

# Health and disability in Britain's Jewish population

Details from the 2011 Census

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David Graham

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The **Institute for Jewish Policy Research (JPR)** is a London-based independent research organisation, consultancy and think-tank. It aims to advance the prospects of Jewish communities in Britain and across Europe by conducting research and developing policy in partnership with those best placed to influence Jewish life.

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The funding for this report comes from an anonymous donor.

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## Executive summary

### General health

- One in twenty (13,532) Jewish people in the UK report having 'Bad' or 'Very bad' general health.
- General health is inextricably linked to age. From their mid-seventies onwards, the prevalence of Bad and Very bad general health among Jews rises steeply. By their late eighties, a quarter (24%) of all Jewish people report poor general health.
- At older ages, Jewish women are more likely to report poor general health than Jewish men.
- Jews in lower socio-economic brackets are five times more likely to report poor general health than Jews in higher socio-economic brackets.
- Other factors impacting general health are marital status (marriage v divorce), lifestyle (e.g. smoking v not smoking) and unemployment.
- Approximately 5,000 Jewish retirees in England and Wales report Bad health and about 1,250 report Very bad health.
- However, after taking the older average age of the Jewish population into account, Jews are among the healthiest of all religious and ethnic groups.

### Disability and limiting health conditions

- 17% of UK Jews (or 45,833 people) experience a chronic health problem or disability which limits their daily activities.
- There are 23,757 Jewish people in the UK who are limited 'a little' and 22,076 who are limited 'a lot' in their daily activities.
- Over half (51%) of Jews who are limited 'a lot' by a health condition are aged 75 years and above.

- 80% of Jews aged 85-89 years old have a limiting health condition, rising to 91% for those aged 90 years and above.
- Compared with other groups, and after controlling for age, Jews exhibit a very low prevalence of long-term disability.
- Half (49%) of all Jews with a condition which limits them a lot (almost 10,600 people), also report having Bad or Very bad general health.
- Limiting conditions are more prevalent among Jews in lower socio-economic classes, among the unemployed and among those who are receiving government benefits.
- In 2011, 5,600 Jews aged 16 and above self-classified as being 'Long-term sick or disabled' and were therefore not working. This is 19% fewer than in 2001.

### Other census data on Jewish health

- 3,525 Jewish people in the UK were living permanently in medical and care establishments in 2011, a decline of 19% since 2001.
- In England and Wales 1,831 Jews live in a 'care home with nursing'; there are twice as many women as men in these facilities.
- Approximately 9% of Jews aged 75 and above lived in care facilities in 2011, the same proportion as did in 2001. This is the case for 29% of Jews aged 90 and above.
- About 27,400 Jewish people provide unpaid care to family members and friends in the UK. Care providers are most likely to be aged in their fifties and female.
- Data for Scotland indicate that 9% of Jews living there suffer from 'Deafness or partial hearing loss', 8% have a 'Physical disability', 5.5% have a 'Mental health condition' and 3% have 'Blindness or partial sight loss'.

## Introduction

The Census contained a number of questions relating to health, and this report summarises the key findings from these data relating to Britain's Jewish population.

The 2011 Census was held on 27th March 2011 and many of these figures have only recently become available. The broad reach and high level of detail contained in census data are used by policy makers and communal professionals alike to chart the extent of social and economic issues in the community, as well as change over time.

Census data on health provide us with key information about the general health of the Jewish population, as well as the prevalence of disability in 2011. Data are also available regarding unpaid care provision, inability to work due to poor health and (in Scotland and Northern Ireland) certain medical conditions. The results presented here scratch the surface of what is potentially available in terms of coverage, geographic detail and cross-tabulations.

JPR also holds a considerable amount of information on health and welfare in its 2013 National Jewish Community Survey (NJCS) dataset, much of which has not yet been analysed. In addition, detailed data on Jewish health are also available from the GP Patient Survey.<sup>1</sup> In all cases, JPR is happy to advise clients about how data from these various sources could help inform their day-to-day operations and planning.

### Technical Notes

The UK's national census is a coordinated exercise carried out by three national statistical agencies: the Office for National Statistics (ONS) in England and Wales, National Records of Scotland (NRS) (formerly under the General Register Office for Scotland (GROS)), and the Northern Ireland Statistics and Research Agency (NISRA). Unless otherwise stated, data in this report relate to England and Wales only. All census data are Crown copyright.

References in this report to the 'UK' do not include data on Northern Ireland where the total Jewish population is under 400 and health data are available on request.

The wording of the relevant census questions can be found in Appendices III and IV. A table code identifier is included in Appendix V.

Unless otherwise stated, all data in this report relate to enumerated census figures. However, census data are inevitably subject to a certain level of undercount. This is partly due to the unique, voluntary status of the religion question (leading to undercount through non-response), and partly due to the placing of the category 'Jewish' within a religion-only question. In general, the undercount was limited (7.2% for the UK population as a whole)<sup>2</sup> and JPR's NJCS data suggest that Jews were *more* likely to answer the religion question than the general population (the Jewish non-response level being 4.5%). However, the survey also indicated that whilst proportionately more Jews than non-Jews did answer the religion question, they did not necessarily report their *religion* as Jewish. Rather, some responded to the question by saying they had 'No Religion' and others responded with another religion (despite reporting to JPR they were Jewish, whether or not by religion). More specifically, 8,806 people identified as Jews in the 2011 Census either by Jewish ethnic group or Jewish national identity, rather than by Jewish religion.<sup>3</sup> All told, JPR's survey data—which avoid associating the label Jewish within any particular identity parameters—suggest that Jewish non-response based on religion was around 15%.<sup>4</sup>

2 Source: ONS Table KS209.

3 2011 Census data from table CT0275 – Ethnic group (write-in responses) by religion and CT0282 – National identity by religion.

4 JPR's NJCS 2013 weighted survey results were: 85% Jewish, 4.5% Not stated, 8.9% No Religion, 1.6% other religion. N=3,736. The implication is that, for example, 1,000 enumerated Jews equates to an adjusted figure of 1,175 Jews (note it does not equate with 1,150 as 15% relates to an unknown number of people: Jews who responded, as well as Jews who did not respond).

1 See <https://gp-patient.co.uk/about>.

## Part 1. General health

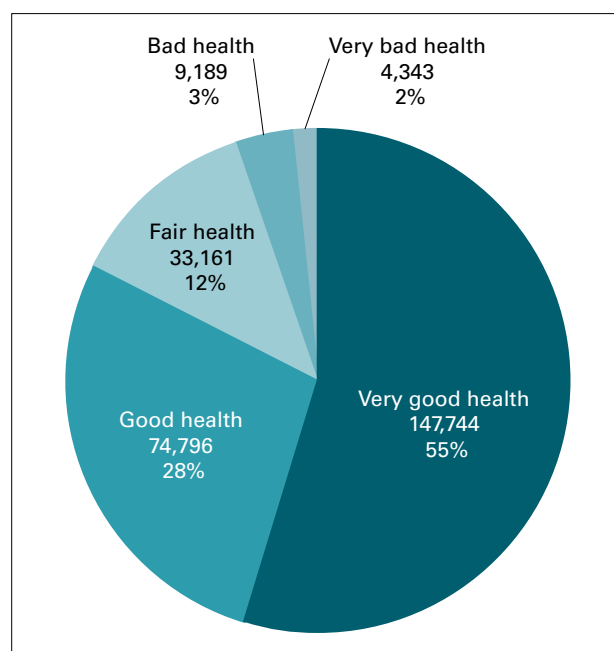
The census question on general health asks every person to make a self-assessment of their general state of health based on a five point scale ranging from 'Very good' to 'Very bad'. Being a subjective assessment, we must recognise that what one person may identify as 'good', another may identify as 'fair'. Further, the assessment is distinguished in the census from a separate question on limitations to day-to-day activities due to a long-term health problem or disability (explored in Part 2 of this report). General health data help government and community groups to develop and monitor policy on the delivery of health care, to reduce health inequalities and to assess the progress towards improving the general health of the population.<sup>5</sup>

Four out of five Jewish people (83%) report having good health. Nevertheless, one in twenty (5% or 13,532) Jews in the UK report their general health to be 'Bad' or 'Very bad' (Figure 1).

Between 2001 and 2011 the census's general health question wording was substantially altered (see Appendix III and IV). This was carried out in order to align 2011 census data with data from other national surveys covering health, and to improve the quality of the data being collected.<sup>6</sup> Unfortunately, this means that much of the general health data from 2001 cannot be directly compared with data from 2011.<sup>7</sup> Therefore, it is not possible to say with any level of confidence how general Jewish health has changed over the decade using census data on general health. 2001 Census data on Jewish health have been discussed in detail in a previous JPR report.<sup>8</sup> However, for completeness, the data have been placed side by side in Appendix II (page 23) of this report.

- 5 2011 Census Variable and Classification Information: Part 3, January 2014, p.10.
- 6 ONS 2012 '2011 Census User Guide: 2011-2001 Census in England and Wales Questionnaire Comparability', p.30.
- 7 Op. cit. 2012. See also: Smith, M. and White, C. (2009), "An investigation into the impact of question change on estimates of General Health Status and Healthy Life Expectancy," *Health Statistics Quarterly* No. 41, Office for National Statistics, pp.28-41 (see in particular p.31).
- 8 Graham, D., Schmol, M., and Waterman, S. (2007). *Jews in Britain: a snapshot from the 2001 Census*. Report No. 1. Institute for Jewish Policy Research: London

Figure 1. General health (self-assessed), Jewish population 2011, UK\*



\* Note enumerated health data for England and Wales are currently unavailable at the most disaggregated level so these data are based on estimates using 2011 SAR data. Enumerated census data for England and Wales are: 'Very good or Good health' = 217,839, 'Fair health' = 32,330, 'Bad or Very bad health' = 13,177. Source: ONS Table DC3203, ONS 2011 SAR (N=2,572), NRS Table AT062.

Despite this, an improvement in general Jewish health may nevertheless be expected for the simple reason that the Jewish population, uniquely, became younger over the period, and age and health are closely related. The median Jewish age declined from 43 years in 2001 to 41 years in 2011.<sup>9</sup> Two factors led to this reduction. First, there was a decline in the number of Jewish people, especially women, aged 70 to 89 years (see Appendix I, Table 10) in the Jewish population—there were at least 4,800 fewer Jews in this age group in 2011 than in 2001.<sup>10</sup> Second, considerable growth occurred among the *haredi* (strictly Orthodox) population due to high fertility (see Appendix I, page 20).<sup>11</sup>

