

Report

Structurally unsound

Exploring Inequalities:
Igniting research to
better inform UK policy



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Foreword

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The mantra, “you must work twice as hard as your neighbour”, rang in my ears daily during my school years. My parents just kept going on and on about it. And I’ll admit . . . I found it annoying. I just wanted to be like some of the other girls and not have to work harder to be heard and understood. Fast forward to my adult years, and I finally got it. It all finally made sense. My entire career thus far has been a whirlwind of working harder than my neighbour in order to reach my goals. 7-day working weeks filled with double and triple shifts. And the unfairness I felt as a schoolgirl has never left. If I’m clearly good enough to do something, why is my currency lessened because I have a vagina, darker skin, and am a proud South East Londoner?

And so that same fighting spirit that my parents instilled in me continues decades later. And the inequality they feared for their children continues, and takes many forms. It’s not just about gender, race, and class – it is sexuality, disability, and so much more. Being good at your job is just not enough for some people. You must ‘fit in’, according to these strict, narrow, and unwritten parameters. Sometimes it often feels like a game with hidden rules that you are never destined to win – and whose goalposts are ever-changing. It’s inequality that can begin from the moment you’re born. How crazy is that?

The simple fact that you’re even reading this report probably means that it’s something that you already understand the importance of, can identify with, and/or sympathise with. So writing this foreword feels a bit like preaching to the converted. And that’s why it is important that reports such as this are spoken about in offices up and down the country.

Those who are the gatekeepers, who are more likely to have never faced inequality, who’ve never had to fight for ‘a seat at the table’ rarely understand the impact their behaviour and choices have on the rest of us who have. And in my experience, rarely care. Thus, leaving our workforce in an ever-present cycle of stagnation – unable to move forward, adapt, and thrive. I can’t tell you how many times I’ve given the ‘it makes economic sense’ speech . . . for it to fall on deaf ears.

That’s why this report is so important. If we don’t keep having the conversation, we are destined to keep making the same mistakes over and over again. And I firmly believe (and hope!) that my children will not have to fight the same battles my parents fought and continue to fight . . . but just to be on the safe side, I’ll probably still be telling them to work twice as hard as their neighbour. Just in case 😊.

Choose any year at random over the past fifty years and you'd be almost certain to find at least one piece of equalities-focused legislation enacted in that year. From the *Equal Pay Act of 1970* to the *Employment Equality (Sex Discrimination) Act of 2005*, the *Race Relations Act of 1976* to the *Racial and Religious Hatred Act of 2006*, successive governments have put considerable resources into outlawing unacceptable behaviour and promoting a more inclusive society.

And there is much to show for this effort. The gender pay gap for full-time employees has fallen from over 17 per cent in the late 1990s to 8.6 per cent today,¹ and the introduction of mandatory gender pay gap reporting is likely to drive yet further improvements. There have also been big improvements in public representation of minority groups with the number of black, Asian and minority ethnic (BAME) members of parliament growing from just 14 in 2005 to 52 in 2017. And the proportion of female BAME members of parliament has grown from just two, prior to 2010, to 26 in 2019.²

Yet large inequalities remain. At 67.6 per cent, the proportion of BAME adults in work has increased significantly from the rate of 61.7 per cent recorded just a decade ago. But it still lags behind the rate recorded for the white population by 10.6 percentage points. And it is a similar picture on pay. In raw terms, the average hourly pay of black male graduates is 24 per cent lower than that recorded among white male graduates³. And even when we control for the characteristics of the two populations and the jobs they do – the gap remains in place. That is, where we compare workers and jobs that differ only in terms of the colour of their skin, a pay gap of 17 per cent is still recorded.

Other examples abound. The disability employment gap remains stubbornly high at around 30 per cent,⁴ while single-parent households face the highest rates of poverty at 45 per cent⁵ and households headed by female single parents comprise almost half of all statutorily homeless households.⁶

The persistence of such gaps reflects the fact that inequalities are deeply embedded in our society, permeating throughout our social structures and institutions.

Legislative responses that outlaw discriminatory behaviours and promote positive change are of course an essential part of the battle. But the structural nature of these horizontal inequalities (that is, those that apply to entire groups such as women, disabled people, LGBT individuals, and people of colour rather than just at the individual level) mean that they are not necessarily sufficient. That is particularly the case once we account for additional complications associated with the intersection of various forms of horizontal inequality. The inequalities faced by women of colour are not simply those faced by white women with a racial element 'added on': they are fundamentally different. Too often that distinction remains under-appreciated.

1 Office for National Statistics (ONS), *Gender pay gap in the UK: 2018*.

2 S. Browning and E. Uberoi, *Ethnic Diversity in Politics and Public Life*, House of Commons Library, September 2019.

3 Kathleen Henehan and Helena Rose, *Opportunities Knocked? Exploring pay penalties among the UK's ethnic minorities*, Resolution Foundation, 2018.

4 Resolution Foundation (RF) analysis of ONS *Labour Force Survey 2018*.

5 RF analysis of Department for Work and Pensions (DWP), *Households Below Average Income 2015–17*.

6 Ministry of Housing, Communities & Local Government (MHCLG), *Statutory Homelessness: Detailed Local Authority Level Responses*, 2018.

Likewise, the nuance that exists within broad characterisations, such as ‘disabled’ or ‘BAME’, can also get lost.

Making further progress rests, as ever, on securing political and social will for change. But it rests too on further developing the evidence base – both in terms of more accurately capturing the nuance of the problem statement, and better understanding what works when it comes to policy interventions. It is that goal which this project has pursued.

Over the course of nine months, UCL and the Resolution Foundation have convened a series of roundtables and undertaken interviews with research and policy experts from a range of disciplines, policy areas, sectors and locations. By assembling such a diverse range of perspectives, we have sought to break through the silos that can sometimes arise when focusing on an area as broad as ‘inequality’.

The conversations engaged in over the course of the project have thrown up any number of threads worth following. But five cross-cutting themes have emerged that we believe warrant consideration by all members of the research and policymaking communities that want to more effectively tackle structural inequality in the UK. We consider each in turn below.

Language

- The first of these themes is a need for a common understanding of language and a joined-up approach to policymaking. A need to work across silos and integrate the way we evidence and examine different types of inequality.
- The language we use also influences the way we understand and seek to address policy issues. Efforts should be made to root out the cultural biases contained within the languages of research and policy that act as a barrier to engagement with disadvantaged groups and prevent meaningful action.

Opportunity

- Central to examining opportunity, is how we understand the nature of inequality and its effects over the life-course and over generations.
- Structural inequalities emerge before birth and accumulate throughout an individual’s life. For example, lost wages due to the gender pay gap and the extra burden of care faced by women accumulate over the life-course, resulting in a significant pension gap for women.⁷
- Our engagement across the sectors has repeatedly highlighted that certain groups lack genuine options, in terms of access to good-quality education or jobs, health services and housing, which serves to perpetuate structural inequalities.

⁷ L. Foster et al., *Closing the Pension Gap: Understanding Women’s Attitudes to Pension Saving*, Fawcett Society, 2016.

Understanding evidence

- The quality and breadth of available evidence was also a running theme. Much evidence already exists – and a lot of good research has been done. But significant evidence gaps remain; for example, there is limited widely available data in national statistics on LGBT groups.
- The cutting of sample sizes has made it harder to produce robust statistics on intersectional disadvantage as well as more localised statistics.
- There needs to be greater appreciation of the importance of qualitative research and of interaction between qualitative and quantitative evidence.

Voice

- The availability of good evidence and a strong policy response is intrinsically linked to adequate voice and representation.
- Research must be sensitive to the needs of disadvantaged groups and such research is conducted *with*, rather than *on*, those experiencing inequality.
- A big part of this is down to ensuring meaningful – and not just tokenistic – representation of disadvantaged groups in policy and research communities, and that groups have a genuine voice within these organisations.

Place

- The final theme is the role of place in determining outcomes. The extent of group disadvantage varies greatly by place. For example, employment rates by group vary hugely between London and Northern Ireland.
- These issues are heavily intertwined with disparities in infrastructure and investment in both *hard* and *soft* infrastructure. The combination means that the lived experience of inequality is determined, in large part, by where you live.
- A joined-up approach to inequalities will also enable policymakers across the UK to better collaborate and adopt learning from other regions and nations.

In reflecting on these insights, it is not our intention to set out specific interventions or policies that we think can ‘fix’ inequality. Instead, we construct a deliberately technocratic list of lessons that researchers and policymakers should consider when thinking about how to better *approach* the study and treatment of structural inequalities. In this way, we hope to spread best practice and help plug the gaps in understanding that our expert engagement identified.

Recognise that language matters

Ensure there is a greater shared understanding of how language is used, and terms are defined, across disciplines and sectors. Recognise that the terms used to evidence inequalities hold significance for what is captured and measured.

Shift the focus onto equity

Understand that disadvantages in social structures result in inequalities that emerge before birth, accumulate and compound throughout an individual's life and therefore cannot be alleviated through individual choice or access to opportunity alone.

Ensure diversity of evidence in decision making

Adopt an intersectional perspective to identify and plug gaps in understanding. Recognise the urgent need for analysts and researchers to consider how best to 'future-proof' data collection to allow access to continuous, comparable data.

Change the structure of society by changing who designs it

Raise the voices and representation of disadvantaged groups – both in research agendas and in policy spheres. Ensure measures to address social inequalities are implemented *in conjunction with*, not *on*, individuals experiencing disadvantage.

Adopt a place-based approach

Recognise that the experience of inequalities is heavily intertwined with place and so tackling issues at the right level is paramount.

By their very nature, structural inequalities can take a long time to dismantle. And doing so requires active change; because barriers are embedded in our structures and institutions, it is not enough to assume that things will simply get better over time. It is therefore imperative that we continue to seek out and meet head-on the challenges at hand. The responsibility for driving change lies with all of us: our hope is that the lessons we have drawn from our work over the past nine months can contribute to that change.

This report therefore should not be viewed as a conclusion. Instead, we are clear that it should serve as the start of something new. We are confident that the new connections we have facilitated will ignite research and policy, with our discussions highlighting the huge scope for follow-up that delves in much more detail into the *specifics* of the barriers facing different groups and the *opportunities* we have for removing them. Crucially, we believe this agenda should be designed, developed and implemented against the backdrop of the five lessons we have identified. By adopting this approach, it is our hope that research and policy design will be driven forward in a way that truly grapples with the complex, nuanced and structural nature of the lived experience of inequalities.

Much has changed over the last decade in the UK. The combination of an unprecedented squeeze on wages, sustained austerity for public services, and a shrinking social security safety net has resulted in the year-on-year progress in household living standards enjoyed throughout so much of the prior 50 years grinding to a halt. The economic disillusionment and rise of in-work poverty this has created has contributed to the sense of anger and division that has accompanied much of the debate around the UK's exit from the EU, with individuals appearing to increasingly adopt a 'them and us' view of society.

Inequality then, has risen rapidly up the agenda over the last decade. But just what is meant by 'inequality' can vary considerably from person to person.

Much of the political debate revolves around the 'vertical' nature of inequality (whereby one individual, regardless of who they are, fares less well economically than their neighbour). This is a very important part of the story, but it is one that hasn't shifted a great deal over the last decade – or indeed over the last quarter of a century. Income inequality – as measured by the Gini coefficient – surged in the 1980s, setting the UK out as something of an international outlier. Relatively unchanged since the early 1990s, it remains too high today. Potential policy answers to the persistent challenges are well rehearsed: different people can debate the precise means of achieving the best outcome for income inequality (or even what the best outcome is), but most accept that it rests on making use of the three key policy 'levers' of employment, pay and taxes/benefits.

However, this somewhat simplistic characterisation is complicated by the presence of additional 'horizontal' forms of inequality. These relate to inequalities that act at a group level – covering gender, race, disability, sexual orientation, trans status and class, for instance. Individuals are subject to extra layers of *structural* inequalities as a direct result of their membership of these groups. It's why gender pay gaps and disability employment gaps persist, even when we control for factors such as education level. The implication is that it isn't enough to focus on improving the rules of the game when the playing field itself is inherently uneven.

Such horizontal inequalities – and the way in which they feed into and compound vertical inequalities – are increasingly at the heart of the policy response. And there are clear signs of progress too. Focusing on economics, we can see that the gaps in employment rates recorded among black men and Pakistani/Bangladeshi men relative to white men have narrowed from 16 percentage points and 19 percentage points respectively in 1996–97, to 8 percentage points and 6 percentage points respectively in 2018.⁸

Social progress is also evident, with the passing of same-sex marriage legislation (in July 2013 in England and Wales, and February 2014 in Scotland) marking a significant stride forward in tackling structural inequalities on the basis of sexual orientation.

Nevertheless, the barriers faced by these groups – and the gaps in outcome they lead to – remain too large. We must keep striving for more.

⁸ RF analysis of ONS *Labour Force Survey 2018*.

The opportunity to make more progress rests in part on political and social prioritisation and resource. But it also depends on the quality of our evidence base, both in terms of articulating the problem statement and in understanding the effectiveness of different policy interventions. Certainly we have more information and knowledge at our disposal than ever before, and there is a plethora of experts – in academia, policy, business and the third sector – working on inequality issues. Yet key gaps in our understanding remain.

Understanding why these gaps exist and what we might do to fill them has been the focus of this project. Over the course of six expert roundtables and numerous interviews with leading experts, we have sought to understand what is holding the research and policy community back. The answer is, of course, complex. But, by undertaking such a detailed multi-discipline exploration of the issues at hand, we have uncovered new insights that we believe should be embedded in research and policy approaches.

We have also roamed frequently into debates about interventions that governments and others might consider developing in different parts of the policy sphere, but they are not the focus here. It was never the intention of this project to draw up specific policy recommendations that might ‘fix’ inequality. Rather, our work has focused deliberately on the technocratic: we have concentrated on working up a new way of approaching research and policymaking that better reflects the lived experience of inequality.

Above all else, we have highlighted the importance of better understanding the complex, interconnected nature of structural inequalities. In particular, we have built up a clear picture of how different aspects of inequality *intersect* and compound one another. Given the way in which efforts to address inequalities, both in research and policy, can all too often fall into silos, these intersections remain understudied for the moment. But they are clearly important.

Consider the data on employment gaps once more, for instance. Taking all members of the BAME population (i.e. not just men this time) together, the employment gap relative to the white population stood at 9 percentage points in 2018.⁹ Meanwhile, the gap recorded by those with a disability relative to those without stood at 31 percentage points. But the gap recorded between the black disabled and the white non-disabled group was 44 percentage points. That’s a significantly larger gap, and it is above what we’d expect even if we were to assume that this group faced a ‘double disadvantage’ that was the sum of the disadvantage experienced by the black population and by the disabled population. It is also worth noting that the employment gap between disabled BAME men and non-disabled white men narrowed by 12 per cent between 2008 and 2018 – a step in the right direction, but significantly less impressive than the 36 per cent narrowing of the gap experienced by non-disabled BAME men.¹⁰

9 RF analysis of ONS *Labour Force Survey 2018*.

10 RF analysis of ONS *Labour Force Survey 2018*.

And it is not just the intersection of inequality that matters; the interaction of different areas of a person's life also plays a key role in the outcomes they face. For example, the specifics of an individual's housing can have significant ramifications for their education and employment opportunities and for their health outcomes. And vice versa. The nature of inequality – how it is experienced, how it builds, and how it persists – is driven by a multitude of characteristics that are unique to each individual. In this way, understanding (and in turn addressing) structural inequalities is made more difficult by the heterogeneity of experience. Inequalities vary from person to person, group to group, policy area to policy area, and place to place.

We have attempted to focus on exactly this. By failing to fully understand the lived experience of inequalities and the interconnected, intrinsic nature of structural disadvantage we are tying one hand behind our back when it comes to designing policy aimed at alleviating inequity. To devise appropriate, sophisticated and nuanced policy solutions it is imperative that we take a more rounded view.

But trying to simultaneously study *everything* is impractical. Indeed, it can be unhelpful. If we reject or turn our back on research that we don't consider to be sufficiently nuanced, then we risk making perfection the enemy of the good.

So what approach should we take to research and policymaking in order to make better progress towards tackling structural inequalities without falling into the trap of consigning it all to the 'too hard' box? Over the course of this project we have uncovered five key lessons – which we cover in turn in each of the chapters that follows. These lessons reflect those insights that came up time and again when looking across different forms of inequality and different policy areas in isolation. They build on the best practice we have identified, and help to plug the evidence gaps we have heard still remain. Perhaps most importantly, they also aim to better connect research to policy – developing a more joined-up approach that ensures we are tackling the right questions and giving ourselves the best chance of getting to the right answers.

Alongside this effort to enrich our understanding of the *nature* of structural inequalities, we are clear also that the case for equality still needs to be reinforced. While policies and legislation can be the bedrock of efforts designed to tackle structural inequalities, public support and societal attitudes also need to be transformed to affect wider change, alleviate embedded structural barriers, and influence everyday experience of disadvantage.

It is the role of governments and policymakers to proactively intervene to require organisations to promote equality and to tackle those structural barriers that persist. But they can't do it alone. We all have a responsibility to act to create a more equal society.

Definition of terms

This report has adopted the term 'structural inequalities' to mean two core components: *persistence* and *intersectionality*. Persistence refers to inequalities

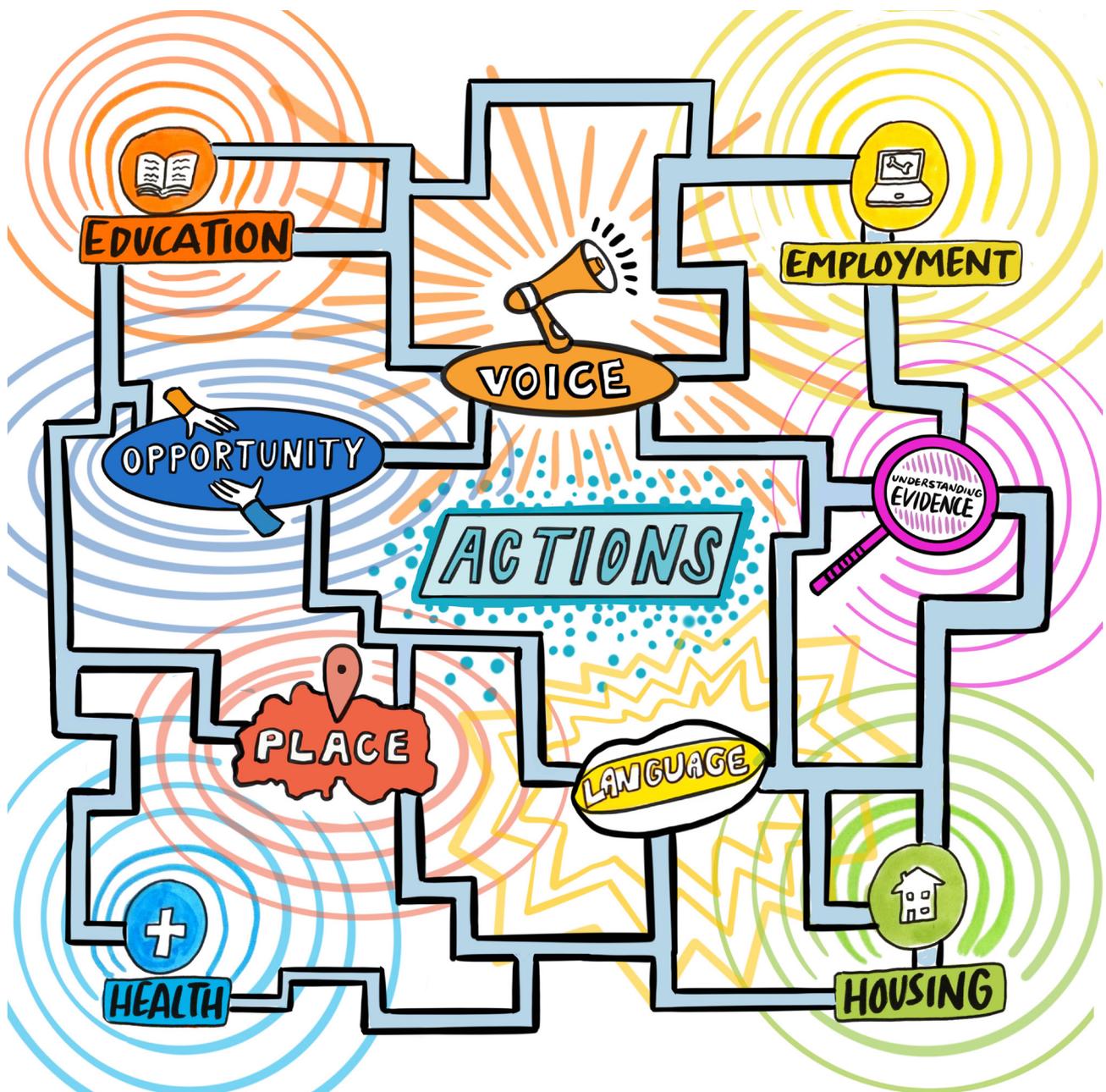
that are continually reinforced and compounded over time, both intergenerationally and throughout an individual life-course, as a result of certain social structures and institutions. Intersectionality considers the relationships between inequalities and the cumulative effects of experiencing varying combinations of inequality. In this way, intersectionality recognises that inequality is fundamentally different for each individual and that certain groups in UK society face greater inequalities with increased persistence, and these differences can be explained by specific social structures and institutions.

Engaging with this report

To understand the complex nature of structural inequality (and how best to devise approaches to address it), it is imperative to consider issues through cross-cutting themes and methodological approaches rather than on the basis of a disciplinary topic or single protected characteristic. This report is therefore structured around five themes (language, opportunity, understanding evidence, voice and place), which prompt five associated ‘lessons’. Contained in the appendix, are deeper dives into the four thematic policy areas discussed over the course of our roundtables.

