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Key Findings

- At 84 per cent, London was the region with the highest proportion of residents reporting very good or good health.
- At 14 per cent, London was the region with the lowest proportion of residents with a limiting long-term health problem or disability.
- As age increased, the rate of those with bad or very bad health and those with a limiting long-term health problem or disability rose. The same trend was also seen at national level.
- All age groups bar those aged 16 to 24 and those aged 25 to 34 reported poorer health in London compared to their respective national figure, possibly indicating a lifestyle in London that suits younger working-age residents but not so much those moving into retirement.
- White British Londoners reported poorer health than any other ethnicity. They were also more likely to have had a limiting long-term health problem or disability. This is likely a reflection of the older age structure of this group.
- However, when comparing Londoners of the same age, the general health of those in Black, Asian and minority ethnic groups (BAME) was worse than that of White persons. The gap between the White and BAME groups is fairly small for younger ages however gets larger as age increases.
- Those who owned their accommodation outright or lived in social rented accommodation were more likely to have reported poor health than any other tenure. They were also more likely to have had a limiting long-term health problem or disability.
- Over-64s living in care homes reported significantly poorer health than those living in households. Under-16s living in children's homes reported poorer health than those living in households.
- Over half (54 per cent) of Londoners with a long-term health problem or disability had low level or no qualifications (compared to 23 per cent of those whose day-to-day activities were not limited).

General Health

The 2011 Census asked people to self-assess their health as 'very good', 'good', 'fair', 'bad' or 'very bad'. This assessment is not based on a person's health over any specified period of time. Also, given that the assessment was done by the respondents themselves rather than a medical professional, it is worth bearing in mind that the data are subjective.

Overview

In London, 84 per cent of residents reported that they had very good or good health which was slightly higher than the figure for England & Wales as a whole (81 per cent). Around 405,000 Londoners said that they had bad or very bad health, equating to five per cent of the total population – one percentage point lower than the national average.

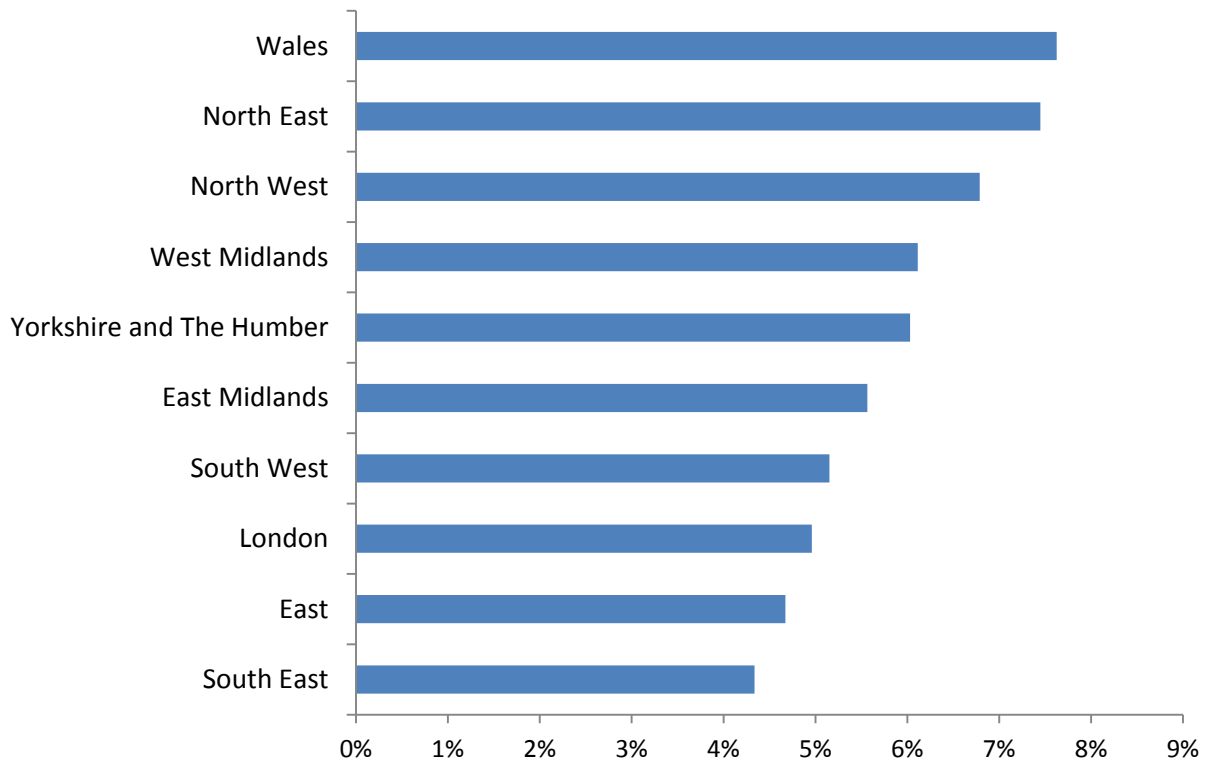
Figures 1 and 2 compares London with other regions in England & Wales and shows that London had the highest proportion of residents reporting very good or good health. When looking at the proportion of residents with bad or very bad health, only the East (at five per cent) and South East (at four per cent) had a lower figure than London.

Figure 1: Percentage of usual residents with very good or good health by Region, 2011



Source: 2011 Census table QS302EW

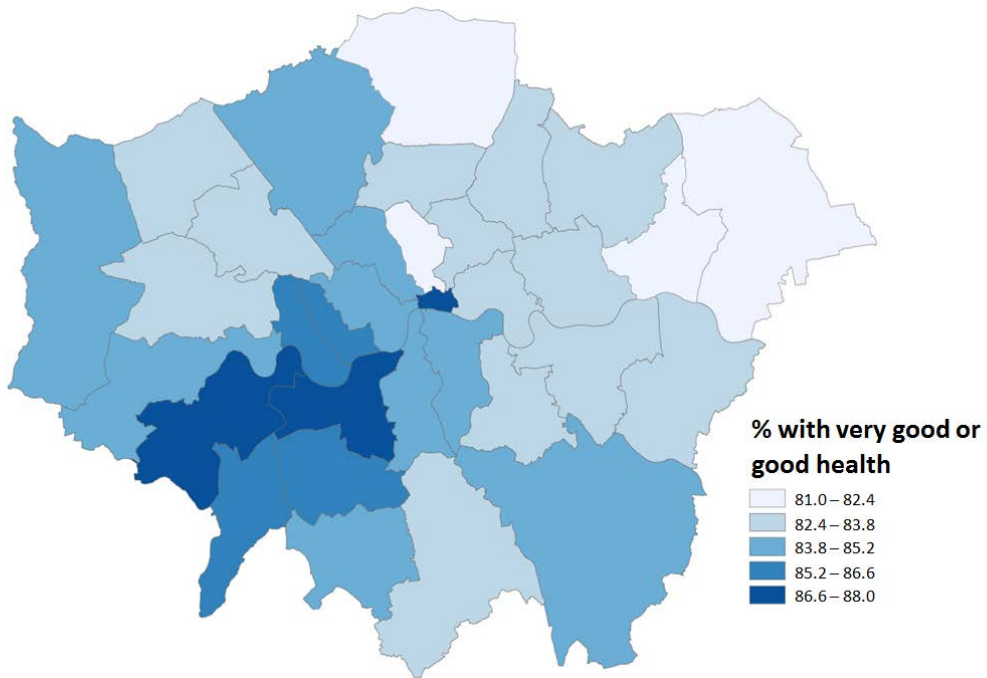
Figure 2: Percentage of usual residents with bad or very bad health by Region, 2011



Source: 2011 Census table QS302EW

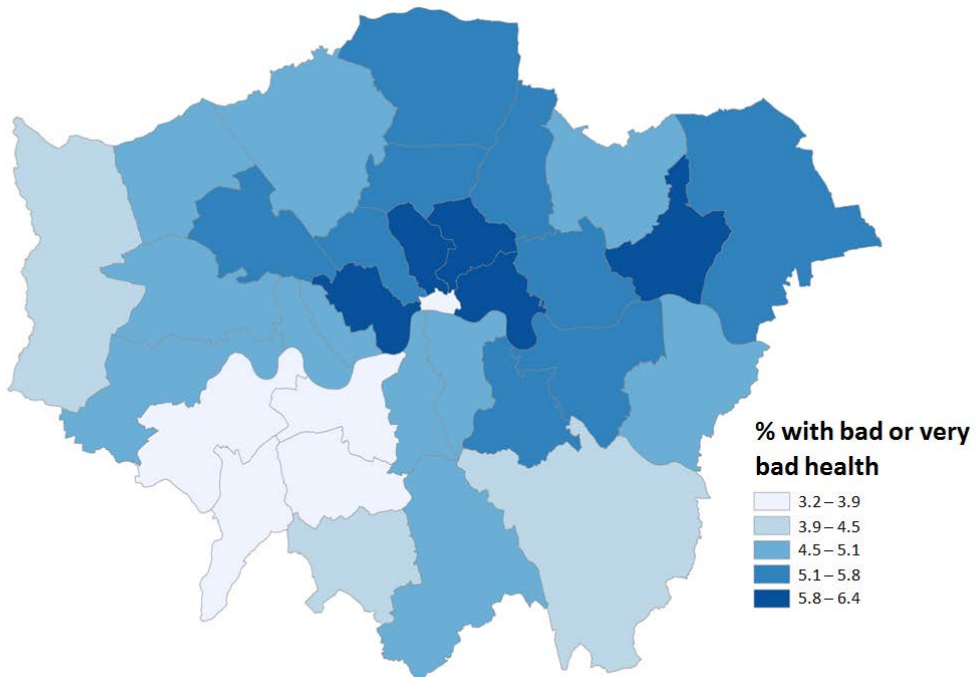
General Health by Borough

Figure 3: Percentage of usual residents with very good or good health by London Borough, 2011



Source: 2011 Census table QS302EW

Figure 4: Percentage of usual residents with bad or very bad health by London Borough, 2011



Source: 2011 Census table QS302EW

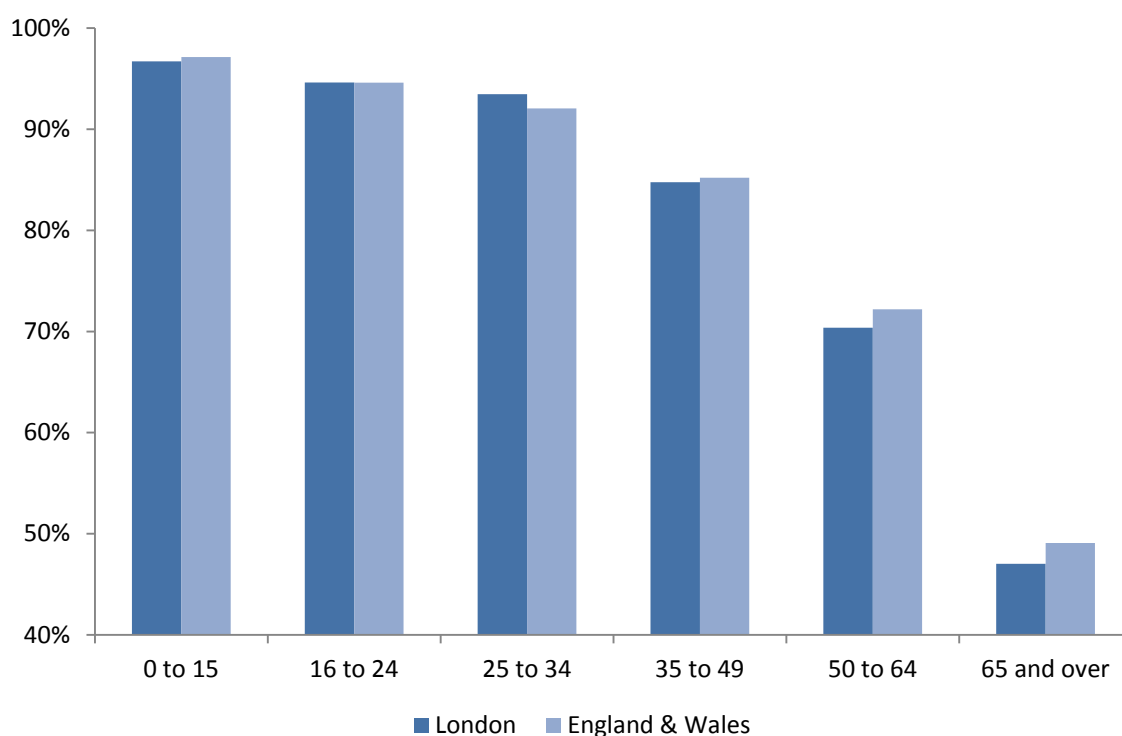
Albeit relatively small differences, residents of North East London reported poorer health than those in the South West, as shown in Figures 3 and 4.