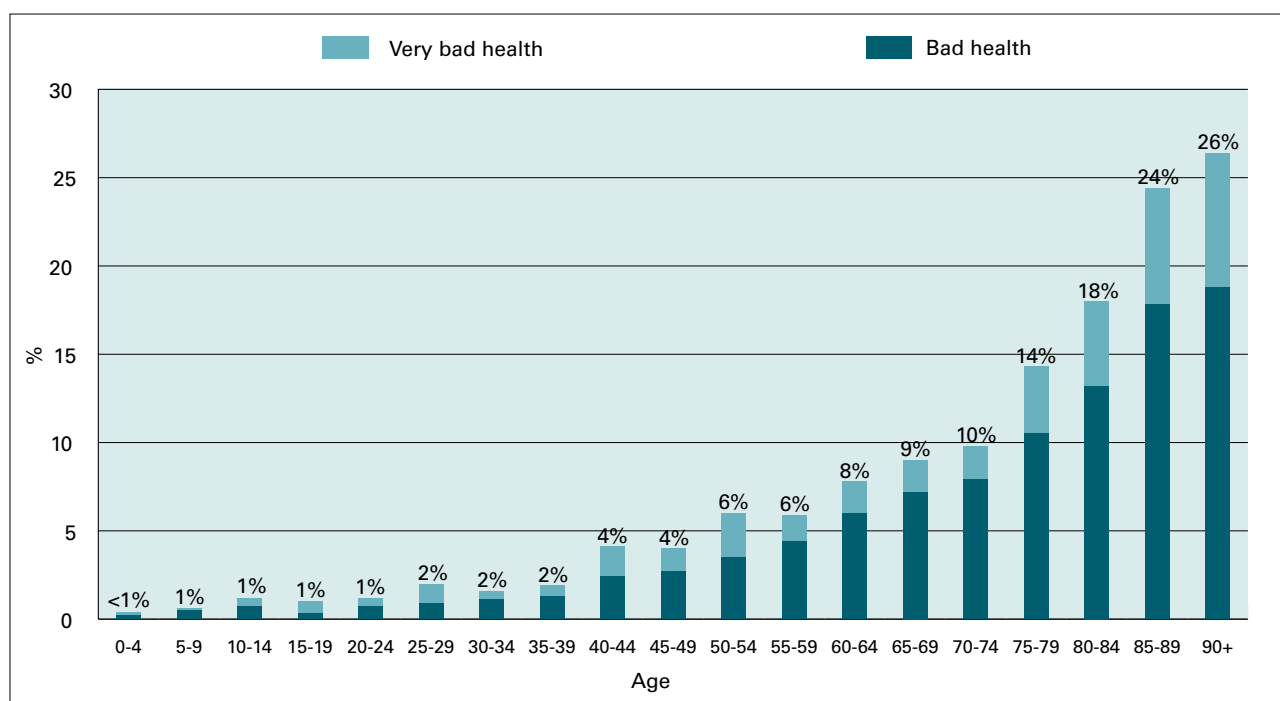
- 9 Indeed, Jews were the only religious group to experience such a reduction. Source: ONS Tables CT0291 and M278.
- 10 Source: ONS Tables CT0291 and M277. If non-response to the religion question is taken into account this decline amounts to over 5,600 people.
- 11 See further: Graham, D. (2013). *2011 Census results (England and Wales): A tale of two Jewish populations*. London: Institute for Jewish Policy Research.

Table 1. Places with the highest proportion of Jews reporting 'Bad' or 'Very bad' health, 2011\*

Local Authority (LA)	Number of Jewish people with 'Bad' or 'Very bad' health in area	Proportion of Jewish population in area with 'Bad' or 'Very bad' health	Proportion of Jewish population in area aged 65 and above
Southend-on-Sea	242	11.3%	41%
Tower Hamlets	134	10.4%	25%
Bournemouth	124	9.2%	48%
Waltham Forest	113	9.0%	24%
Redbridge	895	8.8%	34%
Manchester	220	8.4%	25%
Brighton and Hove	213	8.0%	32%
Liverpool	172	8.0%	33%
Brent	312	7.2%	33%
Havering	81	7.0%	22%
<b>England and Wales</b>	<b>13,177</b>	<b>5.0%</b>	<b>21%</b>

\* For LAs with 1,000 or more Jewish people  
Source: LC3203

Figure 2. Proportion of cohort with 'Bad' or 'Very bad' (self-described) general health by age, Jewish population, 2011, England and Wales



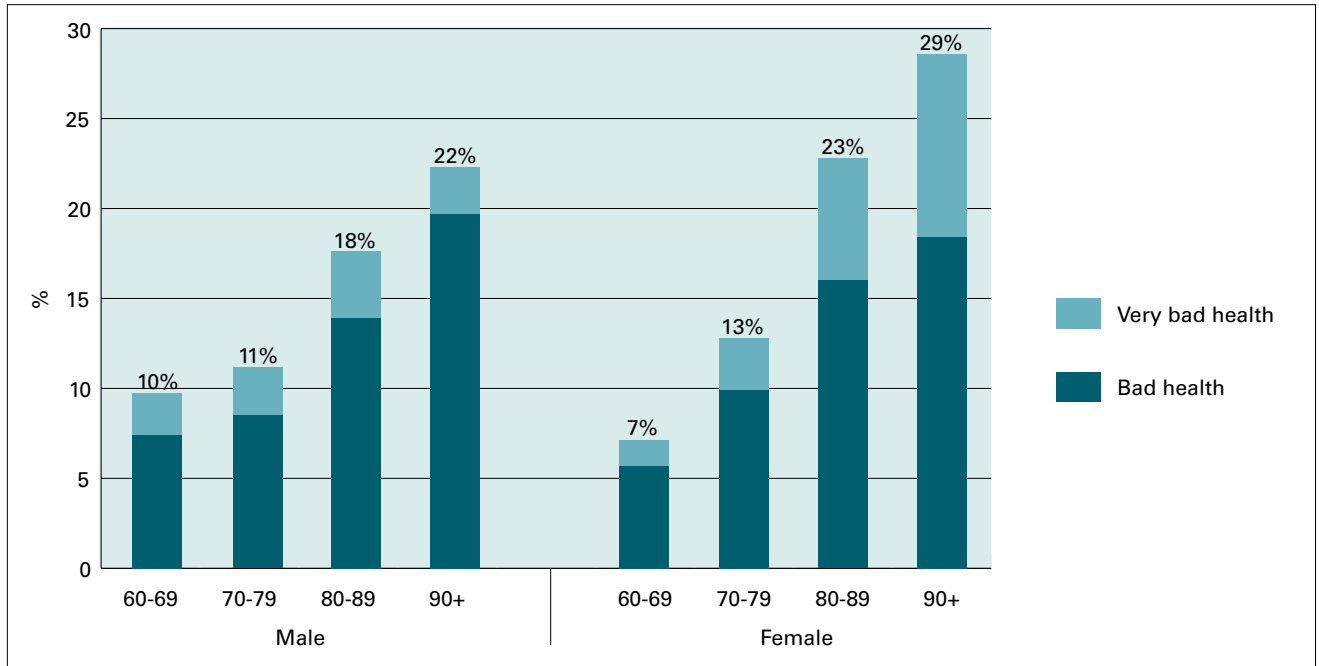
Source: ONS 2011 SAR (N=13,227)

The very close relationship between health and age is seen in Figure 2. The prevalence of poor general health rises steeply after people reach their mid-seventies. For example, whereas one in ten (10%) Jews aged in their early seventies reports having poor general health, this is the case for a quarter (24%) of Jews in their late-eighties.

As a result of this relationship, places with older than average Jewish populations, tend to have the greatest proportion of Jews reporting poor health, such as Southend-on-Sea and Bournemouth (Table 1), although in some places, such as Tower Hamlets and Havering, economic disadvantage may also play a part (this association is discussed below).

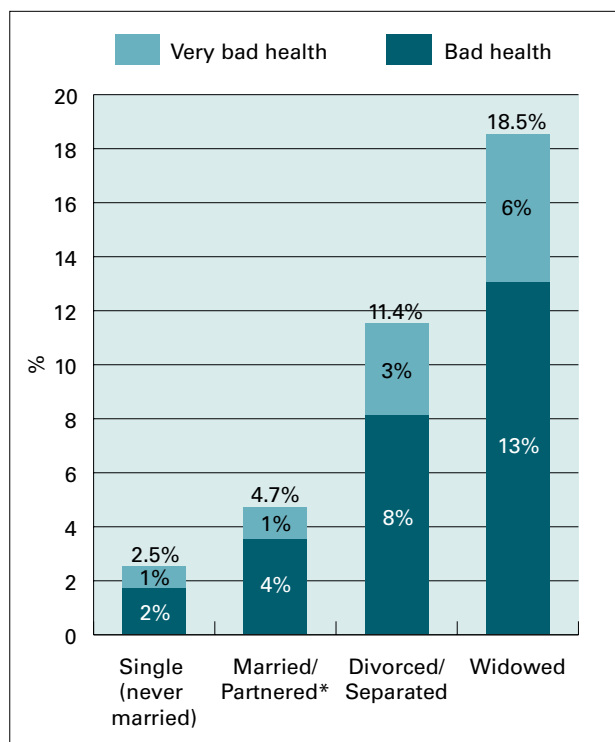


Figure 3. Proportion of cohort with ‘Bad’ or ‘Very bad’ general health (self-assessed) by age (55 years and above) and sex, Jewish population, 2011, England and Wales



Source: ONS 2011 SAR (N=13,227)

Figure 4. ‘Bad’ or ‘Very bad’ general health (self-assessed) by marital status, Jewish population, 2011, England and Wales



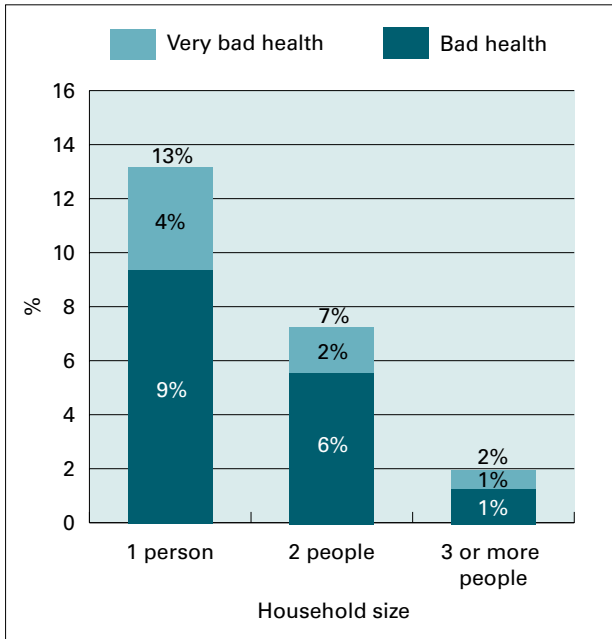
\* Data include same-sex civil partnerships  
Source: ONS 2011 SAR (N=13,227)

Health is also related to sex. From their seventies onwards, Jewish women are more likely to report poor health than Jewish men (Figure 3). Although women have longer life expectancies, this result is at least partly due to women experiencing somewhat different illnesses to men and some of these tend to be more painful, such as arthritis. There is a well-known relationship between the experience of pain and the reporting of poor health.

Marital status offers an interesting insight into health. Though people who are widowed are most likely to suffer from Bad health—due to their older ages—it is people who are (currently) separated or divorced who exhibit the greatest incidence of Very bad health (Figure 4). This is in line with other findings linking divorce to poor health, especially mental health.<sup>12</sup> Divorce itself may cause ill health (stress and feelings of unhappiness etc.), but ill health may also lead to divorce (illness may add strain to relationships). But regardless of the

12 Richards, M., Hardy, R. and Wadsworth, M. (1997). “The effects of divorce and separation on mental health in a national UK birth cohort.” *Psychological Medicine* 27 (5); Bulloch, A.G., Williams, J.V., Lavorato, D.H. and Patten, S.B. (2009). “The relationship between major depression and marital disruption is bidirectional.” *Depression and Anxiety* 26 (12).

Figure 5. Proportion of Jewish individuals with 'Bad' or 'Very bad' general health by household size, England and Wales, 2011\*



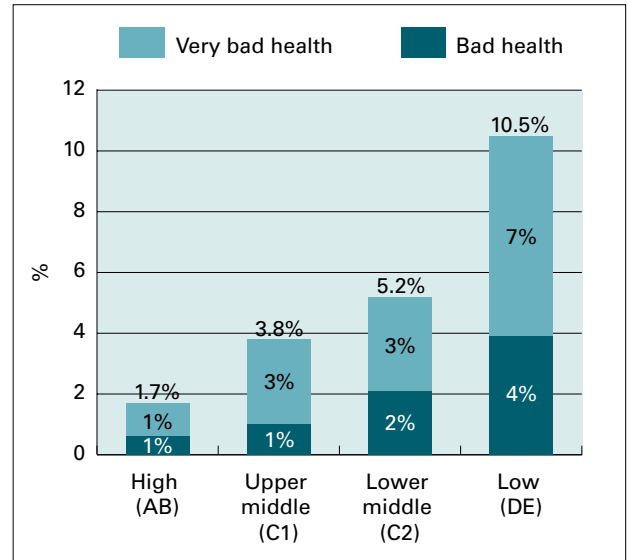
Source: 2011 SAR (N=13,227)  
\* columns may not sum due to rounding

causal direction, even after controlling for age, divorced Jews are more likely to report Bad health than married Jews.<sup>13</sup>

Thirteen percent of Jewish people who live alone report Bad or Very bad general health (Figure 5). This is the case for 7% of Jews who live in two-person (mainly couple-only) households. There is also a pronounced relationship between wealth and health. We see this internationally—for example, life expectancy is well over 80 years for women in Western Europe but it is barely above 50 years for women in many African countries—as well as within individual countries. Jews in higher socio-economic brackets are five times less likely to report poor health than those in lower brackets (Figure 6).<sup>14</sup> Whilst cause and effect are unclear (i.e. poor health can lead to diminished economic circumstances, for example by preventing a person from working), it is also possible that wealth

13 Source: ONS 2011 SAR.  
14 For a discussion of the significance of socioeconomics to Jewish mortality patterns with international perspective see: Staetsky, L.D. (2011). "Mortality of British Jews at the turn of the 20th century in a comparative perspective." *European Journal of Population* 27: 361-385.

