Information paper

The 2011 Census: Assessment of initial user requirements on content for England and Wales
- Health and Care

Office for National Statistics, March 2006

1. Summary

In May 2005 ONS published a consultation document 'The 2011 Census: Initial view on content for England and Wales'. Responses were received from nearly 500 users, presenting arguments for the inclusion of around 70 topics (over 2,000 'topic responses').

Each topic was evaluated using the criteria detailed in the consultation document and a scoring system based on the criteria was used to rank the topics according to the strength of user requirement.

This paper provides a summary of the user requirements, and the scores given, for the following topics:

- Health status
- Long-term illness or disability
- Carer information
- Nature of long-term illness or disability
- Lifestyle
- Fertility
- Use of childcare
- Wheelchair use

2. Health Status: Total Score=82

2.1 Introduction

In the ONS consultation document published in May 2005, the topic of health status was placed in category 2, meaning that ONS believed further work was required before a decision could be made on whether to include this topic in the 2011 Census.

There were over 95 responses received commenting on the subject of health status from a variety of central government, local authority and other data users.

2.2 User Need: Score=9

A range of potential uses of information on health status has been identified from across the Census user community.

Health status is used as an indicator in the formula for resource allocation because self-reported health is a strong predictor of utilisation of health services. The classification of 'not good' self-reported health tends to be strongly associated with higher use of hospital services. The Department of Health stated that "*the health indicators from the 2001 Census have been found to significantly explain need in the various models used in resource allocation*". This use was also identified by a number of local government authorities and Primary Care Trusts.

Information on health status would also be used for policy development and monitoring. The Department of Health stated that "*perceived health status is a key indicator of the underlying health of the population for defined groups and geographical areas. It is used for policy development in relation to delivery of health care, assessment of progress towards better population health, and reduction of health inequalities*".

Data on ill-health are highly correlated with other forms of deprivation, and therefore, health status information is also used in analyses of deprivation, for example the Index of Multiple Deprivation 2004.

Health status data would also be useful for identifying health inequalities. Information on self-reported health from the 2001 Census was used alongside other measures of health, such as mortality data, to identify health inequalities. Based on this information, certain areas were able to bid for funding for projects to address these inequalities.

It is also suggested that information on health status could be used commercially to project future trends, particularly for pharmaceutical companies and funeral directors. The Co-operative Group Ltd stated that "*health status is a highly correlated variable with customer spending frequencies and patterns*".

2.3 Small Geographies and Populations: Score=8

Information on health status would be required for small geographies as there is a lot of local variation in health. Without information being available at the small area level, services might be provided in the wrong areas. Small area data would also support delivery of the public health agenda set out in Department of Health White Paper '*Choosing Health*'. Users suggest that information is required at Super Output Area level to achieve this.

A question on health status would need to identify small population groups to allow the uses outlined in the User Need section of this report to be completed effectively.

2.4 Alternative Sources: Score = 8

The majority of responses to the consultation conclude that there are no suitable alternative sources to the Census for the collection of national information on health status.

There are a number of sources that can provide data on levels of ill health, but there are problems associated with these and none can provide information on perceived health status down to small levels of geography. Merthyr Tydfil Council suggested that "*hospital admission data could be used to show higher levels of ill health in certain areas, however, this does not reflect the burden of illness treated or managed outside the hospital setting*".

The NHS Connecting for Health Programme was also mentioned by a number of users, however most respondents concluded that the data produced by this programme will not be a suitable substitute for Census data.

Although a number of sample surveys ask people about their perceived health status, the data are not available for a small enough level of geography and the coverage is not as complete as the Census. The Department of Health stated that "*the use of alternative variables would produce less reliable resource allocation formulae with less explanatory power. Given the large size of NHS revenue allocations allocated using the formulae this could have a significant impact on allocations*".

2.5 Multivariate Analysis: Score = 7

Information on health status would be analysed with most other Census variables in order for particular patterns within discrete communities to be distinguished, and to understand the range of dimensions of health inequality.

