Forty Years of Struggle
A Window on Race and Housing, Disadvantage and Exclusion

Kevin Gulliver

Foreword by Cym D'Souza, Chair of BMENational
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About the Author

Kevin Gulliver is Director of the Human City Institute, former Chair of the Centre for Community Research, and partner in Something Worth Saying. Before this Kevin worked in senior positions in housing associations, community health services and the probation service. He is author of six books about the history of social housing and social housing organisations, and more than eighty reports on housing, mutualism, poverty, deprivation, disadvantaged groups, welfare reform, austerity, debt and financial exclusion, equality and diversity and BME needs. Kevin writes regularly for Inside Housing, 24Housing, Guardian Housing, New Start, the LSE Politics and Policy blog and the CLASS think-tank. He is a contributing editor to Left Foot Forward, the UK’s major progressive political blog.


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While all reasonable care and attention has been taken in preparing this report, the Human City Institute regrets that it cannot assume responsibility for any errors or omissions. The views expressed are those of the author.

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Acknowledgements and About the Partners

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About the Partners
The two partners in producing this report are:

About the Human City Institute
HCI is an independent, charitable ‘think tank’ based in Birmingham undertaking research into ‘human city’ issues, investigating exclusion, and promoting solutions to the problems of the most disadvantaged groups in today’s complex and diverse cities, towns and communities. HCI works around research themes that incorporate new visions for housing, mutualism and social value, health, wealth and life chances, no community left behind, and studies of age cohorts such as the young and older people.

http://www.humancity.org.uk

About BMENational
BMENational is a collective of around 70 BME housing associations operating in England. It acts under the auspices of the National Housing Federation collaborating with the NHF to influence national housing policy and providing a consultative and promotional platform for BME housing issues. BMENational highlights the contribution BME housing associations make to successful, vibrant and integrated communities while promoting equality and diversity in the delivery of housing and services.

http://www.bmenational.wordpress.com/
Foreword

Cym D' Souza,
Chair of BMENational

‘Forty Years of Struggle’ is a new research report by the Human City Institute reviewing progress on tackling racial disadvantage, discrimination and exclusion, especially in the housing field, four decades on from the enactment of the Race Relations Act 1976. This year, those of us who represent and manage the BME housing sector, also commemorate a special anniversary – the publication of the first BME Housing Strategy by the then social housing regulator, the Housing Corporation: kick-started the BME housing sector. Since then various regulators have sought to improve the housing circumstances of BME people in England.

The report by the Human City Institute, which has worked with BMENational over the last two years to research the BME housing sector and promote it as a vital and viable element in the social and affordable housing mix in the UK, has compiled this statistical abstract for us. The report resulting from this research underscores that, while progress has been made in the relative disadvantage of BME communities since 1976, there is still much to be done.

The report illustrates how discrimination in the housing market, although having receded since 1970s, still consigns BME people more frequently to poorer, overcrowded, inadequate or fuel poor housing in the most disadvantaged neighbourhoods. One in three homeless people are BME – more than twice as many as would be expected.

BME communities are also far more likely to experience discrimination in the criminal justice system, to be victims of homicide, to suffer health inequalities, to face higher rates of economic inactivity and unemployment, to earn lower wages, to live in poverty and still to be hugely under-represented in positions of power.

Community cohesion has also receded post-Brexit with reported racist attacks on the rise. The combined impact blights the lives and life chances of BME people.

BME housing organisations, which are embedded in neighbourhoods marked by their diverse ethnic mix, providing culturally sensitive and highly valued local services, have confronted discrimination, promoted community cohesion and bolstered life chances of BME people for many years.

We are crucial to undertaking this work, and plan to continue doing so well into the future.
SUMMARY

The report’s key findings and conclusions:

- Four decades of struggle by Black and Minority Ethnic (BME) communities, bolstered by legislation, statutory and regulatory codes from the 1960s onwards, have failed to confront adequately and systematically racial disadvantage and discrimination in housing. Studies of ‘race and housing’ issues have consistently shown that BME groups are disadvantaged in the nation’s housing system. Policy focus has now shifted from ‘race and housing’ to wider concerns about E&D, promotion of community cohesion, and, more recently, to housing, planning, welfare and immigration policies that actively disadvantage BME people.

- The creation of the BME housing sector in the 1980s, precipitated by urban disturbances and responses by the social housing regulator, has been a success for BME communities, although the sector remains small and concentrated in the inner areas of cities in the Midlands, the North, and especially, in London. These ‘inner cities’ remain the key areas of BME population concentration.

- The housing circumstances of BME groups continue to be less favourable than for Whites, with under-concentration in home ownership generally, and outright home ownership specifically. This has effects on the distribution of wealth between ethnic groups, with the BME population having much lower levels of asset accumulation.

- BME households are more likely to live in older, fuel poor and overcrowded housing, and in flats and terraced homes, rather than detached or semi-detached. BME groups are also over-concentrated in the most deprived neighbourhoods and worst living environments.

- The level of housing deprivation is greater for the BME population. BME households account for more than 1 in 3 homeless acceptances by local authorities in England in contrast to their 1 in 7 presence in the general population. Homelessness has grown proportionately more for BME groups over the last two decades from 17 to 37 per cent of the total. They are also more likely to be among the non-statutory and/or hidden homeless.

- The poverty rate for BME groups is almost twice that for Whites. It has increased for most BME groups over the last decade and a half, while it has remained stable for the White population. Welfare reforms are exacerbating poverty for BME groups since they are disproportionately affected. BME households, on average, have lower incomes than Whites, and are less likely to be amongst the top earners and in the highest levels of public life.

- BME people have shorter lives on average and higher levels of morbidity. They are much more disadvantaged in the criminal justice system, and increasingly likely to be the victims of racially-motivated attacks. Social capital in BME communities is measured lower than for Whites.
1.

About the Report

Introduction

Concerns about racial discrimination and disadvantage across the UK economy and society continue forty years after the Race Relations Act 1976 received Royal Assent. That people from Black and Minority Ethnic (BME) backgrounds continue to be disadvantaged in the national and local housing systems is a central concern too for social housing organisations.

So it is fitting that 2016 also marks the 30th Anniversary of the first BME Housing Strategy produced by the Housing Corporation (the social housing regulator at that time). Such concerns are continued through today’s regulator – the Homes and Communities Agency – and its establishment of an Equality and Diversity (E&D) advisory committee in 2012. The HCA is currently consulting on an updated version of its E&D principles and practice.

This report, produced by the Human City Institute (HCI) in partnership with BMENational, the representative body for BME housing organisations, seeks to explore progress made over the last few decades in eradicating, or at least reducing the effects of discrimination, disadvantage and exclusion on BME communities in housing and related fields (such as the economy).

The report consequently provides some historical context, as well as presenting some of the most up-to-date statistical evidence to hand.

Its purpose is not to replicate a range of reports published this year describing the continuing disadvantage experienced by BME people in the UK. Rather, it seeks to provide a more detailed description of the position of BME people in the nation’s housing system, but with some reference to neighbourhood-based deprivation.