Figure 6. 'Bad' or 'Very bad' general health (self-assessed) by socio-economic category,\* Jewish population, 2011, England and Wales



\* Approximated social grade  
Source: ONS 2011 SAR (N=13,227)

generates better health (due to access to better health care and education).

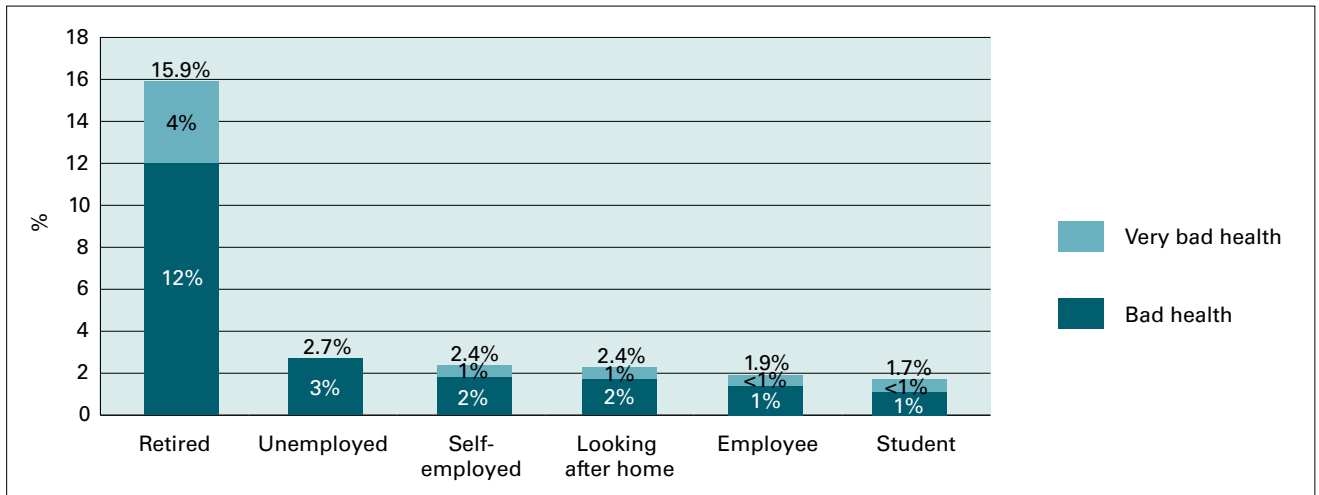
Unemployment can also be bad for your health but, again, it may also be a result of bad health (Figure 7). Additional analysis of Jews 'not in work' reveals 10% report Bad health and a further 4% report Very bad health.<sup>15</sup>

Because health is very closely related to age (Figure 2, page 6), it is not surprising that retired people are by far the most likely to report poor health (Figure 7). This relates to 46,953 Jews in England and Wales;<sup>16</sup> extrapolation suggests that just over 5,000 Jewish retirees report Bad health and about 1,250 report Very bad health.

Overall, compared to other groups, Jews have better general health than most 'White ethnics' and Muslims, but not as good as Asian or Black groups (Figure 8). However, since age is such an important predictor of health and Jews are, on average, older than most other groups, we find that, once this age factor is taken into account, Jews are actually one of the healthiest groups of all (Figure 9). It is also

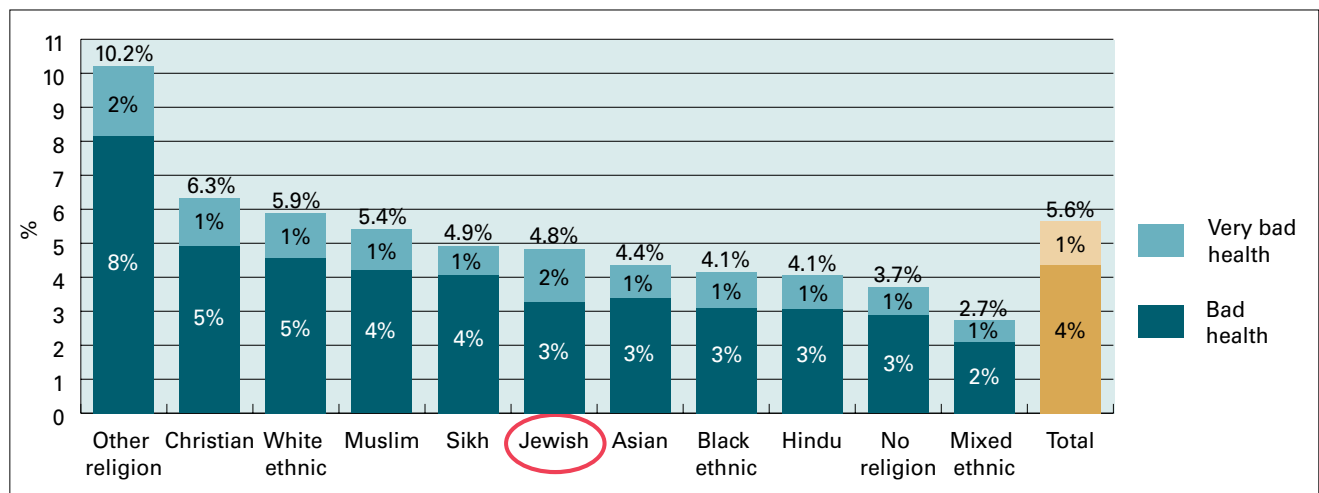
15 This relates to 'people not working' (excluding children under 16 and students) and does not necessarily mean the unemployed. Source: ONS SAR 2011.  
16 Source: ONS 2011 Table DC6205EW.

Figure 7. ‘Bad’ or ‘Very bad’ general health (self-assessed) by economic activity, Jewish population, 2011, England and Wales



Source: ONS 2011 SAR (N=13,227)

Figure 8. ‘Bad’ or ‘Very bad’ general health (self-assessed), various religion and ethnic groups, 2011, England and Wales



Source: ONS 2011 SAR (N=569,741)

notable, again taking age into account, that with the exception of Jews, most religious and ethnic minority groups exhibit relatively poor health.

Further, Jews are less likely to report poor general health than the general population for all groups aged 30 and above (Figure 10). However, this is not the case for Jewish young adults (aged under 30 years).<sup>17</sup> The reasons Jewish adults

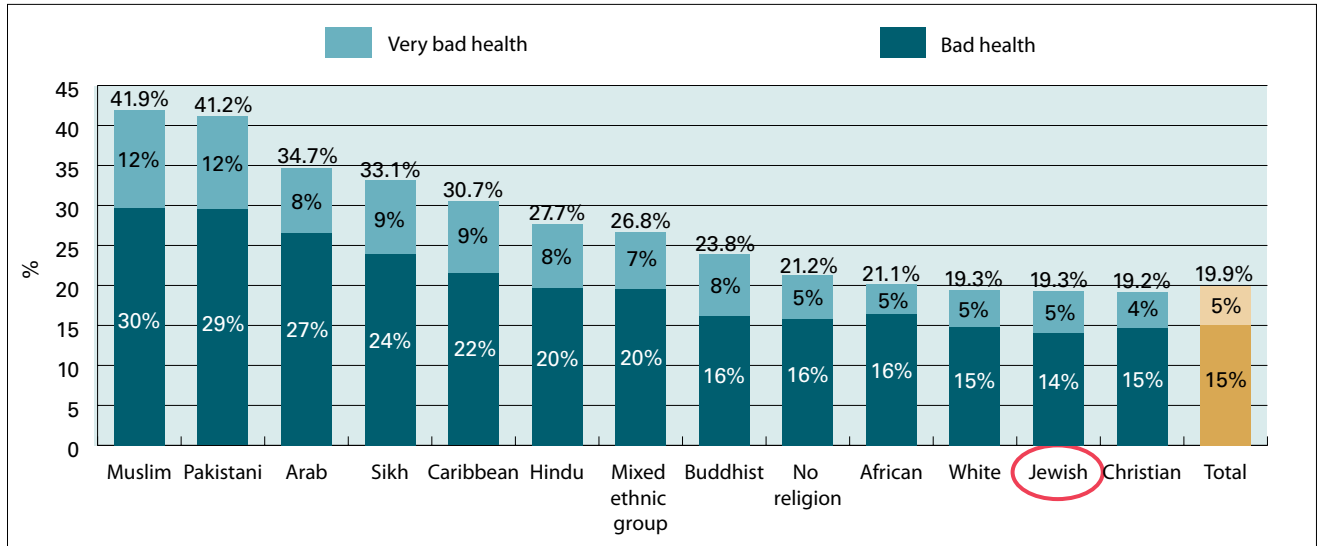
exhibit better general health are related to higher than average standards of living (high socio-economic positions) but also to lifestyle—Jews are less likely to smoke and drink alcohol than the general population.<sup>18</sup> (More detailed data are available on request.)

Key findings from the 2011 National Jewish Student Survey. London: Institute for Jewish Policy Research, p.56.

18 See: Staetsky, L.D. (2011). “The role of smoking in the explanation of the Israeli Jewish pattern of sex differentials in mortality.” *Population Studies*, 65(2), 231–244; Becher, H., Waterman, S., Kosmin, B. and Thomson, K. (2002). *A portrait of Jews in London and the South-east: a community study*. London: Institute for Jewish Policy Research, pp.26-28.

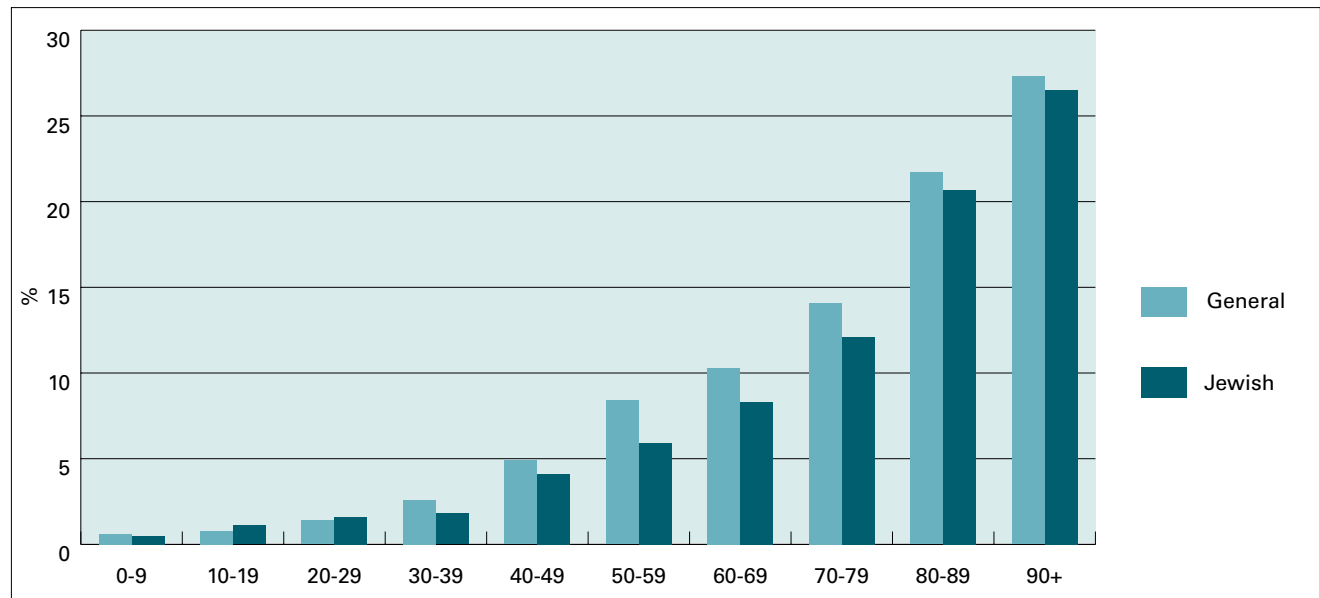
17 Whilst the numbers are relatively small, it is worth noting that JPR’s 2011 National Jewish Student Survey also found that Jewish students were markedly more likely to be concerned about their health than students in general. See: Graham, D. and Boyd, J. (2011). *Home and away: Jewish journeys towards independence*.

