes, 35 to 49 hours a week

Yes, 50 hours or more a week

Save and continue

Figure 14: Census 2021 paper questionnaire – provision of unpaid care

22 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?

 Exclude anything you do in paid employment.

No

Yes, 1 to 19 hours a week

Yes, 20 to 34 hours a week

Yes, 35 to 49 hours a week

Yes, 50 hours or more a week

The statistics that follow present distributions for those aged 5 or more.

6.2. Provision of unpaid care – Census 2021

In Census 2021 one person in eight of our population aged 5 or more (or 222,200 people) noted that they provided unpaid care. Table 15 shows the overall distribution of the provision of unpaid care and the number of hours per week of unpaid care provided.

Table 15: Provision of unpaid care for population aged 5 or more (Census 2021)

Level of provision of unpaid care	Population aged 5 or more	Percentage
Does not provide unpaid care	1,567,100	87.6%
Provides unpaid care	222,200	12.4%
1-19 hours unpaid care per week	100,800	5.6%
20-34 hours unpaid care per week	24,600	1.4%
35-49 hours unpaid care per week	28,100	1.6%
50 or more hours unpaid care per week	68,700	3.8%
Total	1,789,300	100.0%

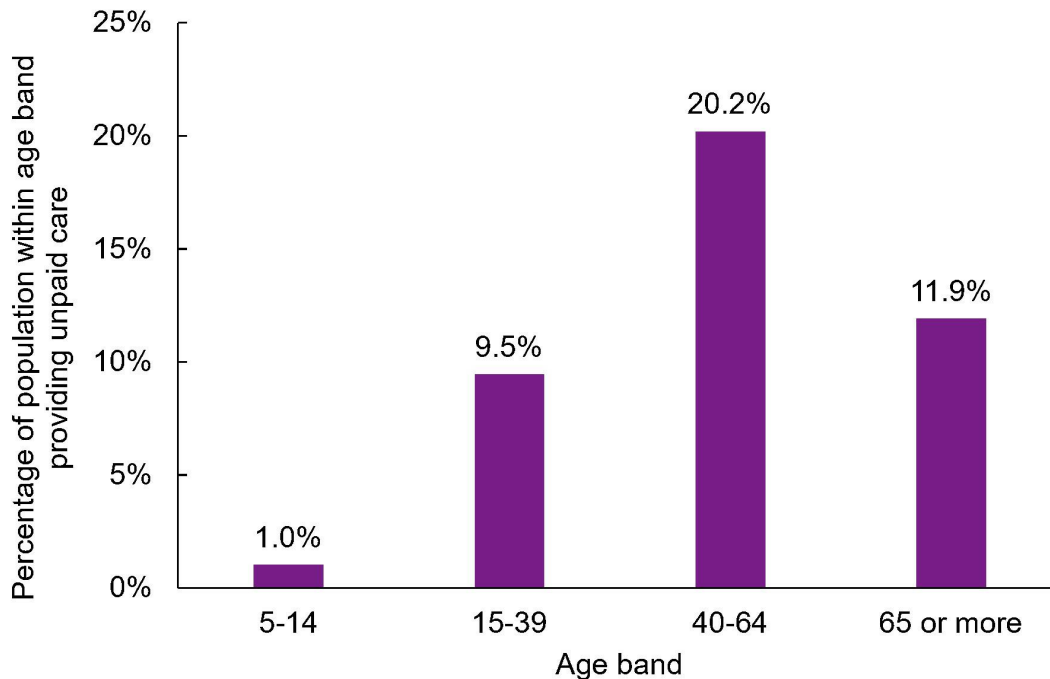
Around one person in twenty-five provided 50 or more hours unpaid care a week (or 68,700 people). For this group this will be a significant duty and form a major part of their lives.

Looking in more detail at the provision of unpaid care identifies two main types of provision. Firstly, those who provide unpaid care 1 to 19 hours each week (100,800 people) and those who provide unpaid care 50 or more hours each week (68,700 people). This distinction is important as there will be differing challenges for those in either group in terms of their ability to work, undertake education, manage their own health etc.

6.3. Provision of unpaid care by age band – Census 2021

As noted initially, one person in eight of our population aged 5 or more (or 222,200 people) provided unpaid care. Figure 15 shows this percentage broken down across four age bands.

Figure 15: Percentage of population providing unpaid care by age band (Census 2021)



Those aged 40 to 64 provided the highest level of unpaid care. In total around 20%, or one person in five, of those aged 40 to 64 provided unpaid care. The census does not ask about who the respondent provides care for, however this demographic (those aged 40 to 64) are likely to be providing care for older parents/relatives and/or children/siblings with long-term illnesses.

That said, it is important to remember that the census has recorded that all age bands provided unpaid care. The distribution of the overall numbers of people who provided unpaid care by age band is shown in Table 16.