Report Structure

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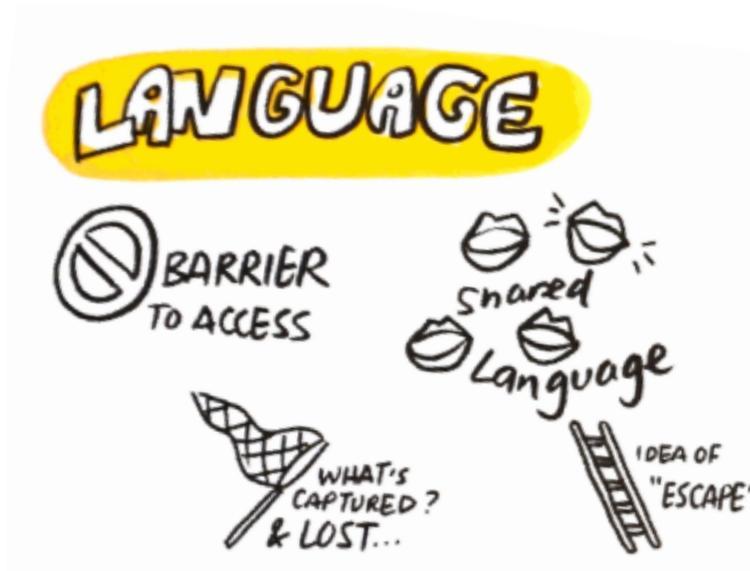


Language



Where I come from and the way I grew up has shaped everything about me – it's something I carry with me every day. I thought I was just normal: lived in a council house, went to school, came home. Got a job at 16.

When I was 12 my mum told me about a book called Chavs. She told me about how people's lives were valued based on where they were born and what their parents did. It all sounded a bit Victorian to me at first. But after being exposed to how people are perceived as scum or lower than anyone else, I realised that our lives aren't valued the same, and that we're not all equal, even though we should be.



Looking back, I realise just how valuable my upbringing was. I love my town and I'll always value the things university didn't teach me as much as those that it did. I value my life experience, my ability to put myself in other people's shoes, and perhaps most importantly, my ability to tell stories."

Ronda Daniel, Dagenham.¹¹

11 Paul Sng (ed.), *Invisible Britain: Portraits of Hope and Resilience*, Policy Press, 2018.

Recognise that language matters and develop a consistent approach to defining terms

The terms used in relation to the study of structural inequality hold significance for what is captured, measured and valued. In order to support a consistency of approach and ensure that policymakers and researchers are always on the same page, it is important to develop a greater shared understanding of how language is used, and terms are defined, across disciplines and sectors.

It should be acknowledged that language, in general, but especially in inequalities agendas is ever-evolving. Language cuts across themes and academic disciplines, affecting policy and research agendas. However, the terms used to discuss inequality matter at an individual level too – inequalities are experienced heterogeneously, so it's no surprise that our language differs so much. In this way, the terms used to evidence inequalities should originate from those experiencing disadvantage.

Yet, while we need to avoid the temptation of imposing a rigid lexicon, there's merit in taking time to define terms. Doing so would bring opportunities to work across policy areas and research agendas, making it easier to ensure the right questions are being asked and the scale and experience of inequalities is captured in a way that is respectful of lived experience and political, policy and business priorities.

This chapter sets out the importance of language in defining, capturing and articulating inequalities – noting how this has consequences for both policy and research agendas.

The landscape of UK society has shifted, and with it the terms used to evidence and describe inequalities. Structural inequalities are manifest, accumulate and are experienced in a range of different and ever-changing ways. Consequently, the language used to articulate and evidence inequalities holds enormous significance.

Likewise, language is important in stirring change; both through societal attitudes and political action. It also has the ability to reproduce or challenge inequalities. So it is important to consider how to talk about the structural inequalities in society in meaningful terms that fully articulate individual lived experience and the intersectional, cumulative nature of disadvantages faced.

Furthermore, how can policy actors, and datasets, 'speak' across government departments if the language that structures them and the meanings underpinning the use of such terms is not well understood across policies? Examination of the language of inequalities, the situational context of language use, and how different terminology

is deployed identifies key opportunities for methodological and evidence gaps to be addressed. It is this very point that this report addresses in the next section and is the bedrock of our call to action.

Language as representation

Language shapes and goes hand in hand with access to society. Language can in itself be a barrier and a form of structural disadvantage. As discussed earlier in this report, in both research and policy agendas there is a need to ensure knowledge is drawn from a diverse pool of individuals. This will enhance understanding of the disadvantages population groups face and the ways in which inequalities are perpetuated and accumulate across the life-course. There is consequently a pressing need for dialogue and engagement with disadvantaged groups. However, this disadvantages those who may face a linguistic barrier, such as immigrant communities, disabled people or those from lower class or educational backgrounds. If those who can't communicate out are consequently excluded from debate, then language in itself risks acting as a structural disadvantage and perpetuating societal inequalities.

Furthermore, when considering equalities in terms of identities, **the importance of ownership of the language used by the individual, group or community must be recognised**. Rather, it is not merely whether or not those who are disadvantaged can communicate out, but whether the language used *originates* from them and is situated in their experiences.

Greater awareness is also required of the hidden bias contained within language. It has been argued that 'the English language makes the general assumption that people are white, male, heterosexual, non-disabled, married and of European extraction. The gender bias of English often makes women invisible by, for example, assuming that those with certain occupations or roles are only one gender.'¹² Whilst positive steps have been taken and policies implemented to address explicitly gendered occupations, societal attitudes remain difficult to change. Indicative of this, in 2017 when Dany Cotton, the Head of London Fire Brigade, called for people to refer to "firefighters" rather than "firemen", she faced significant backlash and online abuse.¹³

Additionally, inherent biases and structural inequalities are evidenced in the world's fastest growing language – emoji.¹⁴ For example, until 2016 there was only one emoji for a runner, who was explicitly male.¹⁵ A female running emoji did not exist. Although this is changing and emojis now take account of race and gender, the relation between language, its subtle (and not so subtle) prejudices and hidden biases must therefore be recognised. Further recognition and analysis of how such

¹² Ziauddin Sardar, *The Language of Equality*, Equality and Human Rights Commission, 2008, p. 24.

¹³ Alexandra Topping, 'London fire chief tells of sexist abuse over "firefighters" campaign', *The Guardian*, 1 February 2018.

¹⁴ Brandy Shaul, 'Report: 92% of Online Consumers Use Emoji', *Adweek*, 30 September 2015.

¹⁵ Caroline Criado Perez, *Invisible Women: Exposing Data Bias in a World Designed for Men*, Chatto & Windus, 2019, p. 8.

stereotypes and disadvantages in language affect and intersect with other forms of structural inequalities, for example attitudes and policies regarding equal pay, is therefore required.

Furthermore, [the terms used in policy and research agendas require greater scrutiny](#). A recent survey found just 55 per cent of people in the UK understand what the term 'social mobility' means, with 18–24-year-olds least likely to understand it, compared to older age groups.¹⁶ If the language used to evidence and discuss social inequalities is not widely understood, it risks obscuring the true picture of social inequalities. Affecting societal change will, through public attitudes, in turn, then prove extremely challenging.

Mind the (methodological) gap

Across sectors, acknowledgment should be given to the fact that language matters. [The terms and language used to evidence inequalities holds great significance for what is captured](#). The language used, for example in research questions, workplace surveys and official datasets, is vital in ensuring changes can be tracked over time.

However, evidencing the effectiveness of policies and initiatives to tackle social inequalities is complex and takes significant time. This means analysts and researchers need to consider how best to future-proof data collection to ensure access to continuous, comparable data. To support change, [there is an identifiable need for institutions and sectors to work together to share problems, evaluate practices and identify areas for change](#). However, such work can only be undertaken where a shared conception of the terms used to evidence inequalities exists. And, moreover, when the utilisation of such terminology is applied and well understood by different groups.

Consideration should also be given to the extent to which current terms of inequalities fully articulate the lived experience, and are sufficient for discussing the intersections and cumulative effects of multiple disadvantage. [Recognising how sectors can talk in terms that capture and articulate the scale and experience of inequalities, but are respectful of context and political, policy and business priorities, is therefore a pressing research question](#). Likewise, it is important to recognise the danger of using the term 'diversity' interchangeably with, or to stand in for, 'inequality'. Academics, businesses and third-sector organisations, then, should move away from inequality and instead use the language of *inequalities*. This would better communicate the importance of the structural and relational dimension of current social disadvantages.

An additional [key research question remains as to how best to deploy language to communicate research findings regarding social inequalities](#). Academics and those working in the third sector should seek to clearly and succinctly communicate findings to make the case that a more equal society would benefit everyone – recognising that this case still needs to be made and that a shift in societal attitudes towards inequalities is required alongside progressive policies. Whilst policies and legislation

16 Social Mobility Commission, [Social Mobility Barometer](#), 2018, p. 3.

can be the bedrock of efforts designed to tackle structural inequalities, public support and societal attitudes also need to be transformed. To affect wider change and influence everyday experience of inequalities, alignment between the third sector, policy, business and academia, and the creation of a platform for national conversations, is essential.

Policy implications

Language holds an important political dimension. As has been noted, greater consideration should be given to how measures to tackle social inequalities can be incorporated into broader policy portfolios and implemented collaboratively across departments. To do so effectively, breaking down the language barriers that exist across departments is essential. **Greater interrogation of the language used around inequalities work across governments is therefore required.** Fundamentally, we need to better understand the different outcomes meant by the use of the term ‘inequality’ in different departments and policy areas. Doing so would remove major barriers to cross-working and could promote a fabric for aligned policies to tackle social inequalities.

Furthermore, consideration should be given to how to talk across paradigms in policy spheres more widely. For example, research discussions in local authorities can mean something different to those with policy analysts based in central government. Likewise, the assumptions brought about *why* research is being undertaken can be vastly divergent dependent upon sector, policy sphere and individual. It is essential then to be explicit when outlining research and policy aims. This will help unpack (mis) conceptions, negate the risk of talking at cross-purposes, and ensure collaborative, fruitful dialogue across sectors that will result in improved policy measures and outcomes.

The use of multiple terms, for example *social mobility* (Social Mobility Commission), *equality* (Government Equalities Office), *injustice* (Office for Tackling Injustices), makes it problematic to share datasets, conduct cross-cutting analysis, evaluate policies and develop understanding of the intersections and cumulative effects of structural inequalities. **Consideration should therefore be given to what is lost in policy terms by policymakers using different terms without explanation or common conception, and talking across one another – and whether there is, as a result, duplication of effort or undermining of policies and their intended outcomes.**

Furthermore, the next step in the devolution agenda should be much better dialogue around research undertaken in devolved nations and effectiveness of policy interventions. Learning is not currently shared and this should change. However, knowledge must also be shared regarding the reasoning for favouring different terms in policy debates across different parts of the UK. For example, in Wales, the term ‘inclusion’ is much more commonly used than ‘integration’.¹⁷ In this regard, policies are divergent across the nations and so too are the languages used to construct them.

17 Ziauddin Sardar, *The Language of Equality*, Equality and Human Rights Commission, 2008, p. 4.

Reconceptualising language of inequalities

It is problematic to construct a one-size-fits-all approach to policy across the UK. More broadly, public conceptions of inequality vary across the country. For example, asking an individual to define ‘what does being upper-class mean’ or ‘what does a privileged background look like’ will result in widely varying answers in different geographical areas, and from different population groups.

Consequently, examining the language used to discuss and evidence inequalities also calls into question whether it is possible, or indeed helpful, to construct a national narrative on inequalities. Likewise, considering the vastly different legal systems and rules of law present across the UK nations, it is difficult to talk of one shared legal ‘language’ that can be utilised to address inequalities. The legal component of language thus raises significant considerations for the effectiveness of policies to tackle structural social inequalities at a national level.

The language of inequalities also often contains negative connotations – being bound up with notions of a battle, ‘them and us’, and seen to have deficit implications. This affects social attitudes, policy formation and creation, and doesn’t sufficiently articulate the benefits of creating an equal society. In advocating for a truly cohesive society the language of equality should unite. However, if as advocates of equality ourselves, we don’t share an understanding of what we mean by the language of inequalities, then how can our messages land and action to tackle the structural inequalities in UK society be enacted?

Opportunity



I went to an all girls' secondary school in Hackney, East London. It wasn't fantastic but it certainly wasn't a 'bad' school by London standards. I worked incredibly hard to be one of the top students, and I regularly felt satisfied that meritocracy had truly prevailed. That said, we all knew somehow that we could never go to Oxbridge (regardless of how many As we got in our A-Levels), but other than that me and my friends felt like we were all doing well and that nothing could really stop us or get in our way.

My sister was the first person in our family to go to university in 2008. I followed suit three years later. It was this experience that truly thrust me into experiencing inequality and in uncovering my sense of self formed through living in the most unequal place in the UK.

On arriving at university, I left the bubble of those who had experienced a similar upbringing to me and was exposed to people who made me realise that – comparatively – I was working-class and I was poor. I felt out of place and I was terrified that I'd be rumbled; I obviously didn't really deserve my place there.



As my first year went on I realised that yes I was smart, but I still felt like I didn't really deserve to be there. The people I was studying alongside had grown up in the sorts of houses that had huge bookcases, with families that had dinner around the table and debated whatever world issue was topical on that day. Their parents had been to university and were in highly-skilled, academic jobs. On the other hand, we were more the type who ate dinner on the sofa watching Eastenders every night. The only adult books in our house were my dad's car manuals and a 1970s encyclopaedia. Newspapers, if any, were whatever free London paper my dad had found on the tube and brought home for the cats' litter tray."

Rianna, Tottenham, North London.¹⁸

¹⁸ The Equality Trust, 'Did your parents buy your house off Mrs Thatcher?: and other degrading comments', #EverydayInequality, April 2019.

Focus on equity rather than equality

Structural inequalities generate disadvantages that emerge before birth and then accumulate and compound throughout an individual's life. Treating everyone the same – equality – does not therefore provide people with the same opportunities. By focusing instead on equity, researchers and policymakers can better determine how to surmount or – even better – remove the barriers faced by different groups.

Who you are, the place you are born, your ethnicity, your gender, your sexual identity, your social class, and if you identify as disabled, matter a great deal. Whilst legislation protects against overt discrimination on the terms of protected characteristics, inequalities in terms of indirect barriers and inequity of opportunity persists. There is a clear need to distinguish between direct and indirect barriers in society. It is the commodification of choice, and consequently opportunity whether through school choices, quality of housing, access to health services, the links people have to social capital and economic activity, that research should tease out and policy should recognise. As long as such commodification exists, simply increasing choice will not be the answer. Whilst structural inequalities persist, simply offering the same opportunities to all will not lead to the necessary desired outcomes.

In this chapter, across different fields of research, it is demonstrated time and again that certain groups find themselves crowded out of genuine options. Researchers can help by understanding what really matters is equity, and by shining a light on the hidden barriers and ways in which inequalities persist both in access to opportunity, and outcome of opportunity. Working with policymakers they can help to focus on what works for breaking down such distinctions. From a policy perspective, this requires government departments to work in collaboration and take a nuanced view of the argument to improve equality of opportunity for all.

Opportunity (and lack of) is a defining fault-line in UK society. It is a central factor when considering structural inequalities. For example, in a recent survey, 40 per cent of respondents believed it is getting harder for people from less advantaged backgrounds to move up in society.¹⁹

The relationship between choice, agency, opportunity, behaviour and inequality is complex and multifaceted. Individuals' life choices and access to opportunities in the

19 Social Mobility Commission, *Social Mobility Barometer*, 2018, p. 4.

spheres of education, employment, health and housing vary considerably and are often determined by intersections of race, gender, wealth, class, disability and sexual identities. Focusing on the ‘choices’ of individuals obscures structural restrictions on the ability for people to make real choices. The degree of agency that individuals have over their life-course is closely linked to relative advantage, with those who face inequalities often experiencing reduced opportunities or agency to make meaningful choices.

The use of incentives to promote equal opportunity is a significant trend in social policy and welfare reforms – increasing choice-based behaviours in an attempt to encourage preferable life outcomes. Such reforms, however, can compound existing inequalities as they shift the focus from societal need to individual choices. In doing so, thorny issues on the redistribution of social and financial capital remain an aside.²⁰ Opportunity, inextricably linked with agency and choice, is therefore a cross-cutting issue with a variety of implications for tackling structural inequalities in UK society.

Social capital and constraint of opportunity

Nearly half of people (46 per cent) say that where you end up in UK society today is largely determined by who your parents are – compared with a third (33 per cent) who say that everyone has a fair chance to get on regardless of background.²¹ This highlights how important it is to acknowledge the role class plays in constraining opportunities and maintaining disadvantages. It must also be recognised that class encompasses more than just income levels and not all class-based inequalities arise due to inequities in the distribution of money and resources.

The importance of social and cultural capital in perpetuating inequality of opportunity is of clear significance in education. Inequalities in education are heavily determined by class in relation to income, social capital and cultural perceptions. There is class-based segregation both *between* and *within* schools. For example, segregation within schools, via sets and streams, results in working-class children facing a double disadvantage and often leads to disadvantaged pupils perceiving themselves as less able, being treated as such by teachers, and thus attaining lower grades.²² Social capital and cultural capital play a key role in pupils not receiving an equal return on their qualifications, with private schools particularly good at elevating pupils through extra-curricular activities and opportunities. Consequently, when considering the structural nature of inequalities, there is a need to unpack the ‘hidden curriculum’ (all the practices that shape pupils’ views of the world outside of the formal curriculum, for example disciplinary structures, assemblies, school trips, attainment groupings, sport) which perpetuates disadvantage in education along class lines and creates inequality of aspiration and opportunity.

20 Peter Taylor-Gooby, ‘Choice and values: individualised rational action and social goals’, *Journal of Social Policy*, 37 (2), April 2008, pp. 167–85.

21 Social Mobility Commission, *Social Mobility Barometer*, 2018.

22 Becky Francis et al., ‘Exploring the relative lack of impact of research on “ability grouping” in England: a discourse analytic account’, *Cambridge Journal of Education*, 47 (1), 2017, p. 7.

Likewise, inequalities in education naturally lead to employment and labour market inequalities. The privately educated are twice as likely as similar state-educated children to achieve a place at one of Britain's elite universities, and educational advantage leads to clear advantage in the labour market.²³ Private schooling also leads to a pay premium with studies estimating this to be as high as 35 per cent.²⁴ Moreover, such class-based disadvantages also intersect with inequalities in the labour market on the basis of ethnicity. The average hourly pay gap between white men and Indian women was 14 per cent in 2016–17; between white men and black men it was 19 per cent.²⁵ The largest pay penalty is recorded by black male graduates, who can expect to be paid 17 per cent less than white male graduates after accounting for their background and their job.²⁶

The impact of such class-based inequalities in education is evidenced throughout the life-course, and dictates health outcomes, employment opportunities and access to the housing market. For example, educational inequalities directly connect with health with a strong correlation between weight at birth and long-term adult outcomes, such as completed schooling, earnings and income.²⁷ Furthermore, educational attainment has been evidenced as linked to both healthier behaviour and outcomes throughout an individual's life.²⁸ Education teaches skills such as lifelong learning and problem solving, which influence behavioural choices and health literacy. Strikingly 42 per cent of working-age adults in England have been found to be unable to understand and make use of everyday health information.²⁹ Inequalities in health therefore have their roots in childhood. And the effects of class-based disadvantages for children in schools have a knock-on effect in other areas of societal inequalities.

Inequalities of opportunity, perpetuated by the 'hidden curriculum', don't just result in educational inequalities. Adopting a life-course approach is consequently essential to enable understanding of how such inequalities accumulate and compound wider structural disadvantages in UK society.

Class as an intersection

There is often a clear intersection between class and other factors perpetuating inequalities, such as race, gender, disability or sexuality. This can be evidenced in the UK housing market, with class acting as a crucial determinant in the likelihood of an individual owning a home. At the age of 30, those without parental property wealth are approximately 60 per cent less likely to be homeowners than people whose

23 Francis Green et al., 'Private schooling and labour market outcomes', *British Educational Research Journal*, 43 (1), 2017.

24 *Ibid*, p. 19.

25 Kathleen Henehan and Helena Rose, *Opportunities Knocked? Exploring Pay Penalties Among the UK's Ethnic Minorities*, Resolution Foundation, 2018, p. 4.

26 *Ibid*, p. 6.

27 Economic and Social Research Council (ESRC) Evidence Briefing, *Health Inequalities Continue to Undermine Social Mobility*, January 2012, p. 1.

28 Public Health England, 'Wider determinants of health', *Health Profile for England: 2018*, 11 September 2018.

29 UCL Institute of Health Equity, *Local Action on Health Inequalities: Improving Health Literacy to Reduce Health Inequalities*, 2015, p. 4.

parents are homeowners.³⁰ Furthermore, homeownership rates are much lower than the UK average for all ethnic minority groups. In particular, the homeownership rate for black families is 24 per cent – less than half the UK average (53 per cent) and the rate for white families (56 per cent).³¹ Homeownership rates are also particularly low for Bangladeshi and Pakistani and Chinese groups at 34 per cent and 35 per cent respectively, [demonstrating a clear intersection between class and ethnicity in inequalities within the housing market](#).³² The long-term outcome of such structural inequalities is that wealth has become concentrated in the hands of those with a family history of property ownership. In this way, the accumulation and passing down of wealth and property perpetuates class-based social inequalities.

Likewise, the importance of family background in perpetuating inequalities and constraining opportunity can also be evidenced in the UK labour market. Individuals in England whose parents worked in professional jobs are 80 per cent more likely to get into a professional job than their less privileged peers, with figures dipping slightly to 70 per cent in Scotland and 60 per cent in Wales respectively.³³ Working-class individuals are also more likely to be on low incomes, earning 24 per cent less than those from professional backgrounds. However, [even when those from working-class backgrounds enter professional occupations, their pay is, on average, 17 per cent less than their middle- and upper-class colleagues](#).³⁴

Researching choice, decision making and access to opportunity

The complexity of understanding mechanisms of choice can make it difficult to ascertain the extent to which individuals actively choose to pursue certain pathways versus access to opportunities. [Fundamentally, more research, and especially qualitative research, is needed to better understand constraints and determine 'true' choice across a range of domains, including the gig economy, education and the housing market](#).

For example, the disproportionate (and increasing) number of workers in the gig economy who are BAME is an important issue in the context of social inequalities. Initial analysis has shown that many BAME individuals move towards self-employment and the gig economy because they have been driven away from 'standard' employers by a lack of progression opportunities, and by discrimination and overt racism.³⁵ However, further research is needed to understand the decision-making processes and intersectional issues driving this trend.