Analyses with ethnicity, educational attainment, and labour market data are suggested by various users.

2.6 UK Comparability: Score = 7

The majority of users who responded to the consultation state that health status information is required for the whole of the UK. This is needed for national policy formation and would allow the data to be analysed nationally in a consistent and comparable manner.

2.7 Continuity: Score = 4

Information on health status was collected from the UK Census for the first time in 2001.

2.8 Conclusion

The consultation responses identified a number of uses for data on health status from a variety of respondents. Of these uses, resource allocation and policy development/monitoring are the most common reasons cited by respondents, including central government, for requiring the information.

The majority of users requested that the data should be available at small levels of geography and this should be Super Output Area level if all users are to be satisfied. No alternative source that meets user requirements exists, and is unlikely to do so by 2011. A good case was made for using health status information for multivariate analysis, and there is a strong case for requiring the information for the whole of the UK. A question on health status was included in the Census for the first time in 2001.

There is a clear requirement for this information at detailed levels of geography. We know that the health status question asked in the 2001 Census collected

information in a manner that satisfied user requirements. The question is unlikely to change significantly for the 2011 Census. Therefore, the topic of health status has moved from category 2 to category 1.

3. Long-Term Illness or Disability: Total Score=82

3.1 Introduction

In the ONS consultation document published in May 2005, the topic of long-term illness and disability was placed in category 2, meaning that ONS believed further work was required before a decision could be made on whether to include this topic in the 2011 Census.

There were over 100 responses received commenting on the subject of long-term illness and disability from a variety of central government, local authority and other data users.

3.2 User Need: Score=9

A range of potential uses of information on long-term illness and disability have been identified from across the Census user community.

Long-term illness is used as an indicator in the formula for resource allocation because it is a strong predictor of higher utilisation of health service resources. The Department of Health stated that "*the health indicators from the 2001 Census have been found to significantly explain need in the various models used in resource allocation*". Local Standardised Illness Ratios, calculated from limiting long-term illness Census data, have been applied extensively in National Health Service resource allocation formulae for many years. This use was also identified by a number of local government authorities and Primary Care Trusts.

Information on disability is also essential for resource allocation. The Department for Work and Pensions has the primary policy lead in dealing with the disabled community and the Disability and Carer Service is the agency set up to support the disabled community. They stated that "*the planning of its work and the resource allocation to provide a relevant service need accurate information on the numbers of disabled*". For Local Labour Market Area assessments, which are used for resource allocation, local authorities need to know the percentage of economically active disabled people in the area.

Information on long-term illness and disability is important for policy development. The Department of Health stated that "*limiting long-term illness is a key indicator of the level of sickness in defined populations and geographical areas. It is used for policy development in relation to delivery of health care, assessment of progress towards better population health, and reduction of health inequalities*". Information on disability is useful for devising policies to improve access to services, such as adult education and leisure facilities.

The inclusion of a question on disability would also provide the data necessary to measure progress on disability equality, which is the core principle of the Disability Discrimination Act 2005. The Office of the Deputy Prime Minister (ODPM) stated that local authorities "*will need to know the numbers of disabled people within their local authority in a statistically accurate way, to assess their own performance on employment, service delivery and monitoring*". This use was also identified by a number of local government authorities and other organisations.

The information could also be used to measure deprivation. Limiting long-term illness is used as a measure of health deprivation, and disability data is used to identify where disabled people suffer social deprivation.

3.3 Small Geographies and Populations: Score=8

Information on long-term illness and disability would be required for small geographies as high levels of long-term illness and disability can often be hidden

at higher levels of geography. Without information being available at the small area level, services might be provided in the wrong areas. Users suggest that information is required at Super Output Area level to avoid this.

A question on long-term illness and disability would need to identify small populations to assist the development and monitoring of health policies and programmes in respect of particular population groups.