Figure 9. 'Bad' or 'Very bad' general health (self-assessed), various religion and ethnic groups aged 75 and above, 2011, England and Wales



Source: ONS 2011 SAR (N=2.8m)

Figure 10. Proportion of age group with 'Bad' or 'Very bad' health, Jews and general population, England and Wales, 2011



Source: SAR 2011 (N=13,227 (Jewish population); N=2.85m (general population))

## Part 2. Disability and limiting health conditions

The census asks about long-term health problems or disabilities that limit a person’s day-to-day activities, and have lasted, or are expected to last, at least twelve months. This includes problems that are related to old age. People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all. As with general health, this too was a subjective assessment

and what one person may consider limited ‘a lot’, another may consider limited ‘a little’. Long-term illness is obviously a strong predictor of the higher use of health service resources.<sup>19</sup>

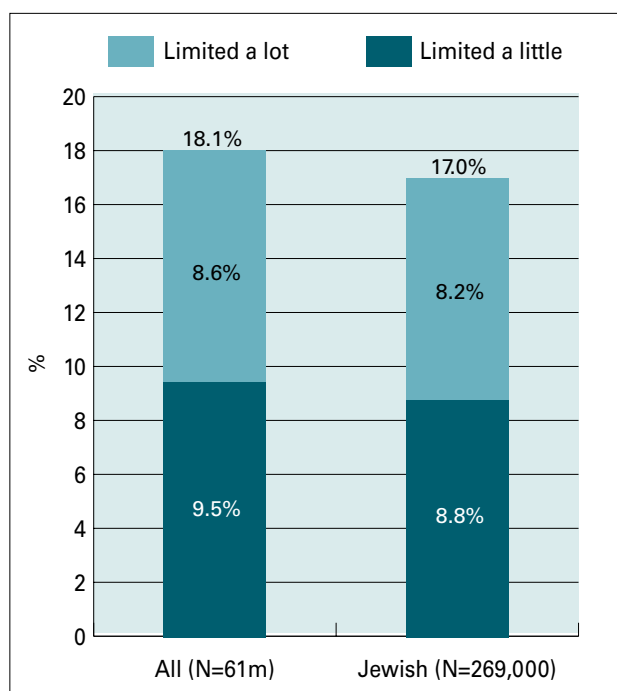
One in six Jews (or 45,833 people) in the UK reported having a long-term ‘health problem or disability’ that limited their day-to-day activities (Table 2). About half (48% or 22,076 people) of

Table 2. Extent of long-term health problem or disability limiting day-to-day activities by sex, Jewish population, UK, 2011

Extent of limitation	Total counts			Percent		
	Males	Females	Total	Males	Females	Total
Limited a lot	9,276	12,800	22,076	7%	9%	8%
Limited a little	10,503	13,254	23,757	8%	10%	9%
<b>Sub-total with limiting health</b>	<b>19,779</b>	<b>26,054</b>	<b>45,833</b>	<b>15%</b>	<b>19%</b>	<b>17%</b>
Not limited	109,616	110,415	220,031	85%	81%	83%
<b>Total population</b>	<b>129,395</b>	<b>136,469</b>	<b>265,864</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: ONS Table LC3207, AT 061

Figure 11. Extent of long-term health problem or disability limiting day-to-day activities, Jewish and general population, UK, 2011



Source: ONSTable LC3207, AT 061

this group have a disability which limits their activities ‘a lot’. Thus, 17% of Jews experience a chronic health problem, a slightly smaller proportion than in the general population (18%) (Figure 11). There are more Jewish women with limiting conditions than Jewish men, but this is due to the higher number of Jewish women in older age groups (Table 10 and Table 2).

As with general health, disability is closely related to age, especially given that the census question specifically highlights ‘problems related to old age’ as a factor to be considered in the self-assessment (see Appendix III). In England and Wales, the daily activities of 21,478 Jewish people are limited ‘a lot’ (source: ONS table DC3207). However, half (51%) of these people are aged 75 and above (Table 3).

The prevalence of disabling conditions rises steeply after age 70. In their early seventies, about a third (34%) of Jewish people report having

19 2011 Census Variable and Classification Information: Part 3 (January 2014), p.14.

Table 3. Number of Jewish people with a limiting health condition, by age group, England and Wales, 2011\*

Age	Limited a little	Limited a lot	Total in cohort
0 to 4	159	120	18,221
5 to 9	335	210	16,415
10 to 14	301	261	15,272
15 to 19	383	222	14,821
20 to 24	312	312	14,782
25 to 29	483	463	15,947
30 to 34	576	278	16,395
35 to 39	591	419	15,786
40 to 44	709	768	15,459
45 to 49	969	775	15,867
50 to 54	1,019	1,139	15,444
55 to 59	1,320	1,180	15,557
60 to 64	2,345	1,695	18,132
65 to 69	2,159	1,609	14,351
70 to 74	2,345	1,358	10,882
75 to 79	2,674	2,521	10,161
80 to 84	2,930	2,891	8,886
85 to 89	2,430	2,868	6,613
90+	1,074	2,871	4,355
<b>Total</b>	<b>23,115</b>	<b>21,959</b>	<b>263,346</b>

\*numbers have been inferred.  
Source: ONS 2011 SAR (N=13,227) and ONS Table CT0291

a limiting condition. This rises to eight out of ten (80%) of those aged in their late eighties (Figure 12).

Because there are more Jewish women at older ages compared with men (Table 10), there are more women whose daily activities are limited a lot. This was the case for 8,730 women aged 65 and over in England and Wales, compared with 5,377 men in that age group (Figure 13, page 13).<sup>20</sup>

Physical limitation and general health are closely related. The more limiting the condition, the more likely a person is to report poor general health.

20 Equivalent data for Scotland relate to those aged 60 and over. This indicates that the daily activities of 261 Jewish women and 155 Jewish men are 'limited a lot' (Source: NRS 2011 Table AT061).

Table 4. Economically inactive\* long-term sick and disabled by age and sex, Jewish population, England and Wales, 2011

	Males	Females	Total	%
Age 16 to 24	83	79	162	3%
Age 25 to 49	1,073	1,010	2,083	37%
Age 50 and over	1,542	1,813	3,355	60%
	<b>2,698</b>	<b>2,902</b>	<b>5,600</b>	<b>100%</b>

\* This relates to all people who were not working at the time of the census due to long-term sickness or disability, as distinguished from those who were retired, students or looking after the home. Source: ONS Table DC6205

Just under one in ten (8%) people with a condition which limits them a little also reports Bad or Very bad general health (Figure 14). But this is the case for half (49%) of those with a condition limiting them a lot, or almost 10,600 Jewish people.

Like general health, disability is also related to socio-economic status and we can see this relationship in the data. For example, one in twenty (6%) of those in the highest socio-economic groups report having a limiting condition, compared with a quarter (24%) of those in the lowest socio-economic groups (Figure 15).

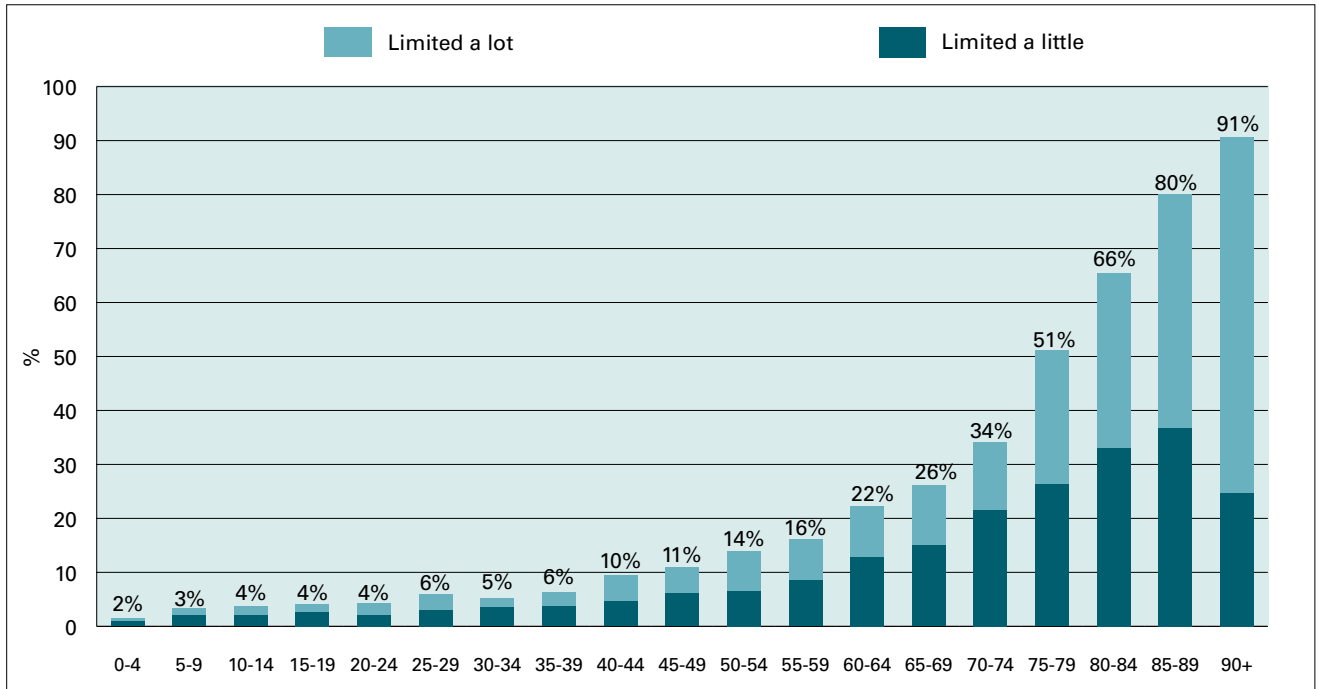
In England and Wales, 5,600 Jews aged 16 and above describe themselves as being 'Long-term sick or disabled' with respect to their economic activity (Table 4). This is a decline of 1,350 people since 2001, or 19%.<sup>21</sup> This group is slightly more likely to be female (52%), which reflects the larger number of women in the population. A majority of these people are of working age<sup>22</sup> and therefore this represents not only lost earning potential, but possibly an additional cost to households with respect to care and support.

The data show that 40% of Jews who live alone report having some form of limiting health condition (Figure 16, page 15). Indeed, one in

21 Source: ONS 2011 Table DC6205, ONS 2001 Table S153. Although there was a slight change to the wording of this question ('Long-term sick or disabled' replaced 'permanently sick/disabled'), ONS regards these data to be fully comparable (ONS 2012, op. cit. p.20).