The borough with the highest rate of bad or very bad health among residents was Islington (six per cent) whilst Richmond upon Thames had the lowest rate (three per cent). City of London had the highest rate of residents with very good or good health closely followed by Richmond upon Thames (both 88 per cent) whilst Barking and Dagenham had the lowest rate (81 per cent). Seven boroughs had rates of bad or very bad health that were higher than the national average of six per cent; Islington, Hackney, Barking and Dagenham, Tower Hamlets, Westminster, Haringey, and Newham.

General Health by Age

The following charts show general health broken down by age.

Figure 5: Percentage of usual residents with very good or good health in London and England & Wales by age group, 2011



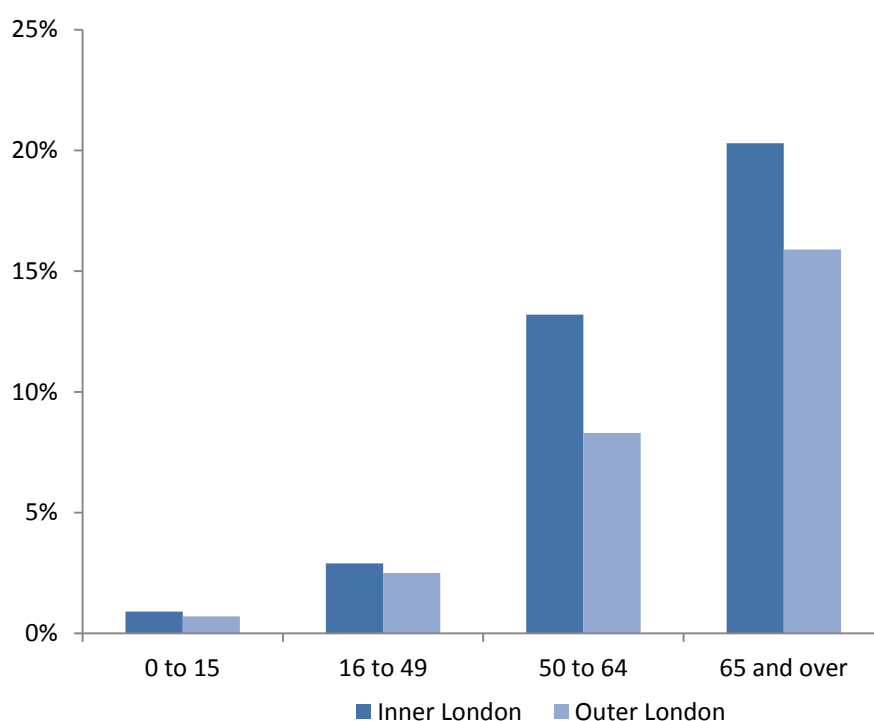
Source: 2011 Census table DC3204EW

As might be expected, as age increased, the rate of those with very good or good health in London fell whilst the rate of those with bad or very bad health rose. The same trend was also seen at national level. Those aged 0 to 15 reported the best health, with 97 per cent having very good or good health. On the other end of the scale, only 47 per cent of those aged 65 or over reported very good or good health.

All age groups bar those aged 16 to 24 and those aged 25 to 34 reported poorer health in London compared to their respective national figure. This possibly indicates a lifestyle in London that suits younger working-age residents but not so much those moving into retirement. The gap between England & Wales and London grew moving into the older age groups.

Although there was little difference when comparing the health of inner and outer Londoners as a whole (both with five per cent of resident reporting bad or very bad health), when breaking down by age group, it is evident that general health decreases much more significantly with age for those living in inner London boroughs than those living in outer London (as shown in Figure 6).

Figure 6: Percentage of usual residents with bad or very bad health in Inner and Outer London by age group, 2011

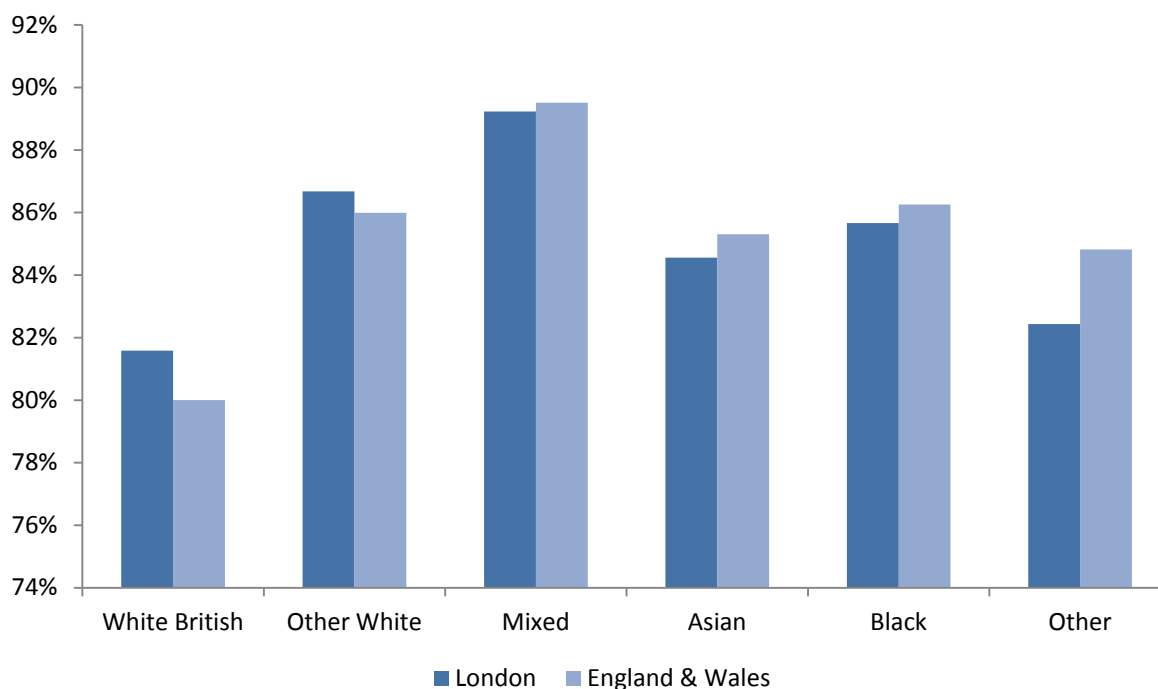


Source: 2011 Census table QS302EW

General Health by Ethnic Group

The 2011 Census classified residents into one of 18 ethnic groups (e.g. Black Caribbean). These can then be grouped into broader categories (e.g. Black).

Figure 7: Percentage of usual residents with very good or good health in London and England & Wales by ethnicity, 2011



Source: 2011 Census table DC3204EW

Of the 3.67 million White British residents living in London, 82 per cent reported very good or good health. Although this was a significant majority, compared with other ethnicities this figure is fairly low. Persons of Mixed ethnicity had the highest rate, at 89 per cent, followed by Other White¹ (87 per cent), Black (86 per cent) and Asian (85 per cent), with all other ethnicities averaging at 82 per cent.

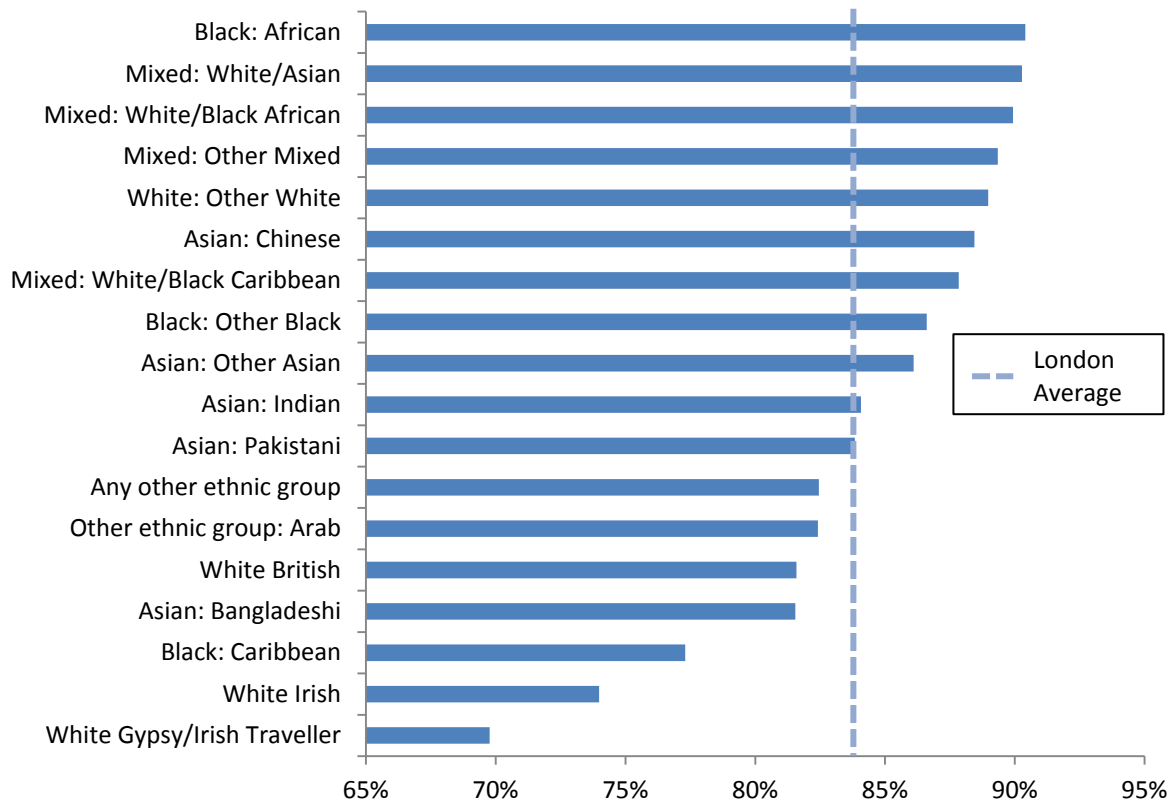
The population of England & Wales as a whole followed a similar trend, with a lower proportion of White British residents reporting very good or good health compared with other ethnicities. White Londoners were more likely to report very good or good health than their counterparts outside the capital. Conversely BAME (non-white) residents reported better health in London than nationally.

The ethnicity with the highest percentage of people reporting bad or very bad health in London was the 'Other' group², with 7 per cent, followed by White British (6 per cent) and Asian (5 per cent). Other White and Black both had a rate of 4 per cent, whilst the Mixed ethnic group had the lowest rate, at 3 per cent

¹ This group includes Gypsy and Irish Travellers as well as recent European migrants.

