



How racism affects health



Contents

4	Foreword from the Runnymede Trust
6	Foreword from the Health Foundation
8	Executive summary
10	1. Introduction and context
19	2. Employment and health
29	3. Wealth and health
42	4. The lived environment and health
54	5. Conclusion
56	Endnotes

Foreword from the Runnymede Trust

Half a year ago we witnessed some of the UK's worst racist riots, which continue to haunt communities of colour across the country. We were universally outraged at the overt nature of this violence. But there is still overarching silence on the manner in which deeper and more silent forms of racism operate within the everyday structures of our society – the labour market, housing systems and lived environment – and how this inflicts a stealthier, ongoing harm. These harms often transpire as unequal and inferior health for people of colour, rarely generating headlines, but are no less part of the way racism works. A genuine reckoning with racism therefore requires us to extend our attention to address these underlying racist structures.

Frustratingly, this should not be news. Five years ago, the pandemic revealed not only how deeply unequal the UK is, but how racialised those inequalities are. It laid bare how certain people were overexposed to the virus, which ought to have been indiscriminate in its impact. For certain communities of colour, outcomes were directly linked to unequal housing and employment. Many people of colour had greater exposure to the virus at work, less ability to shield because of housing conditions and more difficulty accessing essential health services, leading to highly disproportionate death rates over the first wave.

This report shows how the building blocks of health are experienced unequally by different communities of colour, and that there are patterns of inferior experience and greater hardship that cannot be explained through social class status alone. It shows how structural racism is a defining factor, not only acting to compound worse experiences shared by working-class communities generally, but to explain why people of colour are often locked into that social class status in the first place. Although this report does not explore the historical and colonial factors that shaped these disparities, it is important to acknowledge that many of these outcomes have their roots in earlier legacies of exploitation, extraction and associated migration patterns.

Occasionally, when a particularly harrowing story flashes in the headlines – such as the deaths of two year old Awaab Ishak and nine year old Ella Adoo-Kissi-Debra described in this report – we have had moments of recognition. But mostly we see stubborn ignorance to racialised patterns and a reliance on diffusing the matter solely as a ‘social-class issue’, or distraction by wanting to debate the genetic predispositions that some people may have to poor health. Neither is helpful. It is well overdue for us to reckon with the ways structural racism designs and limits the health experiences and outcomes for many working-class people of colour in the UK. This report provides some of that context and data.

The new government’s mission-driven strategy, in particular to prevent ill health, is a welcome one. We now invite the government to recognise and address structural racism as a pillar to support a holistic approach. Better health for all cannot be realised without a diagnosis that understands how racism determines health. ■



Shabna Begum,
CEO,
Runnymede Trust

Foreword from the Health Foundation

In the decade prior to the pandemic, improvements in life and healthy life expectancy stalled in the UK overall, and went backwards for some, and health inequalities grew. These trends are worrying but far from inevitable.

Our health thrives when we have the right building blocks in place – such as a good start in life, high-quality employment with a fair wage and decent, affordable homes. These give people a solid frame to withstand life's shocks and challenges. Yet high-level trends show these remain out of reach for too many, with increasing consequences for people's quality of life, demand on services and economic productivity.

This report shows how people of colour experience three of the key building blocks of health. In doing so it exposes uncomfortable truths about the opportunities people have to be healthy and the role that race and racism play. Although the picture is complex and there is no single story for any ethnic group, the report highlights how some people of colour have worse access to employment, income and housing. Intersections with other factors play a role, such as poverty, migration routes and regional economic opportunities, yet the differences in experiences and outcomes across multiple measures cannot be ignored.

Understanding the impact of systemic disadvantage on the health of people of colour has been hampered by incomplete data and challenges in reflecting patterns of inward and outward migration. However, analysis by the Health Foundation has shown that once standardised for age, the differences in diagnosed ill health observed by ethnicity are wider than those observed by other factors, such as socioeconomic deprivation and region. Diagnosed ill health is higher among people of Pakistani, Bangladeshi and Black Caribbean ethnic backgrounds than people from white ethnic backgrounds and lower for some other groups, including Chinese, Black African and Indian.

Analysis of mortality rates by country of birth shows that for every ethnicity (including white), mortality rates are higher for people born in the UK than those born outside the UK. This 'healthy migrant' effect masks the experience of those born in the UK and, when removed from the data, the extent and patterning of inequalities in health by ethnicity, for people born in the UK, is starker than previously understood.