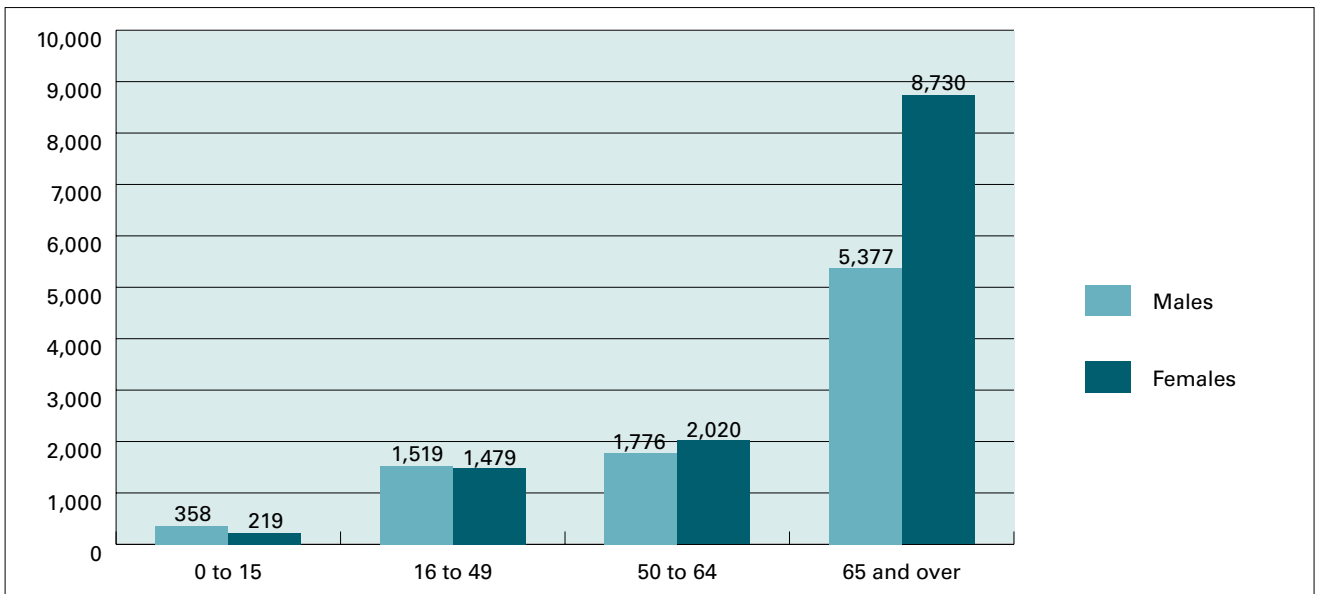
22 ONS 2011 SAR data suggest 78% are under age 65 (N=50).

Figure 12. Proportion of age group with a limiting condition, by severity, Jewish population, England and Wales, 2011



Source: ONS 2011 SAR (N=13,227)

Figure 13. Day-to-day activities 'limited a lot', Jewish population by age and sex, England and Wales, 2011



Source: ONS Table LC3207

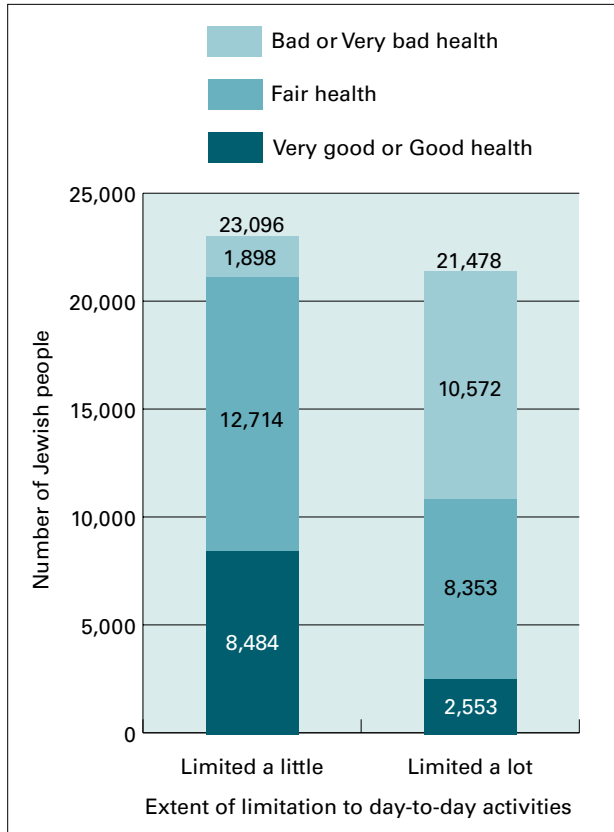
five Jews who lives alone is limited a lot by a health condition.

Due to a change in the wording of the census question on limiting health conditions between 2001 and 2011 (see Appendices IV and V), comparisons over time are problematic. However,

unlike data on general health for which change data are invalid, broad comparisons of limiting conditions data are possible.<sup>23</sup> These show that

23 ONS 2012 '2011 Census User Guide: 2011-2001 Census in England and Wales Questionnaire Comparability,' pp.31-32.

Figure 14. Limitation to day-to-day activities by general health, Jewish population, England and Wales, 2011

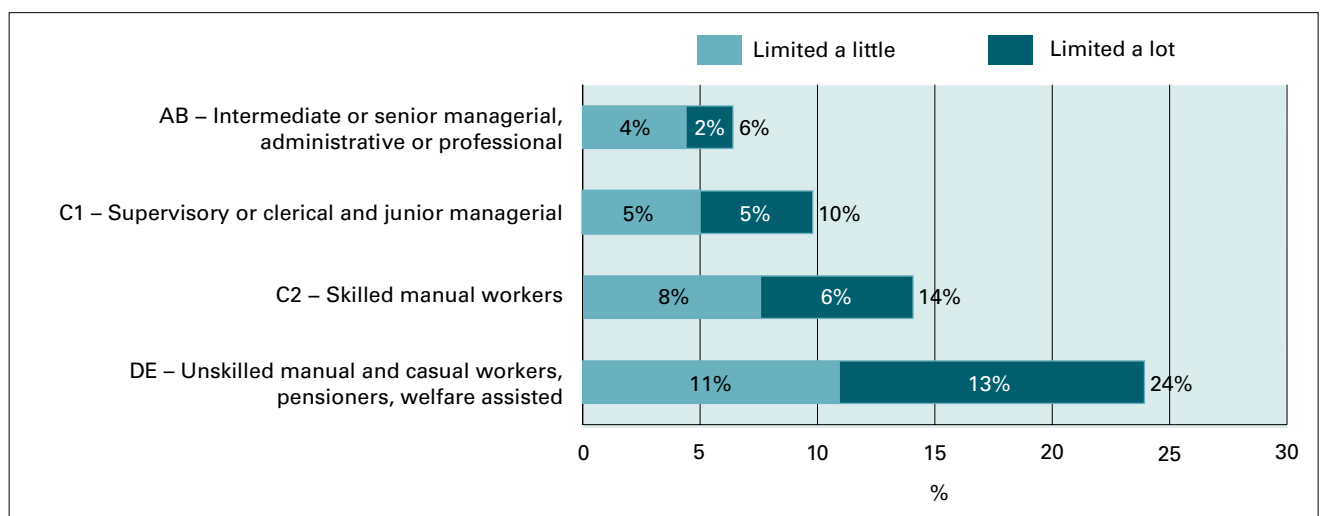


Source: ONS Table DC3203

the proportion of Jewish people with a disabling condition declined slightly from 19% in 2001 to 17% in 2011.<sup>24</sup> Given the increased margin of error the wording change introduces, we can conclude the incidence of limiting conditions has probably changed little among Jews. However, given that the average age of the Jewish community declined (see above) we would expect to see some improvement in health due to the disproportionate impact of limiting conditions on the elderly. Examining these data by age group, we see that the incidence of limiting conditions has apparently declined for all age groups (Figure 17). Again, whether this is a real improvement is difficult to conclude.

Geographically, the distribution of disability is more closely related to the location of the older Jewish population than the Jewish population in general. Areas with relatively high proportions of older Jewish people (nationally, 21% of the Jewish population is aged 65 and above) have a higher prevalence of limiting disability (e.g. Southend-on-Sea, Bournemouth, Redbridge) (see Table 5). There is also a correlation with areas of relative socio-economic disadvantage and with the location of dedicated Jewish care facilities.

Figure 15. Relationship between severity of limiting condition and socio-economic position, Jewish population, England and Wales, 2011



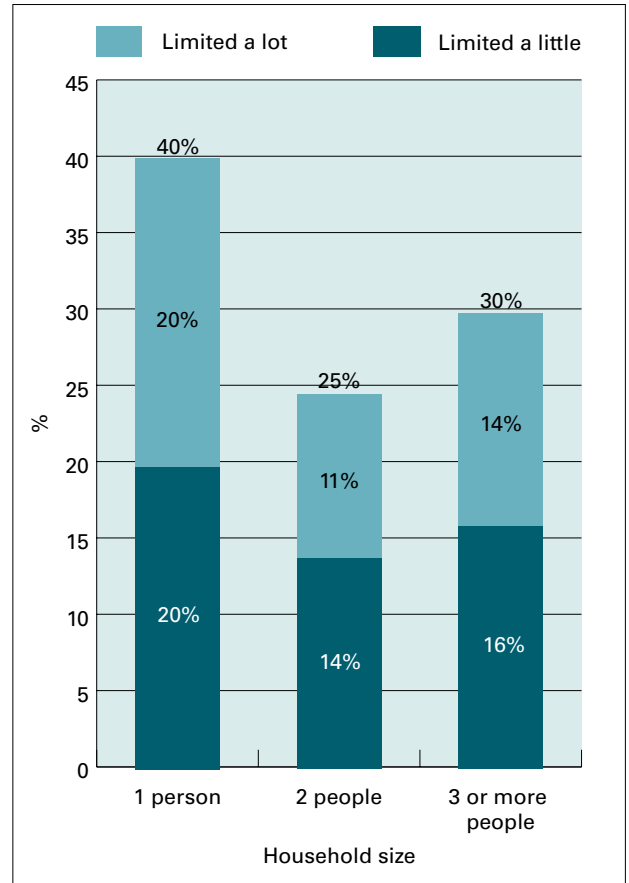
Source: ONS 2011 SAR (N=13,227)

24 This assumes a response of 'Limited a lot/Limited a little' (2011) equates with 'With limiting long term illness' (2001). Source: ONS 2011 Table DC3203 and S152.