Furthermore, it can be questioned whether disabled individuals are faced with a true choice regarding the opportunity to seek work in the gig economy, or if this is because other sectors of the economy are closed off. [More in-depth analysis is needed to](#)

30 Stephen Clarke and John Wood, *House of the Rising Son (or Daughter): The Impact of Parental Wealth on their Children's Homeownership*, Resolution Foundation, 2018, p.3.

31 RF analysis of ONS *Labour Force Survey 2018*.

32 RF analysis of ONS *Labour Force Survey 2018*.

33 Social Mobility Commission, *State of the Nation 2018–19: Social Mobility in Great Britain*, 2019, p. 11.

34 *Ibid*, p. 3.

35 Trades Union Congress (TUC), *Insecure Work and Ethnicity*, 2017, p. 2.

examine the extent to which disabled individuals are concentrated within particular sectors due to a lack of choice (or perceived lack) of employers open to meeting their needs. Understanding choice constraints is a crucial part of better understanding the changing shape of the UK labour market and structural inequalities within it. Only through research and analysis of labour market choice can business and policymakers take steps to ensure a balance is struck whereby those who are exploited are protected, and those who value the flexibility of the gig economy can retain this agency.

Comprehending issues surrounding *under*-employment, which disproportionately affects women and BAME individuals, requires greater understanding of how true choice is often undermined. For example, individuals having little choice but to accept part-time work, even if it is substandard for their needs, or conversely people in insecure employment feeling like they have to work more hours than they want out of fear that they will not get enough hours in the future.

Demonstrative of the ways in which true choice can be undermined in the labour market is that it may not be economically worthwhile for a mother working part-time to seek to increase the numbers of hours she works due to a corresponding increase in childcare costs. As a result, true choice and opportunities in employment can be difficult to determine, and further in-depth analysis involving groups most affected is necessary. This would enable improved understanding of constraints in choice, the root causes and decision-making driving these trends.

A fundamental structural issue hampering health equality is access to services and attendance of screenings. Whilst access to health services might on the face of it look like a choice, in reality structural barriers often drive avoidant behaviours and dictate opportunity of access to care. For example, it has been found that young Muslims feel unable to engage with mental health services. With practitioners overwhelmingly from white backgrounds, young Muslims are concerned they will be unable to empathise with the nuances of either the Muslim or minority lived experience, and due to implicit assumptions about faiths and backgrounds influencing how practitioners interact with young Muslims.³⁶ In this regard, UK Government policies such as the Prevent agenda that target Muslim populations in healthcare settings play a significant role. For example, some mental health trusts are routinely screening their service users for signs of radicalisation.³⁷ Likewise, the Wesley Review highlighted how young black men often feel that healthcare professionals do not adequately understand them or their life experiences.³⁸

However, additional research is required to assess the impact of choice (or lack of) in determining health inequalities. Quality and continuity of care are crucial in creating policies to tackle health inequalities, but continuity of care is fundamentally premised on people remaining in one place and accessing healthcare through GP

36 Anjum Memon et al., 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England', *BMJ Open*, 6 (11), 2016.

37 Transnational Institute, *Leaving the War on Terror: A Progressive Alternative to Counter-Terrorism Policy*, 2019, p. 7.

38 Department for Health and Social Care, *Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion*, 2018, p. 10.

practices. It can be argued that National Health Service (NHS) policy has not kept pace with changing lives and is based on a system whereby quality of care can vary greatly between regions. Improved evidencing of lack of access to healthcare for certain groups is required. For example, early diagnosis allows for a greater range of treatment options and increased chance of recovery across a range of illnesses. This is a matter of particular concern for certain population groups, with awareness of cancer symptoms and rapidity in seeking diagnosis far lower in men and those in lower socio-economic and BAME groups.³⁹ The effectiveness of national screening campaign is strongly dependent on participation. So in order to improve uptake, it is imperative that these types of schemes develop an understanding of why groups are under-represented in campaigns and recognise the constrained opportunities faced in accessing healthcare.

Likewise, undertaking qualitative research on choice is crucial to better understanding the changing shape of the UK housing market and structural inequalities within it. Whilst analysis has shown that the share of young people living with their parents is at the same level as in the 1980s, it is unknown to what extent young people are choosing to do so in order to save faster and buy a home, or whether they are simply being priced out of the rental market.⁴⁰ In addition, further research into true choice and individual agency for certain population groups within this trend is also required to examine the extent of cumulative structural disadvantages.

Choice as a driver of inequality of opportunity

Alongside further research into better understanding how structural inequalities impact (lack of) choice, it is imperative to note that relative privilege often dictates who does and does not have the power of autonomy. This issue is most stark within education, whereby a tiered system segregates and delivers opportunity for those who can afford to pay (whether through the housing market, fee-paying schools or private tutoring). The UK consequently has one of the most socially segregated school systems in the developed world. In such instances the problem is not purely a lack of choice, but that choice is a privilege only available to those who are wealthy and hold other social advantages.

This system of parental choice allows those with greater financial resource the means to get their children into higher-performing schools. The uneven distribution of resources amongst non-selective state schools and their perceived quality, based on standardised performance data and rankings, combined with catchment area admission policies, contributes to distortions and bubbles in the housing market as parents are willing to pay a significant premium for homes near preferred schools. The increase in house prices can be especially steep in specific areas with state schools deemed exceptional.⁴¹ This situation exacerbates both education and housing

39 M. A. Richards, 'The National Awareness and Early Diagnosis Initiative in England: assembling the evidence', *British Journal of Cancer*, 3 December 2009.

40 Lindsay Judge, *Moving Matters: Housing Costs And Labour Market Mobility*, Resolution Foundation, 2019, p. 3.

41 Department for Education, *House Prices and Schools: Do Houses Close to the Best-Performing Schools Cost More?*, 2017, p. 3.

inequalities, with the quality of children's education dependent upon socio-economic status and parents' financial ability to choose where to live. By commodifying choice in the education sector, whereby parents who can afford to can advantage their child, determines the subsequent opportunities available to individuals. This compounds inequalities across society more broadly. In this way, there are clear cases where less choice for the *individual* would have a positive impact on equality and for the collective good of society.

Implications for policy

When developing policies aimed at addressing structural inequalities, it is **necessary to distinguish between, and maintain awareness of, different forms of choice and their implications on constraints of opportunity**. Fundamentally, there is a need for informed, aligned, joined-up policymaking. Recognising that being in a position of choice in the housing market leads to advantage in access to education, employment opportunities and health services demonstrates that a cross-departmental approach is required at all levels of policy to tackle such cumulative structural inequalities.

Demonstrable of this need for alignment is that cuts to further-education provision are in turn increasing inequalities in the labour market. This is because it restricts opportunities around pathways and access to employment. Reversing such cuts and investing in lifelong learning initiatives could establish parity of esteem between vocational and academic routes by offering high-quality vocational qualifications and pre-employment training. In the age of the gig economy, self-employment and automation, lifelong learning provision is crucial to enable individuals to offset prior educational inequalities and succeed in the labour market.

Furthermore, there is a **need for recognition of the effect of housing policy on health, education and employment**. The politics around temporary housing at a local level are complex given the lack of available council housing, resulting in many individuals remaining in temporary accommodation for extended periods of time or being moved away from family and community networks. Policymakers should recognise the impact of this situation on educational attainment, through increasingly being moved between areas and, consequently, schools; on mental health, given that security and attachment to a neighbourhood correlates with higher wellbeing and lower stress; as well as on enabling the development of community support networks.⁴² Problems can be compounded for BAME and LGBT individuals when moved into less or un-diverse areas as a result of pressures in social housing distribution, as they are more likely to face discrimination in such areas. Furthermore, policymakers should recognise the knock-on effects of such practices for employment opportunities, wellbeing and mental health outcomes.

Moreover, policy decisions can strongly influence the nature of choice available to individuals. For example, the *Care Act (England)* of 2014 foregrounds the principle of wellbeing for disabled people, which explicitly includes individuals' control over their

42 J. Diggle et al., *Brick by Brick: A Review of Mental Health and Housing*, Mind, 2017, p. 5.

day-to-day life as well as enabling their choices surrounding support.⁴³ However, the closure of the Independent Living Fund in 2015, and restrictions on spending personal budget allowances, mean that the ability of those with care needs to exercise choice and agency has been undermined.⁴⁴

In many respects, social inequalities can block pathways for individuals, restrict choice and limit opportunities – whether due to financial insecurity, lack of cultural capital or discrimination, among other barriers. [Consideration must therefore be given to how policies can increase individual choice and opportunity](#), and how initiatives can be implemented to allow disadvantaged individuals to be able to make truly autonomous choices. It should be noted that such an approach does not advocate for less choice for the middle and upper classes, but instead [challenges policymakers to consider how individuals might take advantage of policies and systems](#). For example, choice in the education sector is commoditised, paid for through the housing market either through buying in certain areas, or by the capture of ‘in-kind benefit’ available to homeowners in high-value areas. In this regard, [the question for policymakers is how best to decommoditise opportunity](#). Evaluation of policy and greater research into the nature of choice, and the decision-making processes involved in choice uptake, is therefore required to tackle deep-rooted structural inequalities.

Likewise, the concept of meritocracy and the idea that if you work hard, then all possibilities will be open to you is deeply problematic. Discrimination works directly against individual choice. For example, BAME students who choose to apply to top-tier universities yet are turned down, or who don’t apply because they perceive that it is not for them. In this regard, discrimination works against individual choice.

Directly relating increased choices to increase in opportunities places the burden of disadvantage on the *individual*, or those directly around them, rather than recognising that for some it doesn’t matter how hard they work, structural inequalities in society mean they will still be held back. [Greater steps should be taken by business, the third sector, researchers and policymakers alike to recognise that the framings of debate around inequalities should be careful to elicit the idea of individual agency whilst also noting the deep-rooted structural disadvantages within UK society](#).

Similarly, recognising the structural barriers in society and how class, for example, dictates access to the housing market, education, labour market and health – and consequently shapes aspirations and determines opportunities – illustrates [the need for aligned, joined-up thinking in policymaking](#). Fundamentally, there is [need for more than one government department to equally ‘own’ initiatives aimed at improving equality of opportunity](#), and for representation and the voice of individuals experiencing disadvantages to be at the heart of initiatives aimed at addressing structural inequalities.

⁴³ *Care Act 2014* (Section 1).

⁴⁴ In Control, [Promoting People’s Right to Choice and Control Under the Care Act 2014](#), 2015, p. 8.

Understanding evidence



Girls from a BAME background are more likely to study a STEM subject at A-level than white girls. For example, Indian, Chinese and Black African female students are two to three times more likely to achieve three or more A-levels in science than their white counterparts. A similar pattern is seen at university and occupational levels, where BAME women are overrepresented in women studying STEM subjects and pursuing STEM careers.

However, when I dissect the BAME umbrella, a disheartening pattern emerges. Black Caribbean women and girls are underrepresented in STEM at every stage of the pipeline. From the very first stages of education, unconscious – and sometimes, conscious – race and gender biases discourage and discredit young black girls. Last year, a landmark study found that black students, in particular, black girls, were more likely to be misallocated to a lower set in maths. This finding was independent of the socio-economic background of the child.



As a black woman working as a teacher in an inner-city London school, my mother saw this happen time and time again. As a result, whenever I started a new school and was not placed in the top set, my mum would take the time to meet with my teachers and ask them to explain this decision. She would advise them to give me an exam, and then they would look at my results together. Each time, the teachers would apologise and move me to the top set, recognising that their decision had been founded in assumptions rather than evidence.”

Samara Linton.⁴⁵

⁴⁵ Samara Linton, *The Future of STEM is Filled with Women who look like me – #SHAKEUPSTEM*, The Fawcett Society, 2019.

Plug evidence gaps using data, descriptions & diversity

Our understanding of structural inequalities is hampered by evidence gaps that relate to both the articulation of our problem statements and the effectiveness of our policy responses. Plugging these gaps requires a concerted and coordinated drive towards better data generation and the use of qualitative, and person-based, approaches to contextualise and enrich the numbers.

Better understanding of the inequalities issues that we are trying to solve dictates the data captured and evidence required to develop impactful solutions. That means identifying gaps within existing evidence bases and the potentially problematic nature of existing data sources. Only through developing a holistic understanding of how inequalities are experienced can such gaps and problems be identified. In this way, stories also matter. Sound data interpretation rests on a qualitative understanding of what is going on in society.

This chapter stresses the need for a range of evidence to be used to assess structural inequalities, identifies key gaps to be plugged – many of which exist because they fall through the cracks or relate to areas of study where the advocate voice isn't heard – and explores the potential of new data sources. It also highlights the need for analysts and researchers to consider how best to future-proof data collection to allow access to continuous, comparable data.

In most domains, there is plentiful evidence of the nature, causes and consequences of inequalities in the UK. However, important evidence gaps remain. As a result, intersectional analysis of data remains a key challenge. Likewise, there is a need to better link evidence and interrogate data collection methodologies to gain a deeper understanding of how structural inequalities intersect and are cumulative over the life course.

In many areas, however, it is not the case that significantly more evidence is needed. For example, there is extensive awareness and knowledge of the main factors underpinning health inequalities. Instead, **the 'evidence gap' exists in identifying, developing and applying effective policies** to address these. Piloting and undertaking systematic evaluation of policies would be a key way to begin to fill this gap.

Quantitative and qualitative

Whilst undoubtedly of great value, quantitative evidence alone should not be seen as the answer to developing solutions addressing inequalities in the UK. Instead, there

is a need to combine both quantitative and qualitative data to articulate the lived experience of specific individuals and groups facing disadvantages, as well as assess the subjective, experiential and cumulative effects of structural inequalities. Such an approach is vital to develop effective policies to tackle structural inequalities.

Moreover, powerful individual stories and emotive case studies can be more effective than headline statistics in raising awareness and inspiring action – as evidenced, for example, in the case of the more than 8,000 women council workers in Glasgow who went on strike over equal pay. The women, employed in homecare, schools and nurseries, cleaning and catering services, took part in the dispute which lasted more than a decade. In January, the case was ruled successful, with unions estimating pay-outs that could reach more than £500 million in total.⁴⁶ This collectivised spirit and ‘identifiable victim effect’, whereby people respond to individual stories more so than statistics and broad trends, could be better harnessed in the realm of intersectional inequalities and used to complement and reinforce quantitative evidence.⁴⁷

However, even where it does exist, **qualitative data often fails to reach policymakers** – especially in comparison to large-scale quantitative studies. Much of the qualitative research undertaken is relatively small scale and not broadly disseminated. In addition, there is currently no single institution that collates qualitative research on inequalities in a way that is accessible for policymakers.

Therefore, it is not merely the case that qualitative data needs simply to be *combined* with quantitative. Alongside this, the status of qualitative research needs to be elevated; collection of qualitative data must be undertaken at sufficient scale for it to be useful; and policymakers need to know how to work with qualitative data and different forms of evidence to analyse the stories within and use these effectively in decision making.

Collection of data

It is imperative to note the political dimension of data collection. Without mandatory collection and reporting requirements, collection of data can be inconsistent. There are inconsistencies in monitoring, collection and use of data at local and national levels of government and across the devolved nations. A lack of alignment of data methods and sources can also lead to evidence gaps, complications in tracking change over time, and difficulties in building a holistic picture of inequalities across the country. Local government should be supported to change this to ensure that they are systematically collecting and analysing the data they hold for the benefit of their communities and improving service provision.

As well as addressing inconsistencies in data collection, there is also **a need to better link data, for example across central government services, to gain a deeper**

⁴⁶ Libby Brooks, ‘Women win 12-year equal pay battle with Glasgow city council’, *The Guardian*, 17 January 2019.

⁴⁷ Seyoung Lee, ‘The identifiable victim effect: a meta-analytic review’, *Social Influence*, 11 (3), 2016, pp. 199–215.

understanding of cross-cutting issues and intersectional disadvantages. The UK Government's Race Disparity Unit (RDU), which produces the Ethnicity Facts and Figures website, provides a good example of this philosophy in action.⁴⁸ The RDU works across departments to collate data from different sources on ethnicity-based inequalities onto one website, thus embodying best-practice principles of open, accessible and transparent data. The website is a powerful tool for researchers, policymakers and advocates, and serves as a useful case study demonstrating the importance of working across departments to align and link datasets.

Furthermore, the Ethnicity Facts and Figures website illustrates the **importance of governments investing in data** – collection of rigorous data requires significant resources and governments should continue to support both collection and analysis. Reduced funding for data collection and trimming sample sizes has an exceptionally detrimental effect on understanding *intersectional* inequalities. If sample sizes do need to be trimmed, more money for booster samples should be made available.

Methodologies and categorisation

Alongside gaps in collection, broad categories and indicators used in capturing evidence can significantly undermine the quality and usefulness of statistics on inequalities. For example, use of tick-box categories such as 'over 60' and 'over 65' are becoming increasingly crude in the context of an ageing population. Eighty-year-olds have a very different lived experience to 65-year-olds, and in failing to differentiate between groups, official data can lack the vital nuance required to support societal needs.

Similarly, due to its breadth, 'BAME' as a category can be unhelpful in many contexts. In the areas of education and employment, minority ethnic groups have highly divergent experiences and outcomes that cannot be unpicked under the broad category of BAME – as demonstrated by Indian people having an employment rate of 74 per cent, whereas Pakistani and Bangladeshi groups have a rate of 55 per cent.⁴⁹

Likewise, whilst the term 'LGBT' as a banner can be empowering for the groups under its umbrella – for example, the inclusion of 'trans' has helped raise the profile of trans equality – it covers a wide range of individuals and can mask nuances between inequalities faced by groups in this category. For instance, LGBT individuals experience high levels of hate crime in general, but within this, trans people are at particular risk.⁵⁰ In 2017, research documented two in five trans people (41 per cent) had experienced a hate crime or incident because of their gender identity in the last 12 months, and one in six LGB people (16 per cent) had experienced a hate crime or incident due to their sexual orientation in the same period.⁵¹ It is therefore important to note that the lived experience of trans and non-binary individuals differs

48 Race Disparity Unit, *Ethnicity Facts and Figures* website.

49 Ethnicity Facts and Figures, *Employment by ethnicity*, 2018.

50 Stonewall, *LGBT in Britain. Hate Crime and Discrimination*, 2017.

51 *Ibid*, p. 6.

significantly from individuals who aren't trans, but this can be masked by using LGBT as a banner term.

Additionally, there is a need for analysts and researchers to consider how best to future-proof evidence collection to ensure access to continuous, comparable data. For example, to understand the effect of social media on (mental) health and its relationship to education and work, surveys and data questions need to be adapted to fit changing lives and shifting definitions of mental health, and to keep pace with advances in technology and medicine. Adopting new methodologies that provide opportunities for more sophisticated and impactful analysis should also be explored. In particular, computational models could be used in conjunction with machine learning to undertake more accurate analysis of which variables are causing inequalities in particular policy areas. These methodologies can be more accurate than traditional statistical approaches. In the longterm, an increasingly sophisticated understanding of what causes inequalities, derived from computational models, could influence policy and drive change. Such statistical approaches should be complemented and supplemented with further, and more centralised, qualitative research

Key evidence gaps

The UK Government *National LGBT Survey* conducted in 2018 – the world's largest LGBT survey – has begun to fill a key evidence gap, providing a wealth of information and statistics on LGBT lived experience.⁵² However, the onus must now be on ensuring LGBT data is captured systematically, routinely and as standard. Currently, there remains a chronic lack of data on LGBT individuals, and consequently the structural disadvantages they face. Local authorities and the Office for National Statistics (ONS) do not routinely, nor systematically, collect data on sexual orientation and gender identity. As a consequence, understanding of inequality based on sexual orientation is often incomplete, with these evidence gaps present at every stage of the life-course.

Most notably, there is a lack of longitudinal data on the impact of bullying and discrimination at school on LGBT children and their future educational trajectory. While there is robust data on LGBT sexual health and mental health, there is a lack of data on the experience of LGBT patients in the healthcare system and the physical and chronic health outcomes of LGBT groups. Encouraging recognition of the importance of data collection across services and at local levels to establish a 'baseline' of inequalities faced by LGBT individuals would help negate concern regarding the difficulties and sensitivity in collecting such data. Greater awareness-raising in public services and policy spheres around why it is important to collect, and how to do so, is vital. Improved datasets should then be utilised within mandatory training and awareness initiatives for frontline workers such as doctors and nurses to bolster understanding of experiences of inequalities. In addition, the data collected should be analysed, published if possible and where appropriate, and findings used to underpin targeted interventions to address areas of inequalities.

52 Government Equalities Office, *National LGBT Survey: Summary Report*, 2018.

Additionally, in the field of healthcare, ethnicity data is not always consistently captured. For example, there is an overuse of 'Black Other' and 'Other' categories in mental health and learning disability service settings. As a result, the proportion of groups such as Black Caribbean and Black African using these services is most likely underestimated. Certain marginalised groups, such as Gypsy, Traveller, Roma and homeless people, are also often not included in official datasets despite suffering from extremely high levels of disadvantage in UK society. The knowledge base should be reinforced with more qualitative studies undertaken in collaboration, and co-produced with, individuals in these communities. Research examining lived experience should also be used to define the categories that are included within quantitative data collection exercises and lead to surveys being administered in appropriate ways, so that such marginalised groups aren't excluded from evidence bases that are premised on access to the internet.

In relation to employment, the current reliance on government PAYE data for analysing and determining income levels is problematic. For example, data collected in the Annual Survey of Hours and Earnings (ASHE) is mainly for full-time employees, with only limited detail included for part-time workers and figures for self-employment not captured.⁵³ Given that the majority of individuals in part-time work are women, this data gap makes gendered analysis of income levels problematic. In addition, multiple jobbers are not counted as one person in the data collected, which may inflate the proportion of people in part-time work and makes it difficult to establish how many people are in this position and the number of hours that they actually work. These issues mainly apply to those in low-paid work – predominantly women, BAME groups, people with disabilities – groups typically already facing labour market disadvantage.

Furthermore, there is also a data gap in the labour market given employers do not routinely collect data on the class makeup, or socio-economic background, of their workforce – despite many firms already capturing statistics on the gender and ethnicity profile of their employees. Such data collection could enable pay-gap reporting on class. It could also open up a conversation in the business community around socio-economic disadvantages, improve metrics for tracking social mobility, and ensure diversity and inclusion initiatives are effectively targeted and nuanced for different population groups.