Labour's manifesto committed to halve the gap in healthy life expectancy between regions and to improve healthy life expectancy overall. Turning this rhetoric into reality will require a bold cross-government strategy, with strong leadership and clear accountability mechanisms in place. Such a strategy will be strengthened by curiosity, understanding and concerted action to address racism. ■



Jennifer Dixon,
Chief Executive,
The Health
Foundation

Executive summary

Many aspects of our lives impact our health and how long we live, including whether we can access the essential building blocks of good health. This report explores how race intersects with three of those key building blocks – employment, wealth and the lived environment. It concludes that racism acts to reduce opportunities and therefore needs to be understood as a determinant of health. The reasons for this are complex and there is no one story of advantage or disadvantage. However, we know that many people of colour experience significantly worse health outcomes than the White British population.

Good-quality and secure employment are drivers of good health, but some people of colour are more likely to be unemployed or in low-paid, insecure work. These outcomes are influenced by interpersonal, institutional and structural racism (see Box 1). This can be through direct discrimination in recruitment and progression practices; organisational policies that favour white candidates and employees; racism and hostility in the workplace; and structural disadvantage that reduces the likelihood of positive labour market outcomes in the first place.

Poverty and financial insecurity have a negative impact on health. People of colour are more likely to live in poverty than White British people and hold less wealth, which can be used as a cushion against hardship when living costs increase. This manifests as greater reliance on a regressive social security system, while having less wealth and fewer assets to transfer between generations risks embedding and compounding current racial inequalities into the future. Wealth disparities have complex explanations, but labour market and housing opportunities play a large part, themselves influenced by racism.

The quality of housing, stability of provision and the area where a person lives have a significant impact on health. People of colour are more likely to live in poor-quality, overcrowded, unaffordable homes, particularly in the private rental market, and are more likely to experience homelessness. Communities of colour also do not have equal access to a healthy external living environment, such as access to green space and clean air, and are at particular risk of community displacement. These outcomes are dictated by policy-enabled discrimination in the housing market and are a result of wealth inequalities.

While the interrelationship between these three building blocks of health is complex, it is clear that given its influence on employment, wealth and the lived environment, racism needs to be understood as a determinant of health. Going forward, a credible health prevention agenda needs to:

- Take steps to embed racial equity in policy and decision making around the building blocks of health
- Work with communities of colour to co-produce strategies to further understand and address racism in the building blocks of health
- Improve data quality and collection to enable effective monitoring of impact.

Acknowledgements

Thanks to colleagues at the Health Foundation for their input, particularly Mariah Kelly, Anna Gazzillo, Jo Bibby, Jenny Cockin, Myriam Vriend and Jade Okeke and colleagues at the Runnymede Trust, particularly Shabna Begum, Matthew Johnson, Rohini Kahrs and Alba Kapoor.

1. Introduction and context

This joint report between the Runnymede Trust and the Health Foundation brings together work from both organisations to explore the relationship between racism and the wider determinants of health.

The Runnymede Trust is the UK's leading independent think tank on racial justice. It has conducted extensive research on how the factors that shape health, such as education, employment, housing and wealth, are experienced in unequal ways by people of colour and the role racism plays in these experiences.

The Health Foundation is an independent charitable organisation working to build a healthier UK. It has published extensively on the relationship between health and factors such as income, employment, housing and the lived environment. Its work has also highlighted higher levels of age-standardised diagnosed ill health among people from Pakistani, Bangladeshi and Black Caribbean backgrounds in England¹ and different health outcomes for people born in the UK from those born outside of the UK.²

This report looks at a selection of socioeconomic factors, their implications for health and the role racism plays in shaping how they are experienced by people of colour.

Box 1

A note on terminology

In this report, when referring to racialised people and ethnicity groups, we use the Runnymede Trust's preferred term 'people of colour' to refer to Black and minority ethnic people, taking this term to include Gypsy, Roma and Traveller and other 'white passing' racialised communities. We do recognise the absence of an unflawed term and that even our preferred term is problematic. However, when directly referencing datasets referring to 'Black and minority ethnic groups' or other groupings and terminology, we follow the same language. Where possible, we disaggregate broad racial groups into sub-ethnicity groups and take an intersectional approach to account for overlapping forms of oppression (for example, the double disadvantage faced by women of colour due to racism and sexism).

Defining three forms of racism

Racism broadly manifests in three different ways:

- **Individual or interpersonal racism:** holding racist values, racist beliefs or racist behaviours. This might manifest as routine everyday slights, through to discrimination in a range of settings, to verbal and physical aggression.³
- **Institutional racism:** the collective failure of an organisation to provide an appropriate and professional service to people because of their skin colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping.
- **Structural racism:** the structures through which society's laws, institutional practices, customs and ideology combine to harm people of colour, which are not experienced by their white counterparts.

These forms of racism are not exclusive; they are both interactive and mutually reinforcing – individual or interpersonal racism are products of structural racism. They are also influenced by other social factors, such as class, gender and migration histories – areas explored further in the report. Racism occurs in ways that are sometimes active and deliberate, and sometimes unconscious or unwitting, but all of which manifest in harm and drive racialised inequalities.