The report’s title – ‘Forty Years of Struggle’ – refers to how BME communities have attempted to overcome the disadvantage they have encountered, the role of BME housing organisations in confronting racial discrimination in housing, and attempts through public policy and regulatory interventions to ameliorate the unequal housing position in the UK of BME communities generally, and specific BME groups in particular.

The report is intended as an aid to support BMENational’s campaign during 2016/17 to highlight continuing racial discrimination and disadvantage in housing and, in the main, inner city neighbourhoods.

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Research Aims
The research had the specific aims of:

- Exploring the historic backdrop to ‘race and housing’ policy and practice since the 1960s.
- Describing the BME population, the geographic and tenure distribution of BME households, and main housing types, in the main city locations in Greater London, the Midlands and the North where BME people predominantly live.
- Providing an overview of continuing racial disadvantage in the housing system in England, the economy and society.
- Depicting (briefly) the role of BME housing organisations in their ongoing mission to provide opportunities to BME communities to decent quality and affordable housing.

Research Methodology
The research for ‘Forty Years of Struggle’ encompassed a range of approaches including:

Review of Literature
A review of key literature, related to ‘race and housing’ issues, and wider racial discrimination and disadvantage associated with ethnicity, across a range of other topic/policy areas, has been undertaken. The review covers research by the Equality and Human Rights Commission (EHRC) (before that the Racial Equality Commission – the CRE), the Runnymede Trust, the Racial Equality Foundation (REF), the Institute of Race Relations (IRR), the Joseph Rowntree Foundation (JRF) and from academia. But it is beyond the scope of this report to be encyclopaedic.

Data Sources
Data from the Census 2011 (and from previous censuses where appropriate) have been used. The English Index of Multiple Deprivation (IMD) 2015, its domains and sub-domains, have also been analysed to highlight the extent of discrimination and disadvantage experienced by BME communities from a neighbourhood perspective. The IMD 2015 is the fifth release in a series of statistics produced to measure multiple forms of deprivation at the small spatial scale – 32,844 neighbourhoods (LSOAs) of an average of 1,000-1,500 people. The IMD 2015 covers:

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation
Both Census 2011 and IMD 2015 data have been mapped to illustrate BME population concentrations in Greater London, the Midlands and the North, the location of majority BME neighbourhoods, and the correlation between neighbourhoods with large BME populations and various measures of neighbourhood deprivation.

Data from these sources, plus those from the Department of Communities and Local Government (DCLG) and the Continuous Recording (CORE) system of lettings, have been mapped in some case, and/or presented in chart format.

**A Note on Terminology**

The term Black and Minority Ethnic, shortened to BME, is used in preference to BAME, which stands for Black, Asian and Minority Ethnic, since this is more commonly used by BMENational – HCI’s partner on this report. Census definitions of all main ethnic groups are deployed in the report.

‘Black’ refers to all of those groups who state their origins as being the Caribbean or Africa, and those who prefer the term ‘Black British’. ‘Asian’ covers people with ethnic backgrounds from India, Pakistan and Bangladesh in the main. ‘Other’ ethnic groups refer mainly to people originally from China and Vietnam. While some effort has been made to disaggregate ethnic groups in the following analyses, the complexities of this have been beyond the scope and length of this report.

‘Race and housing’ is often referred to rather than ‘ethnicity and housing’ as this was common parlance in debates from the 1960s onwards. It generally applies to disadvantage, inequalities and discrimination in the housing system of England. Few references are made to the other countries of the United Kingdom.

**Structure of the Report**

The report begins by providing some historical context to ‘race and housing’ issues.

The main sections of the report – 2 to 6 – cover the BME population in England and their household composition; housing circumstances and deprivation; homelessness and housing need; and relative poverty, economic disadvantage and social exclusion. These issues, though discussed in separate sections, are interrelated – especially housing need, poverty and disadvantage at the neighbourhood level. Conclusions are shown in the summary.
2.

Looking Back – Historical Perspectives

‘Race and Housing’ Issues in Historical Context

‘Race and housing’ issues have been a major element in housing research and policy discourse for at least five decades; and, of course to BME communities, their advocates and bodies created to explore how racism manifests itself in the housing system in England. Alongside, legislation came into being to tackle direct and indirect racism in a range of spheres, including housing. As Beider\(^2\) relates:

“The rise of race and housing needs to be set in the context of the anti-racist movement of the 1970s. Racism provided the basis for community mobilisation in black communities. One of the key elements was to secure a better housing deal for these groups...the Race Relations Act 1976 placed a duty on local authorities to eliminate unlawful discrimination and promote equality of opportunity. Riots in Liverpool, Birmingham and Brixton between mainly minority youth and the police had a catalytic impact in linking race and disadvantage...Hence the increased importance of race and housing should be set within the frame of legislative changes, urban disturbances and grassroots political campaigns.”

A range of research from the 1960s onwards\(^3\) illustrates that BME communities experienced disproportionate housing need, discrimination in various housing markets and higher levels of socio-economic disadvantage. This greater housing need, especially overcrowding and poor housing, impacted severely on the lives and life chances of BME communities, was felt keenly at the neighbourhood level. It underscored racial health inequalities, and continues to do so, and links to the lower socio-economic position of many BME people.\(^4\)

The housing needs of BME communities were compounded by direct and indirect discrimination in housing markets in England. There was also consistent evidence that BME people were disadvantaged in the social housing sector – both council and housing association – with unequal access to waiting lists, the best social housing available at the time and transfers, all confirmed by research.\(^5\) Even after needs-based systems were introduced, replacing so-called ‘residential qualifications’ to access social housing, allocation processes through which tenants gain access to social housing have tended to concentrate the most disadvantaged (and often BME people)

in the least attractive areas. This finding was important, as it is through housing, and therefore by extension the neighbourhood, in which individuals centre their lives and access opportunities.

**Inwards Migration and Housing Conditions**

What met the newly-arrived immigrants from the West Indies and South-East Asia in the 1950s to the 1970s, were grim housing conditions and overt as well as covert racism. The famous sign in a private landlord’s window of ‘no Irish, no Blacks, no Dogs’ was typical of the period. However, the private rented sector – often at the lower end and in the inner-city areas where few Whites wished to live having fled to the suburbs – is where many new migrants were funnelled, and into the arms of slum landlords, who greeted their new tenants with poor and overcrowded living conditions in often rundown and/or older housing in neighbourhoods that were already considerably disadvantaged.

This form of low-end private landlordism, of which Peter Rachman was the emblem, exploited the new arrivals, who usually had very little choice but to accept the low quality accommodation, intimidation and harassment that was on offer.6

Housing associations, which at the time were tasked with ‘filling the gaps’ left by local councils as the only mass social house-builders, were seen as the potential answer since the majority of their housing was located in the areas of major immigration, especially the so-called ‘twilight areas’ of the inner parts of the country’s major cities and towns. These were to be classified as General Improvement Areas (GIAs) and Housing Action Areas (HAAs) in the late 1960s and early 1970s as a means of retaining older housing, refurbished by housing associations, as a halt of the previous slum clearance policy.7

Race riots in Notting Hill in west London in 1958 had highlighted the poor housing endured by BME families but, despite improvements to the housing conditions in which BME communities lived, aided by housing associations bolstered by the Housing Act 1974, in the 70s and 80s, the housing circumstances for many migrant families and their descendants was still unacceptable. Housing, alongside poor policing practices and high unemployment amongst black youth, sparked further riots during the 1980s in major English cities. The response to such civic disturbances in areas of major BME settlement was one of the issues which precipitated a dedicated, and partly public funded, BME housing sector, to be created in 1986 (as discussed on pages 9 and 10).