3.4 Alternative Sources: Score=7

The next best alternative to Census data on long-term illness and disability would be clinical/hospital admission data. This data would show levels of poor health in local areas, however does not reflect the burden of illness and disability treated or managed outside the hospital setting, and so does not give a complete picture of long-term illness and disability in the UK.

Other sources of information on long-term illness and disability include national household surveys and benefits data. However, the national household surveys have small sample sizes which prevent analysis of small geographies and populations. Data on disability related benefits is available by Super Output Area, however, not all people affected claim benefits and the data does not account for disabled people who are in employment.

Many users conclude that there are no suitable alternative sources to the Census that meet all of their requirements. ODPM stated that "*there is no other appropriate source for disability data at a local authority level*".

3.5 Multivariate Analysis: Score=7

Information on long-term illness and disability would be analysed with a range of other Census variables to achieve the uses outlined in the User Need section of this report.

Analyses with employment status and economic activity are suggested by various users. Bolton Metropolitan Borough Council said that this would be to "*assess the labour market activities of people with a long-term illness or disability, and to determine where policies should be targeted to help people overcome this potential barrier to work*".

3.6 UK Comparability: Score=7

The majority of users who responded to the consultation state that long-term illness and disability information is required for the whole of the UK. This is needed for national policy formation and would allow the data to be analysed nationally in a consistent and comparable manner.

3.7 Continuity: Score=8

Information on limiting long-term illness and disability has been collected in the UK Census since 1991. Some information on disability was also collected between 1851 and 1911.

3.8 Conclusion

The consultation responses identified a number of uses for data on long-term illness and disability, from a variety of respondents. Of these uses, resource allocation and policy development/monitoring are the most common reasons cited by respondents, including central government, for requiring the information.

The majority of users requested that the data should be available at small levels of geography and this should be Super Output Area level if all users are to be satisfied. A number of alternative sources of the information do exist, however, none of these sources fully satisfy user requirements. A good case was made for

using long-term illness and disability information for multivariate analysis, and there is a strong case for requiring the information for the whole of the UK. Information on long-term illness and disability has been collected in previous Censuses.

There is a clear requirement for this information at detailed levels of geography. Although the questions used in previous Censuses are likely to change for 2011, we know that we can collect this information in a manner that satisfies user requirements. Therefore, the topic of long-term illness and disability has moved from category 2 to category 1.

4. Carer Information: Total Score=74

4.1 Introduction

In the ONS consultation document published in May 2005, the topic of carer information was placed in category 2, meaning that ONS believed further work was required before a decision could be made on whether to include this topic in the 2011 Census.

There were over 100 responses received commenting on the subject of carer information from a variety of central government, local authority and other data users.

4.2 User Need: Score=8

A wide range of potential uses of information on carers have been identified from across the Census user community.

Carer information is essential for service provision and policy development. The Department of Health stated that "*provision of unpaid care is a key indicator of the level of support being given in defined populations and geographical areas and has important implications for the future delivery of health and care services. It is used for policy development in relation to delivery of health care, assessment of progress towards better population health, and reduction of health inequalities*". These uses were also identified by a number of local government authorities and other organisations.

Information on carers is also needed to inform resource allocation. This is done via the National Strategy for Carers and Local Labour Market Area Assessments, for which local authorities need to know the percentage of people in the area who have carer responsibilities.

Information on carers would also be used to tackle the social exclusion often experienced by carers. The Princess Royal Trust for Carers said that "*carers experience social isolation, poor health, poverty and are often excluded from the job market, education and leisure opportunities because of their caring responsibilities. Tackling social exclusion and poverty are government targets and the topic of carers must be included to enable appropriate plans to be put in place*".

Carer information would be useful given the introduction of the Carers and Disabled Children Act 2000. The Office of the Deputy Prime Minister (ODPM) stated that "*this data would help local authorities assess their likely duties under this legislation, in particular to establish the range of potential needs for carers, e.g. elderly carers, carers from different ethnic backgrounds, disabled carers*". The act gives local councils the power to supply certain services direct to carers following assessment of their needs.