More broadly, while *Born in Bradford* was an important regional cohort study taking place between 2007-10, without another nationwide longitudinal cohort study being established soon there will be a generation of children, born into a rapidly changing society, who are not being followed on a large enough scale.⁵⁴ With the last national study conducted in 2000, this presents an urgent evidence gap with ongoing, comparable data not assured.

53 ONS, 'Employee earnings in the UK: 2018': www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2018.

54 NHS, *Born in Bradford*, Report 2019.

Intersectionality

Robust data and evidence on the *intersectionality* of inequalities is often lacking. When undertaking analysis of more specific subsections of society, available data becomes increasingly limited and unreliable. For example, in the housing market disabled people face a large number of extra costs related to equipment, modifications and therapies that are too often ignored in living standards statistics. It has been estimated that these costs amount to an average of £583 per month, and that one in five disabled people faces extra costs of over £1,000 per month.⁵⁵ However, the absence of these considerations from large household surveys makes it difficult to assess disparities in their living standards from an intersectional perspective.

Nonetheless, despite the insufficiency of data relating to disability, the average housing-cost-to-income ratios of families in which at least one adult is BAME and one adult has a disability has been shown to be 2 percentage points higher than the UK average. This indicates the double disadvantage that ethnic minorities with disabilities face. It also highlights [the importance of undertaking data analysis from an intersectional perspective to understand and illuminate the effects of cumulative inequalities](#). Therefore, whilst positive work is being undertaken to link data sources and enable better evidencing and understanding of intersectional issues, progress in this area will take time and resources.

55 E. John et al. [The Disability Price Tag 2019](#), Scope, 2019.

Voice



I have lived in Glasgow since I was about eight years old. Years ago I was made redundant and I didn't know what to do with myself. That went on for two years; it was terrible. I just shut myself away from the world. I didn't have any push, any encouragement, so I just sat in the house.

It's all around us, people like that, people who are going through the same thing, not getting helped by anybody. Many of us are just a wage packet away from being in severe problems. We are all vulnerable.

Eight years ago a group of us sat at a kitchen table talking about how decisions about poverty must involve us, the people who are experiencing it. Poverty isn't just about money. It's also about things like education and housing.



We [now] run a kitchen in a block of flats in the Gorbals, where we bake fresh bread. People from all walks of life come in and get involved with us, bake with us: locals in the area, refugees, basically people who are vulnerable for one reason or another. It's about sharing, working together and getting people involved who live in the community, people who have great skills.

At the end of the day we are all just human. People don't want to be felt sorry for; they just want to be heard."

Marie McCormack.⁵⁶

⁵⁶ Paul Sng (ed.), *Invisible Britain: Portraits of Hope and Resilience*, Policy Press, 2018.

Change the structure of society by changing who designs it

Too often, research is conducted *on* and policy is applied to disadvantaged groups, rather than *with* them. And decisions are taken overwhelmingly by those outside of those groups, perpetuating the structural nature of inequality. Fixing these imbalances requires the elevation of the voices of those under consideration – in both research agendas and policy design – alongside a focus on boosting genuine representation within research and policy professions.

Ensuring the groups affected by structural inequalities are at the heart of research and policy agendas is fundamental. Research and initiatives should be explicit in developing solutions with, rather than imposing upon, disadvantaged groups. Alongside this, it is vital to ensure true representation in the research and policy communities – meaningful change in society can only be achieved by ensuring a change in who designs it.

This does not happen by accident or by happy coincidence. True representation of diverse voices across policy, business and research communities requires deliberately building representation through subject selection, communication, openness to new approaches and voices, and a determination not to substitute representation for tokenism. It is not just about different voices being heard, but ensuring that they are listened to.

This chapter calls for the voices of those experiencing structural inequalities to be present within evidence bases to ensure true representation in organisations and societal institutions, and highlights the implications of this for policy.

In seeking to alleviate structural barriers and inequalities, examining who designs society is essential. UK society is highly stratified and in many areas top decision-makers do not reflect societal make-up. This compounds and contributes to replicating forms of inequality. However, despite this there is much more research conducted *on*, rather than *with*, disadvantaged groups.

An improved understanding of the lived experience of inequalities is necessary in order to develop policies to meaningfully tackle structural societal inequity. These must be designed and developed in collaboration with groups experiencing inequalities to be truly effective.

Raising voices to improve evidence bases

Raising the voices and representation of disadvantaged groups is imperative to develop robust, informed evidence bases of structural, cumulative inequalities. For example, determining the scale and *nature* of inequalities between population groups is often problematic. It can be difficult to ascertain the extent to which poorer health is determined by a specific characteristic alone, as disadvantage is often cumulative and multifaceted, and certain ethnic groups are far more likely to live in deprived areas than others. As such, **determining disadvantage based on class, and how this relates to other compounding factors of inequalities is crucial. This would allow for a more nuanced understanding of health inequalities across and amongst population groups** and, in turn, for developing effective policy interventions to tackle such inequalities.

Moreover, 'hidden' areas of social inequity, such as professional networks and nepotism in the labour market, are difficult to quantify and, in turn, measure. Consequently, **more in-depth analysis is needed to fully understand the lived experience of both working-class people and those from more privileged backgrounds, to facilitate evidence-based, informed research that places the voices of those affected at its core.** This, in turn, will enable sufficiently nuanced and targeted policies aimed at tackling social inequalities.

A significant evidence gap also exists around **undertaking qualitative research to establish contemporary lived experiences of working-class children and adults, especially for minority ethnic groups.** For example, working-class voices are under-represented in education research, with the everyday experience of working-class pupils and their perspectives and perceptions of teachers, lessons, exams and future prospects often omitted.

Likewise, with regard to inequalities in health, it has been evidenced that those on lower incomes lead unhealthier lives, especially with regards to diet, smoking and exercise.⁵⁷ However, focus has predominantly been attributed to gathering quantitative statistics, as opposed to asking individuals *why* their lifestyles are like this and what factors they would like to see changed to improve their health outcomes. **To avoid research being carried out *on*, rather than *with*, low-income groups, greater emphasis on genuine research partnerships is required.**

Furthermore, not all inequalities can be captured in nationwide employment figures, life expectancy indicators or homelessness statistics. Cultural and social differences between and within regions must also be recognised and, in turn, their impacts upon societal structural inequalities. For example, an area's cultural inequalities may lead to LGBT school-leavers deciding to leave certain areas in favour of attending university, or pursuing employment prospects in a more diverse (and perceived to be welcoming) metropolitan area or in a particular sector of employment. Such rationale and factors influencing decision making can only be determined by hearing from individuals themselves. Undertaking qualitative research is required to establish

57 Public Health England, 'Wider determinants of health', *Health Profile for England: 2018*, 11 September 2018.

where there are LGBT disparities in the UK labour market and to what extent such factors are being driven by social and cultural geographical inequalities.

(Non-tokenistic) Representation

There is a pressing need to ensure true representation and diversity of voices in societal institutions and organisations. Despite relative successful efforts to diversify entry into the Civil Service, with the proportion of applicants from lower socio-economic backgrounds doubling between 2015 and 2018 (from 8 per cent to 16 per cent of applicants)⁵⁸ the makeup of Civil Service employees remains predominantly white and drawn from middle- and upper-class backgrounds. No coincidence, then, that research earlier this year noted a striking majority of Civil Service employees were privately and independently educated, with Civil Service permanent secretaries (59 per cent), Foreign Office diplomats (52 per cent), and Public Body Chairs (45 per cent) having among the highest rates of independently educated.⁵⁹

Moreover, there is a need to ensure a diversity of voices and equality within the localisation agenda as all six Metro Mayors elected in 2017 were white men, and women held just 6 per cent of seats in their cabinets in 2018.⁶⁰ The profile of local councillors in England is also far from diverse. Earlier this year, analysis showed 40 local authorities with BAME populations of between 6 per cent and 12 per cent have either zero BAME representation or one BAME councillor.⁶¹ Overall, the combined figures for the 123 local authorities in England indicate that of the 7,306 councillors, 1,235 are from a BAME background. Women from BAME backgrounds are under-represented, with only 38.4 per cent of the identified BAME councillors as female.⁶² In Scotland, of the 36 council leaders elected in 2017, only 8 were women and none were BAME.⁶³ **Diversifying the make-up of the profession and ensuring more equal representation of UK society is urgently required.** Societal institutions not representing population groups, nor incorporating their voices, leads to feelings of being neglected and invisible. More like 'ghosts' than citizens.⁶⁴

It is not merely important to diversify the makeup of the policy profession, but also to ensure a diversity of voices in who is supplying evidence to policymakers. The 'usual suspects' problem in terms of the evidence submitted to Parliament is extensive.⁶⁵ However, in particular it is imperative to **increase witness diversity for select committees.** The most recent statistics published by the Liaison Committee report into witness gender diversity highlight the continued under-representation of women amongst select committee witnesses. Only 33 per cent of total witnesses and 37 per

58 *Ibid.*, p. 50.

59 Sutton Trust, *Elitist Britain*, 2019, p. 5.

60 The Fawcett Society, *Making Devolution Work for Women*, 2019.

61 Operation Black Vote, *BAME Local Political Representation Audit*, 2019, p. 4.

62 *Ibid.*, p. 5.

63 Convention of Scottish Local Authorities (COSLA), *Councils' Leaders*, 2017.

64 Runnymede Trust, *'We are Ghosts': Race, Class and Institutional Prejudice*, 2019, p. 24.

65 UCL Public Policy, *Submission of Evidence to House of Commons Liaison Committee: The Effectiveness and Influence of the Select Committee System Inquiry*, 2019.

cent of discretionary witnesses were women.⁶⁶ Given their key role in scrutinising legislation and the work of governments, it is vital that select committees have access to a diversity of expertise in order to represent the widest possible range of views, mitigate against bias, and fulfil their role in performing scrutiny on behalf of all UK citizens.

A striking lack of diversity is also present in research agendas, with only 85 UK black professors within UK higher-education institutions. The data is even starker when disaggregated by gender – with 25 black female professors working in UK universities⁶⁷ and black women making up just 1.9 per cent of UK professors compared to 67.5 per cent who are white men.⁶⁸

Drawing knowledge from a diverse pool of individuals would also encourage enhanced understanding of the disadvantages population groups face and the ways in which inequalities are perpetuated and accumulate through a variety of intersecting factors across the life-course. Ensuring more people from disadvantaged groups are represented within research and policymaking can help alleviate structural inequalities – changing the structure of society by changing who designs it.

Further examination of how research can be commissioned by working-class groups and how research institutions can embed individuals experiencing disadvantage within ethics committees, funding committees and core decision-making structures is urgently required. To ensure the issues experienced by disadvantaged groups are fully heard and understood, it is of necessity that research cultures, grant award panels and ethics boards be more representative and diverse.

Implications for policy

Only through understanding the lived experience of those facing disadvantages, can appropriate, sophisticated and nuanced policy solutions be devised. Without detailed understanding of lived experience, policies designed to alleviate inequalities risk being ineffective and seen as ‘imposed’ on disadvantaged groups. To understand the intersectional disadvantages faced by, for example, a working-class black girl, nuanced evidence and analysis is required. Moreover, it is imperative to understand the factors that cannot be captured in broad statistics or datasets alone.

66 House of Commons Liaison Committee, *Gender Diversity Statistics, April–November 2018*.

67 Nicola Rollock, *Staying Power: The Career Experiences and Strategies of UK Black Female Professors*, UCU, 2019, p. 6.

68 Advance HE, *Equality + Higher Education: Staff Statistical Report*, 2018, p. 243.

Place



We used to have a massive chemical and steel industry, but that's kind of diminished over the years. There was a big shutdown of that a year ago and that was devastating for a lot of people who live in Stockton and who had stable jobs. If you're born in a deprived area, you're second or third generation unemployed – you've got limited opportunities, limited life chances and then you're also suffering from anxiety, depression, or some physical disability then obviously the barriers to work are ten-fold.

We need a change in the way that we view people who live in difficult circumstances. And if you continue to blame the individual as well then there is no reason to look at that structural inequality.

Ultimately they're a small percentage of people making the decisions that have a massive impact on our community. That's a power imbalance in that respect.

We don't want things done to us all the time. We want to be able to be round that table to say – 'look, with our experience and our expertise and our knowledge we can come up with a solution to enable a more equal and fair society'."

Tracey Herrington, Stockton-on-Tees.⁶⁹



69 The Equality Trust, *Fighting Inequality in the UK*, #EverydayInequality, 2019.

Adopt a place-based approach

The lived experience of inequality is heavily intertwined with where someone lives. And the complexity of this experience means a silo-based national-level policy approach is too often found wanting. Better uncovering and tackling this complexity and variation requires researchers and policymakers alike to adopt a more localised lens. A place-based approach to the study of structural inequality can highlight important nuances and provide the opportunity for coordinated action that deals simultaneously with all of the barriers found to be in place.

Extreme place-based inequalities exist in the UK. They occur between regions and for groups living within single regions. Undoubtedly regional differences are an extremely important picture of place-based inequalities, but it is a partial one. It is not just divisions between regions, but also how employment gaps are experienced for different groups in UK society. For instance, how employment gaps are wider for disabled groups than they are for the population as a whole in certain places is important if we are to truly understand the extent of the problem and develop policy solutions. Place-based approaches therefore need to incorporate local voices and recognise the importance of place-based community-led solutions. Lived experience and individual outcomes vary significantly by place and so too do policy needs.

This report emphasises that both regional inequalities and the lived experience of place-based inequalities for different groups matter. And it is only when these are taken together that we can begin to build a more sophisticated picture – and in turn, policy and research responses to it. This report therefore does just this.

The UK is marked by extreme place-based inequalities, both between and within cities and regions. Consequently, there is a sharp geographical dimension, both in terms of *outcomes* and *causes* of social inequalities across the UK. When examining structural inequalities, adopting a place-based lens allows for sharper focus on the intersection of geography with wider structural disadvantages. This also reduces the danger of conflating the distribution of inequalities with the causes of them; for example, maps showing how life expectancy falls in London as you travel a few stops on an Underground line without examining the root societal disadvantages driving such visualisations.

Examining structural inequalities from a cross-cutting place-based perspective therefore allows attention to be on individuals rather than outcomes. It also shows

the ways in which lived experience of geographical inequalities impacts different groups in divergent ways. This understanding has significant returns for policymakers, business and researchers as it enables initiatives to be focused and more strategic in implementation.

Place as an intersection

Geography intersects with wider structural disadvantages in society in multifaceted ways. For example, of all households that were found to be statutorily homeless (households that are either homeless or threatened with homelessness) in 2017–18, almost half (47 per cent) were female single-parent households.⁷⁰ Within such statistics, black households are also over-represented – while black households make up just 3 per cent of the population, they account for 13 per cent of households found to be statutorily homeless in the same time period. **Adding a geographical lens also demonstrates how this is compounded by place, with black households shown to comprise 29 per cent of homeless households in London, but only 13 per cent of the population.**

Similarly, comparing the performance of 11-year-olds born in 2000 with those born in 1970 reveals that the area a child comes from is a more powerful predictive factor of educational attainment for those born in 2000.⁷¹ Pupils at state schools in some areas, such as London, have been evidenced as performing better than pupils at state schools in other areas, such as the northeast of England, even after controlling for key background characteristics. Likewise, in Scotland, 54 per cent of the top-performing state schools are located in the richest 20 per cent of areas.⁷² This is more concentrated than in England and Wales.

Likewise, place-based inequities in terms of infrastructure influence and exacerbate stark regional inequalities. This is evidenced through the distribution of qualified professionals across sectors. For example, the unequal distribution of teachers across the country is a key element perpetuating educational inequalities. High-quality, experienced teachers with greater subject-matter expertise are disproportionately concentrated in schools in urban and affluent areas. Schools with more affluent children have 12 per cent of teachers with more than 10 years of experience, while the poorest have just 7 per cent.⁷³ Likewise, in England pupils in schools serving areas of higher deprivation are much more likely to have teachers without an academic degree in a relevant subject.⁷⁴ Incentivising teachers to live and work in deprived or rural areas, and similarly attracting healthcare professionals into high-demand areas, are persistent challenges. In both instances, addressing disparities in hard and soft infrastructure could make disadvantaged areas more appealing to these key workers. Upskilling and retraining local workers, such as community and support staff, and supporting nurses to train and work in more

70 RF analysis of MHCLG, *Statutory Homelessness: Detailed Local Authority Level Responses*, 2018.

71 Social Market Foundation, *Commission on Inequality in Education*, 2017, p. 6.

72 The Sutton Trust, *Selective Comprehensives: Scotland*, 2018, p. 14.

73 The Sutton Trust, *Selective Comprehensives: Great Britain*, 2018.

74 *Ibid.*

advanced medical roles, could also lead to improvements in quality and continuity of both education and healthcare for populations that are currently disadvantaged.

Place-based disparities persist in the UK employment landscape. There are clear unemployment divisions between regions of the UK. ONS figures report the highest UK unemployment rate is in the northeast of England at 5.5 per cent, and the lowest is in the southwest and southeast of England, both at 3.1 per cent.⁷⁵ Patchiness in infrastructure and resources across the UK, with variable provision of public transport, the distinct challenges faced by different regions of the UK, and a lack of investment in services, all prevent individuals from entering the labour market, or accessing higher-quality jobs. For example, research has shown that the removal of local bus services disproportionately affects individuals already facing disadvantage by inequalities linked to gender, race and disability.⁷⁶ Data for England highlights the differences in how men and women use transport, with women taking 20 per cent more bus trips than men, as well as more shorter trips.⁷⁷

Moreover, place also heavily influences the likelihood of being in employment for disadvantaged groups. For disabled people, the likelihood of being in employment ranges from around 32 per cent in Northern Ireland to 53 per cent in the south west of England.⁷⁸ Similarly, just 48 per cent of BAME groups in Northern Ireland are employed, whereas over 76 per cent are employed in the south east of England.⁷⁹ In London, disadvantaged groups typically have higher employment rates than other regions or nations of the UK, however, at 55 per cent, inner London has the lowest rate of employment for people with low qualifications. In this regard, place-based inequalities can be seen as compounding and reinforcing wider structural disadvantages.

Such disadvantages based on geography in the employment landscape, in turn impact upon health inequalities. Secure, high-quality employment with opportunities for career progression gives people a sense of confidence, empowerment and purpose, which is crucial for wellbeing and mental health.⁸⁰ Conversely, unemployment or low-quality, insecure employment has a negative impact on health. Thus, with regard to health, where an individual lives matters greatly.

On the basis of 2014–16 figures, women living in the least deprived areas in England live on average 7.3 years longer than the most deprived; and for men the difference is 9.3 years.⁸¹ In Wales, between 2010 and 2014, it was 9 years for men and 8 years for women respectively.⁸² Even more strikingly, between 2011 and 2016 life expectancy

75 ONS, 'Regional labour market statistics in the UK: January 2019', 2019: www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/regionallabourmarket/january2019.

76 <https://bettertransport.org.uk/sites/default/files/research-files/11.02.23.buses-matter.pdf>.

77 https://wbg.org.uk/wp-content/uploads/2019/07/Making_Devolution_Work_for_Women_Sheffield_Report.pdf.

78 RF modelling using DWP *Households Below Average Income 2015–17*.

79 *Ibid.*

80 Robert Williams, *How is Work Good for Our Health?*, The Health Foundation, 2018.

81 Public Health England, 'Wider determinants of health', *Health Profile for England: 2018*, 11 September 2018.

82 British Medical Association, *Health at a Price: Reducing the Impact of Poverty*, 2017, p. 5.

actually fell for women in the poorest 20 per cent of England, with the most deprived group declining by almost three months.⁸³

Furthermore, the gap in 'healthy life expectancy', years lived in good health, between the most and least deprived areas of England was around 19 years for both men and women,⁸⁴ and in Scotland the gap was 23.8 years for men and 22.6 years for women.⁸⁵ Even more starkly, the social gradient means that **the healthy lifespan for people in the most deprived areas of England is 19.1 years less than those living in the least deprived areas.**⁸⁶ In this regard, there is a growing north-south divide in mortality in England, particularly in terms of increasing prevalence of deaths related to suicide, alcohol misuse and smoking in the north.⁸⁷ Place-based inequalities in health have therefore not merely persisted in recent years; gaps between the richest and poorest in society have widened in some areas.

Underpinning elements of place-based inequalities

The postcode in which an individual grows up remains a key determinant in dictating the opportunities, choices and mobility accessible to them. Economic and social disparities are widening. London and the southeast of England experience vastly different levels of economic growth and quality of life to the rest of the UK, but there are also considerable disparities at the local level, such as significant wealth and income inequalities *between* and *within* London boroughs.⁸⁸ This means that in terms of infrastructure, **pressures vary greatly dependent on place, yet there is no consensus across the UK of how to address this.**⁸⁹ Consequently, regional disparities in infrastructure mean that it is problematic to construct a one-size-fits-all approach to policy across the UK.

The priorities identified in the *National Infrastructure Assessment* (2018) conducted by the National Infrastructure Commission, indicate the UK Government's focus on investing in strengthening *hard* infrastructure. Key recommendations focus on the economic case for low carbon and renewable energy, broadband networks, the future for the nation's roads, tackling floods, cutting non-recyclable waste, and improving transport and housing in cities.⁹⁰ Commitments to meet the proposed targets would undoubtedly improve UK society, and the 2016 delivery plan highlights that there is a will to invest.

However, the lack of focus within the national assessment on investment in *soft* infrastructure is notable. This demonstrates how soft infrastructure is often not conceived as infrastructure per se, with responsibility for these systems divided between various government departments or seen as initiatives that should be

83 BBC News, 'Life expectancy drops among poorer women in England', 27 March 2019.

84 Public Health England, 'Inequalities in health', *Health Profile for England: 2018*, 11 September 2018.

85 NHS Health Scotland, *What are Health Inequalities*, 2019.

86 Public Health England, 'Inequalities in health', *Health Profile for England: 2018*, 11 September 2018.

87 Editorial, 'The rising north-south divide in health in the UK', *The Lancet*, 19 August 2017.

88 Trust for London, *London's Poverty Profile*, 2017.

89 UK2070 Commission, *Fairer and Stronger: Rebalancing the UK Economy*, 2019.

90 National Infrastructure Commission, *National Infrastructure Assessment*, 2018.

funded by the market. Yet social infrastructures – from youth clubs and libraries to parks and pubs – also require significant investment to strengthen community inclusivity, foster interactions across population groups, facilitate informal educational opportunities, and fundamentally improve the desirability of an area as a place to live and work and thus, in turn, boost local economies. In this regard, there is a significant social gradient to infrastructure. In order to tackle structural place-based inequalities it must be recognised that the quality of both hard and soft infrastructure fundamentally underpins the ability of individuals and communities to fulfil their potential.