² This group includes residents of Arab ethnicity and those who cannot be categorised into one of the other 17 ethnic groups

Figure 8: Percentage of usual residents with very good or good health in London by detailed ethnicity, 2011

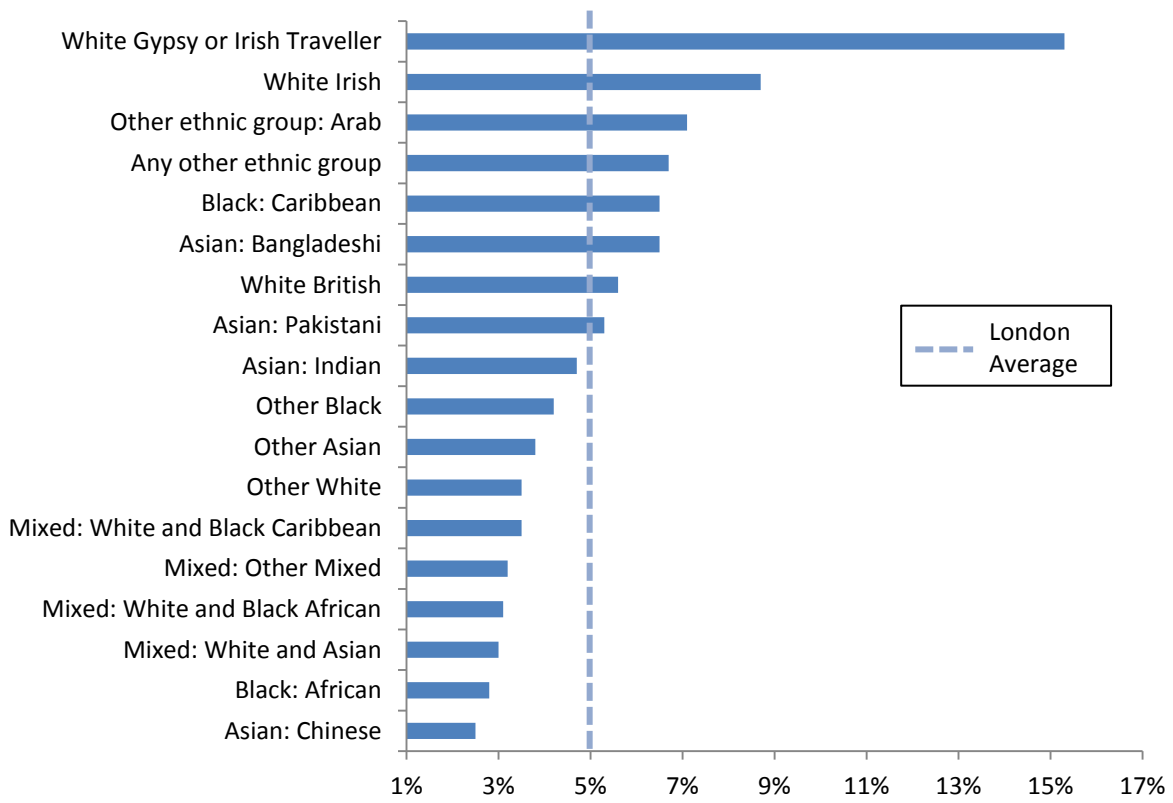


Source: 2011 Census table DC3204EW

Figure 8 shows a more detailed picture of ethnicity by health in London. The Black African group had the highest rate of those reporting very good or good health closely followed by the White/Asian and White/Black African mixed groups, all at 90 per cent.

On the other end of the scale, both the White Irish and White Gypsy/Irish Traveller ethnic groups had less than 75 per cent with very good or good health, although this is not exclusive to London with the same trend being apparent in England & Wales as a whole.

Figure 9: Percentage of usual residents with bad or very bad health in London by detailed ethnicity, 2011



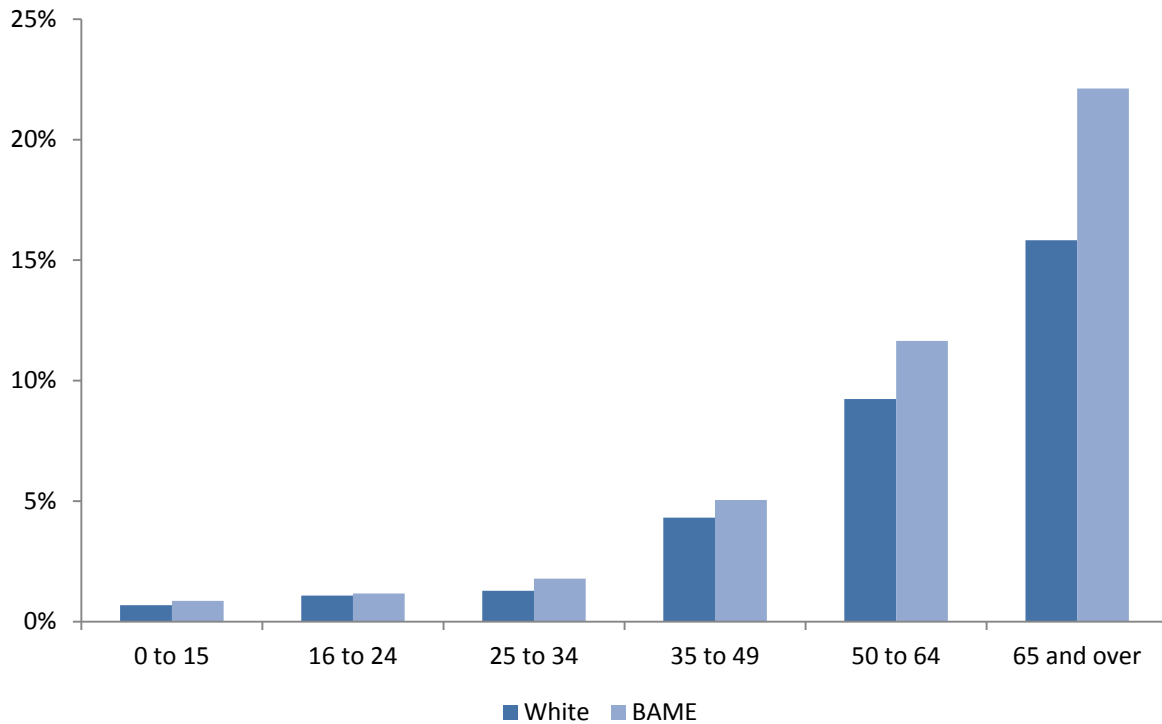
Source: 2011 Census table DC3204EW

Figure 9 unsurprisingly almost mirrors Figure 8 with ethnicities such as Black African and the 'Mixed' ethnicities reporting the best health hence a low rate of people with bad or very bad health; whilst both the White Irish and White Gypsy/Irish Traveller ethnic groups remain the ethnicities with the highest rates of poor health, at 9 and 15 per cent respectively.

General Health by Ethnic Group and Age

The following chart splits each age group by ethnicity. White includes both White British and Other White whilst the BAME (Black, Asian, and minority ethnic) group includes all non-white ethnicities.

Figure 10: Percentage of usual residents with bad or very bad health in London by ethnicity and age group, 2011



Source: 2011 Census table DC3204EW

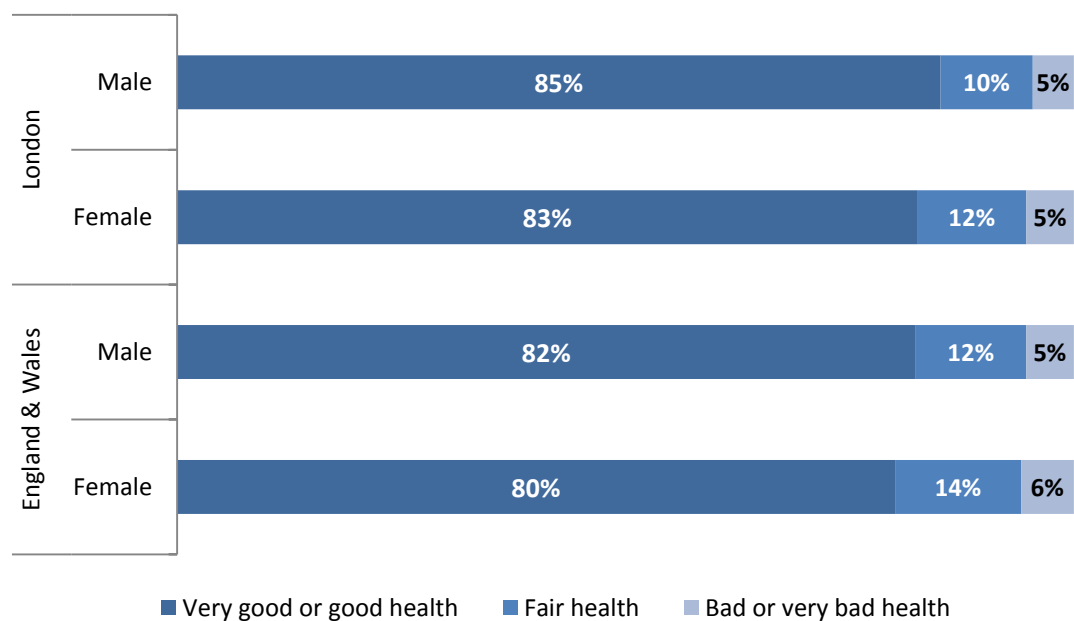
The general health of those in Black, Asian and minority ethnic groups (BAME) was worse than that of white persons in London for all age groups. The gap between the White and BAME groups is fairly small for younger ages however gets larger as age increases.

This can be looked at in two ways. One way of perceiving Figure 10 is that the self-reported health of BAME residents has deteriorated with age at a greater rate than the White population. Alternatively, as the Census is a 'snapshot in time', perhaps Figure 10 is actually showing that with each new generation, the gap between White and BAME residents is falling.

General Health by Sex

The following chart show general health broken down by sex.

Figure 11: Breakdown of general health by sex in London and England & Wales, 2011



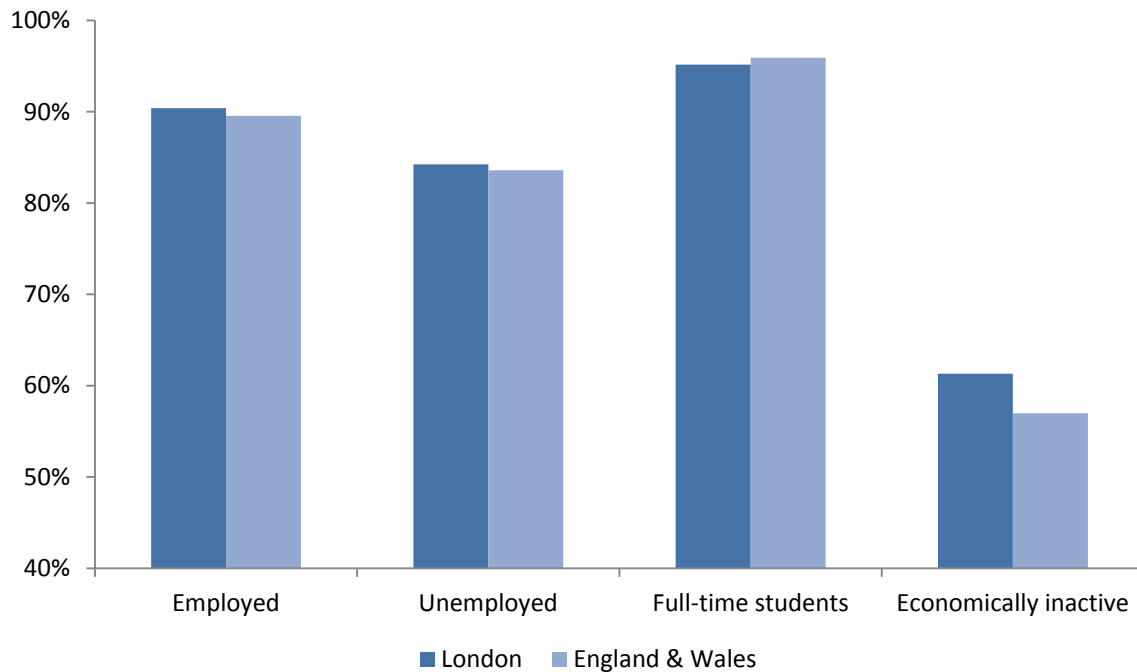
Source: 2011 Census table DC3204EW

There was little difference between sexes when looking at general health, although there was a slightly higher rate of males who have very good or good health compared with females for both London and England & Wales as a whole. This may in part have been due to differences in age structure, with 12 per cent of females aged 65 or over compared to just 10 per cent of males; and as seen in Figure 5, there is a correlation between general health and age.

General Health by Economic Activity

The following chart breaks down general health by Economic Activity.

Figure 12: Percentage aged 16 and over with very good or good health in London and England & Wales by economic activity, 2011



Source: 2011 Census table DC6301EW1a

There was a significantly lower proportion of economically inactive residents aged 16 and over reporting very good or good health (61 per cent) compared with those who were economically active³.

This is likely to do with the fact that a large proportion of those who were economically inactive were either retired - and therefore more likely to be older - (42 per cent in London, 58 per cent in England & Wales) or were long-term sick/disabled (11 per cent for both London and England & Wales).

Residents aged 16 and over who were employed reported better health than those who were unemployed (90 per cent compared to 84 per cent with v. good/good health). However the healthiest group was full-time students, with 95 per cent reporting very good or good health. This is perhaps unsurprising when you consider that 61 per cent those full-time students were no older than 24 and only 13 per cent older than 34.

³ Economically active includes the employed, the unemployed and full-time students

General Health by NS-SEC Group

The National Statistics Socio-economic Classification (NS-SEC) provides an indication of socioeconomic position based on occupation.

