



30 January 2009

Dear John Hills,

CHAIR  
Dr Samir Shah OBE

TRUSTEES  
Aaqil Ahmed  
Dr Claire Alexander  
Barbara Cohen  
Shaheed Fatima  
Dr Kate Gavron  
Farzana Hakim  
Clive Jones CBE  
Hitesh Patel  
Dr Richard Stone  
Seamus Taylor

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Attached please find a copy of the Runnymede Trust's response to the National Equality Panel. We believe it is important to contribute to the panel, and in particular to emphasize the continued impact of race on inequality in the United Kingdom.

While there has been progress towards race equality in the United Kingdom, many people from Black and minority ethnic backgrounds continue to suffer from deprivation and inequality. We have outlined some key indicators, and highlighted resources that the Panel should consider further for understanding the extent of BME deprivation and inequality today, though we expect the Panel's members are well aware of much of the key evidence.

In this submission we have responded to your six questions, though not in that order or format. For one of the questions you've asked – regarding 'intersectionalities' with other equality strands – the data are relatively poor with respect to ethnicity, especially in the case of disability, age, and sexual orientation, and the Panel may want to consider commissioning further research in these areas.

We have also suggested particular ways of interpreting existing data on ethnic inequalities. If we want to *respond* effectively to ethnic inequalities (so that we aren't continuing to chart them in the next generation), we need to understand better *why* they persist, and we're not convinced that some popular ways of discussing these issues (especially in terms of 'segregation' and cultural or religious difference) are best suited to combating inequality and fostering a successful multi-ethnic Britain for all. Our three key arguments are:

- Although it is not straightforward to determine the cause of ethnic inequalities, we should not assume that poverty or deprivation can explain all of these differences. Different experiences for some ethnic groups – including racial discrimination – may still be an underlying cause that explains why BME people are more likely to be poor.
- Particular characteristics such as race, gender, disability, age, sexual orientation and religion/belief may result in unequal outcomes for reasons specific to those characteristics, even where their outcomes may be similarly poor. We need to understand clearly *why* those characteristics result in unequal outcomes, and not to assume that those explanations will always be the same.
- We should not conflate deprivation and inequality. In the case of race, inequality between white and BME groups is bad because it can undermine other important goals, including good relations between different ethnic groups (as required by the Race Relations Amendment Act).

Runnymede was pleased to participate in this review and we are happy to discuss our submission further.

Yours sincerely,

Omar Khan  
Senior Research & Policy Analyst

# Runnymede Trust

## Evidence for Equality Panel

This document contains the Runnymede Trust's submission to the National Equality Panel. It has four main sections: a background of who we are; some key facts regarding inequality and ethnicity in various areas; three particular arguments about the relationship between ethnicity and disadvantage (supported by evidence); and, finally, a short bibliography. You are probably familiar with most of these sources and their data, and so we have not provided a complete list of the variety of inequalities that different BME people face in the UK today. Rather, we have provided some arguments for why that data matters and explained Runnymede's thinking on how we might achieve a fairer Britain where everyone feels valuable and interacts together as equals.

### 1. Who We Are

Runnymede is an independent policy research organization focusing on equality and justice through the promotion of a successful multi-ethnic Britain. We provide evidence and analysis on key social policy issues to enable more informed debate and better policy making.

Founded in 1968 as a Charitable Educational Trust, Runnymede has a long track record in policy research, working in close collaboration with eminent thinkers and policy makers in the public, private and voluntary sectors. We believe in building effective partnerships, and we are continually developing these with the voluntary sector, the government, local authorities and companies in the UK and Europe. We stimulate debate and suggest forward-looking strategies in areas of public policy such as education, financial exclusion, the criminal justice system, employment, health and citizenship.

Our Staff and Trustees reflect the multi-ethnic face of modern Britain. Our policies are decided by our Board of Trustees, and the Director is responsible for developing the strategic work priorities and overseeing operations. We work to a long-established value base committed to upholding equal opportunities, striving to provide high-quality and cost effective services and continuing to listen to and learn from those we seek to serve.

### 2. Evidence for BME inequality

In this section we present figures and facts on ethnic inequality, in large part based on previous Runnymede reports<sup>1</sup> and on government documents.

