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Overall trends

In this section...

- Overall trends for London are discussed
- An overview is provided by type of inequality
- An overview is provided relating to ethnicity.

The indicators: summary of trends

Table 9 summarises recent trends for the 10 indicators in London. Measurements for all seven health determinants have improved since the mid-1990s. In the latest year for which data are available, there have been improvements in GCSEs, housing fitness, the domestic burglary rate and the road casualty rate. However, the crucial determinant is probably the unemployment rate, and this has been stagnant. Health is continuing to improve, as demonstrated by increases in life expectancy and decreases in infant mortality, although self assessed health status has remained fairly constant.

Inequality

Area

Table 10 on page 108 demonstrates the contrasts between London boroughs on all 10 indicators. These contrasts would be greater for wards. Among the 7 determinants, there has been one significant change from last year – the narrowing of the range for domestic burglary. Lambeth has reduced its burglary rate by 18 per cent and is no longer the highest risk area. Operation Safer Homes, which concentrated on priority boroughs, has probably contributed to this change. However, street crime has almost ceased to fall, perhaps because it is less in focus than before. Police and partnership initiatives on one type of crime need to be monitored for their effects on the rest.

In burglary and road casualty rates, London has narrowed the gap with national figures in the last year.

The gap in life expectancy between boroughs is very similar to previous years' reports. Although the boroughs

with the highest and lowest life expectancy change from year to year, this is likely to be a result of changes in underlying population estimates. Real trends in life expectancy will be more reliably assessed once revised population estimates based on the 2001 census are released.

The gap in infant mortality rates between boroughs has also remained fairly constant. Again, the boroughs with the highest and lowest rates do change from year to year, and this is a result of random variation in the number of infant deaths each year. Despite this, however, the group of boroughs with the highest and lowest rates remains similar from year to year.

This is the first time we have been able to present standardised good health ratios for London boroughs, London and England. This is the only indicator where London fared better than England as a whole, with approximately 3 per cent more males and females who reported their health as good in London. Despite this, there are areas of London which had a lower than average proportion reporting their health as good.

Boroughs that fare badly on one health determinant also tend to fare badly on others. For example, someone living in Islington is more than twice as likely to be unemployed as a resident of Bromley, more than three times as likely to live in unfit housing, nearly three times as likely to be burgled and 50 per cent more likely to be a road casualty; the proportion of children gaining good GCSEs is half as much again in Bromley. However, some boroughs, like Wandsworth and Croydon, have a mixture of good and bad results on the indicators.

Although inner London fares worse on all the health determinants, the

Table 9 Determinants of health and health outcomes for London: Recent trends

Indicator	London Trend
Unemployment rate	After an eight year fall, rose in 2002; little change in 2003.
Unemployment rate among black and ethnic minority people	The gap with White people has widened since 1985, but unemployment rates for all groups are lower now.
Educational attainment: percentage of pupils achieving 5 GCSE grades A*-C	Still rising.
Proportion of homes judged unfit to live in	Falling slowly since 1997 (improved fitness). Latest figures April 2002.
Domestic burglary rate per 1000 resident population	Rose or stabilised in 2001/02, after a seven year fall; fell again in 2002/03.
Air quality indicators – NO ₂ and PM ₁₀	Subject to weather changes; improved for most pollutants since 1996, but ozone concentrations worse.
Road traffic casualty rate per 1,000 resident population	Improved in 2001 & 2002. Total casualties 9 per cent below 1994-1998 average; casualty rate also down.
Life expectancy at birth	Increasing, but figures are distorted by alterations to population estimates since the 2001 Census.
Infant mortality rate	Falling consistently throughout the 1990s and the early part of this decade.
Proportion of people with self-assessed good health	Has remained fairly constant.

inner/outer classification is not exact. Haringey, for example has poor results on most of the indicators and resembles some inner boroughs in its socio-economic profile.

The maps of the three health outcome indicators are very similar. Many boroughs such as Newham, Hackney and Tower Hamlets fare badly on more than one indicator. Others such as

Richmond and Kingston fare well on more than one indicator. However, many boroughs do well on some indicators and badly on others. For example, Brent had the highest infant mortality rate in London in 2000-2002, but had above average female life expectancy.

