

Section 5

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 disability.
- Some conclusions are drawn about inequality trends.



Discussion

Table 13 summarises recent trends for the 10 indicators in London. All seven health determinants have improved since the mid-1990s but for unemployment and burglary, there has been a slight deterioration compared to the previous year. The unemployment figures reflect an economic slowdown, which will probably affect ethnic minorities as well (although this has not yet become apparent). The burglary rate and street crime rose after the terrorist attacks of September 11th 2001, but it seems that the crime wave following these events is now under control. The previous report showed that life expectancy is generally increasing nationally and in London. However, these trends need to be revisited when new population estimates for 1991–2000 based on the 2001 Census are available. Infant mortality is decreasing as well, but there is insufficient information to determine trends in self-assessed health status, although the previous report showed it had remained constant.

The general improvement since the mid 1990s must be weighed against doubts about the value of some of the indicators (e.g. GCSE performance), and setbacks in other respects (ozone increases, ethnic inequality). Moreover, the economic slowdown could have a negative effect on some of the determinants.

Inequality

Area

Table 14 (on page 70) demonstrates the contrasts between London boroughs on all 10 indicators. Compared with the last year, the gaps are wider for burglary, housing and road casualties, both proportionately and in percentage points (but casualty rates are affected by a

major revision in the population estimate for Westminster). Only in education has there been a narrowing of the range of any note.

Boroughs that fare badly on one indicator also tend to fare badly on others. For example, someone living in Hackney is three times as likely to be unemployed as a resident of Harrow, more than twice as likely to live in unfit housing, nearly twice as likely to be burgled and twice as likely to be a road casualty; the children's success at GCSEs is half that of their contemporaries in Harrow. However, there are exceptions in this overall trend in inequality by area. For example, Lewisham and Southwark are deprived inner city boroughs with low levels of unfit housing.

Although there is a considerable degree of overlap between the indicators, there is also some independent variation, which can easily be discovered by a comparison of the maps. Inner London fares worse on all the indicators, although for housing fitness the distinction is only slight. (A classification based on deprivation indices would not entirely coincide with the inner/outer division). East London tends to have higher unemployment and lower educational achievement. There is a rough similarity of pattern for the unemployment and education maps. In contrast, the road casualty and burglary rates tend to be concentrated in a corridor to the west and again, there is a similarity between the two patterns. Housing comes into a category of its own.

Ethnic group

Non-white groups fare worse on all the indicators for which data are available - unemployment, education, burglary, unfit housing and road casualties. For the

Table 13 Determinants of health and health outcomes for London: Recent trends

Indicator	London trend
Unemployment rate	Rose in 2002, after an eight year fall
Unemployment rate among black and ethnic minority people	New categories – not comparable with earlier years. Effects of 2002 economic slowdown not yet known. Gap with white people has widened since 1985.
Percentage of pupils achieving 5 GCSE grades A*–C	Still improving
Proportion of homes judged unfit to live in	Falling slowly since 1997 (improved fitness)
Burglary rate per 1000 resident population	Rose or stabilized in 2001/02, after a seven year fall.
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 1000 resident population	Improved in 2001 over previous year, and 6% below 1994-1998 average
Life expectancy at birth	The previous report showed that life expectancy is generally increasing nationally and in London. However, these trends need to be revisited when new population estimates for 1991-2000 based on the 2001 Census are available.
Infant mortality rate	Decreasing in London and nationally.
Proportion of people with self-assessed good health	Probably has remained constant.

first of these, reliable London data are to hand; for the other four, the figures are national. The road casualty information is sketchy and applies to Asians.

The gap between white and non-white is wide for all these determinants, though less so for burglary. However, the information on crime is somewhat conflicting and requires further investigation.