‘Race and housing’ research throughout this period also revealed that concepts of ‘race’ and ‘ethnicity’ were inextricably linked to those of social class, gender and culture in discriminatory practices and in the heads of key housing ‘gatekeepers’. In addition, keen ‘competition’ for housing was documented; major cities were drawing in migrants to fill key positions in local labour

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markets but making no provision for extra housing or other services to meet the needs of the new arrivals. Competition and potential conflict with local residents for the housing and services that were available was increasingly expressed in racial terms.8

The housing sector responded with a range of ‘codes of practice’ and ‘fair housing policies’, as well as positive approaches to providing training and advancement opportunities to young BME people who were considering a career in housing. Ethnic monitoring, which the majority of social landlords adopted, confirmed that these approaches still had a long way to go, with BME people waiting longer for housing and transfer offers, being allocated poorer quality housing and often, in the case of some groups, not obtaining access to housing waiting lists at all. There were equally in-built inequalities in the types, sizes and amenities of homes provided by many social landlords, which made them unsuitable for BME applicants.9

**Evolution of ‘Race and Housing’ Debates**

‘Race and housing’ debates evolved during the 1985 to 2005 period, to take in wider policy discourse. Deliberations about institutional racism and discrimination, where the policy and practice of public agencies, including housing organisations, collectively counted against the delivery of equal opportunities, met their apotheosis with the publication of the Macpherson Report in 1999.

This report, commissioned by the government to review the investigation into the murder of Black teenager Stephen Lawrence, had effects on housing too. The Race Relations Act (Amendment) 2000 placed a positive duty on publicly-funded authorities to promote racial equality. The Housing Corporation’s regulatory code required that housing associations should work towards the elimination of racial discrimination.10

Yet by 2004/05, there were sufficient and continuing concerns about racial disadvantage and discrimination in housing for the CRE to launch a new inquiry to confront the ‘ingrained racism in the housing sector’,11 and for Shelter to publish a report describing the ‘BME housing crisis’.12 Despite these concerns, the policy focus was turning to the promotion of community cohesion following the publication of the Cantle Report in 2001 in the wake of riots in Oldham. Alongside, the emergence of the E&D agenda, which largely superseded concerns about ‘race and housing’, were confirmed with the shutting-down of the CRE and the creation of the Equality and Human Rights Commission in 2006. E&D encompassed a range of ‘protected characteristics’, covering gender, ethnicity, disability and lifestyle. The social housing regulator, the Homes and Communities Agency, followed suit, and now seeks to further E&D in social housing through its E&D Board Advisory Group, rather than focus specifically on racial and ethnic inequalities.13

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13 www.gov.uk/organisations/homes-and-communities-agency/about/equality-and-diversity
Consequently, it can be seen that there has been a decline in the importance of ‘race and housing’ in policy discussions and formulation, and in BME housing organisations in particular.\textsuperscript{14} This is surprising in part, since the BME housing sector, is a small but flourishing element on the national housing scene with more than three decades of experience on which to draw.\textsuperscript{15}

Potential Solutions: The BME Housing Sector

BME housing organisations, generally defined as letting to more than 80 per cent BME applicants with a similar proportion of board members, have deep roots going back more than forty years in the most disadvantaged communities of Britain’s major cities and towns. BME housing organisations grew out of the need for greater access to social housing by BME communities, in the wake of 1980s disturbances and the growing special needs of BME communities (especially the elderly and young homeless people).\textsuperscript{16}

They were created at a time when ‘race and housing’ issues were at the forefront of national policy debates against a backdrop of urban decay and social unrest. When BME housing organisations were formed, they also made mainstream providers sharpen up and get beyond colour blindness practices to positive action for those in most need. Their achievements over the last thirty years have been considerable, including building community-based and/or focussed vehicles advocating on behalf of BME communities.

Larger housing associations were, because of regulatory and funding conditions, encouraged to work in partnership with the first BME housing associations, created by the Housing Corporation’s BME Housing Strategy in 1986. Previously, BME housing organisations had been associated with community action and the Black Hostel Movement. The late 1980s to the end of the 1990s were the boom years for the BME housing sector. Around 40 BME associations were set up in just a few years in the late 80s and 90s as development funding was made available to promote their growth. The sector reached a peak of organisations – about 100 – by the end of the 1990s.\textsuperscript{17}

From 1990 onwards, BME housing organisations created employment, new skill sets and professional career paths for hundreds of BME people, some of whom moved into senior positions in the mainstream social housing sector (although still under-represented at senior levels) as well as much-needed housing. Alongside social regulator support, many mainstream housing associations, especially those working in areas of high BME concentration – typically inner London, Birmingham, Leicester,


\textsuperscript{17} Murray K. (2010) ‘Black Bodies Helped Build Communities’, Guardian, 8th December 2010
Nottingham, Sheffield, Bradford, Manchester, Liverpool and Bristol – formed housing development and management partnerships with the new BME housing associations.

The Federation of Black Housing Organisations (FBHO), founded in 1983, was an umbrella body for BME housing and community organisations, which represented the embryonic BME housing sector and lobbied government on its behalf. The FBHO was a highly visible, respected and largely effective advocate for the BME housing sector. Through conferences, newsletters, research, lobbying and advocacy the FBHO enabled BME housing organisations to develop a high profile and secure ongoing funding from the public purse to support continuing expansion of housing and service provision.

However, the FBHO folded in 2008 for a variety of reasons, including the demise of Ujima housing association – the largest BME housing organisation at the time and a key funder of the FBHO. Before, during and after this time, a number of BME housing associations, such as Presentation in Notting Hill, and HAMAC and Harambee in Birmingham, were subsumed into larger ‘White’ organisations. This trend has continued.

BMENational was formed in 2010 as a successor representative body under the auspices of the National Housing Federation. BMENational has continued to represent the BME housing sector well, although without the reach of the FBHO and restricted by the changed realities of social housing regulation in England, and a smaller membership of 70 organisations. BMENational resurrected the sector’s annual conference; albeit a slimmed down version. It also published a BME Housing Year Book to promote the sector alongside a new website and well-followed Twitter account.

In the last year or so, BMENational has also launched the Migrant Rights website with CIH, and engaged with HCI in sector-wide research into the future of BME housing, linked to a high profile national campaign. BMENational has forged an enhanced media profile and is more effectively promoting the legacy, ongoing achievements and interests of the BME housing sector.