Carer information would also provide information on the health standards of people in the UK – both in terms of whether people are ill enough to need looking after and the health of carers themselves.

With an increasingly ageing population, there is likely to be an increase in the numbers of people caring for those who are sick, disabled or elderly in future years. Therefore, the demand for this information is likely to be even greater by the time of the 2011 Census.

4.3 Small Geographies and Populations: Score=8

Information on carers would be required for small geographies to allow effective targeting of resources, services and policies. Users suggest that information

would be required at Super Output Area level to achieve this. The incidence of carers and the amount of time they spend caring varies greatly between areas. Lack of information at the small area level may result in services being provided in the wrong geographical area.

As carers are only a small subset of the population, a question on carers would need to identify small population groups to allow all of the uses outlined in the User Need section of this report to be completed effectively.

4.4 Alternative Sources: Score=6

The next best alternative to Census data on carers would be data held by local authority Social Services departments. However, this data does not include information about anyone who has not engaged with their local Social Services provider.

There are a number of other alternative sources of carer information available, such as household surveys and Department of Health data. However, the sample sizes of the household surveys are not large enough for small area analysis and Department of Health data does not provide information on unpaid care.

Many users conclude that there are no suitable alternative sources to the Census that meet all of their requirements. ODPM stated that "*other data sources specifically focus on formal care provision and fail to pick up the amount of hours and the type of support given by informal (unpaid) carers to a family member or close relative*".

4.5 Multivariate Analysis: Score=7

Information on carers would be analysed with a range of other Census variables to achieve the uses outlined in the User Need section of this report.

Analyses with sex, age, health, education, and employment are suggested by various users to inform policy development and monitoring.

4.6 UK Comparability: Score=8

Almost all users who responded to the consultation state that carer information is required for the whole of the UK. This is essential for national policy formation and would allow the data to be analysed nationally in a consistent and comparable manner.

4.7 Continuity: Score=5

Information on carers was collected in the 2001 Census, however was not collected in any Census previous to this. The question used in 2001 is unlikely to change significantly for the 2011 Census.

4.8 Conclusion

The consultation responses identified a number of uses of carer information from a variety of respondents. Of these uses, service provision and policy development/monitoring were the most common reasons that respondents cited for requiring the information. Many users, including those from central government, also suggested that carer information would be used to aid resource allocation.

The majority of users requested that the data should be available at small levels of geography and this should be Super Output Area level if all users are to be satisfied. A number of alternative sources of carer information were identified, however these do not fully satisfy user requirements. A good case was made for using carer information for multivariate analysis, and it is clear that carer

information is required across the UK. A question about carers was included in the Census for the first time in 2001.

There is a clear requirement for this information at detailed levels of geography. We know that the carers question asked in the 2001 Census collected accurate information in a manner that satisfied user requirements. The question is unlikely to change significantly for the 2011 Census. Therefore, the topic of carer information has moved from category 2 to category 1.

5. Nature of Long-Term Illness or Disability: Total Score=61

5.1 Introduction

In the ONS consultation document published in May 2005, the topic of nature of long-term illness and disability was placed in category 3, meaning that ONS believed that there was insufficient evidence of user demand to justify the inclusion of this topic in the 2011 Census.

There were over 60 responses received commenting on the subject of long-term illness and disability from a variety of central government, local authority and other data users.

5.2 User Need: Score=7

A number of potential uses of information on the nature of long-term illness or disability have been identified from across the Census user community.

The main use of this information would be to inform the development and monitoring of policies for tackling inequality and social exclusion, as different impairment groups suffer differing social barriers. The Equal Opportunities Commission stated that the information would "*allow analysis of the differing experiences of groups of disabled people in terms of education, employment, income, etc.*"

Information on the nature of long-term illness or disability could also be used to inform service provision. Worcestershire County Council stated that "*different disabilities/illnesses require different services*". Having reliable data on the types of illnesses and disabilities prevalent in an area would enable local authorities to better plan service provision and access to services.