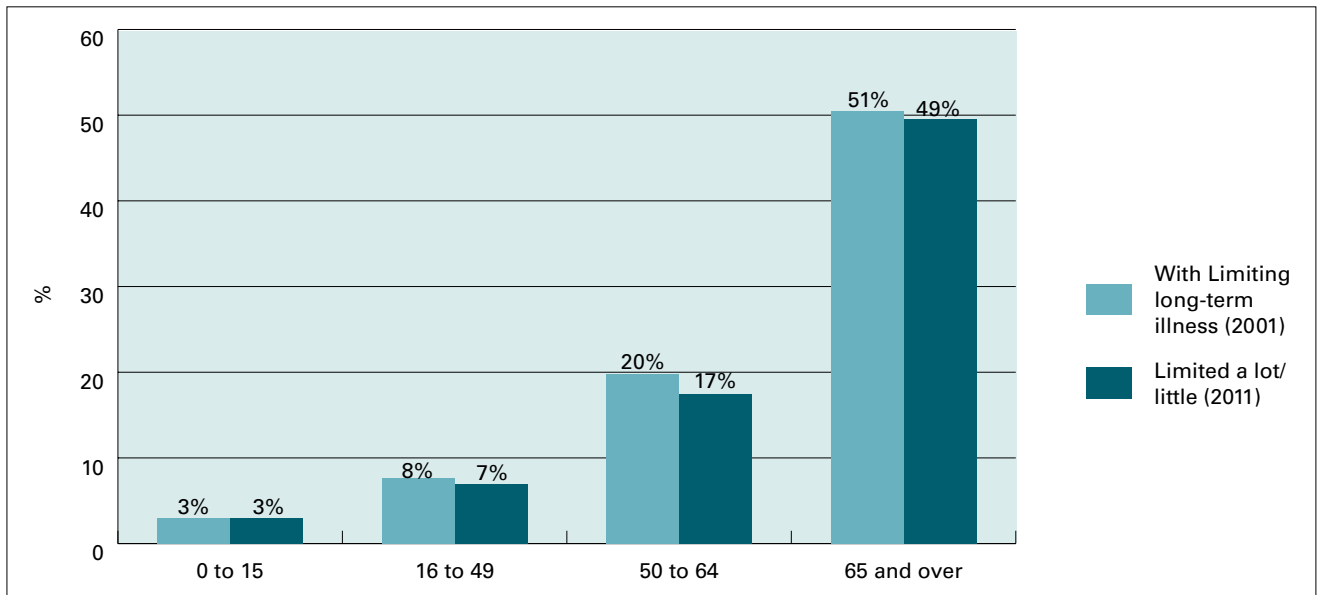
Finally, census data can be used to compare Jews with other minority groups. This shows that, taken at face value, a relatively high proportion of Jews overall (8.2%) report their day-to-day activities to be limited due to a chronic health complaint. Only Christians and White ethnic groups exhibit higher proportions (Figure 18). But as with general health, controlling for age presents a rather different picture (Figure 9, page 10). Focusing solely on those aged 65 and above, the 26% of Jews who are limited a lot is relatively low. Only Buddhists and the variant group No Religion have a lower prevalence of disability (Figure 18). Again, once age is taken into account, Jews appear to be very healthy compared with most other groups.

Figure 16. Number of people with limiting health condition by household size, England and Wales, 2011



\* Columns may not sum due to rounding  
Source: ONS 2011 SAR (N=13,227)

Figure 17. Proportion of age group with limiting health conditions 2001 and 2011, Jewish population, England and Wales\*



\* Comparisons between 2001 and 2011 are complicated by changes to the wording of the question (see Appendices III and IV).  
Source: ONS Table DC3203, ONS Table S152

Table 5. Highest incidence of disability or health condition limiting day-to-day activities a lot, Jewish population, 2011\*

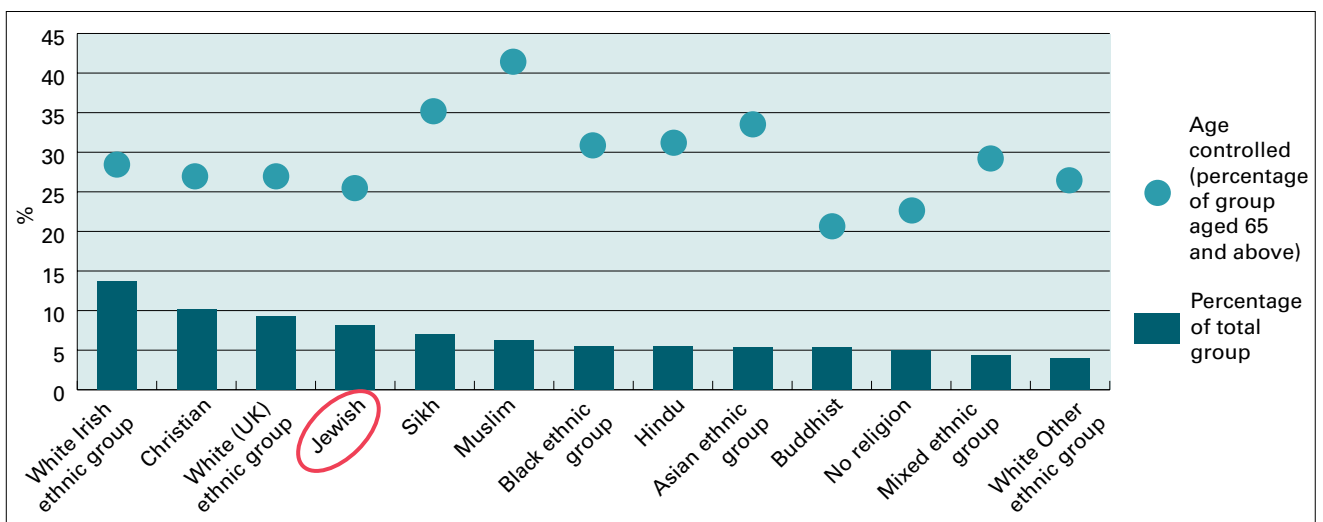
Area name	Number 'limited a lot'		Proportion of LA 'limited a lot'	Proportion of LA aged 65 and above
	Aged 65 and above	Aged under 65		
Wokingham‡	13	85	19.3%	12%
Southend-on-Sea	257	102	16.7%	41%
Bournemouth	167	52	16.3%	48%
Redbridge	1,170	343	14.8%	34%
Tower Hamlets	125	64	14.7%	25%
Cardiff‡	77	35	14.0%	29%
Liverpool	209	91	13.9%	33%
Brighton and Hove	265	104	13.8%	32%
Manchester	238	116	13.5%	25%
Waltham Forest	97	66	12.9%	24%
Brent	424	114	12.3%	33%
Newcastle upon Tyne	53	25	11.6%	31%
Havering	80	49	11.1%	22%
Wandsworth‡	133	46	11.1%	24%
Harrow	924	230	11.0%	36%
Croydon	38	39	10.9%	24%
Enfield	356	110	10.6%	34%
Leeds	482	199	9.9%	28%
Ealing	77	33	9.7%	23%
Hillingdon	121	37	9.0%	32%

\* Top 20 Local Authorities in England and Wales with 500 or more Jewish people.

‡ These are areas which also contain care homes and facilities catering for different sections of the Jewish community: Ravenswood Village, home to people with learning disabilities is located in Berkshire; Penylan House residential and nursing home is located in Cardiff; Nightingale House elderly care home is located in Wandsworth.

Source: ONS Table LC3207

Figure 18. Proportion of group whose daily activities are limited 'a lot' by religion/ethnicity, England and Wales, 2011



Source: ONS Table LC3207

## Part 3. Other census data on health

The 2011 Census contained a number of other datasets that are of relevance to health care planners within the Jewish community. Data on unpaid care provision and Jews living in care homes are available from across the UK, and in Scotland additional questions on health were asked that are also of interest.

### Unpaid care provision

The census asked how much voluntary care people provide to family members or friends (Appendix III). About 27,400 Jewish people provide unpaid care in the UK (figure inferred from ONS 2011 SAR; ONS CT0291; NRS AT064).

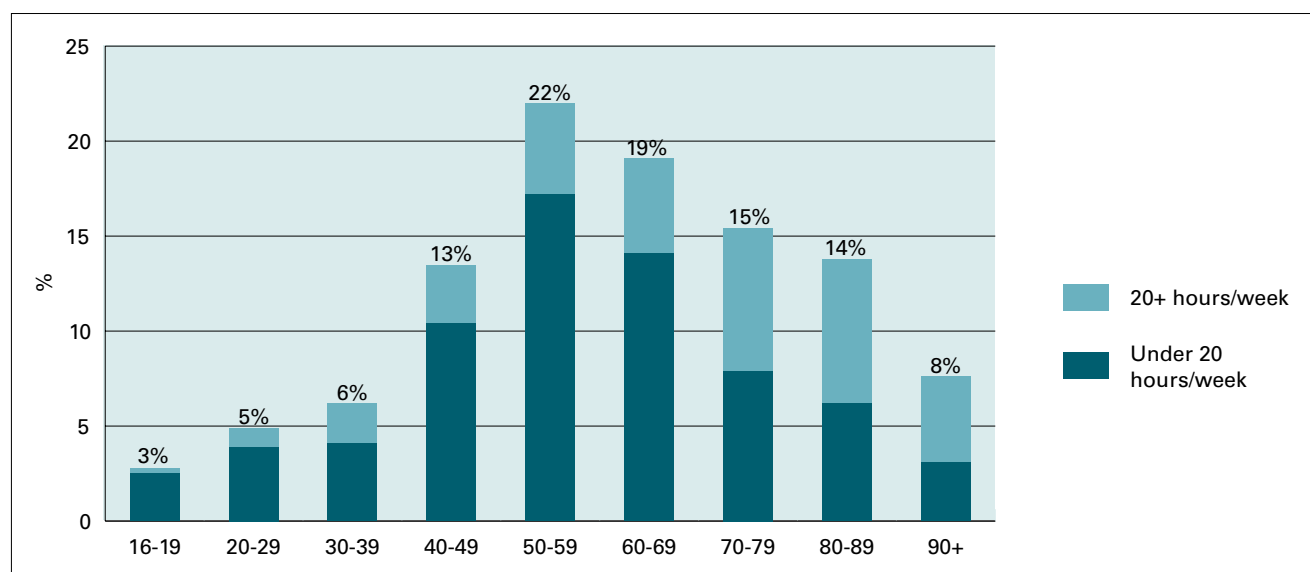
Data for England and Wales reveal that care provision is closely related to age. The age at which Jews are most likely to be care providers is in their fifties, presumably due the burdens of caring for elderly parents. Over one in five (22%) Jewish people aged in their fifties are providing unpaid care (Figure 19).

Care provision is also related to sex. For example, in England and Wales, Jewish women are more likely to provide care than Jewish men (12% compared with 9% respectively). Further, Jewish women provide more hours of care than Jewish men, with 64% of those who provide 50 or more hours of care a week being female (ONS 2011 SAR).

### Jewish residents of medical and care facilities

The census also records the number of people living in care facilities providing “managed residential accommodation.”<sup>25</sup> These range from care homes through to hospitals. In all, 3,525 Jewish people in the UK were living in medical and care establishments on the night of the 2011 Census.<sup>26</sup> This compares with 4,355 who were doing so in 2001, a decline of 19% over the decade.<sup>27</sup> In England and Wales, the decline was proportionately even greater—down by 22%. This occurred alongside a contraction (of around 17%)

Figure 19. Provision of unpaid care by hours per week by age, Jewish population, England and Wales 2011



Source: ONS 2011 SAR (N=13,227)

25 Technically they are called “communal establishments”; ONS 2014 Glossary pp.10-11.  
 26 Source: ONS 2011 Table DC4409 and NRS 2011 Table AT060.  
 27 In England and Wales declines were also experienced by Christians (-5%) and Hindus (-12%) whereas all other religious groups experienced increases. Source: ONS Table S161, Table T25.

Table 6. Jews in communal care facilities, change 2001 to 2011, England and Wales\*

Type of care facility	Jewish 2011	Change 2001 to 2011	Percent change	Percent in facility (2011)
Care home without nursing	1,831	-154	-8%	56%
Care home with nursing	1,104	-408	-27%	34%
Home or hostel (Registered Social Landlord/Housing Association)	78	-96	-55%	2%
Mental health hospital/unit (NHS)	53	-36	-40%	2%
Care home without nursing (Local Authority)	41	-66	-62%	1%
Mental health hospital/unit (not NHS)	30	-8	-21%	1%
Other hospital	13	13	x	<1%
Children's home (including secure units)	11	-1	-8%	<1%
Other type of care facility	110	-165	-60%	3%
<b>Total</b>	<b>3,271</b>	<b>-921</b>	<b>-22%</b>	<b>100%</b>

\* Note this relates to Jewish and non-Jewish facilities.  
Source: ONS Table S161 and DC4409EW.

in the size of the Jewish population aged 70-89 years (compared with an increase of 8% generally for that age group) (Table 10 page 22).<sup>28</sup>

Despite this, the level of penetration or take-up (i.e. the proportion of the age cohort in such facilities) has not changed. In 2001 about 9% of Jews aged 75 and above lived in a communal establishment (which we presume were mainly care facilities)<sup>29</sup> compared with 8.8% in 2011.<sup>30</sup> Needless to say, the proportions are higher at older ages. In 2011, 6% of Jews aged 80 to 84 lived in communal establishment compared with 10% aged 85 to 89 and 29% age 90 and above. (Source: ONS 2011 SAR).