A Changing Policy Landscape

The growth in policy emphasis and public discussion of immigration as the most resonating issue for many in the UK was underscored by the Brexit vote, the subsequent rise in racially-motivated attacks on BME people, and measures to curb immigration and the rights of migrants at the recent Conservative Party conference. All of this is being reinforced by new legislation around housing and planning, and immigration, that the IRR calls:

“A rapid social restructuring...to codify social entitlements in Britain, link rights to responsibilities and exclude certain categories of people from rights altogether, will see multicultural neighbourhoods increasingly broken up and displaced. Extremes of poverty in inner-city neighbourhoods will be exacerbated, leaving children among those increasingly vulnerable to destitution.”

The IRR summarises the key housing legislative changes. Secure tenancies in social housing will be phased out and higher earning tenants will have to ‘pay to stay’. Local authorities will be forced to sell low-rent, higher value to subsidise the voluntary Right to Buy in the housing association sector. Eviction powers will be extended. And when assessing housing needs, local authorities may give priority to local people, effectively excluding more recent migrants from social housing. Local authorities will be obliged to facilitate the delivery of starter homes for first-time buyers while social and affordable housing, on which many BME people rely, will wither on the vine (although there may be some backtracking here with the recent change in prime minister).

On immigration policy, the IRR identifies a new offence of ‘illegal working’, that sanctions will be increased, and that immigration officers’ powers will be extended. Private landlords will face prison sentences if they rent to undocumented migrants. They will be given new eviction powers. Financial institutions will be required to carry out immigration checks and take action around undocumented migrants. ‘Deport first, appeal later’ provisions will be extended. ‘Refused’ asylum-seeking families will no longer automatically receive asylum. And English language requirements for public sector workers will be introduced.

**A Window on Contemporary ‘Race and Housing’ Issues**

While it is clear from census and other official data that, looking back to the early days of inwards migration, that the housing needs gap between BME and White communities has receded a little, aided by the BME housing sector. Forty years of community activism, ‘race and housing’ policies and strategies, and race relations, equality and human rights legislation have had positive effects. Yet disadvantage and discrimination along racial and ethnic lines persist. That such disadvantage and discrimination is no a major issue in housing, or indeed general policy-making, and is in fact being exacerbated by the Brexit vote, and recent housing and planning, and immigration legislation, is unsettling. It is to this contemporary ‘race and housing’ terrain that the report now turns.

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3.

BME People and Households

The following provides an overview of the BME population in England, its location primarily in inner city areas of major cities, and the distribution of this population and households across the chief tenures of home ownership, social housing (both council and housing association), and the private rented sector.

The BME Population

Over the last two decades England has become more ethnically diverse, although caution is required when comparing ethnicity between censuses since question construction and options for ethnicity have changed over time.

While White continues to be the ethnic group with which the majority of people in England identify, this ethnic group fell as a proportion of the total over the last two decades. In 1991, the White ethnic group accounted for 94.1 per cent of the population of England, but falling to 91.3 per cent in 2001. The 2011 figure was 85.6 per cent of a total population in England. Within the White ethnic group, White British decreased from 87.5 per cent in 2001 to 80.5 per cent in 2011, reflecting the larger number of Irish and East European people.23

The ‘Other White’ ethnic group saw the largest increase between 2001 and 2011, of 1.8 per cent. This includes people from Eastern Europe, especially those from Poland. Whether such increases are sustained post-Brexit, will be contingent upon UK negotiations with the European Union over access to the Single Market and free movement of Labour conditions.

There are more than 7.7m BME people in England. Of these, people of an Asian origin formed the largest group (at 7.8 per cent). People of Indian ethnicity accounted for the biggest segment of the Asian group (at 2.5 per cent) followed by those with a Pakistani origin (at 2 per cent). People identifying as Pakistani and Indian each increased their share of the population of England (by 0.5 per cent and 0.6 per cent respectively).

The Black population (covering people recording African, Caribbean or Black British origins) represented 3.5 per cent of the total population of England. Of these, 1.9 per cent describe

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themselves as of African origin with 1.2 per cent naming the Caribbean as their place of origin. The remainder (0.6 per cent) are Black British. The proportion of those of African origin doubled between the last two censuses while people originally from the Caribbean remaining proportionately constant.

People of Mixed Ethnicity are one of the fastest growing ethnic groups, and now account for 2.2 per cent of the total population of England those of White and Caribbean Mixed Ethnicity amount to 0.8 per cent and those White and Asian people 0.6 per cent.

**BME Household Composition**

Comparing BME with White households illustrates the differing composition of BME communities. For example, BME households are mostly larger than White households, containing an average of 3.1 people in contrast 2.3 people for Whites. Some 59.4 per cent of BME people live in the 25 per cent of neighbourhoods where the highest concentration of households of six or more people are located whereas this only applies to 21.6 per cent of White households: 8.6 per cent are located in the 1 per cent highest concentration of neighbourhoods with six or more people, as shown in chart (1) below.

![Chart (1) - Neighbourhoods with High Concentrations of Households Including 6 or More People by Ethnicity](chart1)

Equally, BME households are more likely to contain dependent children than their White neighbours - 45.6 per cent compared with 27.1 per cent. This is particularly so for some Asian groups, such as those of Bangladeshi origin. And children in BME communities are also more likely

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24 Nomis (2016) – Table DC1201EW from Census (2011)
to be ‘younger’ than their White counterparts – 49.3 per cent of children in BME households are under eight years compared with 43.9 per cent for White.

BME people live in ‘younger’, larger households on average, with a greater likelihood of dependent children, extended families and lone parent families.

Some household types are more common in the BME population. Lone parent families constitute 14.9 per cent of BME households, whereas the proportion for Whites is 10.1 per cent. This rises to 24.4 per cent in the Black community. One person households aged under 65 years are also more commonplace (at 20.8 per cent for BME communities and 17.5 per cent for Whites), while those over 65 years are rarer (at 3.9 per cent for BME compared with 13.4 per cent for Whites). Almost 18 per cent of BME households are multi-adult or extended horizontally or vertically (22.2 per cent for households of Chinese ethnicity and 21.7 per cent for those from an Asian background) in contrast to just 6.8 per cent for Whites.

Regional and Local Perspectives

Looking across the country (as shown in chart (2) over the page, all English regions have significant BME populations, with the North-East (at 4.7 per cent) and the South-West (at 4.6 per cent) having the smallest. London, the Midlands and Yorkshire and Humberside have at least 1 in 10 of their population from a BME background. 25

London has the largest BME population (at 40.2 per cent). People of Asian origin are the largest BME group in the capital (at 18.5 per cent), followed by Black (at 13.3 per cent). London also has the largest Mixed Ethnicity population (at 5 per cent) and those from Other BME ethnicity (at 3.4%). London had above average proportions for most minority ethnic groups including African, when compared with other English regions.

The West Midlands was the second most diverse English region with a higher than average percentage of BME groups (at 17.4 per cent). Just under 11 per cent of West Midlands’ people are from an Asian background. People of various Black ethnicities accounted for 3.3 per cent, of which 1.5 per cent cited the Caribbean as their geographical region of origin. Yorkshire and Humberside (at 11.2 per cent) and the East Midlands (at 10.8 per cent) are the next most diverse regions. Both have relatively large Asian populations (at 7.3 and 6.5 per cent respectively).