#### 2.1 Employment and poverty

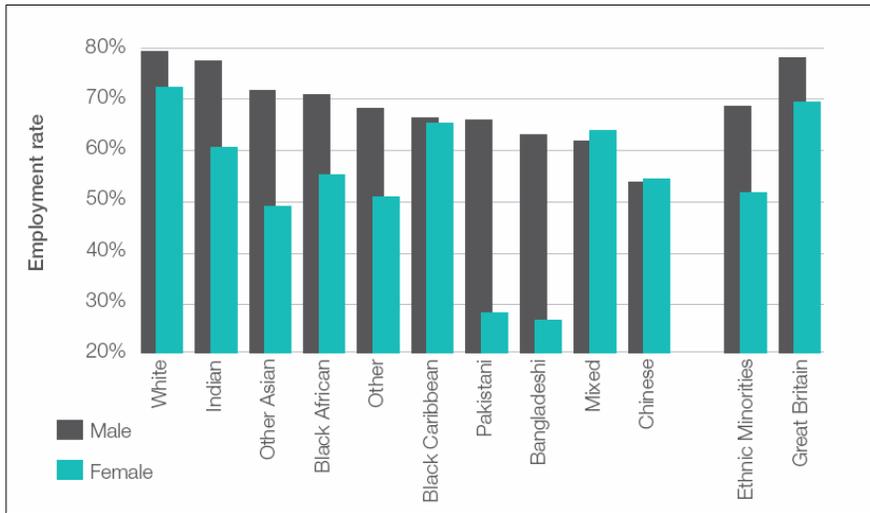
In 2007 the gap between the ethnic minority employment rate and the white population's employment rate stood at 16 percentage points; 60% for ethnic minorities and 76% for the white population.<sup>2</sup> Indians and Black Africans have the highest employment rates and Bangladeshi and Chinese groups have the lowest employment rates. The employment gap for Black and minority ethnic (BME) women is considerably wider. BME women have an employment rate of just over 50% in comparison to the national rate of nearly 70%, a gap of 20 percentage points.

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<sup>1</sup> Especially S. Isal and S. Yemoh, *ENAR Shadow Report 2007, Racism in the United Kingdom* (ENAR, 2008): <http://cms.horus.be/files/99935/MediaArchive/pdf/en/UK%20-%20SR%202007.pdf>

<sup>2</sup> National Employment Panel, *60/76 The Business Commission on Equality in the Workplace* (National Employment Panel, 2007): <http://www.dwp.gov.uk/ndpb/nep-pdfs/BusCommissionReport.pdf>

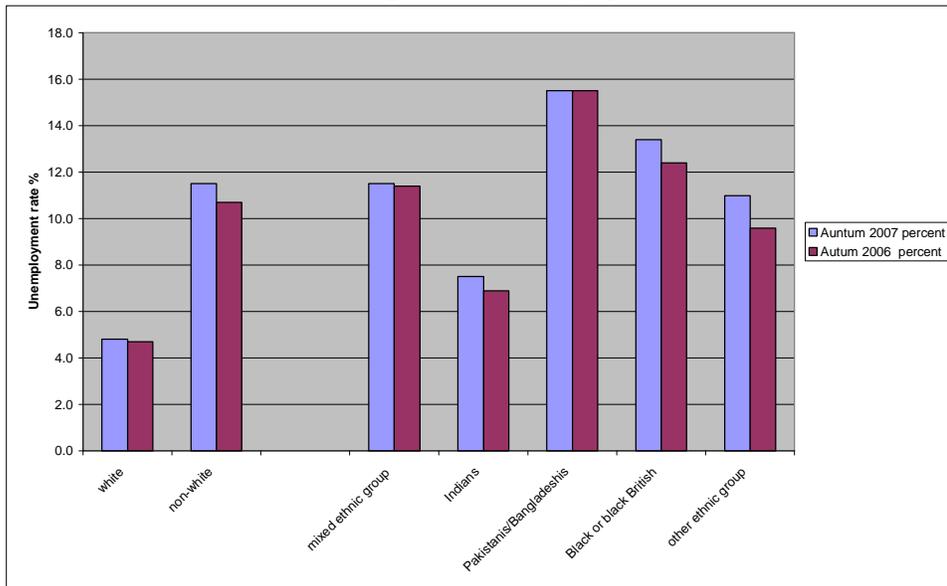
**Figure 1: Employment rate by ethnic group and gender, 2007<sup>3</sup>**



Source: Labour Force Survey Q1, 2007

Black and minority ethnic people are more than twice as likely to be unemployed compared to the white population. The overall average unemployment rate for BME people in 2007 stood at 11.5% in comparison to 4.8% for the white population. Indians have the lowest unemployment rate at 7.5%. Mixed groups, Black, and Bangladeshi & Pakistani groups have the highest unemployment rates at 11.5%, 13.4% and 15.5% respectively.