Figure 13: Figure 13: General health of those aged 16-74 by NS-SEC Group in London, 2011



Source: 2011 Census table DC6101EW

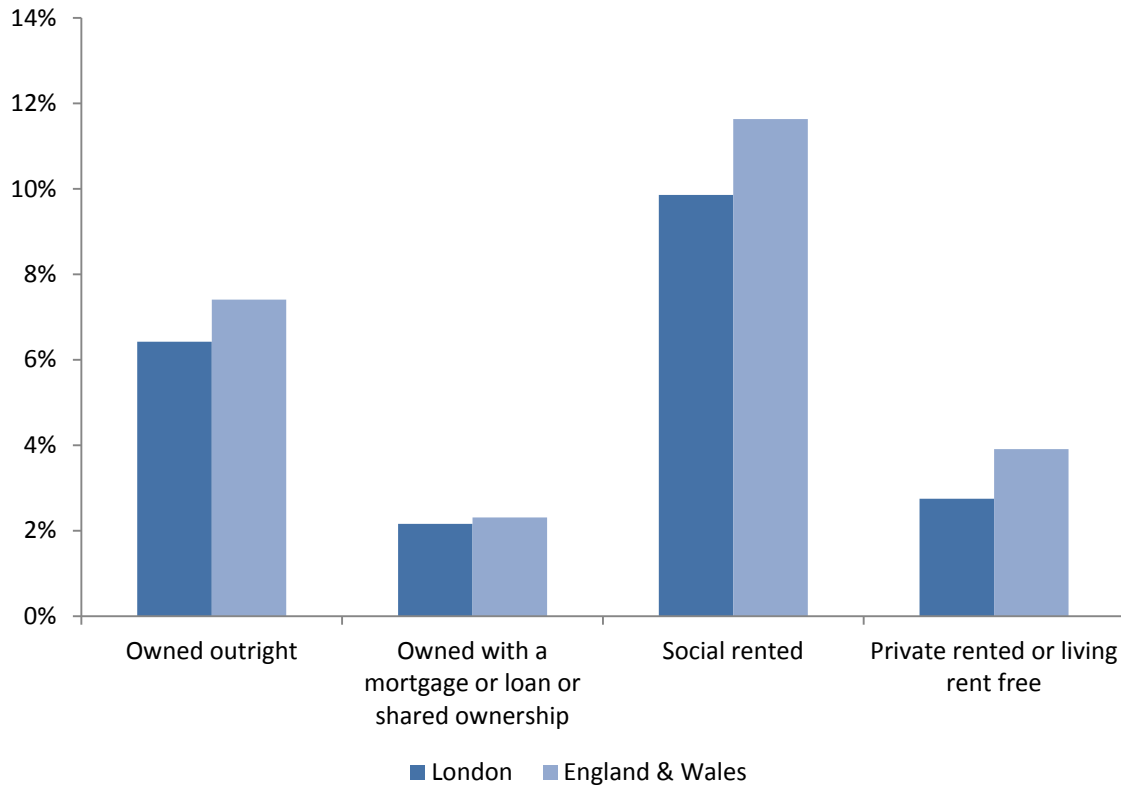
Looking at Figure 13, it is clear that those in higher socio-economic classes reported better health than those in lower socio-economic classes. Some 91 per cent of those in higher managerial, administrative and professional occupations had very good or good health whilst only 2 per cent had bad or very bad health. By comparison, those in routine or semi routine occupations averaged somewhat lower results (66 per cent and 72 cent with v. per good/good health respectively).

For those who had never worked or were long-term unemployed there was a significantly lower proportion reporting very good or good health (62 per cent) and a much higher proportion of those with bad or very bad health (15 per cent). However it is important to note that 35 per cent of those in this group had a long-term health problem or disability that limits day-to-day activities. For those people their socio-economic group was more likely a consequence of their health rather than the cause.

General Health by Tenure

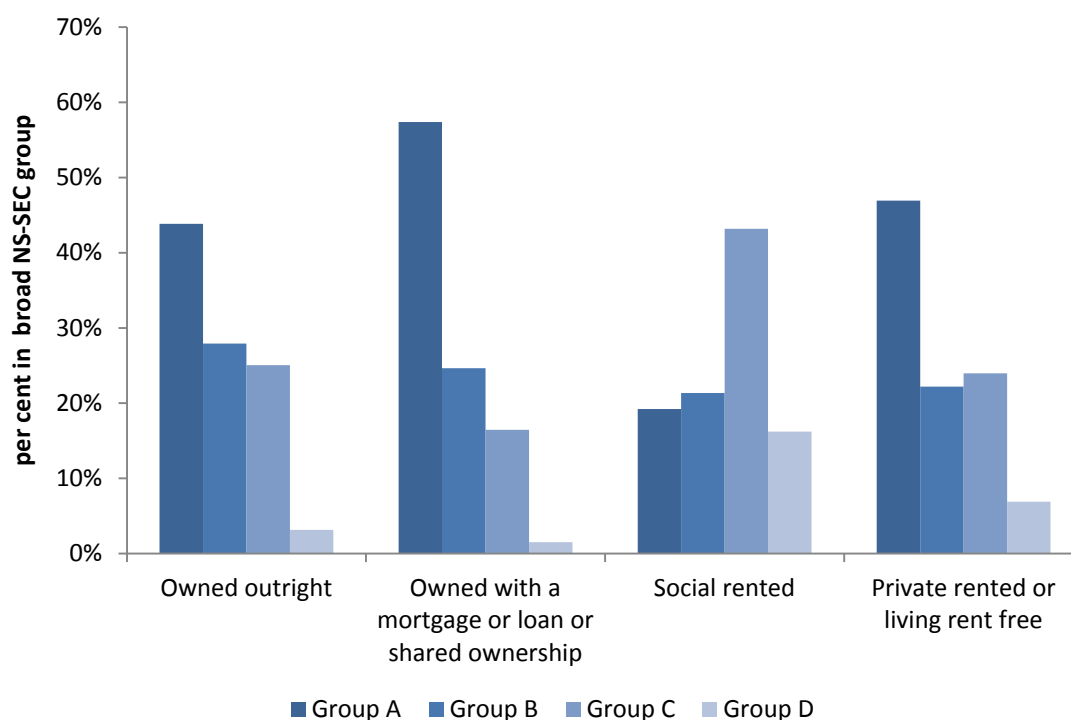
The following charts show general health broken down by tenure. The population used is all usual residents in households.

Figure 14: Percentage with bad or very bad health in London and England & Wales by tenure, 2011



Source: 2011 Census table DC3409EW

Figure 14, shows that Londoners who lived in social rented accommodation reported significantly poorer health than those living in any other tenure (ten per cent reporting bad/v. bad health). Residents who owned their accommodation with a mortgage or rented privately both had a lower rate of residents reporting bad or very bad health than the London average (at two per cent and three per cent respectively). This trend was the same for England & Wales as a whole.

Figure 15: Breakdown of tenure by broad NS-SEC group in London, 2011

Source: 2011 Census table DC4608EW

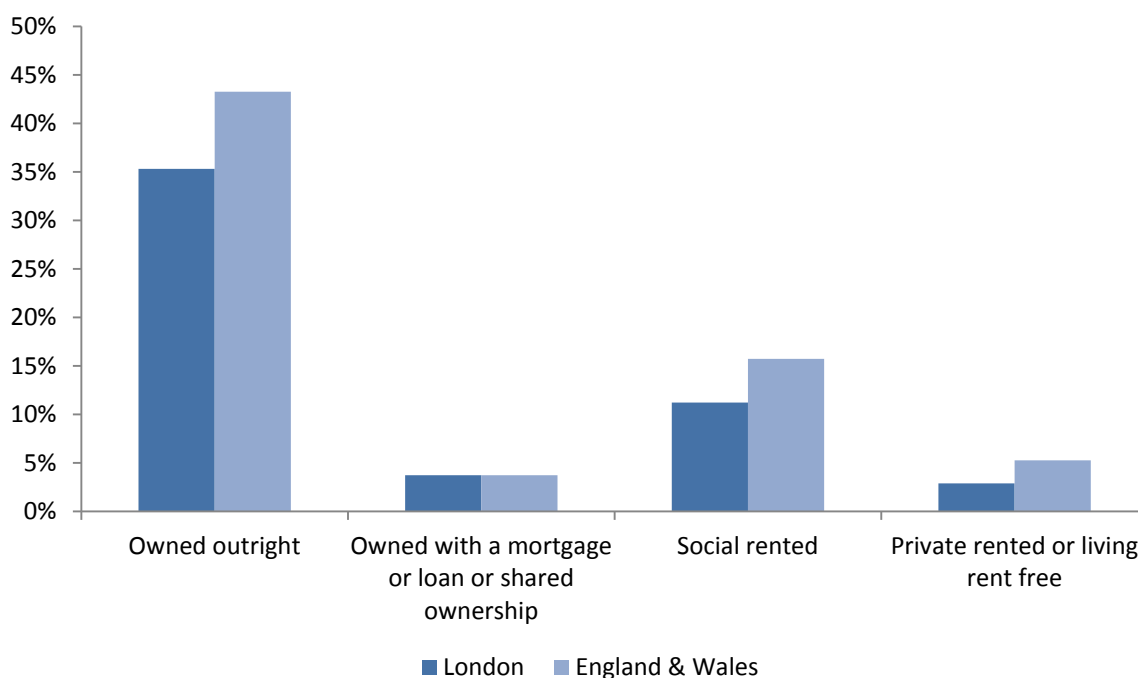
In Figure 15, the 8 NS-SEC groups were combined to form four broad groups, as follows:

- Group A consists of NS-SEC groups 1 and 2
- Group B consists of NS-SEC groups 3 and 4
- Group C consists of NS-SEC groups 5, 6 and 7
- Group D consists of NS-SEC group 8.

As shown in Figure 13 there is a correlation between general health and NS-SEC Group. When breaking down tenure in London by NS-SEC Group (Figure 15) we can see that social rented accommodation had a different socio-economic structure to the other tenures, with a comparatively higher percentage of persons in Groups C and D and lower percentage in Group A. This different structure could be a possible reason for social rented accommodation's higher rate of persons with bad or very bad health.

A considerable share of Londoners who owned their accommodation outright were in the highest broad NS-SEC group (Group A), at 44 per cent. Despite this, a relatively high rate reported bad or very bad health (six per cent). This is most likely due to the age structure of this tenure. As you can see in Figure 16, 35 per cent of Londoners who owned their accommodation outright were aged 65 and over and, as shown previously in Figure 5, the general health of the population worsened as age increased.

Figure 16: Percentage aged 65 and over in London and England & Wales by tenure, 2011



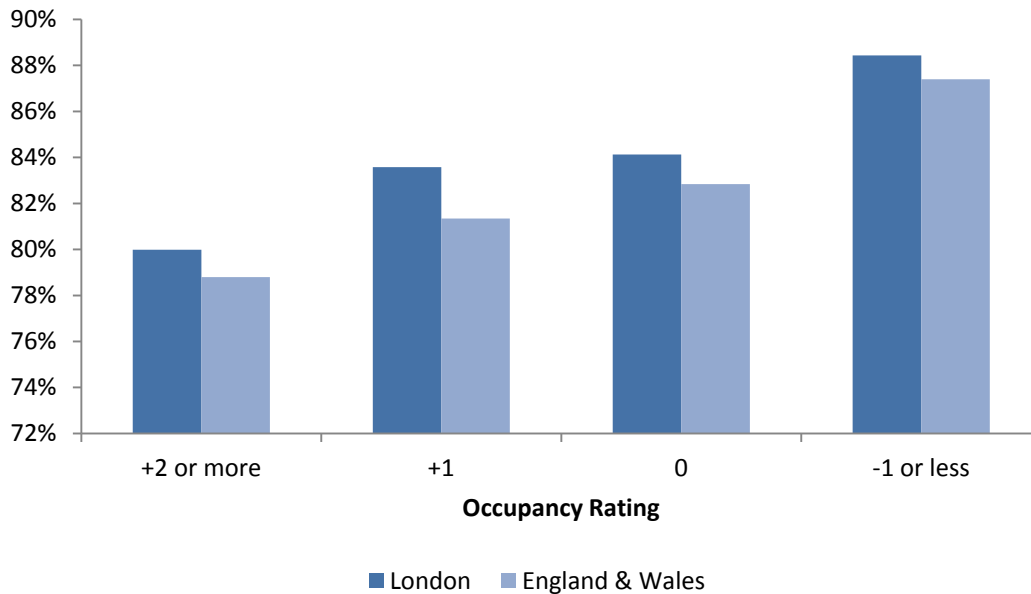
Source: 2011 Census table DC3409EW

General Health by Occupancy Rating

Occupancy rating provides a measure of whether a household's accommodation is overcrowded or under occupied. There are two measures of occupancy rating; one based on the number of rooms in a household's accommodation and one on the number of bedrooms. For this report the number of bedrooms was used. An occupancy rating of -1 implies that a household has one fewer bedroom than required (overcrowded); whereas +1 implies that they have one more bedroom than the standard requirement (under-occupied).⁴

