

neighbours, and less than 1 per cent would be unhappy having a Reform or secular Jew living next door. This expressed a feeling of security in living in what was perceived to be a Jewish neighbourhood as well as a widespread desire to live with other Jews.

However, more than a quarter of all respondents (27 per cent) said they would be unhappy living next door to Haredi (strictly Orthodox) Jewish neighbours. This suggested that many Leeds Jews wished to maintain a secular Jewish lifestyle with a low profile. This, in turn, suggested a preference for a Jewish ethnic identity over a religious one.

Neighbourhood stability

We were also concerned with residential and neighbourhood stability. The decline in the size of the Leeds Jewish population since the end of the Second World War suggests that there has been a steady migration of Jews out of Leeds over the years. However, the extent of this is difficult to assess because surveys are usually conducted at the source of the out-migration and thus only encounter stayers, i.e. those remaining. Uncovering emigrants requires a different approach, and is always more difficult than finding people *in situ*. Given this caveat, the Leeds community appeared to be residentially stable with more than 3 of every 5 respondents having lived at their current address for more than a decade. In contrast, only 22 per cent had moved to their current address during the previous five years and just 3 per cent had moved in the year prior to the survey. These figures were roughly similar to the findings in the older suburbs of Greater London.²³

A similar picture emerged regarding possible future moves. Whereas 18 per cent of respondents expected to remain at their present address for at least another ten years, more than half said that they did not know where they would be living a decade hence, which strongly suggested that they were not contemplating an imminent move. In response to a separate question and reflecting this general picture, 59 per cent asserted that they were not currently considering a move; only a small proportion (6 per cent) expected that they would not be living at their current address two years hence.

Fifteen per cent of respondents stated that they thought their next change of address might involve a move to sheltered housing or residential care. The 218 sample households responding to this question might well have represented perhaps between 400 and 500 actual Jewish households throughout Leeds. This figure suggested that a considerable demand on the resources of the LJHA can be expected in the short and medium terms.

Considering the possibility of moving is largely hypothetical, except when a move is likely to occur in the near future. Actually doing something about moving is different altogether. Three-quarters of the almost 300 respondents who stated that they were currently *considering* a move had *not yet taken any action* in this regard; just 1 in 6 were currently searching for alternative accommodation. Only 3 per cent had actually made an offer on a new home and another 3 per cent had signed a contract to purchase one. Of those who had made an actual decision to move and who knew the location of their intended abode, three-quarters gave an address somewhere else in the LS17 postal district. Of the remaining quarter of this already small sample, one household was moving to the London area, and three to another place in the United Kingdom, figures replicated among those actively searching. In this regard, 83 per cent were looking in LS17, 4 per cent in Harrogate, 6 per cent in Greater Manchester, 6 per cent in Greater London, 8 per cent elsewhere in the United Kingdom and a single household was emigrating to Israel.

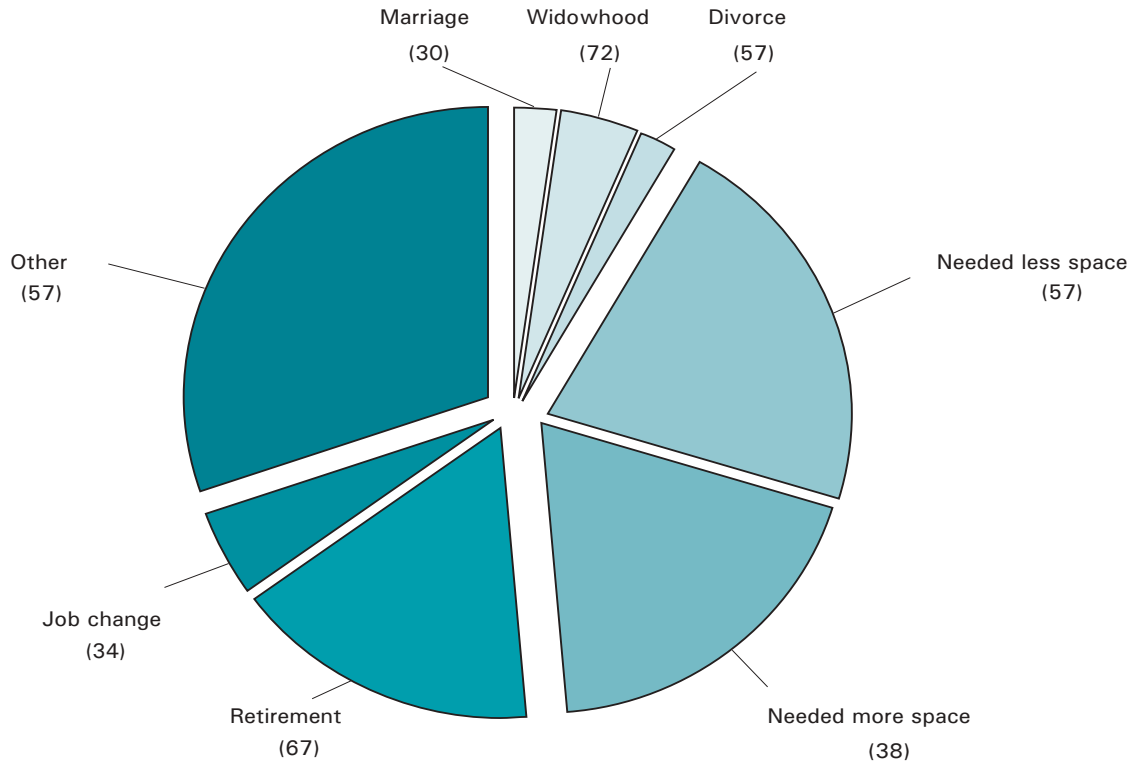
Reasons for wishing to move varied. For many, it was a matter of the size of the accommodation, some needing less space and others more; some respondents wanted to move because they had just retired. Other reasons for moving included marriage, widowhood, divorce, education, job changes and so on. In general, younger households expressed a need for more space, whereas the opposite was true for older people. The principal reason mentioned by respondents in the 45–64 age bracket was a demand for smaller dwelling units, whereas people aged 65 and over were more likely to give retirement as the reason for moving, as the journey to work was eliminated from their daily routine (see Figure 5).