Table 16: Provision of unpaid care by age band (Census 2021)

Age band	Provides unpaid care	Percentage of overall total
5-14	2,600	1.2%
15-39	56,200	25.3%
40-64	124,600	56.1%
65 or more	38,900	17.5%
Total	222,200	100.0%

One important point this table draws out is that 2,600 children aged 5 to 14 in Northern Ireland provide unpaid care. This situation of young carers is a further important point for policymakers to consider.

6.4. Provision of unpaid care – Change over time

A question on unpaid care has been included in each census since 2001. The headline results for the last three censuses are shown in Table 17.

Table 17: Provision of unpaid care for population aged 5 or more (2001, 2011 & 2021 Censuses)

Provision of unpaid care	Census 2001	Census 2011	Census 2021
Does not provide unpaid care	1,385,000	1,472,500	1,567,100
Provides unpaid care	185,100	214,000	222,200
Total population aged 5 or more	1,570,000	1,686,500	1,789,300
Percentage providing unpaid care	11.8%	12.7%	12.4%

There has been an increase in the number of people providing unpaid care, up from 185,100 people in 2001 to 222,200 people in 2021. However, this is in line with our growing population, therefore the percentage of the population who provide unpaid care has stayed broadly constant over the last two decades at around one person in eight (12.4% in 2021).

However, Table 17 above masks an important change. Table 18 shows the number of people providing 50 or more hours of unpaid care each week for the last three censuses. This number has risen from 46,700 people in 2001 to 68,700 people in 2021 or up from 3.0% of the population in 2001 to 3.8% in 2021. Thus, the provision of extensive unpaid care is increasing. This is an important point for policymakers to consider and is again likely to be related to our ageing population.

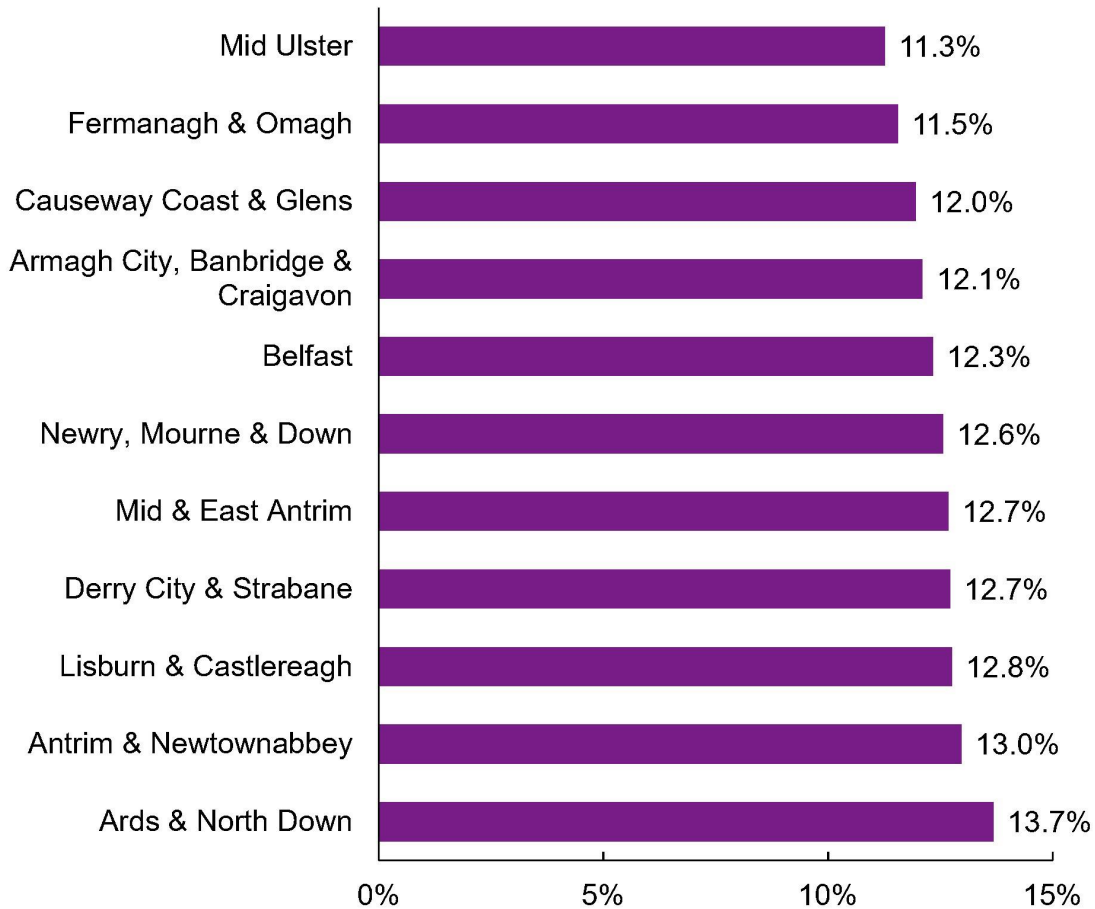
Table 18: Provision of unpaid care 50 or more hours per week (2001, 2011 & 2021 Censuses)

Provision of unpaid care	Census 2001	Census 2011	Census 2021
Provides 50 or more hours unpaid care per week	46,700	56,300	68,700
Total population aged 5 or more	1,570,000	1,686,500	1,789,300
Percentage providing 50 or more hours unpaid care per week	3.0%	3.3%	3.8%

6.5. Provision of unpaid care by Local Government District – Census 2021

Figure 17 shows the level of unpaid care provided in each of the Local Government Districts (LGD) across Northern Ireland.