The most well-documented indicator, in this report, is unemployment. Here, there is clear evidence that the ethnic divide has grown since 1985, both in London and in Great Britain. Recent figures suggest that this gap may be widening still. Structural changes in the economy account for some of this trend. There is also evidence of an ethnic penalty, because non-white people are at a disadvantage within each social class,

Table 14 Health determinants and health outcomes: Summary of area comparisons

Indicator	Range		London	National
Unemployment rate – claimant count, Oct. 2002 ^a	2.0% Havering	12.0% Tower Hamlets	4.9%	3.2% (GB)
5 GCSEs A*-C, 2002	64.8% Sutton	31.1% Hackney	48.5%	49.5% (England)
Unfit housing, HIP data, 2000/2001	1.6% Sutton	18.3% Newham	7.0%	Not available, but thought to be lower
Burglaries per 1000 residents, police records, 2001/02	4.4 Kingston-upon-Thames	20.3 Lambeth	10.3	8.3 (England and Wales)
Road casualties per 1000 residents in 2001	3.8 Harrow	15.1 Westminster	6.2	5.5 (GB)
Male life expectancy at birth 1999-2001	78.5 Kensington & Chelsea	72.5 Newham	75.4	75.8 (England)
Female life expectancy at birth 1999-2001	83.1 Kensington & Chelsea	78.5 Newham and Islington	80.4	80.5 (England)
Infant mortality rate 1996-2001	3.4 Kingston-upon-Thames	8.6 Lewisham	5.9	5.7 (England and Wales)
Self-assessed good health	65.5% Barking and Dagenham	76.3% Richmond	70.8%	68.7% (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.

age-group and qualification level. This suggests that no single remedy will help; a combination of general improvements in the economy and remedial and anti-discriminatory measures is required.

The broad consideration of white and 'other' groups blurs important differences between, for example, Africans and Caribbeans, Indians and Pakistanis. The 2001 Census will also, for the first time, produce separate information about Irish people, whether born in the UK or not.

In several ways, the experience of Indians is similar to white British people in their living standards. In contrast, Bangladeshis are the most deprived of all the ethnic groups, as described in last year's report and again confirmed in recent unemployment figures.

Gender

Women fare better than men on the life expectancy, unemployment and education indicators, and these differences have persisted over the years. There are no indicators on which men do better.

These general observations need to be qualified, because the report is selective and does not consider, for example, the higher incomes of men. There are also particular groups of women who are at a disadvantage in relation to the health determinants:

- Indian, Bangladeshi and Pakistani women have higher unemployment rates than men.
- On the whole, men spend less time at home, and are less likely to experience the effects of unfit housing.
- Lone parent households are especially prone to burglary, and most lone

parents are mothers. Women in general also express more fear of crime.

Age

No significant new findings since last year's report. Continues to be a major element in health inequality.

Social class

No significant new findings since last year's report. However, this also continues to be one of the most important dimensions of health inequality.

Other dimensions of inequality

A range of other features separate people on the indicators. Single parent status is associated with higher infant mortality, a higher risk of burglary and (in international research) with higher road casualty rates among children. Also important is the quality of the area; graffiti, rubbish etc. are associated with crime and unfit housing. Some types of London road user, like motorcyclists and child pedestrians, are especially at risk.

Disability

Disability is not monitored in the official statistics relating to this report, with the exception of the Labour Force Survey. Information on the other health determinants is patchy, although there has been some useful research. The British Crime Survey and The English House Condition Survey contain some questions which can be used nationally, but the amount of published information is limited. The HIP returns contain figures on housing adaptations but they relate to properties, not people. Figures on educational achievement do not separate physical and mental impairments. Records are

kept of special educational need, which overlaps with disability but is not the same.

A case could be made for including disability in the figures for police-recorded crime and road casualties, and for publishing regular information on education and disability, separating different kinds of impairment.

Despite these limitations in the data, one can draw some tentative conclusions at this stage, as follows:

- **Disabled people fare worse on all seven determinants of health for which information is available.**

There are large inequalities in unemployment, both for white and ethnic minority disabled people. Disabled people have much lower educational qualifications, although only a small minority are mentally impaired. Their levels of housing fitness may be about average, but a high proportion live in housing unsuitable for their needs and they are more likely than others to live in run-down neighbourhoods. The figures for crime are somewhat conflicting but there is evidence that in deprived areas of London, they are especially vulnerable to home-related crimes and to threats and abuse outside the home. Finally, poor air quality is more dangerous for people with a pre-existing condition, like asthma.