Over half (56%) of those in medical and care facilities are living in a 'Care home without nursing' and a further third (34%) are living in a 'Care home with nursing' (Table 6). In other words, nine out of ten Jews in care establishments are living in privately run care homes.<sup>31</sup> There are twice as many Jewish

women as Jewish men in these facilities due to greater female longevity.

Although it is not possible to establish using census data, it may be the case that some of the decline in the number of Jews living in care homes is not solely due to structural change in the Jewish population as a whole. For example, there were 27% fewer Jews living in care homes with nursing in 2011 than in 2001 (Table 6), yet the number of Jews aged 85 and above barely changed. So, although 'cohort take-up' overall appears to be stable, it is possible that other factors are operating which impact care preferences. These may include a shift in care preferences away from institutional care towards home (domiciliary) care, as well as changes to care funding arrangements and administrative factors. Analysis of JPR's NJCS dataset may shed some more light on these issues.

### Data on medical conditions from Scotland's Census

Scotland's 2011 Census contained an additional question on type of medical conditions that was not asked in England and Wales (see Appendix III).

In Scotland, 36% of Jews report having one or more health conditions, compared with 30% in the general Scottish population. This is almost certainly due to Scotland's Jewish population

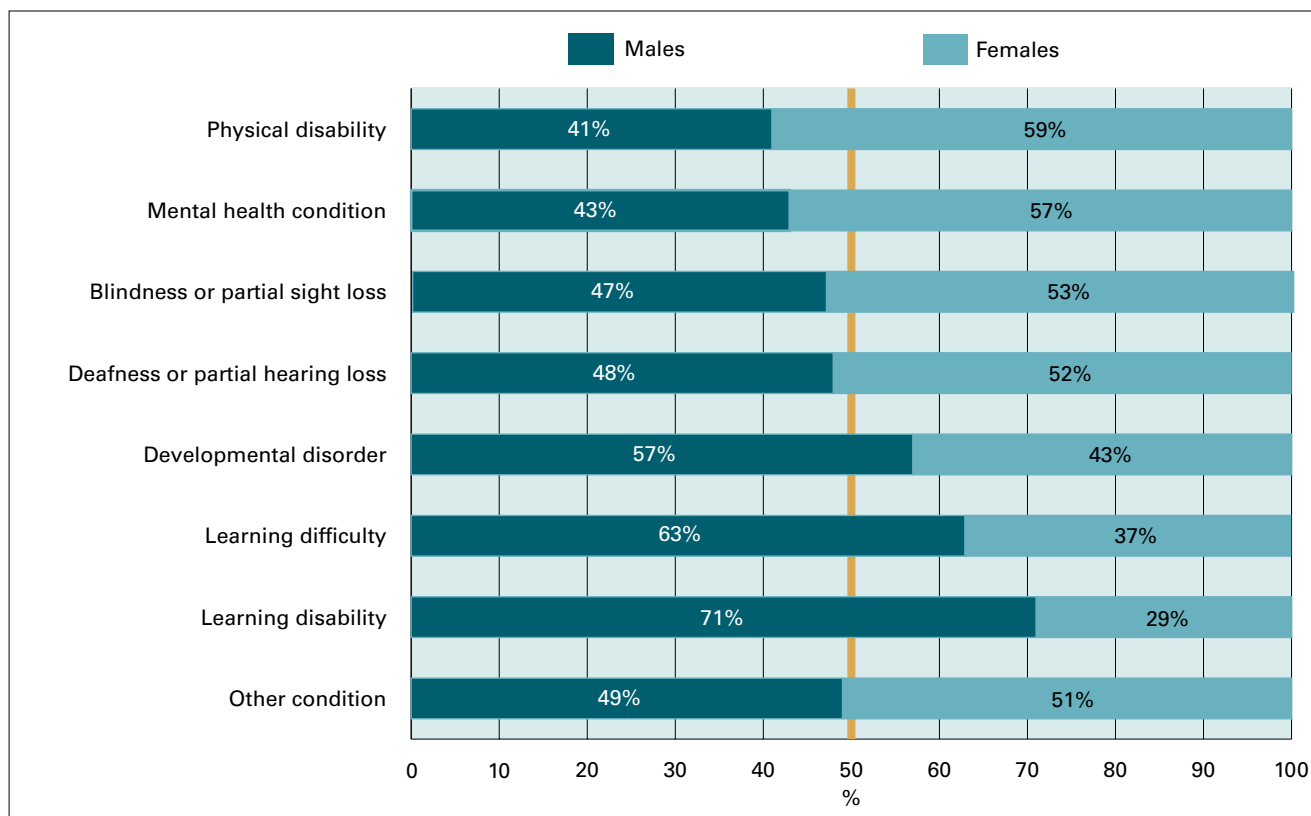
28 Across the UK, the Jewish population aged 75 years and above declined by 8% between 2001 and 2011. Source: ONS 2011 Table CT0291, NRS Table 2011 LC2107, AT061; ONS 2001 Table T25 and M277.

29 The data do not permit more detailed analysis.

30 Source: ONS 2001 SAR and 2011 SAR.

31 A total of 47 Jews were recorded living in local authority run care homes (mainly without nursing) Source: ONS DC4409EW

Figure 20. Health condition by sex, Jewish population, Scotland, 2011



Source: NRS AT065

being older than the general population.<sup>32</sup> Scotland’s Jewish population is also older than the Jewish population in England and Wales (Table 9 page 21), making extrapolation of the following data problematic. These show that almost 10% of Scottish Jews experience hearing difficulties and 8% have some form of physical disability (Table 7).

There are some interesting differences between men and women in terms of the likelihood of having certain conditions. For example, those with physical and mental health issues are more likely to be women, presumably due to their greater longevity. Problems such as Alzheimer’s Disease became more prominent in old age (Figure 20). By contrast, men are more likely to experience learning difficulties and disabilities than women.

Table 7. Proportion of population with specific health condition, Jewish v general population, Scotland, 2011

Health condition	All people N=5.3m	Jewish N=5,887
Deafness or partial hearing loss	6.6%	9.4%
Physical disability	6.7%	8.0%
Mental health condition	4.4%	5.5%
Blindness or partial sight loss	2.4%	3.1%
Learning difficulty	2.0%	2.6%
Developmental disorder	0.6%	0.8%
Learning disability	0.5%	0.7%
Other condition	18.7%	22.0%

Source: NRS AT065 – Religion by long-term health conditions

32 14% of Scotland’s Jewish population is aged 75 and above, compared with 8% in Scotland generally (Source: LC2107SC, AT061).

## Appendices

### I. The age structure of the Jewish population

As this report shows, health is very closely related to age. It is therefore important to have a good understanding of the demographic makeup of the Jewish population in order to correctly interpret and contextualise the data on health.

The Jewish population in England and Wales has an older average age than the general population. The Jewish median age is 41 years, compared with 39 generally.<sup>33</sup> But as has been discussed elsewhere, Britain's Jewish population consists of two groups characterised by two very different demographic regimes: the strictly Orthodox haredi population, which has an average age of 27 years; and the majority, non-haredi population, which has an average age of 44 years.<sup>34</sup> Given this striking difference, it is perhaps surprising that the haredi group does not have a bigger impact on the overall average, but that is because they currently represent a relatively small proportion of the total Jewish population (about 15%).

Jews overall have the highest proportion of people aged 75 and above and 85 and above of any religious groups (Table 8). And with just a couple of exceptions, there are proportionately more Jews at every age from 55 years (in 2011) onwards than in the general population (Figure 21). However, because of the haredi component, the Jewish population is demographically distinctive in simultaneously having both a top heavy and bottom heavy age structure.<sup>35</sup> In addition to large proportions of older people, there are also large proportions of children aged under 10 (in 2011).

Table 8. Proportion of population aged 75 and 85 years or more by religion, England and Wales, 2011

	Percent aged 75 and above	Percent aged 85 and above
Jewish	11.4%	4.2%
Christian	10.9%	3.1%
Religion not stated	8.8%	2.8%
Sikh	3.3%	0.6%
Other religion	3.1%	0.7%
Hindu	3.0%	0.5%
No Religion	2.0%	0.5%
Buddhist	1.9%	0.4%
Muslim	1.5%	0.2%
<b>England and Wales</b>	<b>7.8%</b>	<b>2.2%</b>

Source: ONS Table CT0291

More limited data on Jews in Scotland reveal that they exhibit an even older age structure than Jews in England and Wales: 14% of Jews in Scotland are aged 75 years and above, compared with 11% in England and Wales (Table 9). Conversely, just 10% of Scotland's Jewish population is aged under 16 years, whereas this is the case for 20% in England and Wales. These differences are largely due to two factors: first, Scotland has no sizeable haredi sub-group, and second, it has experienced considerable population decline (a result of mortality and negative net migration) in line with most other provincial Jewish communities in the UK.<sup>36</sup>

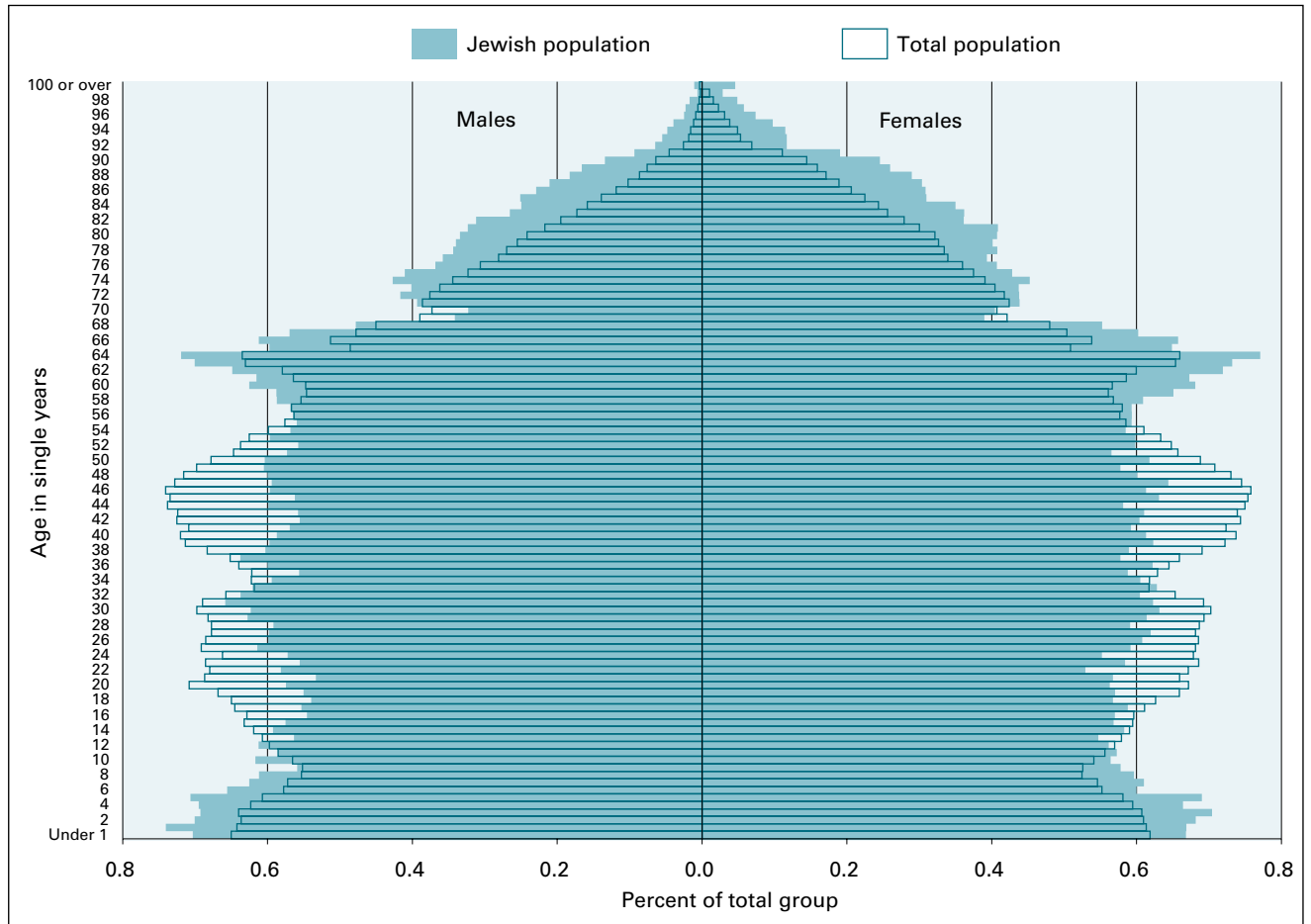
33 ONS Table CT0291. The median is the age at which half the population is older and half is younger.