The information would also be helpful in understanding the nature and range of adaptations needed to housing, and supported housing required through the local housing authority. The cost of adaptations, purchasing of equipment, the number of staff required, etc, are all related to the severity of illness and disability.

Cambridgeshire County Council suggested that the information "*should help in identifying opportunities for people to become employed if they are either inactive or unemployed*".

The inclusion of a question on the nature of long-term illness or disability in the Census could also help local authorities to meet their statutory requirements under the Disability Discrimination Act, Accessibility Strategy, etc.

5.3 Small Geographies and Populations: Score=7

Information on the nature of long-term illness or disability would be required for small geographies to enable service providers to understand the needs of the different communities in the local area. Users suggest that information is required at Super Output Area level to achieve this.

A question on the nature of long-term illness and disability would need to identify small populations as the prevalence of illness and disability is likely to be concentrated into particular groups of the population.

5.4 Alternative Sources: Score=5

The next best alternative to Census data on the nature of long-term illnesses and disabilities would be benefits data from The Department for Work and Pensions. This data shows, in some detail, the causes of illness or disability suffered by those claiming health-related benefits. However, this information is limited to those people that actually claim benefits. Merseyside Local Authorities also stated

that "*people claiming multiple benefits get lost in the mix and therefore the data cannot provide an accurate representation of the real numbers of people suffering from different ailments*".

Other sources of information on the nature of long-term illnesses and disabilities include data from the Department of Health, Social Services data, and a number of household surveys, such as the Labour Force Survey. However, data from the Department of Health is limited to those that are receiving health treatment, and Social Services data only covers those who are in contact with, or receive services from, their local Social Services provider. The sample sizes used in household surveys are too small to allow detailed small area analysis. The surveys also provide insufficient coverage of the disabled population by sampling private households only, and therefore excluding disabled people who live in other accommodation, such as residential institutions.

Many users conclude that there are no suitable alternative sources to the Census that meet all of their requirements.

5.5 Multivariate Analysis: Score=5

Information on nature of long-term illness or disability could be analysed with a number of other Census variables.

Analysis with economic activity, to assess the labour market activities of people with different types of illnesses and disabilities, is suggested by various users.

5.6 UK Comparability: Score=8

Almost all users who responded to the consultation stated that information on the nature of long-term illness or disability is required for the whole of the UK. This would allow the data to be analysed nationally in a consistent and comparable manner and would help local authorities to meet the requirements of the Disability Discrimination Act 2005.

5.7 Continuity: Score=0

A question on the nature of long-term illness or disability has not been asked in any previous Census.

5.8 Conclusion

Informing service provision and policy development were the most common reasons cited by respondents for requiring information on the nature of long-term illnesses and disabilities. The majority of users requested that the data should be available at Super Output Area level if all users are to be satisfied. There are a number of alternative sources of data on the nature of long-term illness or disability, although none of these fully satisfies user requirements. There is some interest in using the information for multivariate analysis, and a strong requirement for the information to be available for the whole of the UK. A question about the nature of long-term illnesses and disabilities has not been included in the Census before.

A user requirement to collect this information has been identified and work is currently underway to establish whether questions can be developed to accurately collect the information in a manner that satisfies this requirement. Therefore, the topic of nature of long-term illness or disability has moved from category 3 to category 2.

6. Lifestyle: Total Score=59

6.1 Introduction

In the ONS consultation document published in May 2005, the topic of lifestyle was not mentioned. However, over 15 responses were received supporting the collection of information on lifestyle from the 2011 Census. Respondents included the Office of the Deputy Prime Minister (ODPM), local authorities, and a number of other data users.