**Figure 2: 16+ Unemployment rate<sup>4</sup>**



Source: Annual population survey

<sup>3</sup> Ibid, p.11.

<sup>4</sup> Data for 2007 is only available for the 16+ (rather than working age).

Even where BME people are employed, they are more likely to be either underemployed or paid low wages. For example, 60% of Bangladeshis, 40% of Pakistanis and 30% of Black Africans have low incomes. One consequence of these high rates of in-work poverty is that all BME communities have higher rates of child poverty than white Britons. The finding that 74% of Bangladeshi children are living in poverty is particularly stark, but 28% of Indian children and 59% of Pakistani children also live in poverty; this compares to 19% of white children.<sup>5</sup>

Kenway and Palmer have comprehensively addressed the relationship between ethnicity and poverty. According to their analysis, the rate of poverty varies significantly between ethnic groups: 'Bangladeshis (65 per cent), Pakistanis (55 per cent) and black Africans (45 per cent) have the highest rates while black Caribbeans (30 per cent), Indians (25 per cent), white Other (25 per cent) and white British (20 per cent) have the lowest rates'.<sup>6</sup> Perhaps unsurprisingly, then, BME groups have lower rates of savings across a wide range of products, and in lower amounts (see Table 1).

**Table 1. Savings prevalence for different products, by ethnicity<sup>7</sup>**

Ethnic group	ISA (%)	Premium bonds (%)	Stocks/ Shares (%)	Investment types (100 scaled to White GB/Ire)
White GB/Ireland	26	20	18	100
Indian	8	4	12	35
Pakistani	4	3	7	20
Bangladeshi	4	1	3	12
Caribbean	6	2	7	20
African	4	2	5	15
Chinese	7	0	1	20

Migrants make up 7.2% of the workforce in the UK.<sup>8</sup> Figure 3 shows that A8 migrants have relatively high employment rates.<sup>9</sup> However, other migrants have significantly lower employment rates. A study of economic activity by country of birth found that Somalis had the lowest employment rate (19%) and an inactivity rate of 71%. As pointed out in the study, the low employment rates of Somalis can in part be explained by their migration status as most Somali migrants are refugees and asylum seekers fleeing from violence and war; refugees cannot legally work.<sup>10</sup>

<sup>5</sup> Data from G. Palmer, T. MacInnes and P. Kenway, *Monitoring Poverty and Social Exclusion* (York: Joseph Rowntree Foundation Report), as reported in O. Khan, 'Poverty and Ethnicity: from social reality to policy-making', *Runnymede Bulletin* 350 (June 2007): 1-5.

<sup>6</sup> Palmer and Kenway, p. 5.

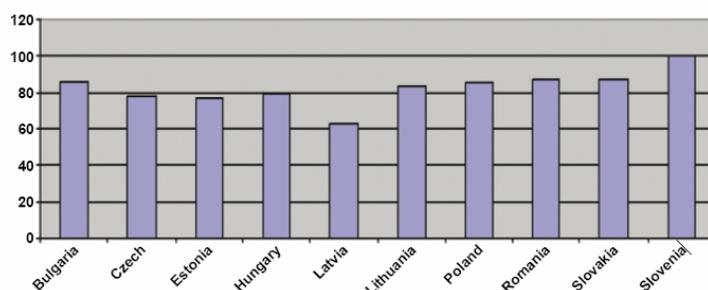
<sup>7</sup> Table reproduced from O. Khan, *Financial Inclusion and Ethnicity* (London: Runnymede Trust, 2008), p. 37, based on Ipsos-MORI survey. For further evidence of BME inequalities in other financial goods and services, see *idem*.

<sup>8</sup> J. Salt, *International Migration and the United Kingdom, Report of the United Kingdom Sopemi Correspondent to the OECD 2007*, p. 41: [http://www.geog.ucl.ac.uk/research/mobility-identity-and-security/migration-research-unit/pdfs/Sop07\\_20080131.pdf](http://www.geog.ucl.ac.uk/research/mobility-identity-and-security/migration-research-unit/pdfs/Sop07_20080131.pdf)

<sup>9</sup> D. Coats, D. *Migration Myths: Employment Wages and Labour Market Performance* (London: The Work Foundation, 2008), p. 44: <http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oItemId=33&parentPageID=102&PubType=>

<sup>10</sup> Institute for Public Policy Research, *Britain's Immigrants: An Economic Profile* (London: IPPR, 2007), p. 18: <http://www.ippr.org/members/download.asp?f=%2Fecomm%2Ffiles%2Fbritains%5Fmigrants%2Epdf>.