The most ethnically diverse regions, such as London and the West Midlands, saw the greatest proportional increases in BME population since the 2001 Census, while those of lower diversity experienced the smallest.

The following maps on pages 14 to 18 depict the main concentrations of BME communities in the regions of England. The BME population is concentrated mainly in Greater London and cities in the Midlands, the North-West and Yorkshire and Humberside.

25 Nomis (2016) – Table KS201EW from Census (2011)
As the maps show, BME people are also more likely to live in the inner areas of these cities (the traditional ‘inner city’ in many cases) although there has been significant migration to the suburbs between 1991 and 2011. Of the 32,844 neighbourhoods in England, as shown as LSOAs for Census purposes, almost 1 in 5 (18.8 per cent) have at least a 25 per cent BME community, and approaching 1 in 20 (4.7 per cent) are majority BME neighbourhoods (50 per cent plus). These are all in the above city-regions.

In London, the boroughs with majority BME populations are Brent (at 115), Newham (at 115), Tower Hamlets (at 61), Ealing (at 53), Redbridge (at 52), Croydon (at 43), Hounslow (at 28), Hackney (at 29), Haringey (at 28), Lewisham (at 23), and Barnet (at 9). Other local authorities in the south-east with significant numbers of majority BME neighbourhoods are Slough (at 24) and Luton (at 19).

Outside London, the main local authorities with large numbers of BME majority neighbourhoods include Birmingham (at 153), Leicester (at 52), Bradford (at 52), Sandwell (at 20), Manchester (at 19), Wolverhampton (at 19), Kirklees (at 17), Blackburn (at 16), Oldham (at 13), Bolton (at 9), Sheffield (at 9), Walsall (at 9), Coventry (at 7), Leeds (at 7) Rochdale (at 7), Calderdale (at 6), and Burnley (at 4).

26 HCI analysis from Census (2011)
4. Housing Circumstances

The following section provides an overview of the housing and living circumstances of BME people in England compared with those of Whites. The section covers differing tenure patterns over time between ethnic groups, the types of housing occupied, and the living environments in which that housing is located. Finally, it looks at relative housing deprivation.

Tenure
Tenure breakdown by ethnic group [see chart (3) below] reveals the differing patterns between ethnic groups. Tenure is a key housing characteristic since it reads across to accumulation of assets (in the case of home ownership), issues of security and rising rents (for private renting) and access to more affordable housing (in the case of social renting).
There are clear variations in the tenure profile for each ethnic group. Home ownership is highest amongst White groups (at 64.4 per cent) and lowest for Other BME groups (at 33.5 per cent). For all BME groups, the home ownership rate stands at 46 per cent.

What is also striking is the greater proportion of White households who own outright (at 32.5 per cent) in contrast to 15.1 per cent of BME households (just 8.3 per cent for Black households). These variations can partly be accounted for by the ‘younger’ profile of the BME population, their lower incomes and generally lesser economic status on average, and access to mortgage finance.

All ethnic groups have seen a decline in the proportion of home ownership in their respective populations as part of the national trend; and especially so in the cities of England where the majority of BME people live. BME households are today far less likely to own their homes, either outright or through a mortgage.

Private renting is now much more common among all groups, although particularly so for BME households. The proportional increase has been greatest for the Indian, Pakistani and Black Caribbean populations.

Proportionately, the increase in private renting between 1991 and 2011 was least for the Black African and Chinese ethnic groups. In 2011, 25.3 per cent of BME households were private renters compared with 16.9 per cent of White households. Those of Asian Other and Mixed ethnicities were most likely to be living in private rented housing (at 40.7 and 32.1 per cent respectively).

Social renting, despite significant and long-term decline in the number of social homes available in England, remains a significant tenure for the BME population overall (at 28.7 per cent whereas it’s 16.7 per cent for Whites). Black households are the main ethnic group housed in the social sector (at 42 per cent). Social renting is lowest for Asian households (at 13.6 per cent).

**Tenure, Inequality and Age**

Some of the ethnic differences in tenure profile are due to different age structures between BME groups and the White population. Increasingly, acquiring a sufficient income to raise a deposit and service a mortgage takes time, even where aid was forthcoming via such state initiatives as ‘Help to Buy’.

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27 Nomis (2016) – Table LC4201EW from Census (2011)
28 http://www.bbc.co.uk/news/business-36943134
30 According to DLGC live table 104, the number of social homes in England, combining council and housing association housing, has fallen from 5.5m in 1980 to just over 4m in 2015
Affordability in the housing market (the median house price is 7.6 times median earnings and much higher in London) is about at the same level it was before the international financial crisis in 2008. At the same time, private renting amongst 25 to 34 year olds is much higher for the BME population than for Whites. So ethnic inequalities in tenure are more pronounced for young adult households than for the population as a whole.31

**Housing Type**

The sorts of housing most common for each ethnic group can reveal inequalities too. While not all detached housing is best, nor flats, maisonettes and apartments the worst types of housing, they are general indicators of housing prosperity. Chart (4) below illustrates the spread of housing for the main ethnic groups.

![Chart (4) - Housing Type by Ethnicity (%)](image)

There are quite striking differences between the distribution of housing types by ethnic group. A first overall observations is that BME groups are more likely to live in flats, maisonettes and apartments (at 29.8 per cent) and terraces housing (at 29.1 per cent). On the other hand, White households more frequently live in detached and semi-detached housing (at 26.1 and 34.7 per cent respectively). Households of Asian origin are most likely to live in terraced housing (at 32 per 31 Finney N. & Harries B. (2013) How has the Rise in Private Renting Disproportionately Affected Some Ethnic Groups?: Ethnic Differences in Housing Tenure 1991-2001-2011. ESCR Centre on Dynamics of Ethnicity. University of Manchester
cent) and Black households flats, maisonettes and apartments (at 43.7 per cent). These are linked to tenure of choice and settlement patterns, as well as inequalities of access.

Asian households tend to be more associated with settling in the inner city areas of the major towns and cities of England, and to buy homes with mortgages. Black households, on the other hand, are more frequently social housing tenants, where flats outnumber houses because of long-term Right to Buy purchasing patterns and the lack of replacement of houses with the capital receipts generated.32

Around one quarter of BME households also live in the oldest (that is pre-1919) homes, which are more likely to be in a poorer state of repair, harder to heat because of low fuel efficiency standards, and situated in the most deprived neighbourhoods.33

The Living Environment

Deprivation associated with the living environment, a domain of the IMD 2015, quantifies the quality of the ‘indoors’ living environment, which measures the condition of the built environment, and the ‘outdoors’ living environment, which contains measures linked to air quality and road traffic safety. It is consequently, a way of comparing the relative quality of neighbourhoods in which different ethnic groups live, and links back to the relative poorer quality of housing in which most BME communities live out their lives.

It is clear from chart (5) on the previous page, that BME people are much more likely to live in poorer living environments. Almost 27 per cent of the BME population live in the 25 per cent worst neighbourhoods in England while the corresponding proportion for Whites is 8.6 per cent.