Evidence shows that experiencing racism,⁴ and the fear of racism,⁵ is associated with poorer mental and physical health.⁶ It is linked to depression, stress, emotional distress, anxiety, post-traumatic stress disorder (PTSD) and suicidal thoughts. It can also impact physical health by causing high blood pressure and a weakened immune system.⁷ Research from the US has also shown that through stress, racism can cause various forms of inflammation that can lead to chronic illness.⁸

The potential exposure to institutional and structural racism increases as population demographics diversify. The 2021 census data shows how the population of England and Wales is becoming more ethnically diverse (Table 1) and this pattern is also reflected in Scotland⁹ and Northern Ireland.¹⁰ A fifth of people in England and Wales identify as belonging to a Black or minority ethnic group. Of this, 9.3% identified as Asian, 4% as Black, 2.9% as mixed or multiple and 2.1% as belonging to other ethnic groups.

The population of England and Wales is becoming more ethnically diverse

Ethnicity	2021%	2011%	2001%
Asian	9.3	7.5	4.4
Bangladeshi	1.1	0.8	0.5
Chinese	0.7	0.7	0.4
Indian	3.1	2.5	2
Pakistani	2.7	2	1.4
Asian other	1.6	1.5	0.5
Black	4	3.3	2.2
Black African	2.5	1.8	0.9
Black Caribbean	1	1.1	1.1
Black other	0.5	0.5	0.2
Mixed	2.9	2.2	1.3
Mixed white/Asian	0.8	0.6	0.4
Mixed white/Black African	0.4	0.3	0.2
Mixed white/Black Caribbean	0.9	0.8	0.5
Mixed other	0.8	0.5	0.3
White	81.7	86	91.3
White British	74.4	80.5	87.5
White Irish	0.9	0.9	1.2
Gypsy or Irish Traveller	0.1	0.1	N/A
Roma	0.2	N/A	N/A
White other	6.2	4.4	2.6
Other	2.1	1	0.9
Arab	0.6	0.4	N/A
Any other	1.6	0.6	0.4

Table 1:
Ethnic diversity in England and Wales since 2001

Source: Population of England and Wales - Census Data 2021¹¹

Health is influenced by a wide range of factors that are not experienced equally

A healthy society depends on everyone having access to the building blocks for good health: things like where we live, secure and safe housing, high-quality social and transport networks, a good job with fair pay and high-quality education. These foundations give people a solid frame to withstand life's shocks and challenges, but right now, in too many communities, they are missing and are behind some of the greatest inequalities in health.¹² People living in the most deprived 10% of areas in England can expect to live between 7.7 (women) and 9.4 (men) fewer years than those in the least deprived.¹³

Rather than looking at specific conditions and diseases, this report focuses on what has been described as the 'opportunity to be healthy'. It shines a spotlight on how people of colour experience three, well-evidenced building blocks of health – employment, levels of income and the lived environment – and the stark inequalities at play. The building blocks of health are not experienced in isolation and communities that bear the brunt of discrimination experience the physiological effects of 'weathering'. This concept recognises the high-effort coping responses necessary to navigate material hardship, pernicious environments and socioeconomic disadvantage, and the psychological strain of vigilance for the possibility of racism that is not always conscious.¹⁴

The report does not attempt to cover how people of colour experience all factors that influence health and some issues are covered in detail elsewhere; for example, racism within the health care system¹⁵ and criminal justice system.¹⁶

While highlighted throughout, this report does not interrogate the impact of the hostile migration environment on health. Those who are not 'ordinarily resident' in the UK face upfront charges for non-urgent secondary health care via the NHS, and foreign nationals applying for temporary residency pay an Immigration Health Surcharge towards NHS costs on their visas.¹⁷ This hostile environment is experienced in a highly racialised way; research has shown that ethnicity, name, accent and country of origin are used to determine whether an individual is eligible for upfront NHS charges, with profiling of patients being inherent to the design of the charging system. Available evidence suggests that this can incentivise discrimination and deter people from seeking health care.¹⁸

Finally, we recognise the disproportionate impact of another key government policy of the recent past – austerity. This manifests in various ways, such as through access to and delivery of public services. We touch on specific examples throughout, but the scope of this report

does not allow a wholesale analysis of the impact of austerity on the health of people of colour.