Figure 3: Employment rates for A8 migrants, by nationality, by percentage of working age migrants, 2007<sup>11</sup>



Three other issues are worth highlighting in discussing employment inequalities. First is that racial discrimination has not been wholly eliminated. For example, twenty-four per cent (or one in four) of people from minority ethnic groups who have been refused a job felt that it was for reasons of race, a figure which has remained unchanged since 2003.<sup>12</sup>

A second issue is a long-term problem, namely that education qualifications or past work are not recognized by potential employers. These were recently raised in a number of Runnymede's *Community Studies*. It is obviously inefficient for the British economy to be employing scientists or doctors in less skilled positions, but Francophone Cameroonians, Bolivians and Thai people all reported a sense of frustration, low self-esteem and even a feeling of debasement in being unable to find a job suitable to their skill level.<sup>13</sup>

Finally, we have already suggested that BME women are even more likely to be unemployed and underemployed. Further evidence can be found in the Fawcett/Oxfam briefing that charts these data in further detail.<sup>14</sup> In particular, BME women are disproportionately likely to be living in poverty, to say they *often* take a job for which they are over-qualified, be paid less (particularly among Pakistani and Bangladeshi women), have less assets and savings, and so to be vulnerable to financial abuse.

## 2.2 Housing

With respect to housing tenure BME people are much less likely (50%) to be owner occupiers compared to the white population (72%); they are also more likely to live in social housing (27% compared to 17%). A more refined examination shows varied results for different ethnic groups (see Table 2). Indian households were as likely to be owner-occupied as white households, whereas Black Africans (31%) and Bangladeshis (38%) were particularly unlikely to be owner-occupiers. Nearly half of Bangladeshi households were in social housing, with high numbers for Black Caribbeans (42%) and Black Africans (41%) as well. In contrast, 38% of Chinese households consisted of private renters.

Table 2: Tenure by ethnic group, England 2007<sup>15</sup>

Ethnic Group	Owner occupied	Social renters	Private renters
White	72	17	11
Black Caribbean	48	42	9

<sup>11</sup> Coats, op. cit., p. 43.

<sup>12</sup> Department for Communities and Local Government, *Statistical Review: Citizenship Survey April/June 2007 England and Wales* (London: DCLG, 2007), p. 10: <http://www.communities.gov.uk/news/corporate/citizenshipsurveyapjun2007>

<sup>13</sup> See J. Sims, *Empowering Individuals and Creating Community - Thai Perspectives on Life in Britain* (London: Runnymede Trust, 2008); K. Sveinsson, *Bienvue? - Narratives of Francophone Cameroonians* (London: Runnymede Trust, 2007); and K. Sveinsson, *Bolivians in London - Challenges and Achievements of a London Community* (London: Runnymede Trust, 2007).

<sup>14</sup> See Fawcett Society/Oxfam briefing on BME Women's Poverty.

<sup>15</sup> Department for Communities and Local Government, *Survey of English Housing Provisional Results 2006-7* (London: DCLG, 2007).

Black African	31	41	29
Indian	73	8	19
Pakistani	65	17	18
Bangladeshi	38	49	14
Chinese	54	8	38
Mixed	44	35	21
Other	41	24	35
All BME	50	27	23

Overcrowding rates for ethnic minorities continue to persist. Overcrowding rates were the highest for Bangladeshis at 27%, twenty-five percentage points more than the White population.<sup>16</sup>

According to a DCLG study of homelessness Black British adults and families disproportionately suffer from homelessness in comparison to adults with dependant children in the general population. Notably, the study also found that 10% of all adult respondents were former asylum seekers.<sup>17</sup>

There is a considerable shortage of land allocated for sites for Gypsies and Travellers. Under the Gypsy refurbishment fund in 2006/7 and 2007/8 £56 million will be allocated to local authorities to help provide more public and private sites.<sup>18</sup>

Conversely, only a small amount of social housing is allocated to migrants. Migrants arriving from outside of the European Economic Area (EEA) are only eligible for social housing if they are an asylum seeker granted refugee status, humanitarian protection, discretionary leave; or if they have been granted Indefinite Leave to Remain. Consequently – and contrary to the public assumption that the majority of migrants live in social housing because they get priority on allocation – 90% of migrants who arrived in the UK from 2005-2007 lived in private rented accommodation.<sup>19</sup>