It is also notable that the National Infrastructure Assessment spending plans focus on encouraging the growth of cities.⁹¹ Rural and coastal communities with higher levels of deprivation are often poorly connected to major employment centres and lack robust soft infrastructure. This leads to exacerbated deprivation in some towns and villages with whole communities being ‘left behind’ economically and socially. Focusing infrastructure investment on connecting metropolitan urban areas means that those with relative advantages are more likely to move out of areas experiencing under-investment. Consequently, this compounds barriers for those without the ability to relocate.

Implications for policy: Reconceptualising infrastructure

In order to tackle structural inequalities in the UK, it would be beneficial to reconceptualise the parameters of infrastructure investment. Inequalities in infrastructure create and exacerbate social inequalities across and within the domains of education, employment, health and housing. Infrastructure shapes society by determining individuals’ access to physical and social resources. In the terms of the UK Government’s delivery plan for national infrastructure, infrastructure encompasses the systems that facilitate roads, rail, airports and ports, energy, digital communications, flood and coastal erosion, water and waste, science and research, housing and regeneration, and social infrastructure (which includes schools, prisons, hospitals and public health laboratories).⁹² These elements are often broken down into those that are ‘hard’ – transportation, energy, communication and sewage networks, for example – and those that are ‘soft’. The latter is more wide-ranging and harder to delineate, encompassing systems of governance, industry, education, healthcare and recreation. Both hard and soft infrastructure can therefore facilitate a more equitable society or create barriers to it. For example, a lack of adequate childcare services coupled with poor public transport links is a significant barrier to accessing high-quality jobs. This compounding of inequalities disproportionately affects those already disadvantaged by barriers associated with race, gender, disability, class and income, intensifying social exclusion.

91 National Infrastructure Commission, *National Infrastructure Assessment*, 2018, p. 6.

92 Infrastructure and Projects Authority, *National Infrastructure Delivery Plan 2016–2021*, 2016.

Furthermore, research has demonstrated that investing 2 per cent of GDP into care industries instead of construction leads to twice as many jobs.⁹³ Adopting this approach and focusing on the issue of affordable childcare to ensure care-givers' participation in the labour market on equal terms would be of enormous benefit to the economy and address structural inequalities in access to the labour market. This would be particularly beneficial to women, given that women undertake the vast majority of unpaid care work. The current inequities in access to childcare is a major cause of disparities in the types of work individuals are able to take on and a key driver in pay inequality across gender lines. Reconceptualising care as an infrastructure investment would remove a major barrier to social equality. It would also lead to economic growth and could promote a fabric for equalities policies as departments could more easily cross-work.

Housing is also an element of societal infrastructure that is not currently responsive to demand. State investment in social housing is one route to addressing housing inequalities and in turn inequalities in health, education and employment. Rather than a burden on public finances, it would therefore be beneficial for **Government to view the building of social housing as an infrastructure investment** that would pay for itself in the longer term through reduced welfare payments and a stronger local economy.

A further reconceptualisation is required in the field of healthcare, to balance biomedical with social and psychological models of care, to account for environmental determinants of health. For example, alongside investment in hospitals, health outcomes can be improved through community-based interventions that emphasise developing social infrastructures to combat loneliness and poor nutrition.

Additionally, life-course approaches alongside epigenetic research illuminate how environmental factors such as exposure to pollutants in childhood can substantially impede cognitive development.⁹⁴ This indicates the means through which the availability and quality of hard and soft infrastructure networks can dictate public health. Additional research into, and policy consideration of, how environmental factors influence outcomes across the life-course is therefore greatly needed.

Implications for policy: Place-based approach

With life expectancy in the UK varying by more than 25 years between areas – as low as 63 for men and 70 for women around Celtic Park in Glasgow, and as high as 89 for men and 92 for women in London's Knightsbridge – **a one-size-fits-all approach to health policy across the UK is clearly ineffective and misjudged.**⁹⁵ Fundamentally, regionalisation of health initiatives means that they can be targeted and are more likely to result in joined-up planning and policies. To tackle variation in quality of care it is imperative to understand local factors dissuading highly skilled healthcare

93 Women's Budget Group, 'Investing 2% of GDP in care industries could create 1.5 million jobs', 8 March 2016.

94 Sam Brockmeyer and Amedeo D'Angiulli, 'How air pollution alters brain development: the role of neuroinflammation', *Translational Neuroscience*, 7 (1), 2016, pp. 24–30.

95 University of Manchester, 'Visit Britain – Stark differences in life expectancy highlighted by landmarks map', 11 July 2019.

professionals from working in high-demand areas. Focus should therefore be given to improving job quality, creating opportunities within roles, and upskilling the existing population. It is imperative that policymakers consider utilising existing community assets, and reconfigure roles through development and growth that links work to life in more inclusive ways. As has been noted with regard to the implementation of Health and Wellbeing Boards, ‘operating at a place level brings a consistent strategic shared purpose to more localised neighbourhood working, while at the same time bringing the situational authority, deep knowledge of communities and added value from working at scale to system planning and delivery’.⁹⁶ The interdependence of public services, investment streams and agency interventions within an area must be recognised.

More broadly, devolved powers and policies, and the localisation agenda, offer the possibility of adopting a localised, tailored approach to tackling inequalities. Such agendas are changing policy levers. This offers opportunity for closer communication with local policymakers as well as the adoption of a place-based approach. In theory, localisation offers the ability to direct resources in targeted ways and to align policies more easily. However, greater research is required to ensure inequalities are factored into this agenda and that efforts to join-up policy at local levels do not undermine those at the national.

While this potential is yet to be fully realised, the creation of local industrial strategies in England demonstrates a clear impetus to create integrated place-based policies. However, policymakers should be devoting greater consideration to exactly what outcomes they are intending to change through a place-based approach. For example, given that regional inequality is also matched by intra-regional inequalities – the size of the gap between Manchester and London is the same as the gap between Wigan and Manchester – greater clarification is required of whether local strategies intend to narrow inequalities between different parts of the UK, or within individual places. Furthermore, greater focus is required around how best to implement place-based interventions to tackle social inequalities, without undermining the principles of the national welfare state.

In addition, learning from initiatives aimed at tackling social inequalities is not currently shared between devolved areas or across regions, and this should change. The need for place-based approaches should be accompanied by interrogation of policies already in place as well as thorough cross-comparative learning for policy across the UK.

National narrative?

As evidenced, the UK is marked by vast geographical inequalities. As such, it is challenging to construct a geographic consensus on inequalities, or have a one-size-fits-all approach to tackling them, across the UK. However, more broadly such differences also call into question whether it is possible, and indeed helpful, to create a national narrative on social inequalities.

⁹⁶ Local Government Association, *What A Difference A Place Makes: The Growing Impact Of Health And Wellbeing Boards*, 2019, p. 6.

Five Approaches for Equity

Recognising there is no single initiative or standalone policy that can tackle structural inequalities, there are key *approaches* to adopt to help close gaps and address inequity.

Recognise that language matters

Ensure there is a greater shared understanding of how language is used, and terms are defined, across disciplines and sectors. Recognise that the terms used to evidence inequalities hold significance for what is captured and measured.

Shift the focus onto equity

Understand that disadvantages in social structures result in inequalities that emerge before birth, accumulate and compound throughout an individual's life and therefore cannot be alleviated through individual choice or access to opportunity alone.

Ensure diversity of evidence in decision making

Adopt an intersectional perspective to identify and plug gaps in understanding. Recognise the urgent need for analysts and researchers to consider how best to future-proof data collection to allow access to continuous, comparable data.

Change the structure of society by changing who designs it

Raise the voices and representation of disadvantaged groups – both in research agendas and in policy spheres. Ensure measures to address social inequalities are implemented in conjunction *with*, not *on*, individuals experiencing disadvantage.

Adopt a place-based approach

Recognise that the experience of inequalities is heavily intertwined with place and so tackling issues at the right level is paramount.

Story of the Project

The project is a collaboration between UCL's Grand Challenge of Justice and Equality, UCL Public Policy, and the Resolution Foundation, funded by UCL's Knowledge Exchange Fund (HEIF). Conceived by Siobhan Morris and Katherine Welch, in collaboration with Matthew Whittaker, it aims to break through the silos that can sometimes arise when focusing on an area as broad as 'inequality'.

Jointly chaired by Professor Nick Gallent, Professor of Housing and Planning at UCL's Bartlett School of Planning, and Matthew Whittaker, Deputy Chief Executive of the Resolution Foundation. Between January and October 2019, the project convened six roundtables and undertook numerous in-depth interviews with research, business, third-sector and policy experts from a range of disciplines, policy areas, sectors and locations.

By assembling such a diverse range of perspectives, we have been deliberately broad in scope, addressing multiple and inter-related inequalities across four key policy areas: education, employment, health and housing.

Discussions at the six roundtable workshops focused on reviewing and synthesising our understanding of inequalities, identifying gaps in our collective knowledge to facilitate informed, joined-up policymaking at all levels of government and in research agendas. Briefing papers and summaries of discussions from each roundtable were prepared by Fahmida Rahman, Oliver Patel and Dr Clare Stainthorp.

Alongside their roles in leading the project, Dr Olivia Stevenson and Siobhan Morris conducted multiple interviews with civil servants and policy professionals to supplement discussions. Additionally, a total of 38 meetings with key influencers and experts from NGOs, charities, think tanks and business leaders were also held to ensure a breadth of views and insights across the devolved nations.

The project team also tested initial findings through a series of engagements. This has included an interim discussion of findings at the Equally Ours Policy Forum in London, a talk entitled "Why intersectionality is key to tackling inequality" to the UK Communities Foundation AGM in Glasgow, and presenting the project and issue of structural inequality at a one-day conference for sixth-form students from schools across the south of England.

Through all of these activities, the project has forged networks and relationships that didn't previously exist. It is our hope these will bear considerable future fruit in terms of collaborations and the deepening of our collective understanding of structural inequalities in the UK. We look forward to discussing where next for both research and policy initiatives aimed at tackling inequalities.

The project team gratefully acknowledges participants' contributions over the series of roundtables and in in-depth interviews. Whilst project members were consulted during the development and writing of this report, the findings presented do not necessarily represent individual views.

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Appendix 1

Inequalities in Education

Discussions from the project's thematic roundtables are summarised in the corresponding appendices that follow.

Inequalities in access to high-quality education, everyday experience of young people in schools, and subsequent educational outcomes, are strongly linked to characteristics such as class, geography, ethnicity, disability and gender. Despite having a largely comprehensive school system, UK schools and universities are heavily segregated. In a system of equal opportunity, merit and ability alone would determine educational attainment, facilitated by universal access to similarly high-quality education. This is not the situation across the UK, which performs relatively badly on measures of educational inequality and social mobility when compared to other developed countries.

Income-based inequalities are particularly stark. In England, 33 per cent of pupils who receive Free School Meals (FSM) achieve 5 or more A*–C at GCSEs (including English and Maths) compared to 61 per cent of those not receiving FSM.⁹⁷ Only 16 per cent of those on FSM attain at least two A-Levels compared to 39 per cent of all other pupils.⁹⁸ These inequalities in educational outcomes translate to inequities in the labour market: 60 per cent of those eligible for FSM in year 11 were in sustained employment at age 27, compared to 77 per cent of their peers who were not eligible for FSM.⁹⁹ This disadvantage gap has improved slightly in recent years, and is narrowing in primary school, but the situation has not improved significantly over the past 20 years. If the current rate of progress continues, it would take over 500 years for the gap between the richest and poorest students to close by the end of secondary school.¹⁰⁰

There are also significant regional inequalities in educational attainment across the UK. In London, over 60 per cent of pupils achieve 5 good GCSEs (including English and Maths) compared to 55 per cent in the West and East Midlands.¹⁰¹ Likewise, in Scotland, 54 per cent of the top-performing state schools are in the richest 20 per cent of areas, which is more concentrated than in England and Wales.¹⁰² The consequence of a system that segregates, creates tiered education and delivers opportunity for those who can afford to pay (whether through the housing market, fee-paying schools or private tutoring) is low social mobility and stark class-based inequalities.

Children of a similar ability when measured at young ages achieve highly divergent educational outcomes by the end of secondary school when class and wealth is factored in. As such, the education system compounds inequalities rather than addressing them. These inequalities are experienced at every stage of the education system, from preschool to university, and accumulate over the life-course.

97 Social Market Foundation, *Commission on Inequality in Education*, 2017, p. 10.

98 Social Mobility Commission, *State of the Nation 2018–19: Social Mobility in Great Britain*, 30 April 2019, p. viii.

99 Department for Education, *Outcomes for Pupils Eligible for Free School Meals and Identified with Special Educational Needs*, 2018, p. 3.

100 Education Policy Institute, *Education in England: Annual Report 2019*, 30 July 2019, p. 11.

101 Social Market Foundation, *Commission on Inequality in Education*, 2017, p. 6.

102 The Sutton Trust, *Select Comprehensives: Scotland*, 2018, p.14.

This matters, as educational outcomes have a significant bearing on the future health, wellbeing, income and housing status of an individual.

Contributing factors to educational inequalities

Schools

There are large differences in quality between private schools and grammar schools, and non-selective state schools. There are also large differences in quality between non-selective state schools. The system of parental choice gives parents with more financial resources various means to get their children into better schools, such as paying for private schooling or buying houses in the catchment area of good schools. Likewise, private schools are a major source of educational inequalities. At every educational stage, the progress made by the privately educated is, on average, significantly above that of state-educated children.

Differences in social and cultural capital often results in pupils not receiving equal return on similar qualifications. Private schools and grammar schools are particularly good at elevating pupils via extra-curricular activities, cultural opportunities and soft-skills development. They are also much better at preparing and coaching students for university applications and interviews. This ‘hidden curriculum’ is a major source of educational inequalities.

Segregation of pupils within schools, via sets and streams, also gives rise to cumulative, structural inequalities. Pupils who are demographically disadvantaged are more likely to be allocated to lower sets, which can be detrimental for their confidence, the way they are treated by teachers and their subsequent educational attainment. Furthermore, teachers in lower sets are often less qualified and less experienced.¹⁰³

The unequal distribution of teachers across the country is also a core driver of educational inequalities. High-quality, experienced teachers with greater subject-matter expertise are concentrated in schools in urban and affluent areas.¹⁰⁴ Incentivising teachers to live and work in deprived and rural areas is a perennial challenge.

The daily experience of schooling can be very different for different population groups. Racism and bias (both conscious and unconscious) in the education system is often overlooked, but it is a key factor when considering ethnicity-based educational inequalities. There is evidence that teachers often have differing expectation levels for pupils based on their ethnicity, with some BAME pupils ‘written off’ from a young age. It has been found that BAME pupils are more likely to be allocated lower sets, and black boys are significantly more likely to be excluded than their peers.¹⁰⁵ Likewise,

103 Becky Francis et al., ‘Exploring the relative lack of impact of research on “ability grouping” in England: a discourse analytic account’, *Cambridge Journal of Education*, 47 (1), 2017, p. 7.

104 Social Market Foundation, *Commission on Inequality in Education*, 2017, p. 30.

105 Louise Archer et al., ‘The symbolic violence of setting: A Bourdieusian analysis of mixed methods data on secondary students’ views about setting’, *British Educational Research Journal*, 44 (1), 2018, pp. 119–40; and Education Policy Institute, *Why are so Many Vulnerable Children Excluded from School?*, 14 May 2017.

school exclusions are increasing in the UK, disadvantaging groups already facing structural inequalities.¹⁰⁶ Educational outcomes are particularly severe for excluded pupils, with only 1 per cent of pupils who are permanently excluded achieving five good GCSEs.¹⁰⁷ Gypsy, Traveller, Roma and Black Caribbean boys are vastly more likely to be excluded from school than other pupil groups.¹⁰⁸

Beyond schools and universities

Educational inequalities can be traced back to the early years of a child's life. Children who benefited from early years education, such as preschool, are more likely to achieve five or more GCSEs at grades A*–C and are more likely to follow a post-16 academic path.¹⁰⁹ Differences in parental engagement and support, especially during the early years, is another important factor in educational inequalities. Low-income pupils and children in care are also more likely to live in poor-quality or overcrowded homes, to have a disruptive home life that is less conducive towards progress at school, and more likely to be moved between homes and thus school catchment areas, which causes significant disruption to their education.¹¹⁰ Disadvantaged pupils are also less likely to benefit from private tutoring or enriching extra-curricular activities facilitated by their parents.

Moreover, specific groups such as children who are young carers or children whose parents have mental health problems, are particularly disadvantaged within the UK education system.¹¹¹

Consequences of educational inequalities

Employment

Educational attainment is a core determinant of future employment outcomes and income levels. In this regard, inequalities in education persist into the labour market and throughout the life-course. Access to high-quality Further Education in adulthood could address this, as could establishing parity of esteem between vocational and academic routes by offering high-quality vocational qualifications and pre-employment training. However, inequalities relating to post-16 options are a barrier to success for many disadvantaged students. The lack of parity between vocational options, for example apprenticeships, and academic options is damaging. Policy interventions have failed to shift perceptions of academic routes being regarded as more prestigious.

Further education is also overlooked and heavily underfunded. Government funding per student for 16–19 year-olds has fallen 12 per cent since 2011–12 and is now

106 Department for Education, *Permanent and Fixed Period Exclusions in England: 2017 to 2018*, 2019.

107 London Assembly, *Preventing Secondary School Exclusions*, 2019.

108 Department for Education, *Permanent and Fixed Period Exclusions in England: 2017 To 2018*, 2019.

109 John Waldren, *The Effective Pre-School, Primary and Secondary Education project (EPPSE)*, UCL Institute of Education, 2017.

110 Shelter, *Chance of a Lifetime: The Impact of Bad Housing on Children's Lives*, 2006, p. 23.

111 The Children's Society, *Hidden from View: The Experiences of Young Carers in England*, 2013, p. 5.

8 per cent lower than for secondary schools (11–15 year-olds).¹¹² In the age of the gig economy, self-employment and automation, lifelong learning provision is crucial to enable people to offset prior educational inequalities and succeed in the labour market.

A striking example of the intersection between education and employment is the overrepresentation of privately educated people and Oxbridge alumni in elite positions in society, including the media, Civil Service and judiciary. In 2019, 39 per cent of the UK's 'elite' attended private schools, compared with 7 per cent of the UK population.¹¹³

The education system often fails to get the best out of girls in terms of preparing them for diverse career paths, due to stereotypes and prejudices that cause teachers to direct pupils into certain subjects based on their gender rather than their ability. This is particularly the case in relation to supporting girls into STEM-based career paths, which is a major cause of disparities in the sector whereby only 9 per cent of those in non-medical STEM roles are women.¹¹⁴

Health

Education has been described by The Health Foundation as 'the single most important modifiable social determinant of health'.¹¹⁵ Numerous studies have evidenced educational attainment as linked to both healthier behaviour and better physical and mental health throughout an individual's life.¹¹⁶

However, the mechanisms through which education affects health are complex and multifaceted. For example, educational attainment determines future employment and income, which have a significant bearing on an individual's health. High-quality education also teaches skills such as lifelong learning and problem solving, which influences behavioural choices and health literacy. Finally, education has the ability to imbue people with a sense of purpose and empowerment, qualities that directly impact mental health and wellbeing.

Housing

The uneven quality of non-selective state schools combined with catchment area admission policies contributes to distortions and bubbles in the housing market, as parents are willing to pay a significant premium for homes near their first-choice schools. Various studies show that parents are willing to pay tens of thousands more, and that proximity to good schools is often considered the most important amenity.¹¹⁷

112 Social Mobility Commission, *State of the Nation 2018–19: Social Mobility in Great Britain*, 2019, p. viii.

113 The Sutton Trust and Social Mobility Commission, *Elitist Britain 2019: The Educational Backgrounds on Britain's Leading People*, 2019, p. 4.

114 CaSE, *Case Report – Improving Diversity in STEM*, 2014, p. 2.

115 Jo Bibby, *How Do Our Education And Skills Influence Our Health?*, The Health Foundation, 2017.

116 David M. Cutler and Adriana Lleras-Muney, *Education and Health: Evaluating Theories and Evidence*, National Bureau of Economic Research, 2006.

117 Department for Education, *House Prices and Schools: Do Houses Close to the Best-Performing Schools Cost More?*, 2017, p. 13.

This exacerbates educational inequality, as it means that pupils are essentially being allocated to schools on the basis of their house price and family income.

Data and evidence

Although there is robust evidence on educational outcomes and inequalities in the UK, key data gaps remain. For example, there is a dearth of data on LGBT issues linked to education as the collection of data on LGBT pupils is not standardised at local or national level. There is a lack of evidence on the experience of LGBT pupils at school and implications on future educational attainment.

There are also data gaps with regards to Further Education, especially compared with higher education. There is robust data on the employment outcomes of students following higher education, but comparatively little on Further Education. There is consequently less accountability and pressure on institutions and government to increase funding and deliver better services.

There is a lack of qualitative evidence on the actual experience of disadvantaged and minority pupils in the school system. Researchers often infer their experience from other statistics and indicators, as opposed to talking to the pupils themselves. As multiple forms of disadvantage are often experienced simultaneously, due to a combination of gender, race, class, sexuality or disability, it is important to research this intersectionality and the unique barriers, challenges and structural inequalities that specific groups of people face. It would be particularly useful to research different forms of intersectionality in the context of unconscious/conscious bias, expectation levels and segregation into sets and streams, and whether certain groups are adversely affected. In addition, it would be beneficial to examine how state schools can provide better access to external opportunities and cultural capital, and why certain state schools do so better than others.