Figure 10: Percentage of population aged 5 or more providing unpaid care by LGD (Census 2021)



Ards & North Down LGD had the highest percentage of people who provide unpaid care (13.7%), while Mid Ulster had the lowest (11.3%). The graph shows that there are broadly similar levels of the provision of unpaid care across the LGDs.

7. Associated outputs

[Census 2021 outputs on health, disability and unpaid care](#) are available to download from the NISRA website, they include:

- MS-D01 General health by broad age bands
- MS-D02 Long-term health problem or disability by broad age bands
- MS-D03 Number of residents in household with a limiting long-term health problem or disability
- MS-D04 Number of long-term health conditions
- MS-D05 Type of long-term condition: Deafness or partial hearing loss by broad age bands
- MS-D06 Type of long-term condition: Blindness or partial sight loss by broad age bands
- MS-D07 Type of long-term condition: Mobility or dexterity difficulty that requires the use of a wheelchair by broad age bands
- MS-D08 Type of long-term condition: Mobility or dexterity difficulty that limits basic physical activities by broad age bands
- MS-D09 Type of long-term condition: Intellectual or learning disability by broad age bands
- MS-D10 Type of long-term condition: Learning difficulty by broad age bands
- MS-D11 Type of long-term condition: Autism or Asperger syndrome by broad age bands
- MS-D12 Type of long-term condition: Emotional, psychological or mental health condition by broad age bands
- MS-D13 Type of long-term condition: Frequent periods of confusion or memory loss by broad age bands
- MS-D14 Type of long-term condition: Long-term pain or discomfort by broad age bands
- MS-D15 Type of long-term condition: Shortness of breath or difficulty breathing by broad age bands
- MS-D16 Type of long-term condition: Other condition by broad age bands
- MS-D17 Provision of unpaid care by broad age bands

A series of [commissioned tables from the 2011 Census](#) have also been produced to support the commentary for Census 2021 outputs on health, disability and unpaid care.

8. Further information

Census statistics are produced by the Northern Ireland Statistics and Research Agency free from political influence. In May 2022, following a full assessment, the United Kingdom Statistics Authority designated these statistics as National Statistics, in accordance with the [Statistics and Registration Service Act 2007](#) and the [Code of Practice for Statistics](#). National Statistics status means that the statistics meet the highest standards of trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards.

The census plays a fundamental role in the provision of official statistics – census data are used to inform key policies, plan key services and allocate public funds.

8.1. Quality of the results

The census data collection operation was supported by an independent [coverage survey](#). The coverage survey along with administrative data and information from the field operation were combined to allow statistical estimates to be made of the small percentage of people who did not make a return. The statistical estimates discussed here, as with all Census 2021 outputs, reflect the full population of Northern Ireland.

Further information on accuracy, coverage and imputation is provided on the NISRA website in the [Census 2021 quality assurance report \(PDF 275 KB\)](#).

8.2. Confidentiality

Census Office has taken steps to ensure that the confidentiality of respondents is fully protected. All published results from the census have been subject to statistical processes to ensure that individuals cannot be identified. For more information, please refer to the [statistical disclosure control methodology](#). These processes may result in very marginally different results between tables for the same statistic.

8.3. Comparability with previous censuses

The census is designed to provide the most accurate possible picture of the population on the day the census is taken. Whilst this report contains a small number of historical tables that give comparisons at the Northern Ireland level of some key statistics, users should be aware that comparisons may be affected by other differences, in particular, between the census questionnaires, impacts of issues of the day, etc.

As the last three censuses (2001, 2011 and 2021) were all adjusted for under-enumeration and reflect the Northern Ireland population on census day, this supports comparisons between those censuses.

8.4. Supporting material

A number of [supporting documents](#) are available on the census pages of the NISRA website. These documents describe the census methodology in more detail, the quality assurance processes applied, the paper questionnaire used in the census, and a full list of definitions and output classifications.

8.5. More details

Further information on the statistics provided in this publication can be obtained from Census Customer Services at:

Telephone: 028 9025 5156
Email: census@nisra.gov.uk
Responsible Statistician: Dr David Marshall

This report was made possible by the co-operation of the public in responding to the census, the commitment of the census field and headquarters staff, and the assistance of many other people and organisations throughout all aspects of the census. The Registrar General for Northern Ireland, who is responsible for the planning, conduct and reporting of the census, would like to thank all of those who contributed to the census.

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