One in ten BME people live in the worst 10 per cent of neighbourhoods in contrast to just 1 in 30 for the White population. BME people are also three times more likely than the White population to be residing in the 1 per cent worst living environments.

An associated measure of good versus poor living environment is air quality. This is measured by the level of certain particulants in the ground-level atmosphere. BME households are much more likely to be living in neighbourhoods with poor air quality.

Chart (6) shows that 52.4 per cent of BME people live in the 25 per cent of neighbourhoods with the lowest levels of air quality, whereas 21.3 per cent of Whites live in such neighbourhoods.

One in three BME people live in the 10 per cent worst air quality hotspots but the corresponding proportion for Whites is 1 in 13. BME people are almost four times more likely to be living in the 1 per cent worst neighbourhoods for air quality.

These findings relate to the areas where BME households most frequently live. BME people tend to be city dwellers, to live in inner city areas close to city centres and to live close to arterial roads running from the city centres to the suburbs. The air quality in neighbourhoods with these locations tends to be much worse than in the suburbs or the countryside. This is also an indicator of relative neighbourhood prosperity and health inequality.
Housing Deprivation

Measures of housing deprivation have been developed.\textsuperscript{34} Research around housing deprivation shows that BME people experience an ‘ethnic penalty in England’s housing system that can only worsen as the housing crisis spirals. Some key conclusions from this research show that:

- BME housing deprivation reflects structural inequalities in the housing system that cannot be accounted for only by where BME people live, their relative socio-economic status, their age, household structure or their date of arrival in the UK.
- Black households are 75 per cent more likely to experience housing deprivation than Whites and Bangladeshi households are 63 per cent more likely.
- BME people who live in London, rent their homes, live in larger households, have children and are unemployed or studying are most vulnerable to experiencing housing deprivation.
- Recent migrants to the UK are more susceptible to housing deprivation than those born.

It is to individual measure of housing deprivation that the report now moves.

5.

Homelessness and Housing Needs

This section provides a review of the differing, and indeed more severe, housing needs of BME communities, covering homelessness, overcrowding, poor and indecent housing and fuel poverty. First though, it considers the projected growth in BME households.

Growth in Households

Differing growth in household numbers is key to variations in housing demand and needs, and the housing supply that is required to meet them, since all housing needs assessment models tend to incorporate projections of the number of newly forming households. However, there are no up-to-date projections of BME household growth, irrespective of immigration figures post-Brexit. But the much younger profile of most BME groups provides an in-built momentum for growth. Alongside, the greater number of extended and/or multi-adult families in the BME population, and higher levels of overcrowding (see late in this section), both suggest greater potential for new households forming and significant unmet housing need.35

A further indicator of the probable higher rate of household formation by BME groups is the geography of household growth. For example, while England will see a growth of 24 per cent in the number of households by 2039, for inner and outer London, the growth rate is projected to be over 40 per cent.

Some London boroughs, which correlate to concentrations of BME population are predicted to have even higher growth rates – Tower Hamlets at 71 per cent, Newham at 55 per cent, Hackney at 48 per cent, and Haringey at 44 per cent. Outside London, cities with large BME populations are also projected to record higher than national average household growth rates – Leicester (at 29 per cent), Manchester (at 28 per cent) and Birmingham (at 26 per cent).

Homelessness

BME households are more likely to be accepted as statutorily homeless by local authorities in England than White households, as shown in the chart over leaf. BME households were more than 1 in 3 of the total in 2015/16 in contrast to 1 in 7 of England’s population. BME people are also more likely to be among the non-statutory and/or hidden homeless.

35 DCLG (2016) Household Projections 2014 to 2039
Homelessness has grown disproportionately among BME communities: over the last twenty years, from about 16 per cent of total homeless acceptances by local authorities to more than 37 per cent.36

The proportion of homeless acceptances from households of various Black origins is 17.1 per cent of the total (minus acceptances with unknown ethnic origins) – much larger than their representations in the population overall. Households of Asian origin account for 9.6 per cent of acceptances and those from Other ethnic groups, 6.6 per cent; again far exceeding their population proportions.

However, this is not to state that more BME are becoming homeless; at least on statutory definitions. This is because the level of homelessness today is barely one third of that of two decades ago. That having been said, official homelessness, and poorly counted rough sleeping, have both been on the rise in recent years.

Since 2009/10, homelessness in England has risen by more than one third to stand at almost 60,000 homeless acceptances per year. The rise in homelessness amongst BME groups has exceeded this and, if it continues, will approach two fifths of all official homelessness in the next two to three years.

36 DCLG Live Tables on Homelessness
Overcrowding

BME households in England are more likely to be living in overcrowded housing than their White neighbours. Although overcrowding, defined as households with fewer bedrooms than the notional number recommended by the bedroom standard, decreased overall between 2001 and 2011, ethnic inequalities persist.

While only 6 per cent of the White population is classified as overcrowded, between 15 and 30 per cent of BME households are overcrowded depending on ethnic group (Black Africans and Bangladeshis are most overcrowded and Indian and Chinese households least overcrowded within the BME population).

Almost half of all overcrowded households are from a BME group. This rises to over three-quarters of overcrowded households in London. White households are more likely to be under-occupying, especially those over retirement age.  

The higher rate of overcrowding amongst BME groups is confirmed by an analysis at the neighbourhood level. As chart (8) above shows, 68.6 per cent of the BME population live in the 25 per cent most overcrowded neighbourhoods in England whereas for proportion for Whites is 20.6 per cent. Some 42.6 per cent of BME people live in the 10 per cent most overcrowded neighbourhoods compared with 6.8 per cent for Whites. And BME households are nine times more likely to be living in the 1 per cent most overcrowded neighbourhoods than Whites.

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Poor Housing

Around 15 per cent of BME households live in homes with at least one Category 1 HHSRS hazard (from the Housing Health and Safety Rating System, which focuses on health outcomes of a variety of housing physiological and psychological hazards).

![Chart (9) - Neighbourhoods with Poor Housing by Ethnicity](chart.png)

There are noticeable differences in this finding by tenure: 18 per cent of BME households living in the private sector households lived with a serious health and safety hazard compared with 8 per cent of those who lived in the public sector.\(^3\)

Chart (9) provides a neighbourhood perspective. Using data from ONS that estimates the probability of poor housing in all 32,844 neighbourhoods in England, from analyses associated with ‘indecent’ homes, it is clear that the BME population is more likely to live in poor housing than Whites. Almost half (46.8 per cent) of BME people live in the 25 per cent of neighbourhoods with the highest probability of poor housing. The figure for Whites is 22.8 per cent. More than 1 in 5 (22 per cent) of the BME population have homes in the 10 per cent of neighbourhoods with the poorest housing in contrast to 1 in 11 White people. BME people are also three time more likely to live in the worst 1 per cent of neighbourhoods.

BME households tend to be more concentrated in overcrowded, poor and energy inefficient housing than their White counterparts.

BME people are equally far more likely to live in fuel poor neighbourhoods, as chart (10) confirms. This neighbourhood analysis uses the ‘old’ definition of fuel poverty where households spending more than 10 per cent of their incomes on fuel are considered to be in fuel poverty.