6.2 User Need: Score=6

The majority of responses on lifestyle requested information on smoking to be collected, however, requests for information on drinking, diet, exercise, height, and weight were also received.

Information on lifestyle could be used to inform resource allocation and service provision. Gloucestershire County Council stated that "*the impact of smoking, excessive alcohol consumption and obesity are being reported as key health issues in the UK. Information on these health issues would enable better targeting of resources, particularly in terms of education and health services*". It was also suggested that information on physical activity could inform the allocation and targeting of resources applied to sports development activity.

Information on smoking would be useful as smoking is a large contributor towards health inequalities. ODPM stated that "*the inclusion of a question examining smoking status and establishing prevalence and rates of smoking among the population would support the health inequalities targets that the government now has in place*". Information on smoking would also feed into other health inequalities floor targets on life expectancy, cancer rates, heart diseases, and strokes.

Preston Primary Care Trust suggested that information on an individual's previous rate of smoking "*would enable an evaluation of the success of anti-smoking campaigns*". It was also suggested that information on an individual's previous rate of alcohol consumption would help to evaluate alcohol reduction campaigns.

6.3 Small Geographies and Populations: Score=8

Information on lifestyle would be required for small geographies to enable services and resources to be targeted effectively. Users suggest that information would be required at Super Output Area level to achieve this.

A question on lifestyle would need to identify small population groups as there can be variations in lifestyle between different population groups. ODPM stated that "*there are differences in smoking prevalence amongst different ethnic groups*".

6.4 Alternative Sources: Score=5

There are a number of alternative sources of information on lifestyle that go some way to meeting user requirements, including the Health Survey for England and the General Household Survey. Both of these surveys ask questions about smoking prevalence. However, these sources do not fully satisfy user requirements. Small sample sizes are used, which means that the data is not available for a small enough level of geography. This makes it hard to draw solid conclusions about smoking prevalence among different groups.

A number of respondents also suggested that some information on lifestyle could be obtained from the patient register. However, the accuracy of this data may be questionable as patients may hide smoking or drinking from health professionals.

There are also problems with sharing this data because of issues with confidentiality and disclosure.

London Borough of Hounslow stated that "*a Census question would give a more accurate assessment of the situation and give a better indication of how to improve services aimed at helping people to improve their lifestyle*".

6.5 Multivariate Analysis: Score=7

Information on lifestyle would be analysed with a large number of other Census variables. This would help to target specific groups of the population where health issues are most prevalent.

6.6 UK Comparability: Score=8

Almost all users who responded to the consultation stated that information on lifestyle is required for the UK as a whole. This would enable consistent and comparable national analysis, and would enable the variation across the UK to be understood. Preston Primary Care Trust stated that "*rates of smoking and smoking quit rates vary widely across the UK. It is important from a public health perspective to analyse possible reasons for this, and the implications for anti-smoking policies*".

6.7 Continuity: Score=0

A question on lifestyle has not been asked on any previous Census.

6.8 Conclusion

Respondents suggested that information on lifestyle would be used to inform service provision and resource allocation, and to support government health targets. The data should be available at Super Output Area level if all users are to be satisfied. Alternative sources of information on lifestyle are available, however, there are problems associated with these sources and they do not fully satisfy user requirements. The information would be used for multivariate analysis, and there is a strong requirement for the data to be available for the whole of the UK. No question about lifestyle has been asked in previous UK Censuses.

Although the consultation responses identified a user requirement for information on lifestyle, ONS does not believe that this requirement is strong enough to justify collecting this information from the 2011 Census. Consequently, the topic of lifestyle has been classified as a category 3 topic and the collection of information on lifestyle from the 2011 Census will not be considered further.

7. Fertility: Total Score=46

7.1 Introduction
In the ONS consultation document published in May 2005, the topic of fertility was not mentioned. However, one individual responded to the consultation in support of the collection of information on fertility from the 2011 Census.