### 2.3 Education

Despite the gradual decrease in the educational achievement gap between various black and minority ethnic pupil groups and their white British counterparts, underachievement continues to affect pupils from specific minority ethnic backgrounds. At present, although Chinese and Indian students outperform their white British counterparts at key stages 1, 2 and 4, Pakistani and Bangladeshi pupils *underachieve* in comparison to national figures at these key stages, and Black children consistently underachieve at **all** key stages. For example, in 2007:

- 49.1% of Black Caribbean pupils, 55.6% of African pupils and 53% of Pakistani pupils achieved 5 A\*-C GCSE passes compared to an overall national average of 59.3%.<sup>20</sup>
- While 58.4% of Bangladeshi pupils achieved 5 A\*-C GCSE passes – very close to the national average – younger Pakistani and Bangladeshi pupils attain an overall reading level that is less than the national average at age seven.<sup>21</sup>

<sup>16</sup> Department for Communities and Local Government, *Race Equality in Public Services Two Years On: A Progress Report* (London: Crown Copyright, 2007): <http://www.communities.gov.uk/documents/communities/pdf/improving-2yearson-annex.pdf>.

<sup>17</sup> Department for Communities and Government, *Statutory Homelessness in England: The Experience of Families and 16-17 Year Olds* (London: DCLG, 2008), p. 52: <http://www.communities.gov.uk/documents/housing/pdf/733835.pdf>.

<sup>18</sup> Department for Communities and Local Government, *Gypsies and Travellers: 2007 Housing Update* (London: DCLG, n.d), p. 4.

<sup>19</sup> Local Government Association, *Press Release: New Study Shows No Evidence of Bias Against UK Born Families in Social Housing Allocation*, 9 April 2008: <http://www.lga.gov.uk/lga/core/page.do?pagelid=435257>.

<sup>20</sup> These figures drop to 32.7% of all Black Caribbean pupils, 40.72% of all Black African pupils and 36.8% of all Pakistani pupils compared to a 45.4% national average when the 5 GCSEs gained include English and Maths.

<sup>21</sup> Department for Children, Schools and Families, *National Curriculum Assessment, GCSE & Equivalent Attainment & Post-16 Attainment by Pupil Characteristics in England 2006/07, SFR 38/2007* (London: DCSF, 2007): <http://www.dfes.gov.uk/rsgateway/DB/SFR/s000759/SFR38-2007.pdf>

- There is evidence to suggest that below average performance for specific groups, namely those of Pakistani, Bangladeshi, Black Caribbean and Black African heritage and those from Black and White Other groups, occurs as early as the Foundation stage (children aged 3-5)<sup>22</sup>.
- The gap between girls and boys remains large in some BME groups, with Black Caribbean males the most likely to underachieve.
- At the age of 10-11 (key stage 2) only a third of children from Irish Traveller and Gypsy/Roma backgrounds achieve the expected level in English subject tests, compared to at least three quarters of all pupils nationally.

At the level of higher education black and minority ethnic students from lower income families are more likely to choose local lower performing universities than their white British and more affluent counterparts. There are 20 higher education institutions in which the black and minority ethnic student population numbers approximately 40% of all students yet there are 53 universities in which black and minority ethnic students comprise less than 5% of the student body.<sup>23</sup>

In the UK, participation of people from BME backgrounds in higher education (HE) has been viewed as a source of optimism for race equality. All BME groups have a greater Higher Education Initial Participation Rate (HEIPR), than that of the White group.<sup>24</sup> Data from 2001/2 in England revealed that students from Black African and Indian backgrounds had the highest HEIPR (both above 70 percent) while students from Bangladeshi and Black Caribbean backgrounds had the lowest participation rates among minority ethnic groups (39 percent and 35 percent respectively).<sup>25</sup>

All ethnic groups (with the exception of students from Chinese backgrounds) are more likely to be at 'new' institutions, and such institutions have the two-fold reputation for being less influential and more socially diverse.<sup>26</sup> As an indication of their diversity, around 60 percent of BME students in England study at London's 'new' universities'.<sup>27</sup> Russell Group universities' competitive entry qualifications exclude many applicants: students from BME backgrounds are more likely than their White counterparts to have vocational rather than academic entry qualifications, which ultimately limit their choice of university.<sup>28</sup> Students enrolled in Russell Group universities benefit from a high quality education because of the quality and amount of resources these universities have.<sup>29</sup> Universities with an abundance of available learning resources impact on quality of tuition and thus the opportunities for self-development and also employment; students from certain institutions are more likely to be employed and employed in roles which gain greater monetary reward than others.