Comparison of map patterns shows a rough similarity between education and unemployment, with deprivation more

Table 10 Health determinants and health outcomes: Summary of area comparisons

Indicator	Range		London	National
Unemployment rate – census 2001 ^a	3.6% Sutton	12.3% Newham	6.7%	5.2% (England & Wales)
5 GCSEs A*-C, 2003	67% Kingston-upon-Thames	35.7% Greenwich	50.6%	51.1% (England)
Unfit housing, HIP data, April 2002	3.3% Bromley	18.8% Newham	6.9%	6% (England)
Burglaries per 1000 residents, police records, 2002/03	4 Kingston-upon-Thames	17.3 Hackney	9.8	8.3 (England and Wales)
Road casualties per 1000 residents in 2002	3.4 Harrow	12.9 Westminster	5.6	5.3 (GB)
Male life expectancy at birth 2000-2002	77.8 Richmond	72.7 Tower Hamlets	75.7	76 (England)
Female life expectancy at birth 1999-2002	84.1 Kensington & Chelsea	78.9 Tower Hamlets and Newham	80.7	80.6 (England)
Infant mortality rate 2000-2002	3.0 Kingston-upon-Thames	8.8 Brent	5.7	5.4 (England and Wales)
Male standardised good health ratio 2001	109.4% Richmond	92.8% Tower Hamlets	103.3%	100% (England)
Female standardised good health ratio 2001	111.0% Richmond	91.3% Newham	102.6%	100% (England)

^a The figures are residence based, provided by GLA. They differ from the government figures, which are based on the local workforce.

Note: Borough figures would not be meaningful for air quality, but Maps 5 and 6 show the distribution of pollutants.

concentrated in the inner east. Burglary and road casualty maps, on the other hand, show a concentration in the central boroughs and in a corridor to the west. Housing comes into a category of its own.

Gender

Men have higher unemployment rates than women, but the difference is greatest in the 55-64 age-group.

Long-term trends in different ethnic groups show that women's unemployment rates are less volatile than men's.

The gap between London boroughs with the longest and shortest life expectancies for men has narrowed since 1999-2001, but the gap between London boroughs for women's life expectancy has increased over the same period.

Disability and/or ill health

Last year's *Health in London* report focused on disability and contains more detail. This showed that disabled people fared worse on the seven determinants of health, and suggested that people with learning difficulties and mental health needs were particularly at risk.

The most significant new findings in this report are from the English House Condition Survey 2001 (ODPM, 2003a). This shows, for example, that disabled/long-term ill people are at risk in private tenancies (see page 69).

Other dimensions of inequality

- Parental **occupation** is closely related to labour market and educational achievement. The 2001 census also shows the strong connection between a person's previous occupation and unemployment.

- This report contains new evidence on the relationship between **income** and housing fitness, and between children's eligibility for free school meals and educational attainment.
- The 2001 census provides new evidence on the link between **qualifications** and labour market achievement.
- The census also shows the strong connection between unemployment and **social housing**.

The English House Condition Survey 2001 associates a number of factors with unsatisfactory housing, such as living alone or in multi-adult housing, and residence in the same home for 30 years or more. (ODPM 2003a)

For information on social class and child pedestrian road accidents, see the *Health in London 2002* report.

Focus on ethnicity

The indicators

The information on ethnicity and the ten indicators, though not complete, is much better than that on disability (the focus of last year's report). Good national data are to hand on unemployment, education, housing and crime (although the last two are based on samples, which means that categories have to be merged). There is also good information for London on unemployment (especially from the census) and education; more patchy data are available on crime and road casualties. The 2001 census will also provide useful information on several aspects of housing and ethnicity at local and regional level (though not on fitness or the decent homes standard) and on ethnicity and self-assessed health status.