Car ownership

Three-quarters of all respondents had access to an automobile; more than half of those had access to

²³ Becher *et al.*, 20 (Table 3.2).

Figure 5: Reasons for moving, with median ages of respondents (survey)



more than one car, and 7 per cent had access to more than two. However, these figures can also present a wholly different picture, in that a quarter of all respondents depended either on public

transport or the good will of others for getting about. Two-thirds of all those without access to a car were aged 75 or over. Coupled with difficulties that many older people have with using public transport, this is a major issue for social planners. In contrast to the older people, the 45–59 age group were the most mobile; although they numbered just over a quarter of all respondents, they comprised more than a third of all two-car households, and two-thirds of all those with access to more than two cars (see Table 16). These data were corroborated by the Census findings.

Table 16: Access to vehicles among Leeds Jews (survey and Census*)

Number of vehicles	Number of respondents	Percentage (survey)**	Percentage (Census)
0	374	25.0	24.0
1	506	33.8	38.2
2 or more	616	41.2	37.8
Total	1,122	100	100

*Households with Jewish HRP (Household Reference Person)

** 25 per cent of survey respondents (374 individuals) did not answer this question, and it was assumed that a large proportion of these did not have access to a vehicle.

Health and infirmity

The general state of health of a community is of significance for its own sake but takes on added importance in an ageing community in which ill health and infirmity not only restrict an individual's ability to function but also drain the financial resources of the community's social services.

Alcohol consumption

Over two-thirds of the respondents described themselves as occasional drinkers, while a fifth did

Table 17: Physical exercise among Leeds Jews, by age cohort (survey)

Amount of exercise	25–34	35–44	45–54	55–59	60–64	65–69	70–74	75+
I don't exercise and I don't intend to	7.6	5.0	11.3	10.1	17.2	12.5	21.5	39.8
I don't exercise but I'm thinking about doing so	9.8	8.6	10.4	11.6	6.3	4.2	7.6	2.2
I do exercise once in a while but not regularly	28.3	35.7	30.7	27.5	36.7	32.5	31.3	30.5
I exercise regularly but only started recently	8.7	8.6	5.6	5.8	3.9	5.0	3.5	1.1
I exercise regularly and have done for some time	45.7	42.1	42.0	44.9	35.9	45.8	36.1	26.3
Total	100	100	100	100	100	100	100	100
Base	92	140	231	138	128	120	144	357

not drink at all. Only 9 per cent regularly drank the equivalent of up to a pint of beer a day and only 3 per cent more than that, figures that contrast starkly with general drinking patterns in the United Kingdom.²⁴ Those aged 75 or over were the most temperate among Leeds Jews and, somewhat surprisingly, the 65–69 age cohort were those most likely to drink.

Smoking

The sobriety of Leeds Jews was matched by their smoking habits. More than 9 out of 10 respondents (91 per cent) did not smoke at all, and half of those who did smoke consumed less than ten cigarettes a day.²⁵ The survey found that the heaviest smokers were aged between 25 and 44, but even among these, smoking rates were just about half the national average. In general, women smoked more than men, about twice as much for light smokers (10 or less a day).