**Astonishingly, there are more students of Black Caribbean origin at London Metropolitan University than at all the Russell Group universities put together.**<sup>30</sup> This figure illustrates the gap in proportional representation in universities, or perhaps even the extent of institutional barriers which prevent people from certain groups from accessing the best resources and most prominent universities.

<sup>22</sup> Department for Education & Skills, *National Curriculum Assessment, GCSE & Equivalent Attainment & Post-16 Attainment by Pupil Characteristics in England 2005/6* (London: DfES, 2006): <http://www.dfes.gov.uk/rsgateway/DB/SFR/s000693/SFR46-2006.pdf>

<sup>23</sup> The following analysis draws heavily on J. Sims, *Not Enough Understanding? – Student Experiences of Diversity in UK Universities* (London: Runnymede Trust, 2007).

<sup>24</sup> Broecke & Nicholls (2007: 3).

<sup>25</sup> Connor et al. (2004: 43)

<sup>26</sup> *Ibid.*, p. 44.

<sup>27</sup> Bhattacharyya et al. (2003: 28).

<sup>28</sup> Bhattacharyya et al. (2003: 27).

<sup>29</sup> Bahra, et al. (2002) estimated that the combined resources of the colleges in either Oxford or Cambridge overshadow the entire spending of universities elsewhere in the UK.

<sup>30</sup> Curtis (2006).

In spite of high HEIPR, BME graduates are less likely to have gone to a top university, they are less likely to have a good degree upon graduation,<sup>31</sup> and are more than twice as likely to be unemployed after graduation as compared to white UK and Irish students.<sup>32</sup>

## 2.4 Health

In comparison to the general population ethnic minorities have considerably lower health outcomes, though there is significant variation between different groups in terms of health status and disease patterns.

BME people are up to six times more likely to suffer from diabetes.<sup>33</sup> Smoking rates were 40% for Bangladeshi men and 29% for Pakistani men compared to 24% for the general population. South Asians suffer higher rates of heart disease than the general population, in particular Pakistani men, who are twice as likely as men in the general population to suffer from this condition.<sup>34</sup>

There is evidence of Gypsy/Roma and Traveller communities having poor access to healthcare and dental service. These communities also suffer from respiratory problems compared with the general population. In a sample survey, the Gypsy/Roma asthma and bronchitis rates were 65% and 41% respectively, compared to 40% and 10% for the control groups.<sup>35</sup>

The finding of the 2007 mental health patients' census shows that rates of admission were proportionately lower for white British, Chinese and Indian groups. Black Caribbean, Black African and mixed groups were up to three times more likely to be admitted to a mental health institution. Moreover, the groups that are more likely to be admitted are generally referred from the criminal justice system rather than from the healthcare services.<sup>36</sup>

## 2.5 Policing and racial profiling

In 2007, according to the national citizenship survey, 23% of ethnic minority groups considered that the organization most likely to be discriminatory on the ground of race was the police, an increase of 7% since 2001.<sup>37</sup>

Ethnic minority people are overrepresented in all areas of the criminal justice system. In 2006-07 Black people were seven times more likely to be stopped and searched than White people, whilst they were less likely to receive a caution.<sup>38</sup> There were 955,000 stop and searches recorded by the police for that period. Of these, 15% were Black, 8.1% were Asian and 1.5% were of Other origin. The number of stop

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<sup>31</sup> Broecke & Nicholls. (2007: 16).

<sup>32</sup> When comparing 'good' degree attainment by BME graduates, the unemployment rate is lower than for all BME graduates, but still twice as high as their white counterparts; see: Connor et al., op. cit., p. 80 & 92.

<sup>33</sup> Commission for Healthcare Audit and Inspection, *Managing Diabetes: Improving Services for People with Diabetes* (Commission for Healthcare Audit and Inspection, 2007), p. 3: [http://www.healthcarecommission.org.uk/dbl\\_documents/Managing\\_diabetes.pdf](http://www.healthcarecommission.org.uk/dbl_documents/Managing_diabetes.pdf)

<sup>34</sup> Department for Communities and Local Government, *Improving Opportunity, Strengthening Society: 2 Years On* (London: Crown Copyright, 2007), p. 42: <http://www.communities.gov.uk/documents/communities/pdf/improving-opportunity.pdf>.

<sup>35</sup> Ibid., p. 44.

<sup>36</sup> Healthcare Commission, *Count Me In Report: 2007 National Census of Inpatients of Mental Health and Learning Disability Services in England and Wales*, (Commission for Healthcare Audit and Inspection, 2007), p. 52: [http://www.healthcarecommission.org.uk/dbl\\_documents/Count\\_me\\_in-2007.pdf](http://www.healthcarecommission.org.uk/dbl_documents/Count_me_in-2007.pdf).