⁴ A full explanation of how occupancy rating is calculated can be found here: <http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-user-guide/quality-and-methods/quality/quality-notes-and-clarifications/index.html>

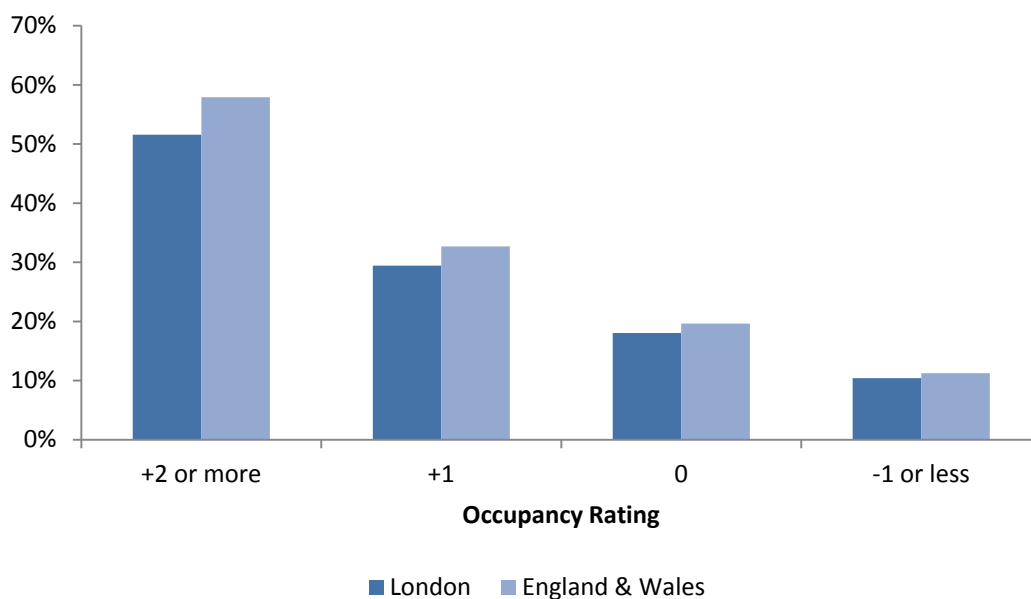
Figure 17: Percentage of usual residents in households with very good or good health in London and England & Wales by occupancy rating, 2011



Source: 2011 Census table DC3404EW

Breaking down general health by occupancy rating, it may be expected that those living in crowded households would have reported poorer health; however Figure 17 shows that the opposite is true, with those living in households with a lower occupancy ratings more likely to have reported very good or good health. The reasons for this become clearer when you break down occupancy rating by age.

Figure 18: Percentage aged 50 or over in London and England & Wales by occupancy rating, 2011



Source: 2011 Census table DC3404EW

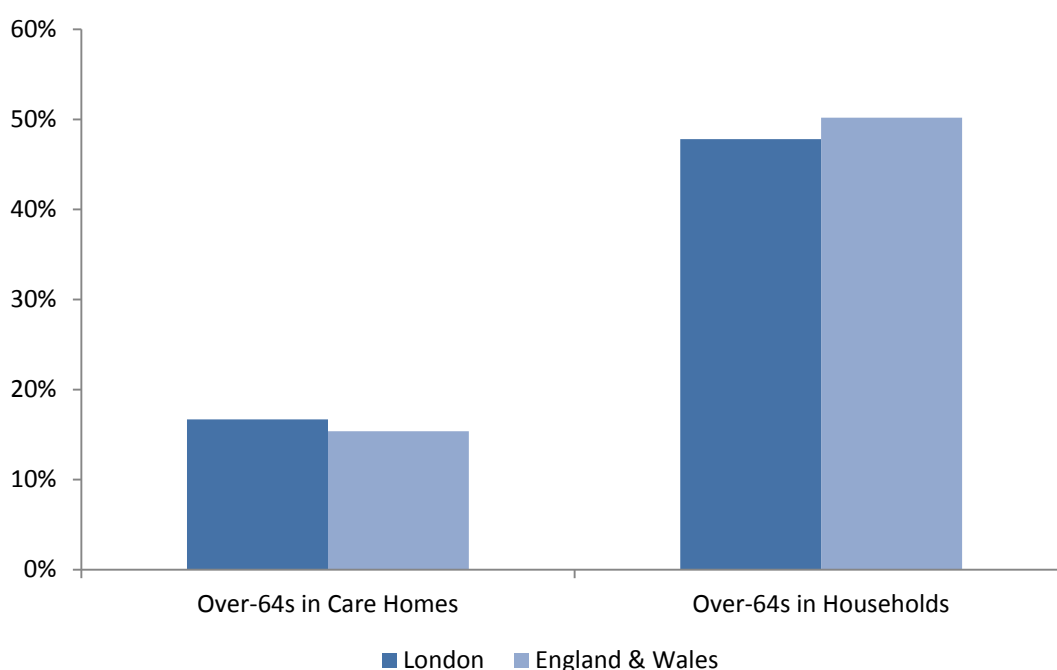
As shown in Figure 18 those in under occupied households tended to be older than those in more crowded households and as stated previously, the general health of the population worsened as age increased.

General Health in Communal Establishments

A communal establishment is an establishment providing managed residential accommodation. A communal establishment resident is a person who was living, or expected to live in a communal establishment for six months or more at the time of the Census.

There are several different types of communal establishment; however the following charts focus on residents of care homes and children's homes.

Figure 19: Percentage aged over 64 with very good or good health in care homes and households, 2011

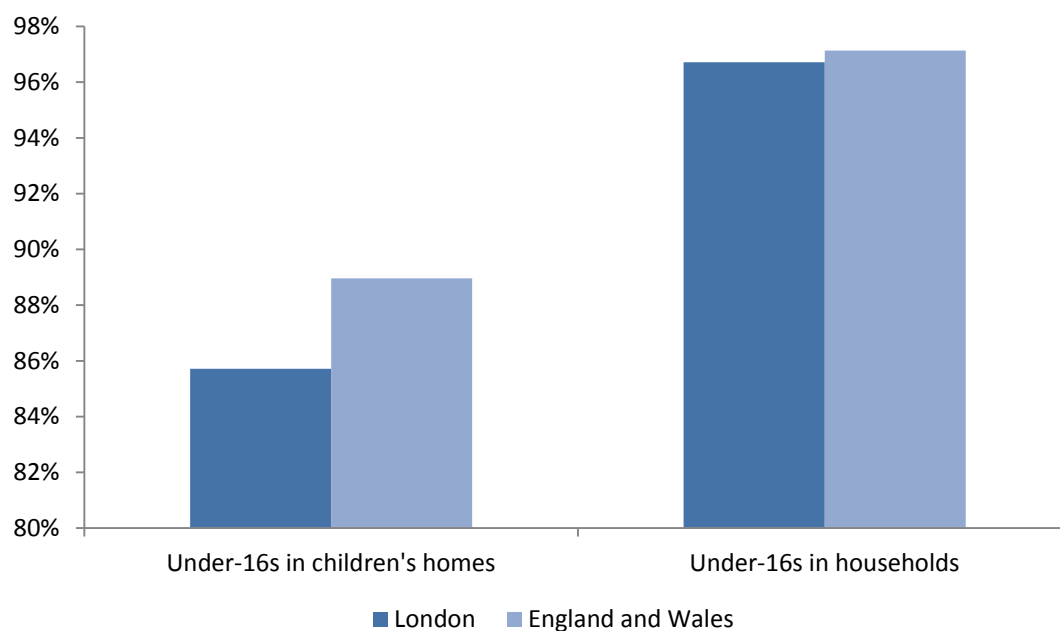


Source: 2011 Census table DC3401EW1a

The rate of over-64s in a care home reporting very good or good health in London stood at 17 per cent; significantly lower than that for over-64s in households, which stood at 49 per cent.

This pattern was also matched at national level, with 15 per cent of over-64s in care homes having very good or good health compared to 50 per cent of over-64s in households. Over-64s in care homes in London reported better health than the national average whereas over-64s in households reported poorer health compared to the national average.

Figure 20: Percentage aged under 16 with very good or good health in children's homes and households, 2011



Source: 2011 Census table DC3401EW1a

The rate of under-16s in a children's home reporting very good or good health in London stood at 86 per cent which was somewhat lower than the rate for under-16s in households, which stood at 97 per cent.

This pattern was also matched at national level with 89 per cent of under-16s in children's homes having very good or good health compared to 97 per cent for under-16s in households. Under-16s in London reported poorer health than the national average for both those living in children's homes and in households; however the gap was greater for those living in children's homes.

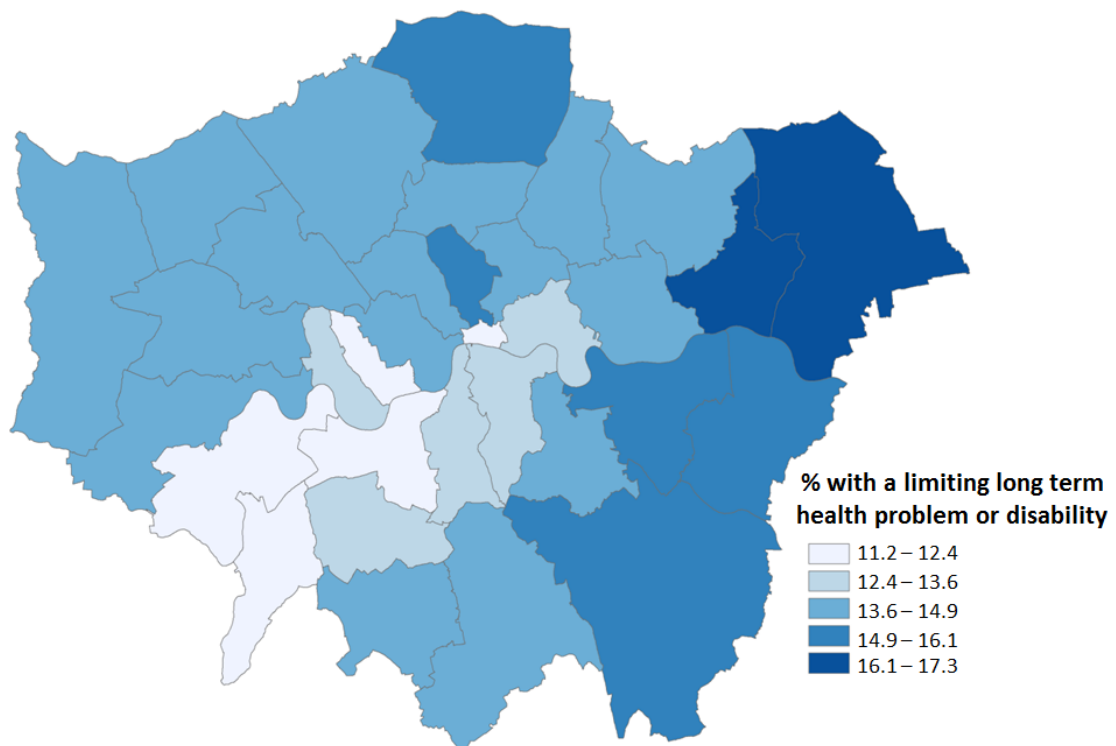
Long-term Health Problems or Disabilities

In addition to the question on overall health, the 2011 census asked people if they had a health problem or disability that had lasted or was expected to last for at least 12 months and which limited the person's day-to-day activities, either a little or a lot.

London saw 1.16 million (14 per cent of residents) reporting their activities were limited. This proportion was below the national average (18 per cent), and was lower than every other region in England & Wales.