24 In England in 1998, 38 per cent of men had drunk more than 4 units of alcohol on at least one day in the previous week, about a fifth of women (20 per cent) had drunk more than 3 units of alcohol on at least one day in the previous week; 20 per cent of men had drunk more than 8 units of alcohol on at least one day in the previous week, and 8 per cent of women had drunk more than 6 units. In 1998 mean weekly alcohol consumption in England was 16.4 units for men and 6.4 units for women. See Becher *et al.*, 26.

25 The comparable figures for England were: 27 per cent of all adults aged 16 or over smoked cigarettes (28 per cent of men and 26 per cent of women). Cigarette smoking among adults has dropped substantially—from 40 per cent—in the last two decades. See Becher *et al.*, 27.

Physical exercise

In response to a question concerning exercise, a large proportion (42 per cent) of the respondents stated that they exercised regularly. Moreover, the vast majority among these said that they had been doing so for some time. Another 32 per cent said that, although they did exercise, they did not do so regularly. Just over a quarter of the sample reported taking no exercise. This proportion rose to over 40 per cent among the older respondents (75 or over) and was lowest among those aged under 45. These relatively high proportions of the population exercising indicated a population that was conscious of health issues (see Table 17).

Income and medical provision for older people

The statistics relating to smoking, drinking and exercising applied to the sample as a whole. Although health issues are of vital significance for everyone, they are particularly relevant for a group with such a high proportion of older people as the Jewish community in Leeds. As people age, they are more likely to develop specific medical conditions. As older people tend to live alone and to have lower incomes than the population at large, these are added issues that demand the attention of community planners and welfare providers.²⁶

26 This section on older people borrows from Oliver Valins, *Facing the Future: The Provision of Long-term Care Facilities for Older Jewish People in the United Kingdom* (London: Institute for Jewish Policy Research 2002), ch. 5.

Fifty-five per cent of the respondents aged 75 or over were female, 54 per cent were widowed and more than 60 per cent were living alone. This latter figure compared unfavourably with the 21 per cent of respondents to the survey questionnaire who were aged under 75 and lived alone, as well as with the British figure of 48 per cent for those over 75 who lived alone and were widowed. These older Leeds respondents also had relatively low annual incomes. Approximately a third reported gross household incomes of under £5,000 per annum, whereas less than a quarter (23 per cent) had incomes of more than £20,000 per year (the comparable figure for those under 75 was 71 per cent). Given that most people in this group were retired, this income distribution was not surprising. However, reinforcing our understanding of the burden that older people place on community social services, 56 per cent stated that they had no arrangements for retirement income other than the national pension scheme, thus challenging the stereotype of Jews as universally well off and able to 'look after their own'. Women (74 per cent) were almost twice as likely as men (38 per cent) to have no private or occupational pension scheme. While most of those with supplementary pension schemes thought that such schemes would permit them, on retirement, to maintain the lifestyle to which they had become accustomed, a fifth did not. In this respect, men were more concerned than women.

The health of older Leeds Jews

For community planning purposes, it is important to determine the extent of specific medical conditions, especially among older people. Over 70 per cent of older Jews in Leeds had some longstanding illness, disability or infirmity; for the vast majority (82 per cent of this sub-sample), this limited their activities. Thus, more than half of those over 75 were restricted in the extent and type of activities in which they could participate. These rates were slightly higher than for the British population as a whole, of which 66 per cent of those aged 75 or over reported a longstanding illness, disability or infirmity.

Table 18 shows the proportions of older Leeds Jews compared with those under 75 who stated that they had a range of specific medical conditions. The most common disorder was high blood pressure; almost half of those aged 75 or over reported this condition compared with less than half that rate for those under 75. One in 5 older respondents also

reported heart disease, compared to less than 1 in 12 persons under 75. Depression and anxiety rates were relatively high among older Jews, another point of concern for communal planners.

Table 18: Medical conditions of Leeds Jews

Condition	75+ with condition (%)	Under 75 with condition (%)
High blood pressure	46	22
Heart disease	20	8
Asthma	12	13
Anxiety	10	7
Diabetes	9	5
Depression	6	8
Cancer	4	3
Parkinson's disease	1.8	< 1.0
Drug dependency	1.5	< 1.0
Crohn's disease	1.3	1.8
Alzheimer's disease/dementia	1.3	< 1.0
Autoimmune disease (e.g. MS, lupus)	1.0	1.3
Eating disorder	< 1.0	1.0

Table 19 shows data from the Census for people aged 65 or over. It indicates that the general pattern of health for the Jewish population in Leeds was similar to that of the population of England and Wales as a whole but that, in general, the

Table 19: Limiting long-term illness and general health of people aged 65 or over (Census)