7.2 User Need: Score=4
The main use of information on fertility would be for research purposes. The respondent stated that "*fertility research in the UK has become more important than ever with the persistence now for over 30 years of sub-replacement fertility*".

It was suggested that there is a also a growing interest in information on fertility because of increasing concerns that the family and labour-market situation continues to make it difficult for women to have the family that they say they want, and because persistent low fertility exacerbates the future level of population ageing. The respondent stated that "*without comprehensive information on fertility histories by parity and also by birth interval for all births, it is very difficult to analyse these issues*".

7.3 Small Geographies and Populations: Score=4
Information on fertility would be required at Local Authority level to achieve the uses outlined in the User Need section of this report.

7.4 Alternative Sources: Score=7
Information on fertility is available from reconstructions carried out by marrying data from the General Household Survey to birth registrations. However, this is an indirect process which does not permit detailed analysis. The Longitudinal Study also provides information on fertility, however, the sample size used is too small for many kinds of analysis, and the data is indeterminate for years after the last decennial Census. The individual who responded stated that "*this leads to parity analyses restricted in scope and subject to convoluted and indirect processes*". It was also said that "*there is no direct source of data on births by parity covering all the population*".

7.5 Multivariate Analysis: Score=6
Information on fertility could be analysed with a range of other Census variables, such as qualifications and occupation, to analyse the variation of fertility in the population. Several local authorities also suggested, in their responses regarding religion, that analysis of fertility by religion could be used to improve population projections.

7.6 UK Comparability: Score=3
Information on fertility being available for the UK as a whole would increase understanding of national population dynamics, and could improve national and sub-national population projections.

7.7 Continuity: Score=1
Questions on fertility were included on the Census questionnaire between 1951 and 1971.

7.8 Conclusion
Information on fertility, cross-classified with other Census variables, would be used for research purposes. Alternative sources of information are available, however, these sources do not fully satisfy user requirements. There is some requirement to have the data available for the UK as a whole, however, this is not

essential. Questions about fertility were asked in the Census between 1951 and 1971.

Although the consultation responses identified some user requirement for information on fertility, ONS does not believe that this requirement is strong enough to justify collecting this information from the 2011 Census. Consequently, the topic of fertility has been classified as a category 3 topic and the collection of information on fertility from the 2011 Census will not be considered further.

8. Use of Childcare: Total Score=47

8.1 Introduction

In the ONS consultation document published in May 2005, the topic of use of childcare was not mentioned. However, approximately 10 responses were received, from local authorities and other data users, supporting the collection of information on use of childcare from the 2011 Census.

8.2 User Need: Score=5

The main use of information on use of childcare would be to support the delivery of the 10 Year Strategy for Childcare. The strategy emphasises promoting and supporting flexible local delivery of services to achieve improved outcomes for children. Surrey County Council stated that "*a new duty is placed on local authorities to secure sufficient childcare to meet the needs of their areas. Information on the use of childcare is needed to properly assess the supply and demand for childcare places*".

The information could also help local authorities to monitor the provision of childcare. Blackburn with Darwen Borough Council stated that "*the Every Child Matters Green Paper, Children Act 2004, and the Children and Young People's Plan all emphasise the need for local government authorities to properly assess, plan and monitor the provision of childcare and education*".

The Childcare and Early Education Service for the Isle of Wight suggested that, if appropriately worded, a question on the use of childcare would "*provide valuable information upon the popularity of the various options, alongside the availability*".

8.3 Small Geographies and Populations: Score=7

Information on use of childcare would be required for small geographies to help local authorities to meet their duties under the Childcare Bill. The Bill states that local authorities need to "*ensure that at a community level the authority is taking strategic action with its partners to address gaps in childcare*". Information would be required at Super Output Area level to achieve this.

A question on use of childcare would need to identify small population groups so that differences between different ethnic groups, different occupations, etc, could be understood.