Long-term health problem or disability by Borough

Figure 21: Percentage of usual residents with a limiting long-term health problem or disability by London Borough, 2011



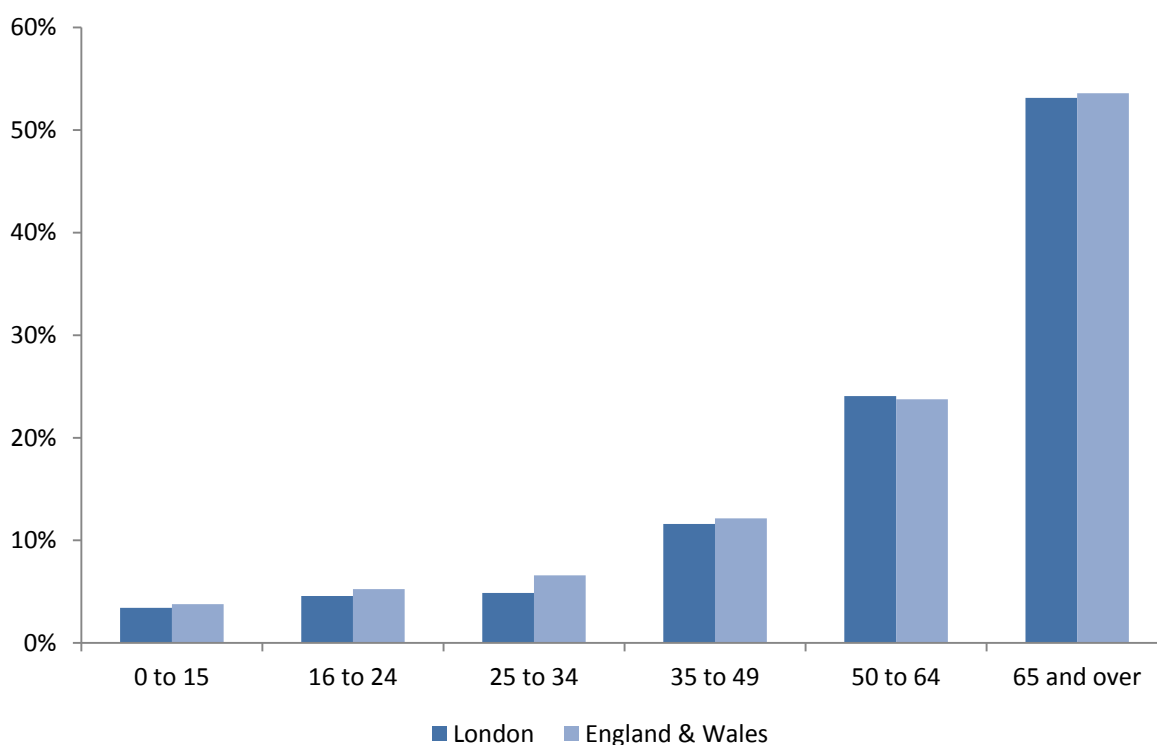
Source: 2011 Census table QS303EW

Figure 21 shows that eastern outer London boroughs, such as Barking & Dagenham and Havering, had a higher proportion of residents with a limiting long-term health problem or disability compared to the rest of London. Havering was the borough with the highest percentage (17 per cent) whilst Wandsworth had the lowest (11 per cent). Every borough had a lower proportion of residents with a limiting long-term health problem or disability than the national average of 18 per cent.

Long-term health problem or disability by Age

The following charts show long-term health problems/disability broken down by age.

Figure 22: Percentage of usual residents with a limiting long-term health problem or disability in London and England & Wales by age group, 2011



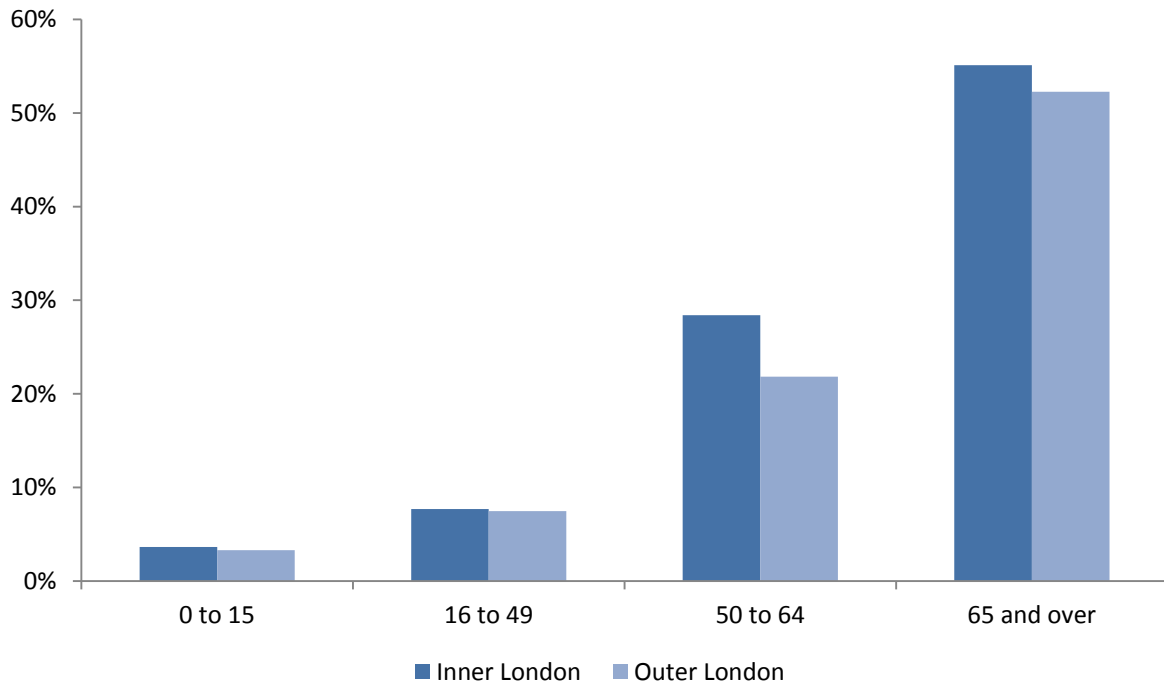
Source: 2011 Census table DC3205EW

As age increased, the rate of those with a limiting long-term health problem or disability increased. This was the case in both London and England & Wales as a whole. It comes as no surprise then that Havering, the borough with the highest proportion of residents with a limiting long-term health problem or disability was also the borough with the highest proportion of residents aged 65 or over.

Excluding those aged 50 to 64, the rate of residents with a limiting long-term health problem or disability was lower in London in comparison to the national average for all age groups. In the majority of age groups the difference is not large enough to be considered statistically significant, however for 25 to 34 year olds there was a two percentage point gap.

There is very little difference when comparing the rate of inner and outer Londoners with a limiting long-term health problem or disability (rates were 14 per cent and 15 per cent respectively). However when broken down by age it becomes clear that for those aged 50 or over, the rate was significantly higher for inner Londoners than outer Londoners (as shown in Figure 23).

Figure 23: Percentage of usual residents with a limiting long-term health problem or disability in London and England & Wales by age group, 2011

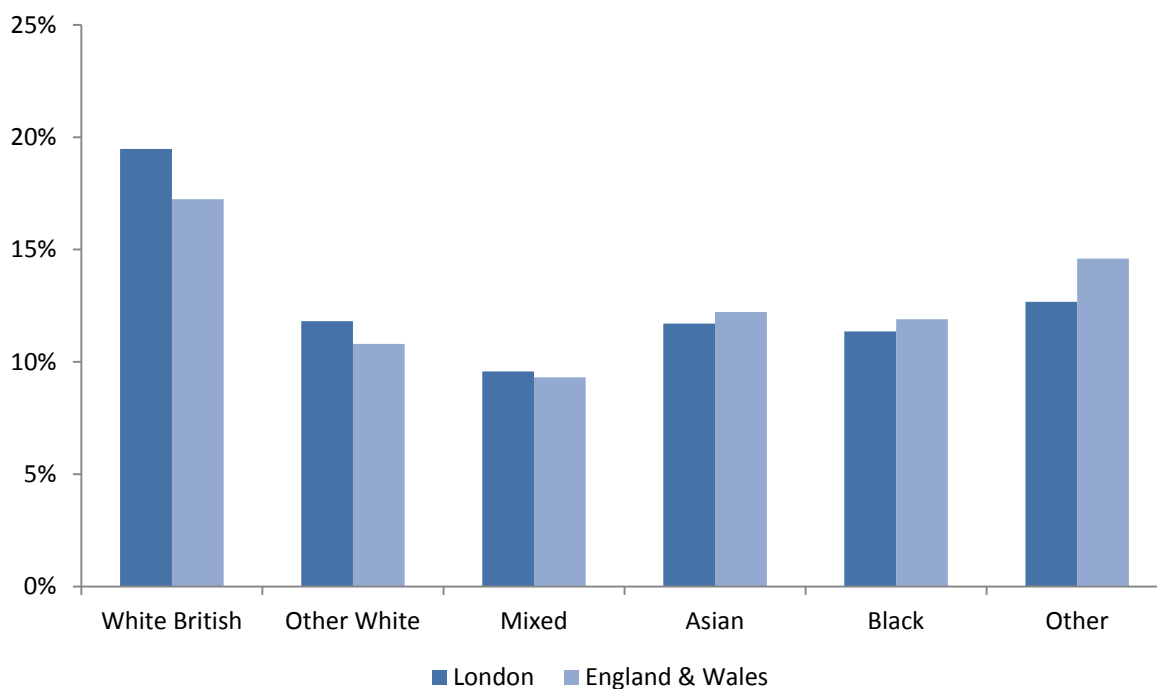


Source: 2011 Census table DC3201EW

Long-term health problem or disability by Ethnic Group

The 2011 Census classified residents into one of 18 ethnic groups (e.g. Black Caribbean). These can then be grouped into broader categories (e.g. Black).

Figure 24: Percentage of usual residents with a limiting long-term health problem or disability in London and England & Wales by ethnicity, 2011

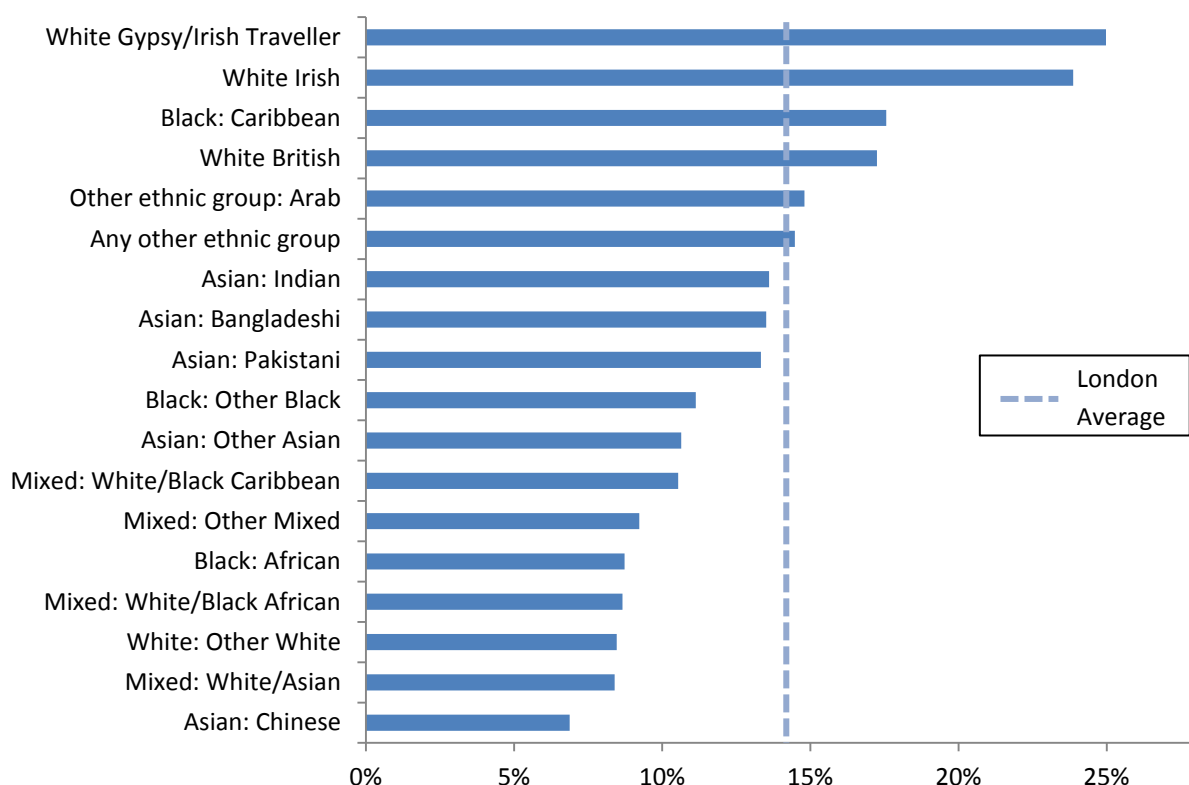


Source: 2011 Census table DC3205EW

The ethnicity with the highest rate of residents with a limiting long-term health problem or disability was White British at 19 per cent. This was a significantly higher rate than any other ethnicity, with the next largest being the Other ethnic group, at 13 per cent. Persons of Mixed ethnicity had the lowest rate (at 10 per cent) whilst Other White (12 per cent), Asian (12 per cent), and Black (11 per cent) ethnicities all had below average rates of residents with a limiting long-term health problem or disability.