General health	Leeds Jews (%)	England & Wales (%)
With limiting long-term illness		
Good or fairly good health	27.4	29.4
Not good health	29.0	22.2
With no limiting long-term illness		
Good or fairly good health	41.2	46.9
Not good health	2.4	1.6

proportion of Jews not in good health was higher than for the whole population, probably because there were more 'old-old' in the Jewish population. Comparing the Leeds Jewish figures with the United Kingdom as a whole (where equivalent data exist), older Leeds Jews had higher self-reported rates of at least some medical conditions. According to the 1998 General Household Survey, 5 per cent of women and 4.3 per cent of men aged 75 or over reported having asthma, compared with 12 per cent of older Leeds Jews. In the Health Survey for England, 8.7 per cent of men and 6.6 per cent of women aged 75 or over reported diabetes, whereas in Leeds 9 per cent of older Jews reported this condition.²⁷

Eighty-five per cent of older Leeds Jews had visited their local doctor in the three months prior to the survey, with a quarter having done so more than three times. For the older population in the United Kingdom as a whole, 61 per cent visited their doctor in the three months before the Census. More than half (52 per cent) the older respondents in Leeds had visited a specialist during the same period and 15 per cent were on a waiting list for a surgical procedure; almost 4 per cent had been waiting for more than a year.

Mobility

Another key set of data needed by communal planners concerns the extent to which people are physically mobile and able to carry out essential tasks within their own homes. This is important for ascertaining their level of independence and thus for estimating the demand for domiciliary services. It is also an indicator of future demand for long-term care facilities (see Table 20).

Older Jewish respondents in Leeds were able to complete most household tasks on their own,

though with varying degrees of difficulty, and managed better on their own than the general British population aged 75 or over: 27 per cent in Leeds could not go shopping on their own, compared with 31 per cent generally; 9 per cent in Leeds could not climb up and down stairs on their own, compared with 14 per cent nationally; 3 per cent in Leeds needed help dressing and undressing, whereas 8 per cent in Britain required such assistance; less than 1 per cent of Leeds Jews needed assistance to get in and out of bed, while the figure for the general population was 3 per cent; and less than 1 per cent in Leeds could not manage to get to the toilet on their own, compared with 2 per cent generally. Ten per cent needed help with bathing or showering. The exception to this pattern was that 16 per cent of older Leeds Jews were unable to make a hot meal on their own compared with 11 per cent for the population as a whole. What this showed was that, whereas most older Leeds Jews could cope with a variety of household tasks, many still required help and even more had difficulties with completing activities outside the home. Many had mobility problems, with over a quarter of the respondents (26 per cent) unable to use public transport at all.

In terms of domiciliary support, 14 per cent of older Leeds Jews received help with everyday household tasks from social services, compared with 17 per cent of older people nationally. Slightly less than 30 per cent of older Leeds Jews stated that people—including relatives and friends who were unpaid—came to help them with everyday tasks. Of those requiring assistance, over two-thirds had just a single helper, 14 per cent had two helpers and 17 per cent had three or more. Around 5 per cent of older Jews in Leeds received meals-on-wheels at least twice or three times a month (the same figure as for Britain generally) and 8 per cent had visited a day centre for older people (compared with 5 per cent for the population as a whole).

The ease with which family and friends are able to visit these older people is also important in terms of the informal support systems available. Jews have a long history of strong family ties and, particularly in Leeds, they live in neighbourhoods with high Jewish concentrations. When we asked how long it would take for the friend or family member living closest to reach them in case of emergency, 96 per cent responded that that person could reach them in less than an hour. As most older Jews lived in

²⁷ The reported diabetes figure for the entire adult British population was 3.3 per cent for men and 2.5 per cent for women, compared with 5 per cent for Leeds Jews under 75. However, it is important to draw distinctions between the *reporting* of conditions and actual *prevalence* rates. For example, there is known to be an under-reporting of diabetes with perhaps as many as one million people unaware that they have the condition. The higher rates of diabetes and asthma reported by the Leeds Jewish community may reflect higher numbers of Jews having these (and other) conditions; on the other hand, it may be that they are simply more aware of their health than the general population, reflecting their higher educational level.

Jewish neighbourhoods, two-thirds had Jewish next-door neighbours and 86 per cent stated that they knew of other Jews living on the same street. Yet, despite this, 13 per cent said that friends and

relatives visited them less than once a month (compared with 10 per cent generally), and 2.5 per cent reported never receiving any visitors (the same as for the country as a whole).

Table 20: Ease with which Leeds Jews aged 75 or over can carry out essential tasks

Tasks	On my own very easily (%)	On my own fairly easily (%)	On my own with difficulty (%)	Only with help (%)	Not at all (%)
Getting to the toilet	65	23	11	< 1	0
Dressing and undressing	63	27	7	3	0
Getting in and out of bed	60	30	9	< 1	0
Bathing or showering	55	23	12	10	0
Making hot meals	51	23	10	5	11
Going shopping	41	21	11	16	11
Using public transport	41	18	11	4	26
Getting up and down stairs	39	30	22	5	4