<sup>37</sup> Department for Communities and Local Government, *Statistical Review: Citizenship Survey April/June 2007 England and Wales* (London: DCLG, 2007) p. 10: <http://www.communities.gov.uk/news/corporate/citizenshipsurveyapriljun2007>

<sup>38</sup> Nacro, *Black Communities, Mental Health and the Criminal Justice System: Mental Health and Crime Briefing 2007* (n.p.: NACRO, 2007), p. 2: <http://www.nacro.org.uk/data/resources/nacro-2007052400.pdf>

and searches on Black people rose by 12.5% and number of stop and searches on Asian people rose by 11.8%, compared to the overall rise of 9%.<sup>39</sup>

### 3. Understanding Ethnicity and Deprivation

Having charted some significant ethnic inequalities, we now suggest three particular ways of interpreting these and other similar data. If we don't want to repeat the work of the National Equality Panel in future generations, it is important to respond to ethnic inequalities, and to understand *why* they persist.

#### 3.1 Ethnicity, inequality and causality

It is not always straightforward to determine the causes of deprivation. This results in some debate about whether poverty or ethnicity better explains the poorer outcomes for many BME people. While we agree that it is important to distinguish as carefully as we can when considering social deprivation and inequality, we would rather discuss ethnicity, inequality and deprivation as follows, based on our report *Financial Exclusion and Ethnicity* (2008).

There are at least two explanations for why (some) BME groups have worse social and economic outcomes. One path concedes the importance of non-racial factors – especially those related to poverty, and lower educational and employment achievement – in explaining poorer BME economic outcomes. Here, however, ethnicity may still be a causal explanation in a more indirect sense. This is because **poverty may explain unequal BME outcomes, but race or ethnicity may explain why people are poor**. This explanation is relevant because 59% of Pakistani or Bangladeshi groups and 37% of the Black population live in low income households compared to 19% of the White population. Compare this form of disadvantage to the concept of *indirect discrimination* which – when practised by public bodies – is illegal under the Race Relations (Amendment) Act.

As way of determining whether poverty explains why BME people are poor, Palmer and Kenway considered whether the differences between white and BME groups are solely due to larger family size or the prevalence of lone parents or work status. To do so, they parse the quantitative data for each group in turn, and evaluate the degree to which differences in poverty rates can be explained by these factors. Their conclusion is striking:

Differences in age, family type and family work status account for around half – *but only half* – of the 'excess' income poverty rates suffered by minority ethnic groups compared with white British people.

The second way of explaining why some BME groups have unequal outcomes is more direct. This is that specific features of BME experiences in education, employment or income directly lead to unequal outcomes. An example is the high proportion of Bangladeshi men employed as chefs or waiters, employment that is more likely to be in the informal economy. The kinds of jobs or experiences of BME groups may lead to unequal outcomes independent of their poverty or deprivation. There is, in fact, a third even more direct way that ethnicity may result in people achieving unequal outcomes in education or employment, namely outright discrimination or racism. While this is arguably less common today for both legal and business reasons, we shouldn't discount this possibility entirely. A summary of these explanations is:

1. Ethnicity-based differentials → low education, employment, etc → unequal outcomes
2. Ethnicity-based differential *in* education, employment, etc → unequal outcomes
3. Discrimination practised by social, political and economic institutions → unequal outcomes

<sup>39</sup> Ministry of Justice, *Statistics on Race and the Criminal Justice System 2006/7* (London: Crown Copyright, July 2008).

### 3.2 Why do people with particular characteristics (including ethnicity) have unequal outcomes?

It is indeed true that various different characteristics – race, gender, disability, age, sexual orientation and religion/belief – can each adversely impact a person’s educational, employment and economic outcomes. At the same time, it is important to be as clear as we can about how each of these individually and collectively relate to a person’s life chances.

More specifically, it is important to be clear about both the causes and consequences of various characteristics. For example, while the police must of course operate as fairly as they can when it comes to policing, there are specific concerns for BME people, particularly Black people (and now those who appear Muslim) that we should understand on their own merits. Similarly, while there is likely to be a ‘disability’ and ‘race’ pay gap, the gender pay gap results from particular experiences and decisions that women make (or feel forced to make), particular around raising a family, such that we as a society may need to change gender norms on parenting. Each equality ‘strand’ would undoubtedly have a similar example; the upshot is that we must respond to inequalities even if they relate to a person’s *single* characteristic – their race, gender, disability, age, sexual orientation or religion/belief.