However, there are situations where academic consensus and robust data is insufficient for changing public opinion and affecting policy change. For example, the public is broadly supportive of grammar schools, believing that they improve social mobility, despite there being a substantial body of evidence that they do not.¹¹⁸ In this regard, the 'evidence gap' exists in determining how best to effectively communicate research findings around social inequalities.

Furthermore, evidence concerning which policies are effective in tackling educational inequalities is often only available many years after implementation, due to the need to track attainment and outcomes over the course of a pupil's education and life. In this regard, improvements often take a long time to become visible. For example, the effectiveness of the Scottish Government's introduction of Scottish National Standardised Assessments in 2017 to help measure the attainment gap in schools is only now beginning to be analysed.

¹¹⁸ Simon Burgess, Claire Crawford and Lindsey Macmillan, *Assessing the Role of Grammar Schools in Promoting Social Mobility*, DoQSS Working Paper, UCL Institute of Education, 2017.

Policy considerations

A more even spread of pupils from different social backgrounds across the system could help to tackle inequalities in access to excellent teaching. Policies to encourage teachers to live, work and stay in deprived and rural areas are crucial in this regard. Financial incentives are one option for achieving this, however upskilling local residents and encouraging more to train to become teachers would ultimately be a more sustainable long-term solution.

Moving towards a standardised, fully mixed, lottery-based school system could be effective, albeit politically controversial. In a system of random allocation of school places, schools could be more socially mixed. However, more parents would likely miss out on the school that they would rate as their first choice for their children.

Furthermore, consideration should be given to the risk posed that new policies or changes to the curriculum can do more harm than good, unless they are sufficiently resourced. While the education sector is under-resourced, effective implementation of policy will remain a challenge.

The concept of meritocracy and the idea that if you work hard then all possibilities will be open to you – without recognising that no matter what you do and no matter how hard you try, you are still being held back because of who you are – is deeply problematic. It places the burden of disadvantage on the *individual*, or those directly around them, rather than recognising structural inequalities in society. Greater steps should be taken by policymakers to recognise that the framings of debate around inequalities should be careful to illicit the idea of *individual agency*, whilst also noting the deep-rooted, structural disadvantages within UK society.

Consideration must therefore be given to how policies can increase individual choice and whether initiatives can be implemented to allow disadvantaged individuals to be able to make truly autonomous choices. It should be noted that such an approach does not advocate for less choice for the middle and upper classes, but instead challenges policymakers to consider how individuals might take advantage of policies and systems. Evaluation of policy and greater research into the nature of choice, and the decision-making processes involved in choice uptake, is therefore urgently required to tackle deep-rooted structural inequalities.

The Marmot Review, an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England, was highly influential in encouraging policymakers to consider the wider determinants of health inequalities, and a similar perspective would be beneficial in education.¹¹⁹ Policies to tackle educational inequalities predominantly focus on the education system, but this is only one part of the puzzle. Education policies do not exist in a vacuum, with home life, background circumstances and health all major determinants of educational attainment.

119 Marmot et. al, *Marmot Review: Fair Society, Healthy Lives*, 2008.

Appendix 2 Inequalities in Employment

The UK's employment rate has been on a continual upward trajectory since 2012, with current levels of employment extremely high. In recent data, the employment rate sat at 76.1 per cent – the highest it has been since 1971. These increases in employment have been accompanied by a visible decline in employment-related inequality. However, huge differentials in employment rates persist. For example, as shown in Figure 1, while unemployment rates have fallen for all other groups since 2008, they remain almost two percentage points above their pre-crisis levels for disabled white men, at 10.6 per cent, underscoring that inequality in unemployment appears to have grown for disabled groups – a point that is masked by headline figures.¹²⁰

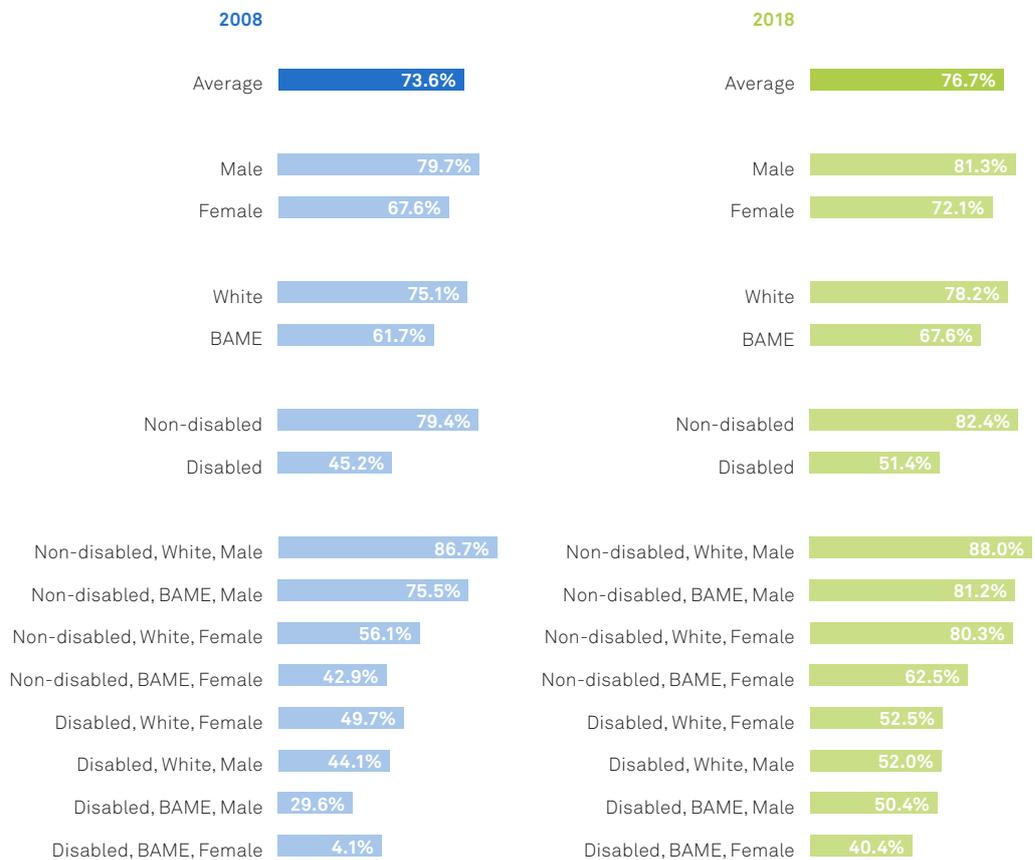
Figure 1 Employment differentials for disadvantaged groups have reduced over the past decade, but remain large

Notes

Disability refers to DDA 1995 definitions in 2008 figures and *Equality Act 2010* definitions in 2018 data. BAME includes all non-white groups including mixed.

Source

Resolution Foundation analysis of ONS *Labour Force Survey 2018*.



120 RF analysis of ONS *Labour Force Survey 2018*.

Moreover, unemployment rates remain highest for disabled BAME men and disabled BAME women, at 14.5 per cent and 14 per cent respectively. This highlights that adopting an intersectional perspective demonstrates the multiple layers of disadvantage and cumulative effect of structural inequalities in the labour market. It is thus imperative to delve deeper than broad headline employment statistics when seeking to understand inequalities in the UK labour market.

The growth in employment rates in part represents increasing participation among certain population groups. For example, disabled groups and BAME women each recorded an increase in participation of 6.6 per cent between 2008 and 2018. There are a number of potential drivers for this improvement, including a lowering of barriers to employment for these groups through a growth in skill levels, diversity initiatives, or greater efforts to provide reasonable adjustments for employees. But significant room for improvement remains, particularly if the UK is to close the employment gap for disabled groups, which is one of the largest in Europe.

Adopting an intersectional perspective to analyse employment data therefore highlights the ways in which multiple forms of disadvantage are cumulative and indicates the unique barriers, challenges and structural inequalities that different people face. For instance, from 2016 to 2018, the employment rate for disabled Bangladeshi and Pakistani women was just 21 per cent compared to 51 per cent for disabled Indian women and 44 per cent for disabled black women.

In addition, adopting a geographical lens further highlights structural disadvantage in the labour market. For disabled people, the likelihood of being in employment ranges from around 32 per cent in Northern Ireland to 53 per cent in southwest England. Similarly, just 48 per cent of BAME groups in Northern Ireland are employed, whereas over 76 per cent are employed in the southeast of England. In London, disadvantaged groups typically have higher employment rates than other regions or nations of the UK, however at 55 per cent inner London has the lowest rate of employment for people with low qualifications. In this way, regional disparities in the employment landscape are persistent and these work in tandem with varying levels of geographic mobility for different population groups to create and sustain inequalities. The differences in the labour market and economic performance between rural and urban areas, individual regions of the UK and London when compared to the rest of the country indicate that there are multiple factors driving the availability of opportunities to undertake secure, satisfying and well-paid jobs.¹²¹ This compounds inequalities in the most deprived areas, due to factors such as the loss of key workers and lack of investment.

While employment rates show positive progress, unemployment rates, shown in Figure 2, present a much more mixed picture. The overall figures for gender balance show that a differential of roughly one percentage point has all but disappeared over the past decade. In contrast, the disparity between disabled groups and their non-disabled counterparts has grown from an average of 3.2 percentage points in 2008 to 5.5 percentage points in 2018. Therefore, while in 2008 BAME groups faced

¹²¹ David Nguyen, *Regional Economic Disparities and Development in the UK*, National Institute of Economic and Social Research, 2019.

the highest disparity in unemployment when compared to their white counterparts, today disabled groups face the highest disparity (which is nonetheless significantly compounded by race).

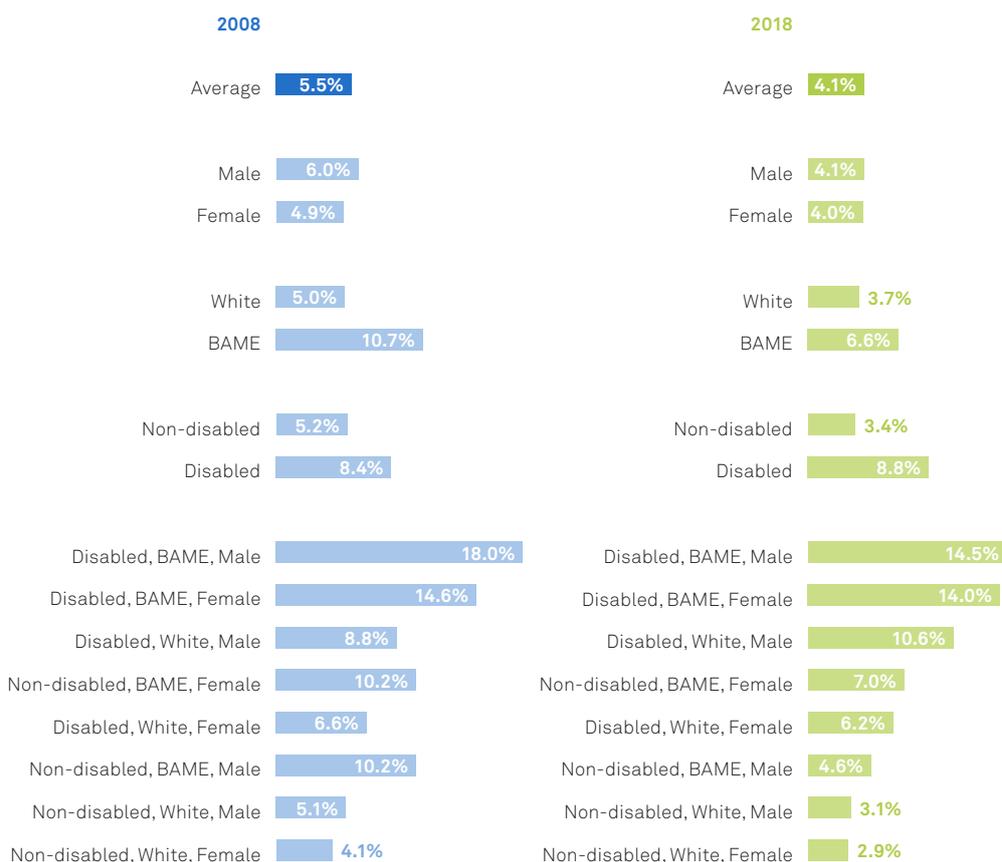
Figure 2 Disabled groups now face the highest rates of unemployment
Unemployment rates 2008 and 2018, 16–64 year-olds

Notes

Disability refers to DDA 1995 definitions in 2008 figures and *Equality Act 2010* definitions in 2018 data. BAME includes all non-white groups including mixed.

Source

RF analysis of ONS *Labour Force Survey 2018*.



In this regard, the landscape of employment has shifted and with it the terms of inequality. Consideration therefore needs to be given not just to implementing diversity and inclusion measures to diversify workforces, but to also achieving true equality in both *access* to the labour market and opportunities *within* it. There is now a need for the business community to consider what inclusivity in business would look like? The rise of the gig economy and increasing informality of the labour market have caused a shift away from workless households towards *underemployment* and in-work poverty. To address inequalities, attention must therefore focus on *quality* of work: the availability and distribution of work that provides income, training, progression, opportunities, flexibility and security. Fundamentally, the proportion of the population in employment is a devalued measure if employment does not provide such attributes that allow for good quality of life and wellbeing.

The financial case for diversifying workforces has been proven, but employers still require better training and practical guidance to address inequalities (particularly in relation to race and disability). There consequently needs to be an understanding of how structural inequalities prevalent in UK society intersect with the labour market in multifaceted ways. Lack of progression is endemic, training is predominately offered to those in senior positions, and employers are increasingly selecting by soft skills and experience – all of which perpetuate disadvantage.

It is also important to recognise that BAME as a category can be unhelpful in an employment context given that different groups under this broad category have very different experiences in the UK labour market. For example, Indian populations (particularly Indian men) have among the highest employment rate for any ethnicity while Pakistani and Bangladeshi populations have very low rates of employment, with a large proportion of women from these communities being economically inactive.¹²² Workers categorised under the umbrella term ‘disabled’ also face a wide range of barriers to entering and progressing within the workforce, with different kinds of support required depending upon the type, severity and combination of physical and mental impairments experienced by individuals.

Causes and consequences of inequalities

Work and life

The need for individuals to balance working and personal lives is a persistent barrier to equality. Recognising that a job is merely a collection of tasks and responsibilities highlights that it does not always need to be modelled in a traditional way. It would benefit a wide range of individuals if part-time work was of higher quality and did not act as a barrier to progression, with a greater proportion of high-level positions offered on a part-time or shared basis.

Parenthood perpetuates gender inequality in employment through the ‘motherhood penalty’ and ‘fatherhood bonus’ whereby women’s earnings are adversely affected by having a child while men’s earnings are boosted.¹²³ A life-course approach to employment-related inequalities highlights how compounded low pay and career breaks for caring (for children and other dependants) lead to women accruing inadequate savings and reduced pensions compared to men.¹²⁴

If work in the UK, across sectors, were to be redesigned to accommodate women’s lives, given that women take on the majority of caring responsibilities and other unpaid labour, it would be beneficial to everyone. In addition, caring responsibilities need to be redistributed more evenly. An infrastructure for affordable childcare – a National Childcare Service similar to the NHS – would enable women’s participation in the labour market on equal terms, given that unpaid care work is a major cause of disparities in the types of work individuals are able to take on, as well as affecting

122 Ethnicity Facts and Figures, *Employment by ethnicity*, 2018.

123 TUC, *The Motherhood Pay Penalty*, 2016, p. 3.

124 The Fawcett Society, *Closing the Pension Gap: Understanding Women’s Attitudes to Pension Saving*, 2016, p. 4.

pay. Likewise, rethinking parental leave and ensuring adequate leave for fathers, with statutory paternity pay paid at 90 per cent of the father's pay (capped for higher earners), would help ensure that all fathers, regardless of income, can be at home around the time of their child's birth. Supporting fathers and enabling initiatives that allow them to take a more active role in caring for their children is a key way of closing the gender pay gap in the UK employment market.

The UK Government's Access to Work scheme provides crucial support for those with disabilities to obtain adjustments and additional financial aid. However, many employers are not fully aware of the provisions available – in 2017 it was found that only 25 per cent of employers knew about the support offered through this service.¹²⁵ In addition, many employees report experiencing long delays in support and equipment being provided, and there are concerns regarding the quality of assessments, which can be too generic and not always fit for purpose.¹²⁶

The disproportionate (and increasing) number of workers in the gig economy who are BAME is another important issue in the context of inequalities. Analysis has shown that many BAME individuals move towards self-employment and the gig economy because they have been driven away from 'standard' employers by a lack of opportunity to progress, and by discrimination and overt racism.¹²⁷ However, further research is needed to understand the root causes and decision-making processes driving this trend and unpick the experiences of different population groups under this umbrella term. Understanding constraints in choices, and whether individuals really want to work in the gig economy, is crucial to better understanding the changing shape of the UK labour market and the structural inequalities within it.

Structures and prejudices

Compliance with gender pay gap reporting has been good overall, but there have nonetheless been issues with the quality of data received and further work is required to fully understand factors influencing the figures and the best ways to tackle these.¹²⁸ Furthermore, while the implementation of gender pay gap reporting has led to some changes in attitude, to address structural inequalities effectively, further action is required.¹²⁹ Challenging and changing structures that perpetuate inequalities will require stronger sanctions for companies who do not improve gender pay gaps (potentially akin to those applied to breaches of GDPR, data protection or health and safety regulations), as well as rewarding those who are doing well.

In addition, pay gap reporting requires greater transparency of data, as mechanisms for women to challenge inequalities in the workplace are currently ineffective, in part because government guidelines focus on guidance for employers rather than

125 The Centre for Social Justice, *Rethinking Disability at Work*, 2017, pp. 20–21.

126 Scope, *What's Your Experience of Access to Work?*, 2014.

127 TUC, *Insecure Work and Ethnicity*, 2017, p. 2.

128 The Fawcett Society, *Gender Pay Gap Reporting Deadline Briefing*, 2019, p. 3.

129 Chartered Institute of Personnel and Development (CIPD), *Not Just a Number: Lessons from The First Year of Gender Pay Gap Reporting*, 2019.

employees¹³⁰ Individuals' ability to report and address workplace harassment also needs to be supported. Given that half of all women and two in three LGBT workers have been sexually harassed at work, but four out of five do not feel able to inform their employer, it is imperative that there is clear guidance and support for people to make complaints and navigate procedures related to employment tribunals.¹³¹ Current policies place too great a burden on the *individual*, rather than addressing structural issues.

Employers and workplace cultures often perpetuate structural inequalities for BAME groups. For example, despite BAME people being well represented in the workforce of the NHS, they experience higher levels of stress and discrimination than other groups.¹³² BAME groups also face structural inequalities both in applying for and progressing in jobs. Studies have indicated that BAME people are much less likely to be selected for interviews and recruitment stages, even after qualifications and experience are factored in or 'blind' recruitment practices have been followed.¹³³ Schemes in which employers worked directly with young, unemployed BAME people have been found to lead to voluntary changes to recruitment processes, as employers realised their processes were biased.¹³⁴

With just 47.9 per cent of disabled people in employment, the UK's disability employment gap is larger than that of 21 other European countries.¹³⁵ Furthermore, disabled jobseekers apply for 60 per cent more jobs than non-disabled people before they are successful.¹³⁶ Gaps in employment history are common for those with disabilities and long-term physical and mental health problems. Given that employers often discriminate against applicants with large CV gaps, such practices negatively impact disabled people. This concern ties into issues surrounding declaring a disability to an employer. Progression, retention and recruitment of disabled people is often undermined by worries surrounding disclosure, which are compounded by unsupportive and discriminatory employer attitudes. Positive organisational cultures are therefore essential for enabling and fostering disclosure, and better training and guidance for employers is required to address these entrenched inequalities.

Education and training

In an era characterised by the gig economy and self-employment, lifelong learning provision is essential to ensure adequate opportunities for all. In particular, cuts to Further Education have had a devastating impact on employment opportunities for disadvantaged groups. Poor-quality and inadequate provision of English as a Second Language (ESOL) training is a significant driver of disadvantage in the labour market. There is a need to think creatively about new approaches to tackling this issue.

130 Government Equalities Office, *Actions to Close the Gender Pay Gap*, 2019.

131 TUC, 'Sexual harassment has no place in the workplace #ThisIsNotWorking', 2019; and The Fawcett Society, *Sex Discrimination Law Review*, 2018, Chapter 5.

132 NHS Equality and Diversity Council, *NHS Workforce Race Equality Standard*, 2018, p. 6.

133 Martin Wood et al., *A Test for Racial Discrimination in Recruitment Practice in British Cities*, NatCen, 2009.

134 Citizens UK, *Good Jobs Campaign*, 2017.

135 The Centre for Social Justice, *Rethinking Disability at Work*, 2017, p. 11.

136 Kate Jalie, 'Disabled people need to apply for 60% more jobs', *Opinium*, 2017.

For example, community-based ESOL schemes that are tailored for specific needs (e.g. reading school reports and letters from the council) can act as a stepping stone to higher-level acquisition and have been shown to be successful in raising abilities and aspirations.¹³⁷

Educational inequalities persist as individuals move into employment. This manifests both in terms of inequalities *within* and *between* secondary-, further-, higher-, and vocational-education routes and the esteem attached to different pathways. These factors all influence the security and quality of employment available to individuals upon entering the workforce. Intangible traits such as confidence, a sense of entitlement and other ‘soft skills’ are inextricably bound up with success in access to, and opportunity within, the labour market. A high-quality education often facilitates the development of such traits.

Data and evidence

Whilst there is significant data around the nature of inequalities in employment, *granularity* of statistics is often lacking. This affects researchers’ and policymakers’ ability to understand how structural inequalities are experienced across regions, ethnicities and other demographics. Class and LGBT identity are also crucial factors that underpin and compound inequalities where robust data is lacking.¹³⁸ It would also be beneficial to have more nuanced data on the paths into and out of diverse school-to-work routes. For example, it would be helpful to trace the differential outcomes of attending sixth form versus Further Education colleges, and academic versus vocational training; tracking those who enter training or return to education later in life; and the impact of receiving benefits and the support associated with Jobseeker’s Allowance across the life-course.