8.4 Alternative Sources: Score=4

Information is available on the number of registered childcare places, however, this does not provide users with any information on the number of families accessing childcare. Blackburn with Darwen Borough Council stated that "*in order to maximise this information it needs to be supplemented by information on the use of childcare*". Local surveys can provide information on use of childcare, however, they are unable to provide regional and national comparisons.

Most respondents felt that there is currently no alternative source of information on use of childcare that meets all of their requirements. Blackburn with Darwen Borough Council stated that "*the 2011 Census needs to provide a source of information which can facilitate an overview of the use of formal and informal childcare at a national and local level*".

8.5 Multivariate Analysis: Score=4

Information on use of childcare could be analysed with a number of other Census variables. Analyses with ethnicity and occupation are suggested by a number of users.

8.6 UK Comparability: Score = 6

Most users who responded to the consultation stated that information on use of childcare is required for the UK as a whole. This would support the 10 Year Strategy for Childcare, which is a national initiative.

8.7 Continuity: Score = 0

A question on use of childcare has not been asked in any previous Census.

8.8 Conclusion

Respondents suggested that information on use of childcare would be used to support the delivery of plans and strategies that are aimed at securing sufficient childcare to meet the needs of an area. The data should be available at Super Output Area level if all users are to be satisfied. Alternative sources of information on use of childcare are available, however, these do not fully satisfy user requirements. The information could be used for multivariate analysis, and there is a requirement for the data to be available for the whole of the UK. No question about use of childcare has been asked in previous UK Censuses.

Although the consultation responses identified a user requirement for information on use of childcare, ONS does not believe that this requirement is strong enough to justify collecting this information from the 2011 Census. Consequently, the topic of use of childcare has been classified as a category 3 topic and the collection of information on use of childcare from the 2011 Census will not be considered further.

9. Wheelchair Use: Total Score=55

9.1 Introduction
In the ONS consultation document published in May 2005, the topic of wheelchair use was not mentioned. However, seven responses were received supporting the collection of information on wheelchair use from the 2011 Census.

9.2 User Need: Score=5
Information on wheelchair use would be used to inform the provision of services, such as local transport and housing adaptations. London Borough of Hammersmith and Fulham stated that "*data on wheelchair users is important as an input to the distribution of public services and special housing* needs". The Federation of Irish Societies stated that "*our housing association affiliates inform us that they require information on wheelchair use because of the increasing requirements to build mobility units*".

9.3 Small Geographies and Populations: Score=7
Information on wheelchair use would be required for small geographies to enable services to be targeted effectively. Information would be required at Super Output Area level to achieve this.

A question on wheelchair use would need to identify small population groups to allow the uses outlined in the User Need section of this report to be completed effectively.

9.4 Alternative Sources: Score=8
All responses to the consultation concluded that there is no suitable alternative to the Census for the collection of national information on wheelchair use.

9.5 Multivariate Analysis: Score=6
Information on wheelchair use would be analysed with a number of other Census variables, such as accommodation type and tenure, to achieve the uses outlined in the User Need section of this report.

9.6 UK Comparability: Score=2
It was suggested that UK-wide data could be useful, enabling comparisons to be made. However, London Borough of Harrow stated that "*England and Wales data is more generally used*".

9.7 Continuity: Score=0
A question on wheelchair use has not previously been asked in the Census.

9.8 Conclusion
Respondents suggested that information on wheelchair use would be used to inform service provision. The data should be available at Super Output Area level if all users are to be satisfied. No alternative sources of information on wheelchair use are available. There is some requirement to use the data for multivariate analysis, however, UK-wide data is not essential. No question about wheelchair use has been asked in previous UK Censuses.

Although the consultation responses identified some user requirement for information on wheelchair use, ONS does not believe that this requirement is strong enough to justify collecting this information from the 2011 Census. Consequently, the topic of wheelchair use has been classified as a category 3 topic and the collection of information on wheelchair use from the 2011 Census will not be considered further.