More than half (52.8 per cent) of BME households live in the top 25 per cent of fuel poor neighbourhoods – double the rate for Whites. Almost one third live in the top 10 per cent and 7.6 per cent live in the 1 per cent worst fuel poor hotspots.

Given the level of housing disadvantage experienced by BME people, it is unlikely that they will fare better when economic disadvantage and social exclusion are considered in section 6.
6. Economic Disadvantage and Social Exclusion

This section focusses upon economic disadvantage and social exclusion experienced by BME communities. It begins with a review of various measures and the levels of poverty experienced by BME people in contrast to Whites, linked to economic issues, such as income, wealth, employment, education and training, and welfare.

It then moves on to explore neighbourhood-level multiple deprivation. Finally, social exclusion, especially related to health, crime and criminal justice, and social capital, are reviewed.

Poverty

Poverty is measured\textsuperscript{39} by the number of people living in households where incomes, after housing costs, are below 60 per cent of the average (median) income for the whole of society.

\textsuperscript{39} JRF Source (2015) Households Below Average Income (HBAI). Department for Work and Pensions
Chart (11) on page 32 illustrates significantly more BME people live in poverty, and that this has been so over the long-term. The poverty rate since 2002/03 has been consistently lowest among White people and highest for BME groups. In 2014/15, the poverty rate was 19 per cent for Whites – the same as thirteen years previously.

The proportion in poverty has increased amongst BME groups, however, from 34 to 36 per cent over the same period. Poverty is greatest, and has increased the most, for Black and Other BME groups (at 40 and 44 per cent in each case).

One further measure of poverty relates to the eligibility of families for free school meals. In 2012/13, the ethnic groups most likely to be eligible were the Bangladeshi group (at 38.5 per cent), the Gypsy/Roma group (at 47.8 per cent) and the Traveller or Irish Heritage group (at 62 per cent).

In 2010, nearly three-quarters of 7-year-old Pakistani and Bangladeshi children and just over half of Black children were living in poverty compared with about one quarter of White children of the same age. Over one third (38 per cent) of minority ethnic households are on means tested or certain disability related benefits (compared with 26 per cent of White households).40

### Income and Wealth

The National Equality Panel (NEP), analysing findings from the Wealth and Assets Survey (WAS),41 found that, prior to 2008 (and probably reasonably accurate today because of largely stagnant wages in the wake of the international financial crisis) White households had average (median) earnings of approximately £26,500 per annum. Households of Indian origin had the next highest average earnings of £24,300 (or 92 per cent of that for Whites). The average earnings for Black households were £19,000 (that is, 72 per cent of the earnings of Whites). Households of Pakistani and Bangladeshi origin earned on average around £14,000 and £13,000 respectively (or 53 and 51 per cent of earnings for Whites).

The NEP also discovered that BME groups had seen average falls in average earnings between 2009 and 2013 of about 10 per cent, whereas White households saw falls of approaching 4 per cent. Earnings have since picked-up post-2013 but the wages gap between BME and White has slightly widened. The WAS also revealed that there are considerable differences in median total wealth between ethnic groups. For White households, median total wealth is £221,000, but for households of Indian it is £204,000 (or 92 per cent of that of Whites). For households from a Pakistani background it is £97,000 (or 44 per cent of the wealth of Whites). The average wealth of

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40 http://www.irr.org.uk/research/statistics/poverty

Black households ranges from £76,000 for those of Caribbean origin (34 per cent of that of Whites) to £21,000 for households of African households (10 per cent of the wealth of White households). The lowest recorded average wealth was for Bangladeshi households (at £15,000 just 7 per cent of that of Whites).

Wealth disparities are partly explained by the larger proportion of Whites who own their homes outright, the ‘younger’ age profile of BME groups (a significant amount of wealth is stored in pension funds), and the generally lower economic status of BME people.

**Economic Activity**

Comparing the economic activity of total BME and White populations shows very little variation. Some 64.4 per cent of BME people are economically active, whereas the figure for Whites is slightly lower (at 63.5 per cent). However, only 7.4 per cent of the BME group are retired compared with 23.2 per cent for Whites. So stripping out the retired cohort paints a different picture.

Some 82.7 per cent of Whites are economically active in contrast to 69.5 per cent of BME. The unemployment rate for Whites is 5.4 per cent and for BME people, 9.1 per cent, although there have been some marginal improvements in employment rates for all ethnic groups since the Census 2011. However, there is evidence that BME people are moving more often into insecure forms of employment. White people are also slightly more likely to be self-employed (at 11.8 per cent) than the total BME group (at 9.1 per cent) although there are variations between BME groups. The growth in self-employment (and sometimes precarious self-employment) is a growing trend in the UK economy.

Within the economically inactive group, minus retired people, White and BME people are about as likely to long-term sick or disabled. However, BME households (at 7.9 per cent) are about twice as likely as Whites (at 4.3 per cent) to declare that they are ‘looking after the home or family’. This may be linked to the larger proportion of lone parent families in the BME population.

The employment domain of the IMD 2015 provides further insights into relative deprivation at the neighbourhood level. This domain quantifies the proportion of working-age people in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

Chart (12) over the page confirms that BME people are more likely than Whites to live in neighbourhoods with high unemployment stress.

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42 Nomis (2016) – Table DC6201EW from Census (2011)
44 Labour Force Survey (2015) Chart 3.3 Contributions to the Change on Whole Economy Employment Since 2008 Q2. ONS
More than one quarter (26.5 per cent) of BME people live in the top 25 per cent of unemployment hotspots compared with 13.3 per cent of Whites. Double the number of BME people to Whites live in the worst 10 per cent of neighbourhoods.

**Professions, Education and Training**

The Census 2011 reveals that White people tend to occupy the top jobs (managers, directors and senior officials) at a marginally greater rate than for people of various BME origins (at 11.1 per cent and 9.4 per cent respectively, and for Black people just 6.2 per cent). BME people also continue to be underrepresented in higher positions in public life. There is, however, higher representation in the professions by people of BME background than for Whites. Lower level jobs tend to be occupied at a greater rate by BME than White workers (10.9 per cent for Whites, 12.6 per cent for the BME group overall and 14.2 per cent for Black people). The caring and leisure industries also have higher concentrations by BME groups, especially those from various Black ethnicities (at 15.1 per cent compared to 9.2 per cent for Whites).

In England, data on attainment of five GCSEs grade A-C (or equivalent) shows that BME pupils tend to perform consistently below the national average. However, when looking at the highest level qualifications for adults, the picture is more mixed. BME people without any qualifications (at 17.3 per cent) are outnumbered by Whites (at 23.2 per cent), although this may reflect the ‘older’ age structure of the White population: less likely to have accessed higher education.