A key data gap also exists around definitional issues, since the kinds of employment categorisation used in the past are no longer suitable for the growing informality of the UK labour market. Differentiation and fragmentation mean that many individuals cannot tick a single box, and research and traditional surveys are therefore struggling to capture true rates of employment for different groups; for example, identifying the extent of those ‘employed’ in the gig economy or who hold multiple jobs. The kinds of measures, or research questions, most likely to be future-proof therefore need to be carefully considered. Changes over the past decade in the way and extent to which disabilities, particularly mental health, are reported, as well as changes to how certain variables such as ethnicity are coded, raise additional concerns about the quality of available longitudinal data and the ability to track and evidence change over time.

Sensitivities surrounding governmental data capture and inconsistencies in data capture at local and national levels also produce evidence gaps and highlight the political dimensions of data availability. Likewise, evidence gaps also arise from the difficulty of obtaining private-sector data with little incentive for companies to share

137 House of Commons Library, *Adult ESOL in England*, 2018, pp. 9–10

138 Stonewall, *LGBT in Britain: Work Report*, 2018.

or publish data, even anonymously. Although there are notable exceptions to this pattern, it is often hard to assess the extent of structural problems and obtain access to missing datasets.

Recruitment agencies are also significantly under-researched ‘middlemen’ in the UK employment landscape. Recent changes in the labour market have meant that such agencies are arguably becoming more powerful, which will inevitably coincide with the potential for internal structures and prejudices to perpetuate societal inequalities. Across the board, it would be valuable to obtain qualitative data from employers, not just to require them to report and record figures and statistics, to facilitate a more holistic understanding of the barriers experienced by diverse groups across the UK employment landscape.

Policy considerations

One set of challenges arises from patchiness in infrastructure and resources across the UK. Housing, health and education infrastructures intersect and strongly influence employment outcomes. Variable provision of public transport, the distinct challenges faced by different regions of the UK, and a lack of (investment in) services all perpetuate geographical inequalities and restrict access to high-quality jobs. Research has shown that the removal of local bus services, for example, disproportionately affects those already disadvantaged by inequalities linked to class, gender and disability.¹³⁹

The localisation and devolution agendas offers the possibility of taking a more holistic approach to tackling employment issues at a regional level, although this potential has not yet been fulfilled. A potential stumbling block is the lack of diversity represented by Metro Mayors and their cabinets. Given that all six Metro Mayors elected in 2017 were white men, and women held just 6 per cent of seats in their cabinets in 2018, it is imperative to work with Metro Mayors to ensure that policymakers attend to diverse voices and champion the equalities agenda.¹⁴⁰

With the employment landscape changing rapidly, ensuring quality of jobs and enforcement of employment rights is paramount. A balance needs to be struck so that those who are exploited are protected, and those who value attributes such as the flexibility of the gig economy can retain these choices. While it is not possible to pilot major legislative interventions, without legislative change on major issues such as (shared) parental leave and unpaid care there will not be a meaningful reduction in gender-based inequality in employment, for example.

An ‘incrementalist’ policy change mindset can prevent bigger, more holistic ideas being developed. To reduce structural inequalities there consequently needs to be policy interventions across multiple inter-related areas, such as health, infrastructure and education. For example, policymakers could reconceptualise care

139 Campaign for Better Transport, *Buses Matter*, 2011.

140 The Fawcett Society, *Making Devolution Work for Women*, 2019.

as an infrastructure investment that leads to economic growth. A 2016 report found that investing 2 per cent of GDP into care industries would generate 1.5 million jobs.¹⁴¹

A fundamental question to be addressed is how policy can change the balance of power between employee and employer in order to tackle the structural inequalities embedded in the UK labour market. Policy and legislative change must work in tandem with buy-in and action from employers. Engagement with initiatives such as pay gap reporting and Access to Work require high levels of data transparency and stronger enforcement, however this will only be sustained by rewarding businesses that comply. Fundamentally, the business case for addressing structural inequalities is clear, yet not always implemented by those 'on the ground'.¹⁴² With a willingness from the business community to engage with schemes to address structural inequalities, it is imperative employers receive practical support and guidance to ensure such schemes are as effective as possible in tackling social inequalities.

141 Women's Budget Group, *Investing In The Care Economy To Boost Employment And Gender Equality*, 2016, p. 1.

142 The McGregor-Smith Review, *The Time for Talking is Over. Now is the Time to Act: Race in the Workplace*, 2017, pp. 55–56.

Appendix 3 Inequalities in Health

In the UK there is a stark divide between the richest and poorest groups in society for indicators such as life expectancy, healthy life expectancy and mental wellbeing. Health inequalities therefore exist on a social gradient, whereby health outcomes are linked to socio-economic status. These have their roots in structural inequalities in education, employment, housing and infrastructure, and are amplified by the intersections of wealth, disability, race, gender and sexuality.

Inequalities in health have not only persisted in the past decade, but gaps between the richest and poorest have widened in some areas. UK life expectancy has plateaued at a level below that of much of Europe¹⁴³ and, strikingly, in England there is a declining life expectancy for women in deprived areas.¹⁴⁴ On the basis of 2014–16 figures, women living in the least deprived areas in England live on average 7.3 years longer than the most deprived; and for men the difference is 9.3 years.¹⁴⁵ In Wales, between 2010 and 2014, it was 9 years for men and 8 years for women respectively.¹⁴⁶ Even more strikingly, between 2011 and 2016 life expectancy actually fell for women in the poorest 20 per cent of England, with the most deprived group declining by almost three months.¹⁴⁷

Furthermore, the gap in ‘healthy life expectancy’ (i.e. years lived in good health) between the most and least deprived areas of England was around 19 years for both men and women.¹⁴⁸ In Scotland, the gap was 23.8 years for men and 22.6 years for women.¹⁴⁹ The social gradient means that the healthy life span for people in the most deprived areas of England is 19.1 years less than those living in the least deprived areas.¹⁵⁰ In this regard, there is a growing north-south divide in mortality in England, particularly in terms of increasing prevalence of deaths related to suicide, alcohol misuse and smoking in the north of England.¹⁵¹ The multiple contributing factors to deprivation levels speak to ways that compounded inequalities for certain population groups – as well as the intersection of education, employment and housing – impact health and wellbeing.

However, a lack of data on life expectancy for other sub-groups, such as particular ethnic groups, makes it difficult to measure the extent to which this intersects with groups facing other forms of structural disadvantage. The fact that minority groups, including disabled and BAME individuals, are disproportionately represented among low-income households indicates the need for further research in this area.

143 ONS, *Changing Trends In Mortality: An International Comparison: 2000–2016*, 7 August 2018.

144 BBC News, ‘Life expectancy drops among poorer women in England’, 27 March 2019.

145 Public Health England, ‘Wider determinants of health’, *Health Profile for England: 2018*, 11 September 2018.

146 British Medical Association (BMA), *Health at a price: Reducing the impact of poverty*, 2017, p. 5.

147 Nicola Davis, ‘Life expectancy falling for women in poorest areas of England’, *The Guardian*, 23 November 2018.

148 Public Health England, ‘Inequalities in health’, *Health Profile for England: 2018*, 11 September 2018.

149 NHS Health Scotland, Inequality Briefing, *Health Inequalities: What are they? How do we reduce them?* 2015.

150 Public Health England, ‘Inequalities in health’, *Health Profile for England: 2018*, 11 September 2018.

151 Editorial, ‘The rising north-south divide in health in the UK’, *The Lancet*, 19 August 2017.

Figure 1 Slope index of inequality in life expectancy and healthy life expectancy at birth, males, England, 2014–16

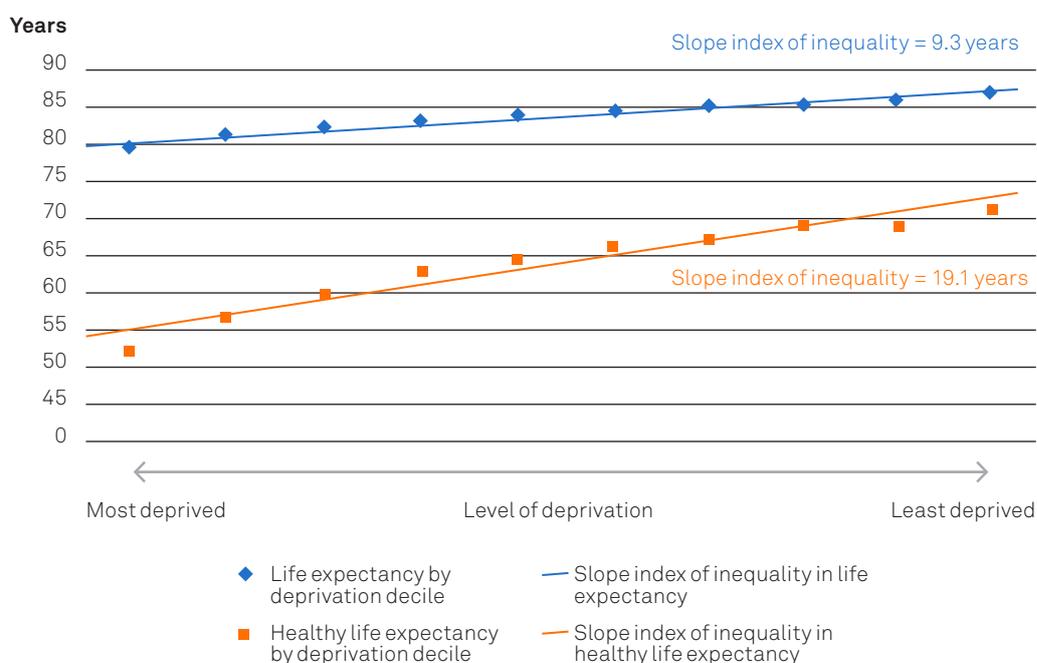
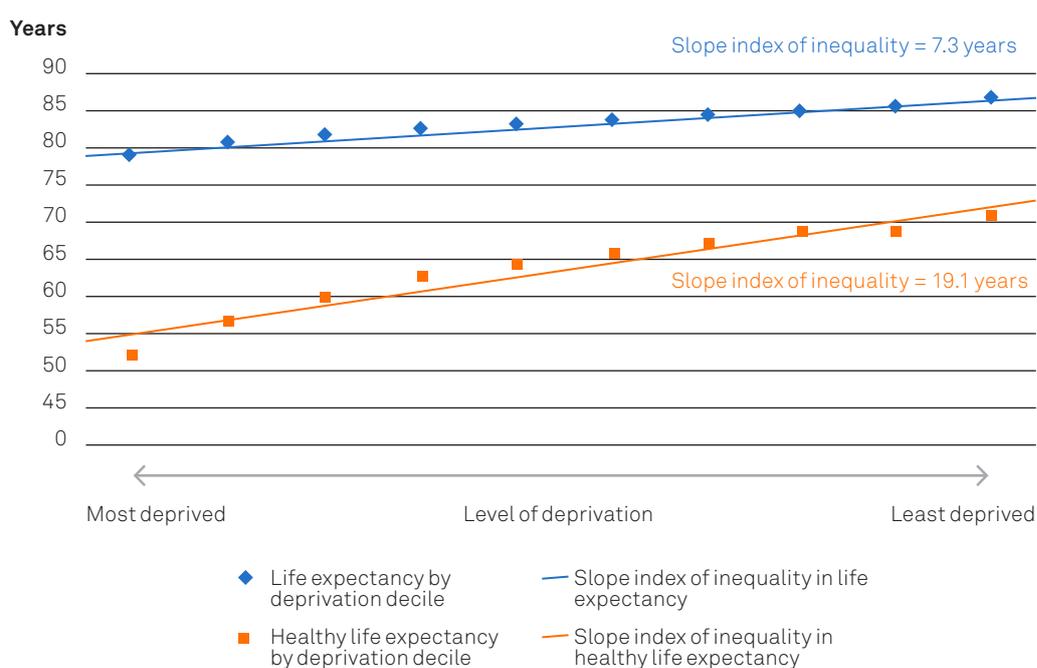


Figure 2 Slope index of inequality in life expectancy and healthy life expectancy at birth, females, England, 2014–16



Source
Public Health England, 'Inequalities in health', *Health Profile for England: 2018*, 11 September 2018.

The NHS has always focused on equitable access to healthcare, founded on the belief that this will lead to the most equal outcomes. Throughout the twentieth century, the UK population's health was on an upward trajectory due to medical advances and the expansion of the NHS. Whilst the NHS remains a provider of healthcare that is free at the point of use and the drivers for its existence remain clear, it is also evident that structural barriers to healthcare exist and these result in widening health inequalities. To reduce health inequalities, it is imperative to recognise that equal access to care is therefore only one part of a much larger picture.

Unequal outcomes

Important factors for reducing health inequalities across the board include acknowledging the impact of isolation on mental health, the positive impact of affirmative identities (e.g. ethnic heritage) on wellbeing, and the need to address discriminatory practices and increase visibility and representation of minority groups in health services.

Healthcare

Healthcare outcomes are starkly divergent for different populations groups. For example, inequalities in mental healthcare are illustrated by the racial profiling of psychosis whereby black men are far more likely to be sectioned than white men with similar mental health problems.¹⁵² There are also stark differences in perinatal experiences, with black women five times more likely, and Asian women twice as likely, to die in pregnancy compared to white women.¹⁵³ Likewise, stereotyping and bias in medical professionals and in medical treatments can result in misdiagnosis on the basis of gender, for example the dismissal of chronic pain in women by medical professionals.

A fundamental structural issue hampering racial health equality is access to services and attendance of screenings. It has been found that young Muslims feel unable to engage with mental health services due to difficulties in relating to practitioners and psychologists who are overwhelmingly from white backgrounds and therefore perceived to be less able to empathise with the Muslim or minority experience.¹⁵⁴ In this regard, UK Government policies, such as the Prevent agenda, that target Muslim populations in healthcare settings play a significant role. For example, some mental health trusts are routinely screening their service users for signs of radicalisation.¹⁵⁵ A related issue was raised by the Wesley Review, noting the experiences of young black men who felt that healthcare professionals did not adequately understand them or their experiences.¹⁵⁶

Social factors

Time-use surveys show that when paid and unpaid labour is combined, women work more than men and thus have fewer leisure hours, which has a negative effect on wellbeing and mental health.¹⁵⁷ Gender also has an impact upon the prevalence of different health conditions, most notably socio-cultural factors that lead to higher

152 Rob Fitzpatrick et al., *Ethnic Inequalities in Mental Health*, LankellyChase, 2014, pp. 7–8.

153 Maternal, Newborn and Infant Clinical Outcome Review Programme, *Saving Lives, Improving Mothers' Care*, 2018, p. i.

154 Anjum Memon et al., 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England', *BMJ Open*, 6 (11), 2016.

155 Transnational Institute, *Leaving the War on Terror: A progressive alternative to counter-terrorism policy*, 2019.

156 Department for Health and Social Care, *Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion*, 2018, p. 10.

157 ONS, 'Women shoulder the responsibility of "unpaid work"', 10 November 2016.

rates of suicide in men¹⁵⁸ and higher rates of self-harm and eating disorders in young women.¹⁵⁹

LGBT youth have significantly poorer mental health than other young people and LGBT adults, with bullying and discrimination recognised as being key factors. These inequalities in mental health become apparent from an early age, with a recent study demonstrating that this was the case for children as young as ten.¹⁶⁰ In addition, trans individuals have particularly high rates of depression and suicidal thoughts, linked to the high rates of discrimination and prejudice experienced. Support for this group can be severely lacking, and gaps in guidance and training for GPs and other medical professionals around supporting gender transition and managing broader trans health issues must be urgently addressed.¹⁶¹

Underpinning factors

Housing

Temporary accommodation and poor living conditions both create and compound health inequalities. In 2016, 20 per cent of dwellings in England failed to meet the Decent Homes Standard (DHS) used to assess adequate living standards, including 27 per cent of private rented sector homes.¹⁶² Such substandard accommodation is associated with increased health problems, and vulnerable groups such as the elderly, isolated people and adults with disabilities are disproportionately affected.¹⁶³ However, the DHS only accounts for extremes so the prevalence of general exposure to mould, damp, poor ventilation, air pollution and other issues is not systematically recorded. As a result, there is minimal research into exposure to different household hazards and associated health outcomes over the life-course.

Low-income communities are more likely to be exposed to poor air quality and have less access to green space, which can lead to increased respiratory problems and more sedentary and isolated lifestyles.¹⁶⁴ Housing standards and security can be very poor at the lower end of the private rental market, which negatively impacts upon physical and mental health.

Stress and anxiety arising from rising housing costs alongside instability and insecurity of home ownership and rented properties are factors that are strongly connected to poor mental health.¹⁶⁵ However, the impact of changing housing tenure across the life-course has not been researched in depth. Cuts to local housing allowances are also both a cause and contributing factor in declining mental

158 Funke Baffour, *Male Suicide: A Silent Epidemic*, British Psychological Society, 2018.

159 BMJ, 'Teenage girls more likely to self-harm than boys', 2017.

160 LGBT Health and Wellbeing, *LGBTI Populations and Mental Health Inequality*, 2018.

161 Royal College of General Practitioners (RCGP), 'Transgender Care', 2019.

162 Public Health England, 'Wider determinants of health', *Health Profile for England: 2018*, 11 September 2018.

163 Joia de Sa, 'How does housing influence our health?', The Health Foundation, 31 October 2017.

164 Public Health England, 'Wider determinants of health', *Health Profile for England: 2018*, 11 September 2018.

165 Ankur Singh and Rebecca Bentley, 'Housing Disadvantage and Poor Mental Health: A Systematic Review', *American Journal of Preventive Medicine*, Volume 57, Issue 2, 2019, pp. 262–272.

wellbeing for those affected, costing governments more in the long term via increased care needs.

The politics around temporary housing at a local level are extremely complex and strained given the lack of available council housing, resulting in many people being forced to remain in temporary accommodation for extended periods of time or move away from family and community networks. This can exacerbate social inequalities. For example, the mental health of BAME groups can be affected when being moved from metropolitan cities into less diverse areas as a result of pressures in social housing distribution.¹⁶⁶

Education

Health inequalities have their roots in childhood, and entrenched inequalities in the education system have a significant impact upon health for school-age children, which continues into adulthood. Adopting a life-course approach demonstrates how income inequalities accumulate and widen over decades. Those who have been persistently poor are doubly disadvantaged; for example, by the age of 50 accumulated financial insecurities are associated with poor health and lower mental wellbeing.¹⁶⁷

Discriminatory behaviour is also a major barrier to equal patient care and health outcomes. As a result, more targeted training is required to ensure that professionals can advise and care for patients from different backgrounds and population groups appropriately and without prejudice. The lack of representation in the health profession means that some BAME groups are less likely to seek help and medical care as a result of concerns about being misunderstood, of Islamophobia and racism.

Employment

Inequalities in health intersect with the labour market in multifaceted ways. Consequently, employers should prioritise health within future business plans by shifting focus away from raw productivity towards wellbeing. This change in economic mindset would facilitate a shift towards healthier lives. Whilst the introduction of flexible working can be beneficial to many groups, including those with caring responsibilities and disabilities, it should be noted that this can also have a negative impact upon health through overwork. In addition, when employees are ill the line can easily blur between being signed off work and working from home. Working-from-home practices and insecure shift patterns can exacerbate loneliness and negatively impact some mental health conditions. There is also a need to account for poor-quality housing, for example mould and damp, and its effect on the health of individuals when working from home.

Furthermore, the NHS itself is a major socio-economic entity with over one million employees. However, it cannot be viewed as a model for good practice with regard to

¹⁶⁶ Race Equality Foundation, *Black and Minority Ethnic Young People and Housing*, March 2008.

¹⁶⁷ Mental Health Foundation, *Poverty and Mental Health*, 2016.

diversity and equality in the workforce. Widespread race-based discrimination and differential treatment of employees within the NHS is particularly problematic, as is the fact that a quarter of people working in the health and social care sector are on zero-hours contracts.¹⁶⁸ More broadly, the social care professions are undervalued in society and can be seen as representing temporary employment rather than a career choice. Degrading this type of work, and by extension those who perform it, leads to lower pay and fewer development and progression opportunities, which multiplies disadvantage for those in this sector, who are disproportionately female and BAME.

Data and evidence

The last British longitudinal birth study, the Millennium Cohort Study, was conducted in 2000. While *Born in Bradford* (2007–10) is an important regional cohort study, without another nationwide cohort study being established soon there will be a generation of children, born into a rapidly changing society, who are not being followed on a sufficiently large scale. The last time this was the case, during the 1980s, very little was known about this generation for decades. As a result, existing social mobility research only covers the 1958 and 1970 cohort. This represents a significant data gap that urgently requires filling in order to ensure researchers have access to ongoing comparable data.

In addition, researchers need to attempt to future-proof data collection. For example, there is an established need to study the effects of social media on health. However, research questions need to be adapted to fit changing lives, shifting definitions of, for example, mental health, and keep pace with advances in technology and medicine. Greater consideration should also be given to whether researchers are asking the right questions. For example, surveys to ascertain relative levels of happiness and wellbeing show minimal regional variation, despite high regional variation in other measures of health and mental health.¹⁶⁹

A crucial epigenetic point for policy is that, from a social science point of view, there is not a sufficiently accurate understanding of *when* an intervention needs to be made to improve health outcomes and reduce inequalities. For example, research shows that being too cold and/or hungry in childhood impedes cognitive development, so there is a case for intervening to improve living environments, infrastructure and food provision – but the exact age at which such an intervention should be made is not truly known.¹⁷⁰ Further research is therefore needed into timing interventions so policymakers can know the most effective point in the lifecycle to enact policies effectively.

Certain population groups are under-captured, or almost entirely absent, in existing surveys – for example Gypsy and Roma individuals and child carers. Problems also arise from ethnicity data not being consistently captured. There is an overuse of ‘Black Other’ and ‘Other’ categories in mental health and learning disability service settings in particular, due to providers not capturing self-report data. As a result, the

168 UNISON Motion, ‘Zero Hours Contracts in the NHS’, 1 January 2014.

169 ONS, ‘Personal well-being in the UK: April 2017 to March 2018’, 26 September 2018.

170 BMA, *Growing up in the UK: Ensuring a Healthy Future for our Children*, May 2013, p. 44.

proportion of, for example, Black Caribbean and Black African groups using these services is likely to be underestimated.