The population of England & Wales as a whole followed a similar trend, with a higher proportion of White British residents with a limiting long-term health problem or disability compared with other ethnicities. White British, Other White and Mixed ethnic groups all had a higher rate in London compared with England & Wales. The opposite can be said of Asian, Black and Other ethnic groups which all averaged a lower rate than their respective England & Wales figures.

Figure 25: Percentage with a limiting long-term health problem or disability in London by detailed ethnicity, 2011

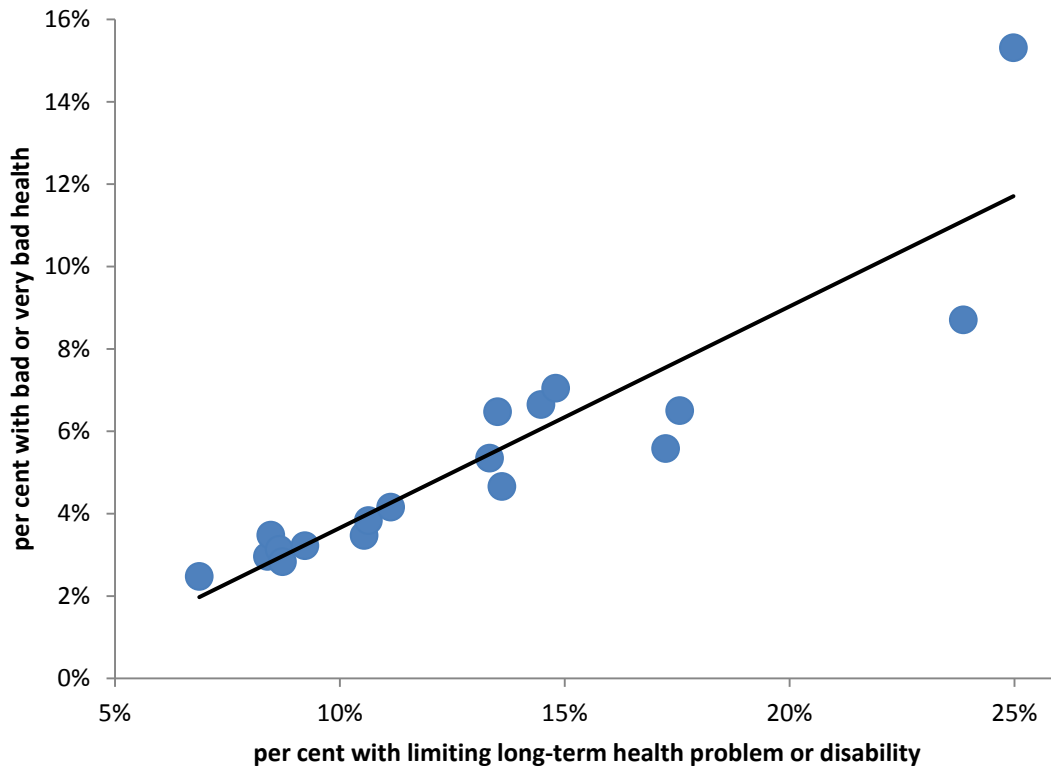


Source: 2011 Census table DC3205EW

Breaking down ethnicity further in London, shows that the Chinese ethnic group had the lowest rate with a limiting long-term health problem or disability (at seven per cent). On the other end of the scale, both the White Gypsy/Irish Traveller and White Irish ethnic groups had over 20 per cent with a limiting long-term health problem or disability.

Cross-tabulating the data in Figures 9 and 25 we can see that there is, unsurprisingly, a very strong positive correlation (with a correlation coefficient of 0.9) between the rate of Londoners who reported bad or very bad health and the rate of Londoners who had a limiting long-term health problem or disability (Figure 26).

Figure 26: Percentage with a limiting long-term health problem or disability by percentage with bad or very bad health by ethnicity, 2011

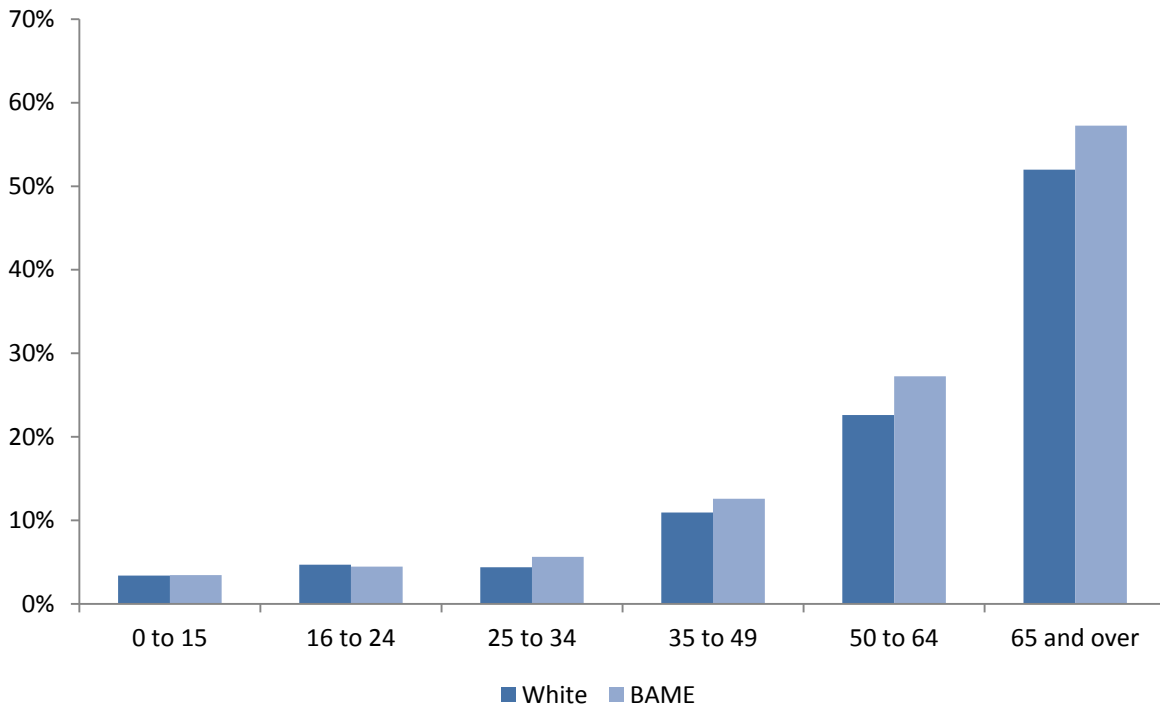


Source: 2011 Census tables DC3204EWr & DC3205EWr

Long-term health problem or disability by Ethnic Group and Age

The following chart splits each age group by ethnicity. White includes both White British and Other White whilst the BAME (Black, Asian, and minority ethnic) group includes all non-white ethnicities.

Figure 27: Percentage with a limiting long-term health problem or disability in London by ethnicity and age group, 2011



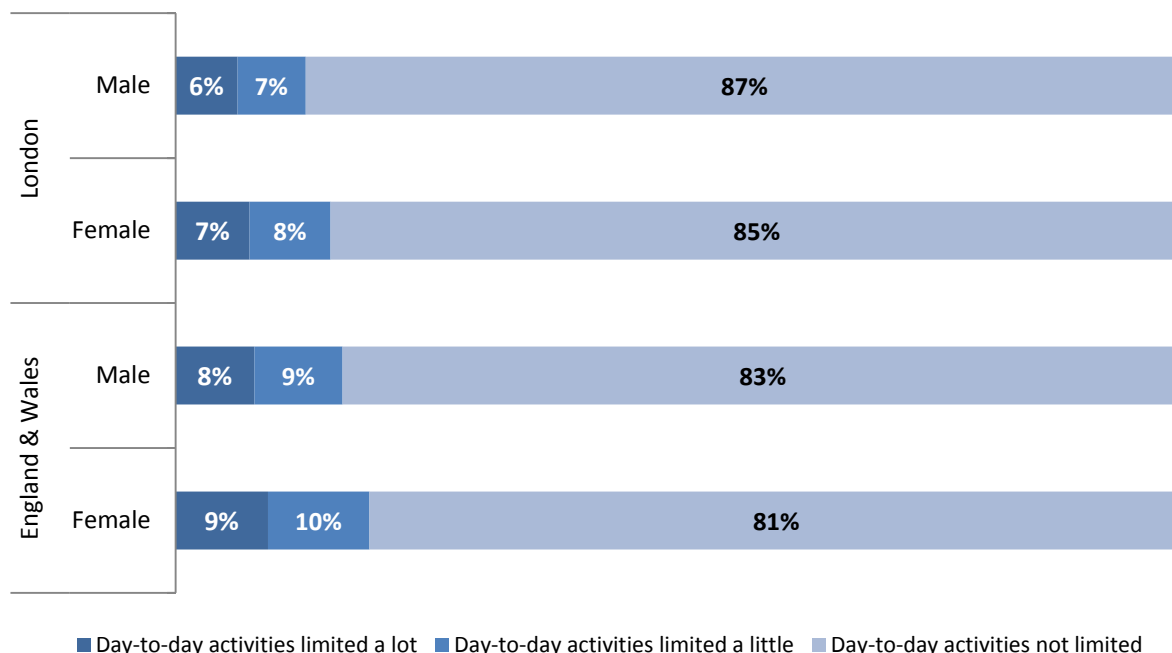
Source: 2011 Census table DC3205EW

There was very little difference between the rate of BAME and White Londoners with a limiting long-term health problem or disability in the younger age groups. However, as with general health, as age increased so too did the gap between the two ethnic groups. BAME residents aged 65 and over had a rate that was five percentage points higher than the respective figure for White residents.

Long-term health problem or disability by Sex

The following charts show long-term health problems/disability broken down by sex.

Figure 28: Figure 28: Percentage with a limiting long-term health problem or disability in London by sex, 2011



Source: 2011 Census table DC3205EW

Females were slightly more likely to have a long-term health problem or disability than males in both London and England & Wales. The difference however was fairly small with the gap being 2 percentage points in London and 3 percentage points for England & Wales.

As with general health, this may have been due to differences in age structure, with 12 per cent of females aged 65 or over compared to just 10 per cent of males; and as seen in Figure 22, there is a correlation between the rate of those with a limiting disability and age.

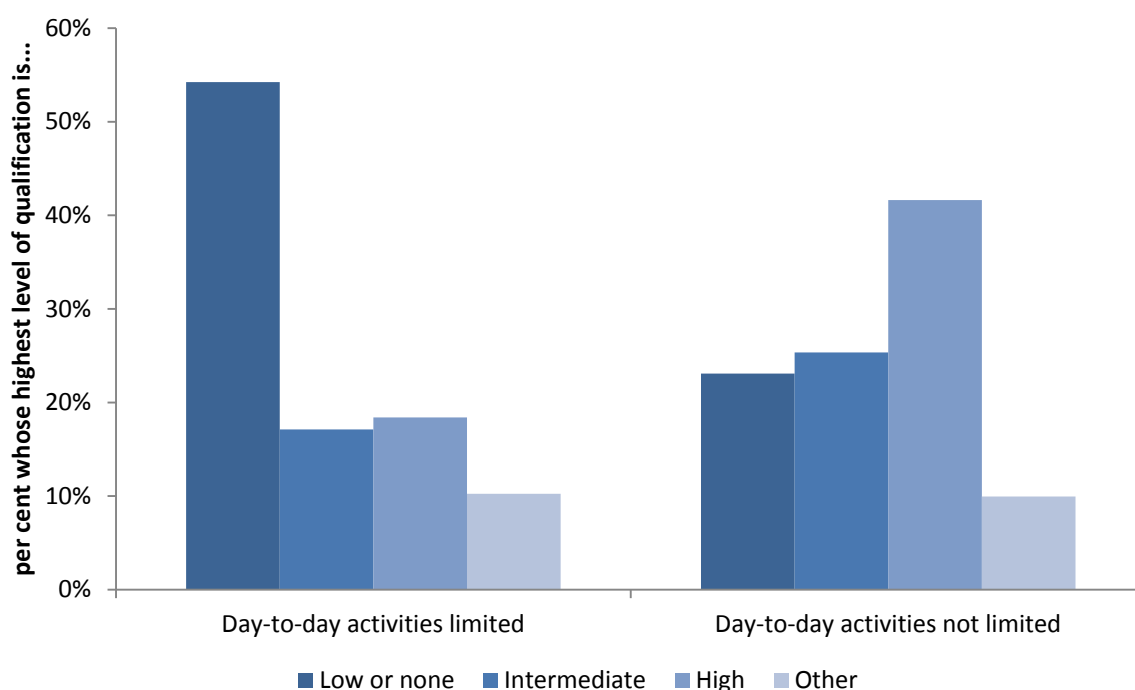
Long-term health problem or disability by Highest Level of Qualification

The following charts show long-term health problems/disability broken down by highest level of qualification.