In general, non-White groups fare worse on the indicators for which data are available – unemployment, GCSE attainment, unfit housing, domestic burglary, road casualties and self-assessed health status. The evidence is most clear-cut for the first three of these and for self-assessed health status:

1. Non-White groups are more than twice as likely as White people to be **unemployed**. Bangladeshis are most at risk, while Indians are only slightly more at risk than White people. Youth unemployment is highest for the three Black groups.
2. **GCSE attainment** is below average for most non-White minorities, especially Black Caribbeans. (If non-census categories are included, Gypsy/Roma and Travellers of Irish Heritage have the lowest attainment levels). Pakistanis, Bangladeshis and Black Africans have intermediate results, which vary in different regions. Indians and Chinese perform well above average.
3. The English House condition Survey 2001 found that Asians had the least satisfactory **housing**. Evidence from other sources shows that Pakistanis and Bangladeshis are much more at risk than Indians. London research found that Bangladeshis had the highest levels of housing need. Housing conditions are also below average for Black groups, especially Black Africans.
4. Non-White groups are more likely to be burgled but are not necessarily at greater risk of **crime** overall. Pakistanis/Bangladeshis are most likely to be the victims of crime in general and racist crime in particular. Police figures for London indicate that Afro-Caribbeans tend to be victims of

serious crimes like murder and rape. White people are at greatest risk of assault.

5. Evidence from a number of countries suggests that children from ethnic minority backgrounds suffer a substantially greater risk of pedestrian **road casualties** than do their peers in the majority population. Research in the UK indicates that Afro-Caribbean children in London and Asian children in some other regions tend to be casualties.
6. Information from the 2001 census looking at self-assessed health status among those over the age of 50 shows that the percentage who reported their health as not good was highest in the Bangladeshi and Pakistani groups, but also high in the Indian and Black Caribbean groups. The White British group had the lowest percentage that reported not good health.

A composite indicator would probably show that among non-White minorities, Bangladeshis score lowest on the health determinants and Indians the highest.

Factors affecting ethnic inequalities

Occupational background and economic disadvantage have an important bearing on the labour market and educational achievement of ethnic minorities, and on their experiences of crime, but this is not the whole story:

- When a range of socio-economic and other factors are controlled, large 'net' differences in unemployment rates remain.
- A similar detailed analysis has not been carried out for education yet. It is known that economic factors alone cannot explain all the differences,

although they are important for some groups, like Africans.

- In crime, socio-economic and demographic factors do appear to explain most of the difference, but there remains the significant issue of hate crime for all ethnic minorities.

This type of information is not available for housing or road casualties.

The residue, or net differences, cannot be completely 'explained' but there is strong qualitative evidence. Language and recency of migration are important for education. Cultural and lifestyle factors almost certainly play a role, for example in the strong educational performance of the Chinese, and in certain types of crime risk. Discrimination and prejudice are significant factors in employment, education and crime victimisation, but may be most extensive in employment. There is little recent evidence in the housing field, although some practices can have an indirect discriminatory effect (ODPM, 2003b).

This report, by its nature, cannot consider the dynamic interaction between factors. The census provides some hints, for example in the close connection between social housing and unemployment. Poor estates can deter business investment and lack of money can make it difficult for people to move out. This type of area analysis will be timely, now that the census has been published.

Long-term trends

There is evidence that ethnic inequalities in employment, education, housing and crime are very persistent. (Information on long-term ethnic road casualty trends is not available). Only for unemployment can the degree of inequality be reliably

measured over time; the results show that in the last twenty years, the gap has widened, although unemployment itself is lower for everyone. In education, housing and crime, there have been persistent problems for some groups.

There are also some encouraging signs. For instance:

- There is evidence that British-born people from ethnic minorities have made progress in terms of earnings and access to professional/managerial jobs. It is in unemployment that least economic progress has been made.
- There has been a steady rise in the employment rate of women in non-White groups. Qualifications are helping Pakistani and Black African women into employment.
- Good educational data are now available for the first time, and they indicate that, given the right policies, several groups should reach or surpass the average level before long. Quite a lot is known now about good practice in multi-ethnic schools and LEAs; this needs to be put into effect consistently.

The most recent crime analysis suggests that ethnic minorities may no longer be at greater risk of crime overall, but this needs to be confirmed by further information.