This is not to say that any particular characteristic or equality ‘strand’ is more important or deserves greater public policy scrutiny. Rather, it is to demand robust evidence-based analysis to explain various inequalities, including of course ethnic inequalities. For Runnymede, two particular frameworks have hindered our understanding of ethnic inequalities, namely ‘segregation’ (or ‘ghettoization’), and cultural or religious difference. In fact, and as we have considered at some length in a recent volume, there is an increasing tendency to ‘ethnicize’ or ‘culturalize’ *all* forms of disadvantage – especially in discussions of the ‘white working class’.<sup>40</sup> We should of course be concerned about the inequalities based on social class that continue to prevent individuals from reaching their potential, but we should not assume that ‘racial’ explanations are the best ones for understanding the continuing role of class in the UK today.

Furthermore, Runnymede also recognizes that many outcomes are more complex, deriving from the complex identities and experiences that make up each of our own lives. So, for example, there may be particular kinds of experiences for BME women, or particular kinds of prejudices about the competencies and talents of those women. Quantitative data continue to reveal important complexities in terms of these ‘intersectionalities’ (some of which we explained in section 2 above), and this should be further supplemented by data on trying to understand these experiences better and why unequal outcomes persist.

### 3.3 Inequality and deprivation

The evidence for poorer BME outcomes in areas including education, employment, criminal justice, health and participation is fairly widely discussed. Significantly, however, inequality is bad for people whether or not they are poor or suffer other kinds of deprivation. There is a good deal of evidence that inequality leads to worse health outcomes even for those who are not otherwise poor. Too much inequality in a society may have other bad effects on both the people living in that society, and also the society itself.

Runnymede has recently commissioned researchers at the University of Manchester to analyse ethnic inequalities. Our aim was to determine the areas in the UK with the largest *gaps* between BME and white groups in education, employment, health and according to the index of multiple deprivation.

<sup>40</sup> See K. Sveinsson, ed., *Who Cares About the White Working Class?* (London: Runnymede Trust, 2009).

Interestingly, the findings suggest that the most unequal places in terms of BME and white outcomes are not the most deprived in the UK. In fact, Oldham had the highest ethnic inequalities in the UK (measured in terms of the *difference* between BME and white groups' attainment), with Burnley and Bradford also among the top 10. And while Tower Hamlets was the London borough with the highest inequalities, Hammersmith and Fulham, Wandsworth, and Kensington and Chelsea were the only other London boroughs in the top twenty (see Table 3 below).

Runnymede is concerned that areas with high levels of inequality between different ethnic groups are bad for good relations (as required by the Race Relations (Amendment) Act). It also makes it less likely for everyone (and especially BME people) to feel that they can participate equally in British life. Below is a summary of the main findings of the draft *Ethnic Inequalities* report (forthcoming, 2009), commissioned by Runnymede and written by Ludi Simpson et. al:

- Ethnic inequality is clearly a persisting issue affecting local areas countrywide. Given that inequalities can reflect discrimination and failure to meet potential, and that inequalities can be a source of resentment and tension, addressing inequality should be central to community cohesion and integration initiatives.
- Ethnic inequalities are found in districts across England and Wales, where there are small and large minority populations and low and high levels of wealth. Addressing inequality is not purely an issue for authorities with diverse and poor populations.
- Some districts need to address inequality across several social dimensions. Others can target policy initiatives at particular outcomes and populations.
- Research and policy attention should be directed towards understanding the causes of inequality and its geographical variation and, where necessary, addressing discrimination.

**Table 3. Inequality for all BME populations compared to the white population**

	<b>Absolute average rank</b>	Minority population
1 Oldham	9.4	30,136
2 Hyndburn	15.4	6,764
3 Pendle	16.2	13,452
4 Kirklees	19.0	55,913
5 Wycombe	19.6	19,679
6 Bradford	20.0	101,635
7 Burnley	21.6	7,375
8 Tower Hamlets	22.4	95,305
9 Calderdale	22.8	13,415
10 Hammersmith and Fulham	28.2	36,623
11 Birmingham	36.4	289,688
12 Rotherham	36.6	7,721
13 East Staffordshire	38.2	6,329
14 Wandsworth	38.4	57,411
15 Dudley	42.2	19,291
16 Luton UA	43.2	51,833
17 Bedford	43.8	19,236
18 Rochdale	44.6	23,469
19 Kensington and Chelsea	45.2	33,992

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