For the purposes of analysis, the qualification levels have been aggregated into the following categories:

- Low or None: No qualifications or Level 1 qualification
- Intermediate: Level 2, Level 3 and Apprenticeships
- High: Level 4 and above
- Other: Other qualifications

Figure 29: Highest level of qualification of residents aged 16 and over by long-term health problem or disability, 2011



Source: 2011 Census table DC5301EW

Over half (54 per cent) of Londoners with a long-term health problem or disability had low level or no qualifications. This made it the most common level of qualification for those whose day-to-day activities were limited. By way of comparison, 23 per cent of those whose day-to-day activities were not limited had low level or no qualifications.

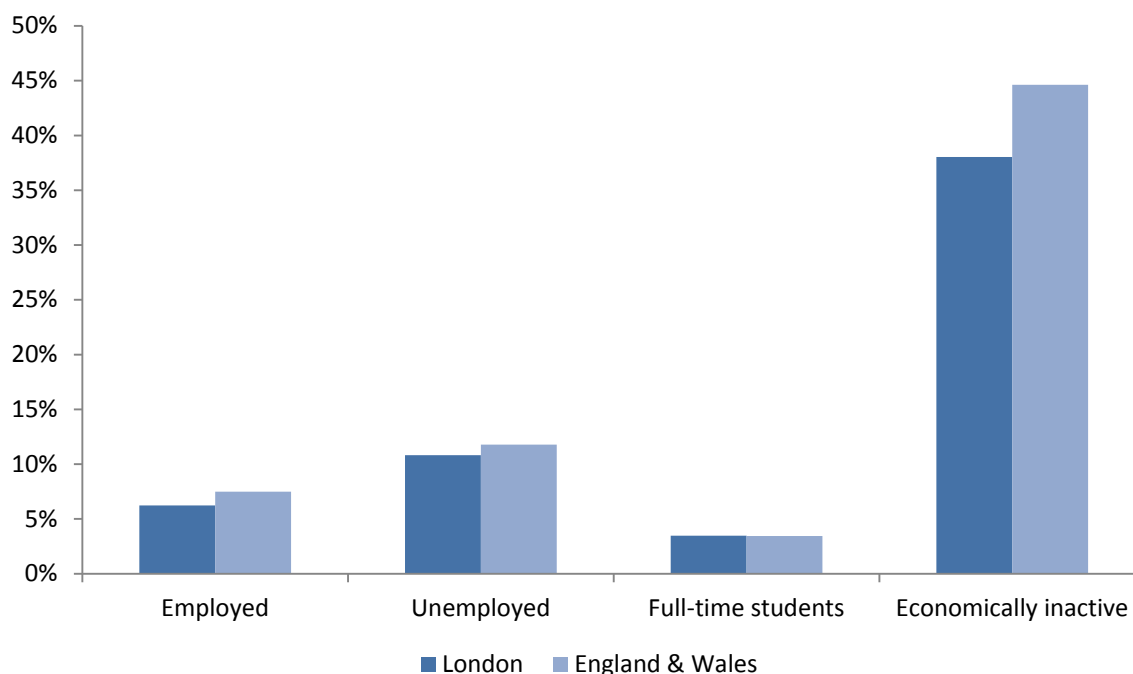
Londoners who had no long-term health problem or disability were most likely to have a high level qualification level (42 per cent with said qualification level). The respective figure for residents whose day-to-day activities were limited was 18 per cent.

Some of this variation could be attributed to age difference. Some 56 per cent of those aged 65 and over had low level or no qualifications, and as shown in Figure 22 this age group had the highest rate of residents with a limiting long-term health problem or disability. For the younger generation (those aged 25 to 34) 55 per cent of residents had high level qualifications.

Long-term health problem or disability by Economic Activity

The following charts show long-term health problems/disability broken down by Economic Activity.

Figure 30: Percentage aged 16 and over with a limiting long-term health problem or disability in London and England & Wales by economic activity, 2011



Source: 2011 Census table DC6302EW

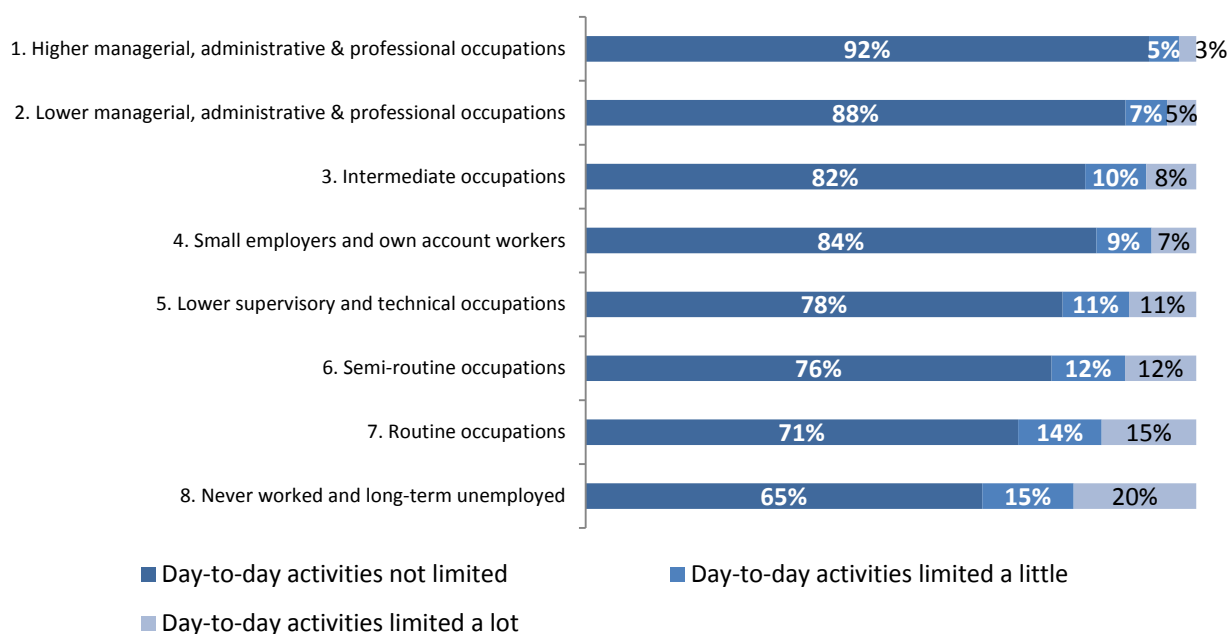
Of those who were economically inactive, 38 per cent had a limiting long-term health problem or disability. As mentioned in the 'General Health by Economic Activity' section, this is likely to be because a high proportion of those who were economically inactive were retired and therefore more likely to be in an older age group. In comparison, the figure was 6 per cent for those who were employed, 11 per cent for the unemployed and 3 per cent for full-time students.

There was very little difference between London and the national average when comparing the rate of residents with a limiting long-term health problem or disability for those who were employed (one percentage point gap), unemployed (one percentage point gap) or full-time students (no gap). However, for the economically inactive, the rate for Londoners was seven percentage points below the national average – a more significant difference.

Long-term health problem or disability by NS-SEC Group

The National Statistics Socio-economic Classification (NS-SEC) provides an indication of socioeconomic position based on occupation.

Figure 31: Percentage of those aged 16-74 with a limiting long-term health problem or disability in London and England & Wales by NS-SEC Group, 2011



Source: 2011 Census table LC3602EW

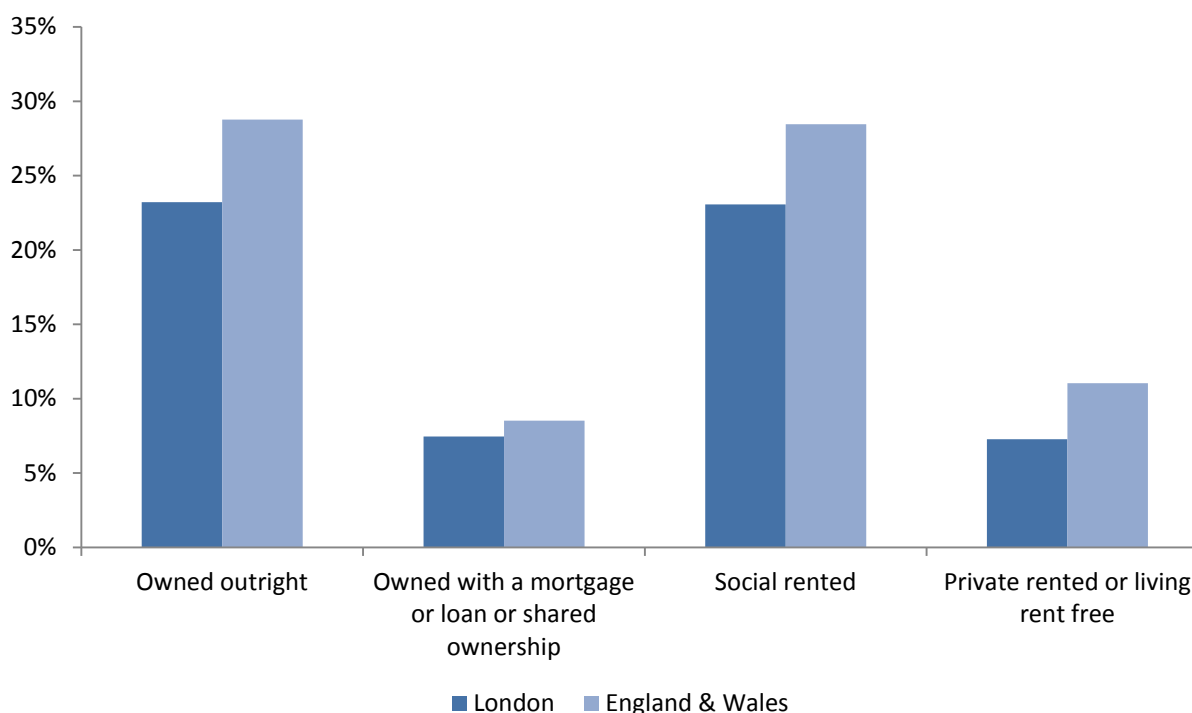
Categorising those with a long-term health problem or disability by NS-SEC group provides similar results to when grouping general health with NS-SEC. Those in the higher socio-economic classes were less likely to have a long-term problem than those in the lower classes.

Just eight per cent of those in Higher managerial, administrative and professional occupations had a limiting long-term health problem or disability. By comparison, those in Routine or Semi routine occupations averaged a higher rate (29 per cent and 24 per cent whose day-to-day activities were limited respectively). Those who had Never worked or were long-term unemployed were the socio-economic group with the highest rate of Londoners with a limiting long-term health problem or disability (at 35 per cent).

Long-term health problem or disability by Tenure

The following charts show long-term health problems/disability broken down tenure. The population used is all usual residents in households.

Figure 32: Percentage with a limiting long-term health problem or disability in London and England & Wales by tenure, 2011



Source: 2011 Census table DC3408EW

There were notable differences when breaking down limiting long-term health problem or disability by tenure. There was a higher share of those who rented social housing or owned their accommodation outright with a limiting long-term health problem or disability, than in other tenures (both with rates of 23 per cent). This figure was seven per cent for both those who lived in accommodation being bought on a mortgage or those who lived in privately rented accommodation. This trend was the same for England & Wales as whole, however with higher rates nationally for all tenures.

This high rate of residents in owned outright accommodation with a limiting long-term health problem or disability is likely linked to age structure. As Figure 16 shows, 35 per cent of Londoners who owned their accommodation outright were aged 65 and over and as age increases, the rate of those with a limiting long-term health problem or disability increases (shown in Figure 22).

With only 11 per cent of residents aged over 65, the high rate of those with a limiting long-term health problem or disability in socially rented accommodation was less influenced age structure and more likely a result of a range of different factors.

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