- Research on crime and housing suggests that their impact on disabled people may be especially heavy in deprived areas or where other risk factors come into play.
- Studies of long-term trends show that the unemployment and earnings gap between disabled and non-disabled

people grew between 1979 and 1997. Structural changes account for some of this, but the gap has also grown within each occupational group. Even when qualifications and age are taken into account, disabled people have significantly higher unemployment rates and lower pay. There is consistent reporting of discrimination, but little agreement on its extent. It is too early to assess the effects of the Disability Discrimination Act 1995.

Such evidence as there is, suggests that people with learning difficulties experience serious disadvantages on several of the health determinants – unemployment, education, road casualties and perhaps crime (e.g. burglary by fraud). **People with mental health needs also have a very high unemployment rate but there is a lack of information on this group generally.**

The severity of a person's impairment is strongly related to unemployment, lack of qualifications and probably other health determinants as well. One analysis of trends up to 1997 argues that whereas the least impaired people have gained from changes in the economy and the benefits system, the position of severely impaired people has deteriorated (Burchardt 2000). This is an area that needs further research and action.

These statistics say nothing about the experiences of disabled people themselves, but some research projects quoted in this report have attempted to do this. The common message that seems to emerge from this research is one of frustration:

- 28 per cent of disabled Londoners of working age would like to work, but do not have a job (Labour Force Survey).

- More than 40 per cent of disabled people felt that teachers had underestimated their ability, in one 1994 survey (Lamb and Layzell, quoted in Christie 1999).
- Severely impaired children living at home in the north of England wanted more independence, privacy and space.
- Many disabled people who had experienced crime in Hammersmith and Fulham wanted more and better locks and stronger doors, especially in the public sector; there was frustration at the lack of response from the Council and their inability to afford these measures themselves (this was in 1993).

These people feel frustrated, not by their impairments, but by barriers in the external world. Changes in this world can have a major effect on their quality of life. Examples of possible changes can be found in Section 3. Some of these are repeated below to illustrate how a range of indicators can be used by local communities to help build up a broader picture of issues affecting disabled Londoners and to identify implications for action:

- **Unemployment.** When employees become disabled, employers can help to retain them by physical adaptations, allowing a slower pace of work, flexible working conditions and creating a less stressful environment (Burchardt 2000).
- **Educational attainment.** The Centre for Studies on Inclusive Education is urging the government to phase out special schools (Community Care).
- **Proportion of homes judged unfit to live in.** The Rowntree Trust in 1998

recommended a review of the legislative structure, which separates disabled children from adults (Oldman and Beresford).

- **Domestic burglary rate.** A report on crime and disabled people recommended more home security initiatives, low cost insurance schemes, better street lighting, and training in self-defence and assertiveness.
- **Road traffic accidents.** PUFFIN crossings are useful for people with hearing impairments; extra safety measures, like guardrails, should be installed outside special schools. Roadside training should be given to people with learning difficulties (TRL 2002).

In a review of the literature in 1998, Barnes et al found that disabled people themselves reported inadequacies in education and the benefits system as the two major obstacles to progress in the labour market (quoted in Christie 1999).

More information is required to assist policy. Gaps in the official statistics have already been mentioned. There is a also need for research on:

- the experiences of disabled people from ethnic minorities
- the experiences and needs of severely impaired people.

Inequality trends

Last year's report reached the conclusion that although, over the years, the health determinants and health have improved, inequalities have not. (For more details on the persistence of these inequalities, see *Health in London 2002*).

That conclusion was probably not strong enough. Research suggests the following:

- Between 1979 and 1997, the position of disabled people in the labour market deteriorated somewhat. This trend probably applied most to people with severe impairments. (DfEE RR133 1999; Burchardt 2000).
- In London and Great Britain, the ratio of non-white to white unemployment has grown since 1985. (Labour Market Trends, January 2001).

Structural changes in the economy account for these trends only in part. When age, qualifications and occupational level are controlled, ethnic minorities and disabled people are still at a disadvantage. Discrimination is widely reported by ethnic minorities and disabled people and has, in some cases, been well demonstrated.

There is no simple solution for these persistent and growing inequalities, and the situations of ethnic minorities and disabled people are not the same. Both are very diverse groups. But while lessons need to be learnt from the failures of the past to help provide more effective remedies, progress is indeed being made in a number of areas, including improving access to information and supporting action to achieve change. This gives cause for optimism and working in partnership with communities has already begun to make a real difference. The London Health Commission will publicise these developments at a later date.