34 Graham, D. (2013), op. cit., p.9.

35 Ibid.

36 Graham, D. (2013). *2011 Census Results Thinning and Thickening: Geographical Change in the UK's Jewish Population, 2001-2011*. London: Institute for Jewish Policy Research. Data on Jewish migration are not currently available.

Figure 21. Age and sex structure of the Jewish and general populations, percent of total group, England and Wales, 2011



Source: ONS Table CT0291

Table 9. Age structure, Jewish population, Scotland, England and Wales, 2011

Age cohort (cohort size)	Scotland	England and Wales
0-15 (16 years)	10.1%	20.1%
16-24 (9 years)	13.8%*	10.1%
25-34 (10 years)	10.7%	12.3%
35-44 (10 years)	11.0%	11.9%
45-59 (15 years)	21.1%	17.8%
60-74 (15 years)	19.8%	16.5%
75+ (~30 years)	13.6%	11.4%
	<b>100.0%</b>	<b>100.0%</b>

\* This proportion is likely to be inflated by Jewish students from England and Wales studying in Scotland<sup>37</sup>  
 Source: CT0291, Table LC2107SC; NRS Table AT061

37 Previously unpublished data from JPR’s 2011 National Jewish Students Survey indicate that 70% of Jewish university students in Scotland are from England and Wales. For full report, see Graham and Boyd (2011), op. cit.

Table 10. Age and sex structure of Jewish population by count, proportion female and change in cohort size, England and Wales

Age band	2011				Percent change in cohort size 2001 to 2011‡
	Males	Females	Total	% Female	
0 to 4	9,301	8,920	18,221	49%	+27.4%
5 to 9	8,317	8,098	16,415	49%	+13.4%
10 to 14	7,823	7,449	15,272	49%	+8.0%
15 to 19	7,279	7,542	14,821	51%	+9.7%
20 to 24	7,419	7,363	14,782	50%	-0.7%
25 to 29	7,982	7,965	15,947	50%	-0.8%
30 to 34	8,252	8,143	16,395	50%	+0.4%
35 to 39	7,885	7,901	15,786	50%	-7.1%
40 to 44	7,554	7,905	15,459	51%	-7.2%
45 to 49	7,791	8,076	15,867	51%	-5.3%
50 to 54	7,636	7,808	15,444	51%	-22.9%
55 to 59	7,552	8,005	15,557	51%	-4.4%
60 to 64	8,714	9,418	18,132	52%	+41.1%
65 to 69	6,843	7,508	14,351	52%	+15.3%
70 to 74	5,165	5,717	10,882	53%	-14.9%
75 to 79	4,794	5,367	10,161	53%	-17.2%
80 to 84	3,910	4,976	8,886	56%	-6.1%
85 to 89	2,737	3,876	6,613	59%	-7.5%
90 to 94	1,040	2,068	3,108	67%	+6.6%*
95 to 99	291	807	1,098	73%	
100+	28	121	149	81%	
<b>Total</b>	<b>128,313</b>	<b>135,033</b>	<b>263,346</b>	<b>51%</b>	<b>0.8%</b>

\* Relates to 90 years and above

‡ Data in this column are based on figures which have been adjusted for changes in non-response rates between the censuses.

Source: ONS 2011 Table CT0291; ONS 2001 Table M277



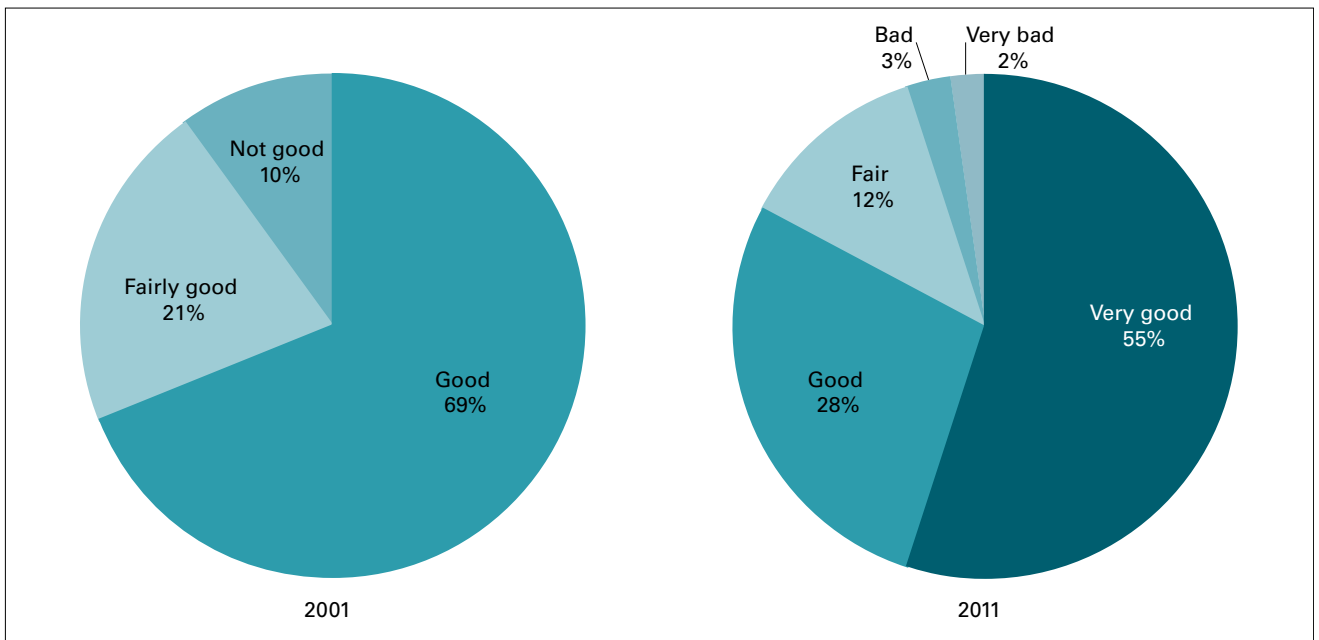
**II. 2001 Census data on general health compared with 2011 data**

As discussed in the main section of this report (page 5), the change in question wording on general health renders the data incomparable between censuses, i.e. they do not reliably indicate change. However, for completeness, it is instructive to place the results for each census side by side, if only to help explain why this is the case (Figure 22).

In 2001, 10% of Jews said their general health was ‘Not good’. This can ostensibly be compared

with the 5% of Jews who in 2001 reported ‘Bad’ or ‘Very bad’ health, but in fact this is highly misleading. By way of an example, respondents in surveys who select ‘Not good’ (based on the 2001 wording) tend to be spread between all five options based on the 2011 wording in the same survey. Indeed, the bunching occurs around ‘Fair’ and ‘Bad’ rather than ‘Bad’ and ‘Very bad’.<sup>38</sup> A similar problem arises with respect to those selecting ‘Fairly good’ in the 2001 wording. Hence any direct comparisons suggesting change are invalid.

Figure 22. Comparison of general health data from the 2001 and 2011 census, Jewish population, England and Wales



Source: ONS Table C0467 and DC3203

38 Smith and White (2009), op. cit.

### III. Wording of the 2011 UK Census questions on health

#### General health

**13** How is your health in general?

Very good    Good    Fair    Bad    Very bad

#### Disabilities

**23** 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

Yes, limited a lot

Yes, limited a little

No

#### Care given

**14** Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- long-term physical or mental ill-health/disability?
- problems related to old age?

↪ Do not count anything you do as part of your paid employment

No

Yes, 1 - 19 hours a week

Yes, 20 - 49 hours a week

Yes, 50 or more hours a week

#### Economic activity

**26** Last week, were you:

↪ Tick all that apply

↪ Include any paid work, including casual or temporary work, even if only for one hour

working as an employee? → **Goto 32**

on a government sponsored training scheme? → **Goto 32**

self-employed or freelance? → **Goto 32**

working paid or unpaid for your own or your family's business? → **Goto 32**

away from work ill, on maternity leave, on holiday or temporarily laid off? → **Goto 32**

doing any other kind of paid work? → **Goto 32**

none of the above

**30** Last week, were you:

↪ Tick all that apply

retired (whether receiving a pension or not)?

a student?

looking after home or family?

long-term sick or disabled?

other

**Health conditions (Scotland only)**

**20** 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
- Learning disability (for example, Down's Syndrome)
- Learning difficulty (for example, dyslexia)
- Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)
- Physical disability
- Mental health condition
- Long-term illness, disease or condition
- Other condition, please write in

or

No condition

Source: NRS 2011 Census Form HO

## IV. Wording of the 2001 Census questions on health (England and Wales)

### General health

Over the last twelve months would you say your health has on the whole been:

- Good?
- Fairly good?
- Not good?

### Disabilities

Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?

Include problems which are due to old age.

- Yes
- No

### Unpaid care

Do you look after, or give any help or support to family members, friends, neighbours or others because of:

- long-term physical or mental ill-health or disability, or
- problems related to old age?

Do *not* count anything you do as part of your paid employment.

✓ time spent in a typical week.

- No
- Yes, 1 - 19 hours a week
- Yes, 20 - 49 hours a week
- Yes, 50+ hours a week

### Economic activity

Last week, were you any of the following?

✓ *all the boxes that apply.*

- Retired
- Student
- Looking after home/family
- Permanently sick/disabled
- None of the above

## V. Census table codes identifier

### **2011 Census (England and Wales – ONS)**

CT0275:	Ethnic group (write-in responses) by religion
CT0286:	National Identity
CT0291:	Sex by age by religion
DC3203EW:	Long-term health problem or disability by general health by religion by sex by age
DC4409EW1a:	Communal establishment management and type by religion by sex
DC6205EW:	Economic activity by religion by sex by age
KS209EW:	Religion
KS301EW:	Health and provision of unpaid care [no religion data]
LC3203EW:	General health by religion by sex by age
LC3207EW:	Long-term health problem or disability by religion by sex by age
LC3304EW:	Provision of unpaid care by age [no religion data]

### **2011 Census (Scotland – National Records of Scotland (NRS))**

AT060:	Religion by communal establishment type
AT061:	Religion by long-term health problem or disability by age by sex
AT062:	Religion by general health by sex
AT063:	Religion by general health by sex by age
AT064:	Religion by provision of unpaid care by sex
AT065:	Religion by long-term health conditions by sex
KS209SC:	Religion
LC2107SC:	Religion by sex by age

### **2001 Census (England and Wales – ONS)**

C0467a-c:	Table 7A – based on Table T53 Theme table on religion
M277:	Religion by Sex and Age
S152:	Sex and age and Limiting Long-Term Illness and General Health by Religion
S153:	Sex and Age and Economic Activity by Religion
S161:	Sex and Type of Communal Establishment by Resident Type and Religion

### **2001 Census (Scotland – GROS)**

T25:	Theme Table on Current Religion
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### **Sample of Anonymised Records (SAR) – ONS**

	2001 Census Individual Licensed SAR (2001 I-SAR) (3% sample)
	2011 Census Microdata Individual Safeguarded Sample (Regional) – 2011 SAR (5% sample)

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**Published by Institute for Jewish Policy Research**

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