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45 Nomis (2016) – Table DC6213EW from Census (2011)
47 Nomis (2016) – Table DCS209EWla from Census (2011)
Analysis of education and training by neighbourhood largely confirms this. The education, skills and training domain of the IMD 2015 measures the lack of educational attainment and skills in the local population relating to both children and adults. People from BME backgrounds more frequently live in the 25 per cent of neighbourhoods assessed as most deprived on the education and skills domain (at 25.6 per cent compared with 19.5 per cent for Whites). Yet this differential is somewhat smaller than for other domains of the IMD 2015. Some 10.2 per cent of BME groups live in the 10 per cent most educationally deprived but the proportion for Whites is only marginally smaller (at 8.1 per cent).

BME groups are underrepresented in the top jobs in the private and public sectors but their adult educational attainment is now outstripping that of the White population.

Multiple Deprivation

Turning to multiple deprivation, the IMD 2015 provides a combined index of relative measures of disadvantage, based on seven varied domains (see explanation of page 4 of the introduction to the report). This provides the best and most up-to-date evaluation of which ethnic groups live in the poorest and most affluent neighbourhoods.

Chart (14) overleaf describes the ethnic breakdown for the 1, 10 and 25 per cent most deprived neighbourhoods. From the chart, it can be concluded that BME groups tend to live more often in the deprived 25 per cent of neighbourhoods (at 26.5 per cent as opposed to 10.4 per cent of Whites). For the 10 per cent most deprived neighbourhoods, BME groups are almost three times more likely to be living there than Whites people.
Welfare Reform

Equality impact assessments of recent government Comprehensive Spending Reviews (CSRs) have concluded that welfare reforms, especially the Bedroom Tax, and reductions in expenditure on local authority services disproportionately affect BME groups.

This is in some degree because some services are used more by BME people, including services targeted low income people. The impact of benefit caps on BME communities is also profound with households affected including about 40 per cent BME (2.5 times their representation in the population of England).  

BME communities are also more likely to be disproportionately impacted by Universal Credit (UC) since more live in poverty, receive benefit and/or tax credits, and live in large families (this also applies to the Bedroom Tax). They also have fewer financial resources to cope with delays in payment. Language barriers and higher levels of digital exclusion will make it more difficult to apply for UC with associated sanctions.  

Coupled to recent changes in housing, planning and immigration law, welfare reforms are impacting at a greater rate on BME communities by dint of their generally lower economic status reliance upon benefits, household structure and greater tendency to live in social housing.

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Health

BME groups, although broadly experiencing the same range of illnesses as the White population, have a greater tendency to report poorer mental and physical health than the general population, and to have higher levels of child mortality. Health inequalities associated with ethnicity are also drive by the likelihood that BME groups experience greater levels of the social determinants of health, such as poor housing, neighbourhoods and environments, as this section of the report has described on the previous pages.

![Chart (15) - Neighbourhoods by Years of Lost Life by Ethnicity](Source: ONS Index of Multiple Deprivation (2015))

Higher standardised mortality and morbidity rates are also more common among BME groups. Chart (15) confirms that BME people are more likely to live in neighbourhoods with more ‘years of life lost’ per 1,000 head of population. One in five BME households live in the 10 per cent of neighbourhoods with the highest standardised mortality rates compared with 1 in 25 of Whites.

Studies of variations in life expectancy at birth in Birmingham, found that those households living in inner city areas, where the majority of BME people live, have between ten and twelve years less life than those, predominantly White people, living in the affluent suburbs. It is no coincidence that word ‘poorly’ is used as a commonplace substitute for ‘ill’. Being poor kills; it shortens life, heightens morbidity and lowers quality of life. Where people are born is still the major indicator of how they do in life and how healthy they are.

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Criminal Justice

The recent report\(^{53}\) of the EHRC, said:

“It is undeniable that some ethnic minorities are significantly overrepresented in the criminal justice system. Ethnic minorities are also more likely to be a victim of race hate crime. Relative to the population, the rates of prosecution and sentencing for Black ethnic minorities in England and Wales were three times higher than for White people. The rate of incarceration for ethnic minorities is over five times that of White people. Ethnic minorities in police custody in England and Wales were significantly more likely to be physically restrained than White people.”

Analysing the IMD 2015 crime domain shows that BME people are no more likely to live in ‘high crime’ neighbourhoods than Whites. Combined with the ECHR findings, this suggest that BME neighbourhoods are no less ‘law abiding’ than their White counterparts but that BME people may be greater victims of crime and on the rough end of the nation’s criminal justice system.

Social Capital and Community Safety

Some limited analyses of concepts of social capital were undertaken by the ONS by ethnic group in 2011 to 2012.\(^{54}\) Questions were posed that sought to measure divergences on views by ethnic group about trust, community safety and a sense of belonging at the neighbourhood level. The results reveal that:

- Some 66 per cent of Whites trust people in their neighbourhoods compared with between 42 per cent (Black) and 62 per cent (Asian) of BME groups.
- More White people (at 71 per cent) feel that neighbours are willing to help than for BME groups (ranging from 55 per cent for Blacks to 70 per cent for Asians).
- White people also more frequently state that they feel they belong to their neighbourhoods, are safe after dark in their neighbourhoods, and think that they get along with their neighbours.

All of these findings are closer between Whites and BME groups in urban neighbourhoods rather than those in rural areas.

Finally

The report has only skimmed the surface of the available data on disparities between economic, social and housing positions of BME groups compared with the White population. However, sufficient evidence is available to point to much more concerted and comprehensive action being needed to confront ethnic inequalities.


\(^{54}\) https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/socialcapitalacrosstheuk/2011to2012
Select Bibliography


Forty Years of Struggle

A Window on Race and Housing, Disadvantage and Exclusion

Kevin Gulliver

Foreword by Cym D'Souza, Chair of BMENational

‘Forty Years of Struggle’ is a new report by the Human City Institute reviewing progress on tackling racial disadvantage, discrimination and exclusion, especially in the housing field, four decades on from the enactment of the Race Relations Act 1976. The report has been produced in partnership with BMENational, the representative body for black and minority ethnic (BME) housing organisations in England, to support its campaign for the continuance and advancement of the BME housing sector. The report also marks the thirtieth anniversary of the publication of the first BME Housing Strategy, published by the then social housing regulator, the Housing Corporation in 1986. The report underscores that, while progress has been made in the relative disadvantage of BME communities since 1976, there is still much to be done.

The report illustrates how discrimination in the housing market, although having receded since the 1970s, still consigns BME people more frequently to poorer, overcrowded, inadequate or fuel poor housing in the most disadvantaged neighbourhoods. One in three homeless people are BME – twice as many as would be expected. BME communities are also far more likely to experience discrimination in the criminal justice system, to be victims of homicide, to suffer health inequalities, to face higher rates of unemployment rates, to earn lower wages, to live in poverty and still to be hugely under-represented in positions of power. Community cohesion has also receded post-Brexit with reported racist attacks on the rise. The combined impact blights the lives and life chances of BME people.

The report concludes that BME housing organisations, which are embedded in neighbourhoods marked by their diverse ethnic mix, providing culturally sensitive and highly valued local services, have confronted discrimination, promoted community cohesion and bolstered life chances of BME people for many years. It is crucial for continued action to reduce racial discrimination and exclusion at the neighbourhood level for BME housing organisations to continue their housing and community investment work, which stretches back four decades, far into the future.

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