There are also health data gaps on disability characteristics and for LGBT groups, particularly given that the ONS does not routinely collect data on gender identity and sexual orientation. Particularly concerning is the lack of data on LGBT groups' experiences of patient experience, physical and chronic health. More broadly, there is a lack of evidence on LGBT health inequalities as there is not the cultural understanding of *why* it is imperative to collect such data. Encouraging recognition of the importance of data collection across services and at local levels to establish a 'baseline' of inequalities faced by LGBT individuals would help negate concern regarding the difficulties and sensitivity in collecting such data. Improved datasets should then be utilised within mandatory training and awareness initiatives for frontline workers such as doctors and nurses.

Concerning education, there is no consensus around the pedagogy of health education and the role and delivery of healthcare within school curricula. Integrated and engagement-based learning, alongside implementing school policies that encourage healthy behaviours, are likely to be more effective than targeted 'lecturing' (to which children can be resistant), however further research is required to establish what styles of interventions work best.¹⁷¹ In addition, housing and mental health is an underexplored area of research, with very little life-course evidence for the types of homes to which people have been exposed.

At local and national government, there is a need to better link data across services to gain a clearer understanding of cross-sectoral issues and cumulative disadvantage. In many areas, it is not the case that significantly more data is needed, as there is extensive awareness and knowledge of the main factors underpinning health inequalities. Instead, the 'evidence gap' exists in identifying, developing and applying effective policies to address these. Undertaking systematic evaluation of Marmot cities, a network of local authorities in England working to implement the recommendations in the Marmot review of health inequalities in England would be a key way to begin to fill this gap.¹⁷²

Policy considerations

Fundamentally, it should be acknowledged that no single, standalone policy can be adopted to drastically improve health inequalities. Instead, focus should be given to *alignment* of policy across departments and to creating a fabric of public policy for delivery.

Doctors, policymakers and funders are often more interested in new, innovative, drug-based initiatives as opposed to proven preventative or 'socio-economic'

171 Tara Tancred et al., 'Integrating health education in academic lessons: is this the future of health education in schools?', *Journal of School Health*, 87 (11), November 2017; and Laura E. Rooney et al., 'Using the whole school, whole community, whole child model: implications for practice,' *Journal of School Health*, 85 (11), November 2015.

172 Institute of Health Equity, *Building Networks*, 2019.

interventions. As a result, policy focus can become skewed towards post-diagnosis and cure rather than prevention. Research has shown that, in terms of cost-effectiveness¹⁷³ and quality, diagnostics need to be far better resourced and early diagnosis is imperative, especially for disadvantaged groups.¹⁷⁴ Additionally, systematic prevention should be prioritised over programmes encouraging individual behavioural change.

Additional research is required to assess the impact of choice (or lack of) in determining health inequalities. Quality and continuity of care are crucial in creating policies to tackle health inequalities, however continuity of care is fundamentally premised on people remaining in one place and accessing healthcare through GP practices. In this regard, it can be argued NHS policy has not kept pace with changing lives. Improved evidencing of lack of access to healthcare for certain groups is therefore required. For example, early diagnosis allows for a greater range of treatment options and increased chance of recovery across a range of illnesses. This is a matter of particular concern for certain population groups, with awareness of cancer symptoms and rapidity in seeking diagnosis far lower in men and those in lower socio-economic and BAME groups.¹⁷⁵

Likewise, quality of care varies greatly within and between regions, with more remote areas often lacking a robust service despite often having a greater proportion of the population in need of ongoing care (for example, retirees moving to coastal towns). Attracting highly skilled healthcare professionals into high-demand areas is a major challenge. While some countries have trialled mandatory placements in more remote areas, this can compound issues surrounding low continuity of care. Instead, focus should be given to improving job quality, creating opportunities within roles, and upskilling the existing population. It is therefore imperative that policymakers consider existing community assets and reconfigure roles through development and growth that links work to life in more inclusive ways.

Fundamentally, regionalisation of health initiatives means that they can be targeted and are more likely to result in joined-up planning and policies. In theory, localisation offers the ability to direct resources in targeted ways and to align policies more easily. However, greater research is required to ensure inequalities are factored into this agenda and that efforts to join-up policy at local levels do not undermine those at the national, or exacerbate inequalities between regions.

Nonetheless, community-based interventions that emphasise developing social infrastructures to combat, for example, loneliness and nutrition, have been shown to be successful in many places and demonstrate that policies to tackle inequalities in health cannot be focused on the individual alone.¹⁷⁶

173 AXREM, 'Saving costs, saving lives, improving healthcare in the UK – the economic case for early diagnosis', 27 June 2016.

174 M. A. Richards, 'The National Awareness and Early Diagnosis Initiative in England: assembling the evidence', *British Journal of Cancer*, 3 December 2009; and Alex Matthews-King, 'Lung cancer survival inequality grows in England', ONS figures show, *Independent*, 1 April 2019.

175 M. A. Richards, 'The National Awareness and Early Diagnosis Initiative in England: assembling the evidence', *British Journal of Cancer*, 3 December 2009.

176 Office of Disease Prevention and Health Promotion, 'Social Determinants of Health'.

Appendix 4 Inequalities in Housing

Housing costs in the UK have been outpacing incomes since the 1980s, placing increasing pressure on household finances. This has disproportionately affected young people and those on low incomes, who have struggled not only to buy homes, but to meet the rising costs of rent. Increased housing costs have, in turn, led to decreased home ownership among young people, a large growth in the private rental market, and a marked increase in homelessness.

Applying an intersectional lens to housing statistics demonstrates the significant extent of structural inequalities in the UK housing market. For example, Figure 1 provides a breakdown of housing-cost-to-income ratios (HCIR) by the ethnicity and disability status of the adults in the family unit. Examining such figures by unpicking groups included under the BAME umbrella demonstrates that the proportion of incomes spent on housing is exceptionally high for black and mixed groups – at 21 per cent and 22 per cent respectively. In contrast, the figures are much closer to the average (at 15 per cent) for Indian, Bangladeshi and Pakistani groups.

Figure 1 Families in which one or more adults is BAME spend the highest proportion of their incomes on housing costs
Housing-cost-to-income ratios (net of housing benefit), by disability status and ethnicity of adults in family: 2015–17, UK

Notes

Disability refers to *Equality Act 2010* definitions. BAME includes all non-white groups including mixed.

Source

Resolution Foundation analysis of DWP, *Family Resources Survey 2015-17*.

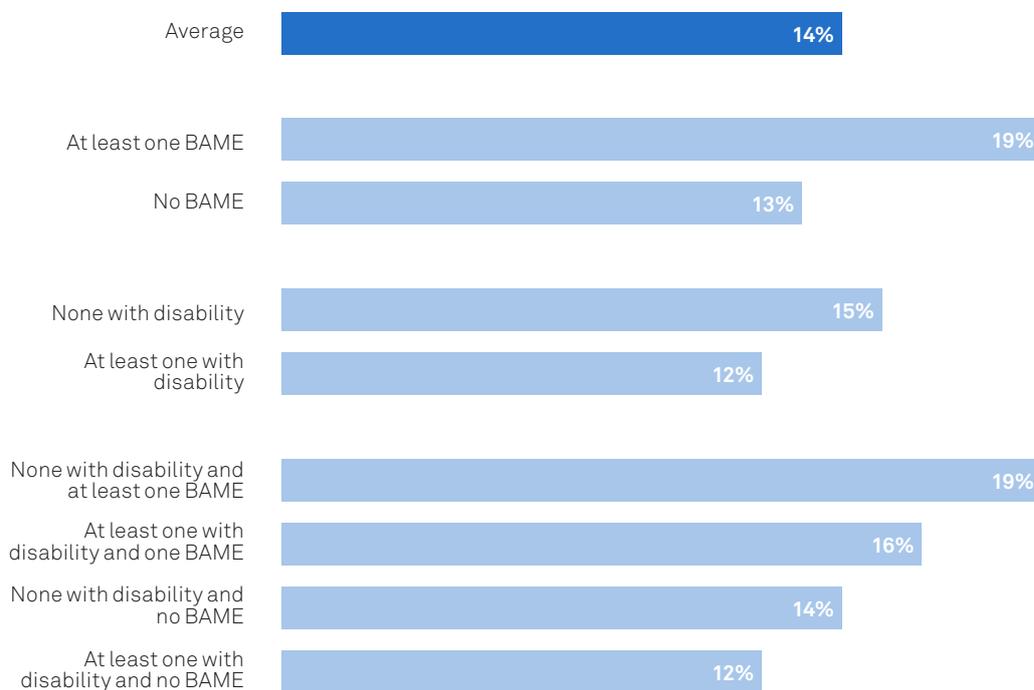
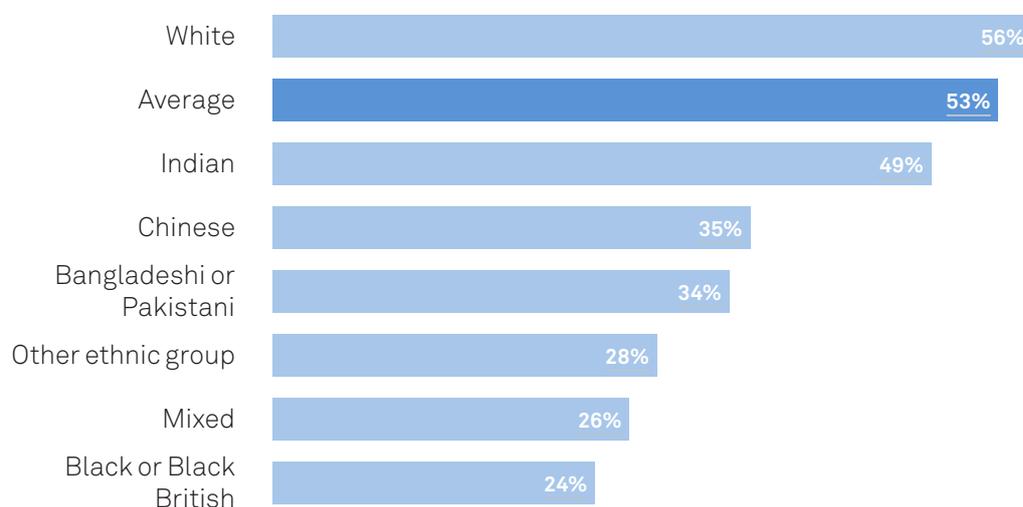


Figure 1 also shows that the proportion of income spent on housing-related costs is lower for families in which one adult has a disability than the UK average (at 12 per cent, compared with 14 per cent). This is largely driven by higher housing benefit payments for those with disabilities. However, the HCIR measure fails to account for the additional costs associated with having a disability. Disabled people face a large

number of extra costs related to equipment, modifications and therapies that are too often ignored in living standards statistics. Studies estimate that these costs amount to an average of £583 per month, and that 1 in 5 disabled people face extra costs of over £1,000 per month.¹⁷⁷ The absence of these considerations from large household surveys makes it difficult to assess disparities in their living standards. Despite the insufficiency of data relating to disability, the average HCIR of families in which at least one adult is BAME and one adult has a disability is 2 percentage points higher than the UK average at 16 per cent. This indicates the double disadvantage that ethnic minorities with disabilities face.

Furthermore, Figure 2 shows homeownership rates are much lower than the UK average for all ethnic minority groups. In particular, the homeownership rate for black families (at 24 per cent) is less than half the UK average (53 per cent) and the rate for white families (56 per cent). The homeownership rate is also particularly low for Bangladeshi and Pakistani and Chinese groups at 34 per cent and 35 per cent respectively.

Figure 2 Black families are less than half as likely as white families to be home owners
Homeownership rates, by ethnicity of head of family: 2015–17, UK



Source
Resolution Foundation analysis of ONS *Labour Force Survey 2018*.

Prior family wealth also drives housing inequalities. At age 30, those without parental property wealth are approximately 60 per cent less likely to be homeowners than people whose parents are homeowners.¹⁷⁸ The long-term outcome of this is that wealth has become concentrated in the hands of those with a family history of property ownership, making it increasingly harder for those without to become homeowners.

Causes of housing inequalities

Housing has become increasingly unaffordable for large parts of the population on low and middle incomes, as their wages have not risen in line with house prices. In addition, housing supply has not kept up with demand in economically successful urban areas. This mix of supply and consumption pressures, with the latter

¹⁷⁷ Evan John et al., *Disability Price Tag*, Scope, 2019.

¹⁷⁸ Stephen Clarke and John Wood, *House of the Rising Son (or Daughter): The Impact of Parental Wealth on their Children's Homeownership*, Resolution Foundation, 2018.

underpinned by overseas cash buying, mortgage lending, low interest rates and, most importantly, large tax subsidies for home-ownership in the form of zero capital gains tax and tax not linked to spiralling values, has significantly contributed to housing inequality. This mismatch of supply and demand can be linked to the planning system, with inflexible planning laws and property developers often creating a bottleneck. Likewise, developers can have a strong vested interest in not delivering new homes quickly as it is in their economic interests to drip-feed homes into the market so that the value of developments increase.

Moreover, cuts to housing benefit have exacerbated housing inequalities by making it harder for low-income groups to meet housing costs. There is a systemic shortfall between the Local Housing Allowance available and the rents people are paying. Alongside this, the building of new social housing has virtually stopped. Approximately one million people are on waiting lists for social housing, but only 6,000 homes were built in the sector in 2018.

Structural inequalities are also starkly evidenced in homelessness figures. In 2018, 320,000 people in Britain were homeless, and between 2016 and 2018 the rate of homelessness increased by 8.7 per cent.¹⁷⁹ On average, homeless people die aged 44 and they are over nine times more likely to commit suicide.¹⁸⁰ LGBT people are overrepresented in the homeless population, with almost 24 per cent of homeless 16–25 year-olds LGBT, and 62 per cent of these recorded as having faced violence in the home prior to leaving,¹⁸¹ despite just 9 per cent of households found to be statutorily homeless being at risk of abuse.¹⁸²

Another group with a disproportionate chance of becoming homeless is female-headed single-parent households. Figure 3 shows that of all households that were found to be statutorily homeless (households that are either homeless or threatened with homelessness) in 2017–18, almost half were female single-parent households. Coupled with the fact that single parents are also most likely to be pushed into poverty by housing costs, it is clear that this group faces significant and unique housing disadvantage relative to other groups.

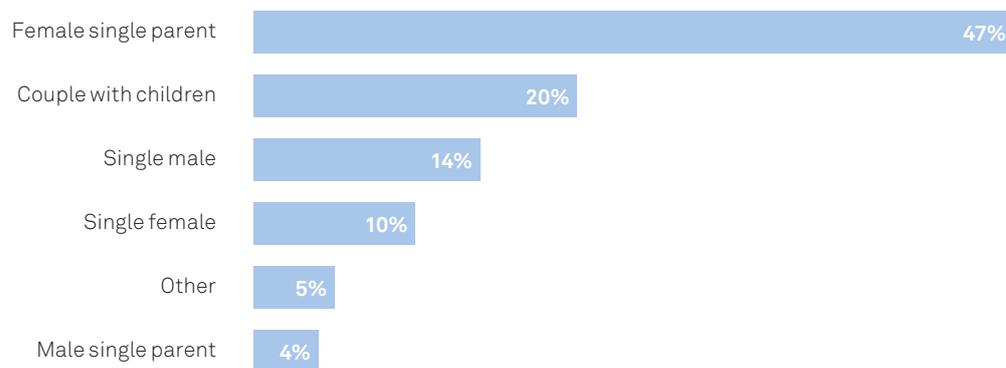
179 Shelter, *Homelessness in Great Britain – the Numbers Behind the Story*, 2019, p. 3.

180 Bethan Thomas, *Homelessness Kills: an Analysis of the Mortality of Homeless People in Early Twenty-First Century England*, Crisis, 2012, p. 10.

181 Albert Kennedy Trust, *LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response & Outcome*, 2015, p. 2.

182 MHCLG, *Statutory Homelessness: Detailed Local Authority Level Responses*, 2019.

Figure 3 Almost half of statutorily homeless households are headed by female single parents
Proportion of statutorily homeless households, by family type: 2017–18, England



Notes

Refers to households that are found to be either homeless or threatened by homelessness by local authorities.

Source

Resolution Foundation analysis of MHCLG, *Statutory Homelessness: Detailed Local Authority Level Responses*, 2018.

Racial prejudice is another cause of housing inequalities and can help to explain the stark ethnicity-based inequalities outlined above. Racial prejudice in the housing market can be difficult to quantify. However, it still operates in subtle and meaningful ways. For example, BAME people are more likely to be employed on zero-hours contracts than other groups, which can be problematic in obtaining mortgages.¹⁸³

Policies at local authority level can also exacerbate housing disadvantages and discriminate against BAME groups. For example, the Metropolitan Police’s Gangs Matrix database enables a local authority the right to deny an individual access to social housing, once an individual is on the database.¹⁸⁴ Such practices indicate that the role of the state as a landlord is much more complex than that of an explicitly neutral landlord.

Consequences of housing inequality

Inequalities in levels of home ownership, and the decline of social rent, have led to enormous growth in the size of the private rental sector – from 2.8 million households in 2007 to 4.5 million in 2017.¹⁸⁵ If current rates of home ownership continue, there will be an exponential increase in those aged over-65 renting privately in future. This could create a plethora of new problems, such as whether landlords will make necessary adaptations for people with limited mobility and health conditions such as dementia.

Another manifestation of inequalities in the housing market is the concentration of low-income and disadvantaged groups in poor-quality and substandard housing. On indicators like ventilation and damp, there is a clear social gradient in housing quality, however such inequalities are often overlooked. Furthermore, the Grenfell Tower fire was a tragic example of how health and safety standards are being

183 Hilary Osborne and Pamela Duncan, ‘Number of care workers on zero-hours contracts jumps to one in seven’, *The Guardian*, 17 November 2016.

184 Amnesty International, ‘What is the Gangs Matrix?’, 23 November 2018.

185 ONS, ‘UK private rented sector: 2018’, 18 January 2019.

compromised under the guise of cutting red tape, and how this disproportionately affects lower-income and vulnerable groups. Low-income and BAME groups are also more likely to live in overcrowded housing, with notably high rates for Bangladeshi and Pakistani groups.¹⁸⁶

Quality of housing directly impacts health. Temporary accommodation and poor living conditions create and compound health problems. Whilst the Decent Homes Standard is used to assess adequate living standards, it only accounts for extremes. General exposure to mould, damp, poor ventilation, air pollution and other issues is not necessarily recorded. Nonetheless, in 2016, 20 per cent of dwellings in England failed to meet the standard, including 27 per cent of private rented sector homes.¹⁸⁷ In addition, stress and anxiety arising from rising housing costs, instability and insecurity of home ownership and tenancies, is strongly connected to poor mental health.

Likewise, geographical inequalities directly relate to disadvantages faced in the housing market. Where people can afford to live has a significant impact on their quality of life. In this regard, housing inequalities perpetuate and exacerbate wider socio-economic and educational inequalities. Holding property wealth enables families to buy into exclusive areas with access to the best schools and economic opportunities. Furthermore, commuting time has increased nationally, suggesting individuals may be compromising on location or quality of life due to housing costs.¹⁸⁸ Finally, poorer communities are more likely to be exposed to poor air quality and have less access to green space, which exacerbates the potential health problems associated with low-quality housing.

Data and evidence

Robust evidence on the broad links between housing costs, housing wealth and income inequality is abundant, as is evidence on the links between the quality and security of housing and physical and mental wellbeing. However, more evidence is needed regarding the *longer-term impacts*, for both societies and individuals, of inequalities in the housing market. This would enable improved understanding of the costs and impacts of those dependent on housing benefit and why fewer people on lower incomes can access social housing. In addition, more research is needed into the distribution of housing across the life-course.

Further research is needed into the effects of housing inequality for specific population groups, such as BAME, LGBT and disabled people, and on the intersections between structural disadvantages. Such work would need to control for factors such as region and income to identify the extent to which population groups are disadvantaged due to protected characteristics alone.

¹⁸⁶ RF analysis of MHCLG, *Statutory Homelessness: Detailed Local Authority Level Responses*, 2018.

¹⁸⁷ Ethnicity Facts and Figures, *Non-decent homes*, 2018.

¹⁸⁸ TUC, *Annual commuting time is up 18 hours compared to a decade ago*, 13 November 2018.

More broadly, enhanced evidence is needed on the long-term impacts, for individuals and society, of inequalities in the housing market. For example, there is minimal research into changing housing tenure, exposure to different household hazards, and associated health outcomes over the life-course.

Additionally, whilst analysis has shown that the proportion of young people in the UK living with their parents is at the same level as in the 1980s, there is an evidence gap regarding to what extent young people are *choosing* to do so, for example in order to save faster and buy a home, or whether they are doing so because there are barriers to living independently. Further research into true choice in the housing market for certain population groups is thus required.

Policy considerations

There is a need for a fundamental shift in government thinking away from viewing social housing building as a burden on the public purse towards being considered as an investment that would pay for itself through reduced welfare payments and a stronger local economy. Reliance on the private sector to deliver housing has not worked as the link between supply and demand is broken. State investment in social housing and increases to housing benefits would in this regard help address housing inequalities.

Policymakers should also give greater consideration to the importance of distinguishing between housing supply and affordability, as the two are not always directly linked. Likewise, there is a need to acknowledge that homeownership and housing wealth is not the same thing. However, a lot more than building more social housing is needed in order to provide more affordable homes. Focusing solely on the supply and building of more homes will not fix structural inequalities in the UK housing market, and assuming that it will risks a flawed circularity developing surrounding the way in which policy narrative forms around home ownership.

Thus, more broadly, there is a need to conceive of housing in different ways and encourage political discussion to move away from tenure alone. Specifically, it would be beneficial to move away from viewing home ownership as a political economy and means of asset attainment. Reform and improvement of the private rental sector, legislating for improved quality and security for tenants, and enhanced tenants' rights, is also needed. In addition, there are currently few policies targeted at the quality of homes and how to assist low-income families out of substandard privately-rented homes. This policy gap should be addressed. Discussions should also focus less on 'housing' and more on 'homes', whereby the latter are not just about bricks and mortar and the economics of housing, but a place to feel safe, secure and grounded in community.

However, policymakers should also recognise the limits of what can be achieved by regulation alone, and the necessity of aligning policies across departments to tackle the ways in which structural inequalities prevalent in the UK housing market intersect and manifest throughout society.

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