COVID-19 brought inequity in health outcomes for different ethnicity groups into sharp focus

Although inequalities in health between ethnicity groups are longstanding, the COVID-19 pandemic exposed them further. COVID-19 cut UK life expectancy by around six months, while evidence illustrates higher levels of excess mortality among people of colour in the early stages of the pandemic.¹⁹ Some data suggests that compared to the White British population, there was no excess mortality in Black and minority ethnic groups by the end of the pandemic,²⁰ although other data points to a more complex picture.²¹ The disproportionate COVID-19 hospitalisations and deaths among people of colour could not be fully explained by underlying health or comorbidities alone, even after accounting for geographic, health and socioeconomic differences, although health status is suggested as a relevant factor for some minority ethnic groups.²²

At the time, Public Health England reported how racial discrimination played a role, highlighting the barriers that exist in accessing services (for example, because of language or cultural differences or a previous negative experience with services). After adjusting for differences in age, the ethnic groups with the lowest proportion of people receiving a fourth vaccination were Pakistani (34.8%), Bangladeshi (36.3%), and Black African (41.8%), compared with the White British group (78.1%).²³ Vaccine hesitancy is itself partly a manifestation of wider experiences of exclusion and racism, leading to low confidence and distrust.²⁴ Black and minority ethnic groups were also more likely to have jobs that exposed them to higher risk and live in overcrowded, intergenerational, houses increasing the risk of transmission.²⁵

Following the first wave of COVID-19 in 2020, greater attention has been paid to the differences in health outcomes experienced by people of colour. The pattern of excess mortality during COVID-19 was the backdrop to the Office for National Statistics (ONS) publishing data on life expectancy by ethnic group. These experimental statistics reported that in the period 2011 to 2014, in England and Wales, both men and women in white and mixed ethnic groups had lower life expectancy at birth than all other ethnic groups.²⁶ Compiling this data presented challenges because ethnicity only began to be recorded on death certificates in England and Wales from September 2024. However, ONS's novel analysis generated a range of commentary suggesting the analysis has underestimated mortality rates and overestimated life expectancy for people of colour. Critics pointed to

the quality and time period of data, small sample sizes and analytical assumptions, including how migration patterns were considered.^{27, 28}

Unequal health outcomes exist between different ethnicity groups

The ONS experimental statistics also raised questions in the context of more specific measures of health outcomes. Health Foundation analysis has shown that Bangladeshi, Pakistani and Black Caribbean communities experience higher levels of diagnosed ill health than white groups, although generally Chinese, Indian and Black African communities have stronger overall health outcomes.²⁹ There are various evidence sources that highlight the different health outcomes observed (see Box 2).

Box 2

Examples of different health outcomes by ethnicity

- Age-standardised metabolic conditions (predominantly diabetes) are between three and five times more common among Bangladeshi and Pakistani groups than the White British group³⁰
- Higher rates of heart disease among South Asian groups, particularly Bangladeshi and Pakistani, and mortality rates for circulatory (heart and related) diseases are higher among Indian, Bangladeshi and mixed men, and Pakistani, Indian and mixed women, compared with the White British group³¹
- Higher rates of hypertension and stroke among Black Caribbean and African groups, compared with the White British group³²
- Overall, higher rates of cancer among White British groups, although a higher rate of prostate cancer among Black men³³
- Higher rates of maternal death for Asian and Black women, compared with White British women³⁴
- Higher rates of stillbirth for Black babies and higher rates of neonatal mortality for babies from both Asian and Black groups³⁵
- Higher rates of common mental disorders for women of colour, but lower rates of treatment and diagnosis³⁶
- Higher rates of psychosis in Black men compared with white men, including higher rates of admission to psychiatric hospitals³⁷
- Higher suicide rates for Irish Traveller men (seven times) and women (six times) than the general population³⁸

Other studies have used data on self-reported health to understand patterns of ill health in older age. This points to the persistence of stark and significant ethnic inequalities in long-term illness that limit daily activities and self-rated health. There have been a range of assessments with different methods used to explore this issue. One analysis shows that these inequalities begin to diverge at around age 30 years and expand over time, so tend to be greater in older ages. Rates of poor health among Pakistani women in their 50s are equivalent to White British women in their 80s; rates among Bangladeshi women in their 40s are equivalent to White British women in their 70s; while health among Black Caribbean men and women is equivalent to those of White British people ten years older.³⁹ These trends are partially explained by contemporaneous measures of socioeconomic background, racism and discrimination.⁴⁰

Some commentators point out that a 'healthy migrant effect' may be masking some of the differences in outcomes. This is a mortality advantage that reflects the fact that it is the younger and healthier people who tend to migrate, although they may not be healthier than the population of the destination country, and further analysis is needed to fully understand this. Migrants may also adopt healthier lifestyles than the already resident population, such as lower smoking levels and alcohol consumption, for example on religious grounds.⁴¹ In the context of the Black African group having the highest life expectancy in the ONS experimental statistics, it is worth noting that (along with Asian Other) they include the highest proportion of recent migrants.⁴²

New analysis funded by the Health Foundation has sought to distinguish between health outcomes for people born in the UK from those born outside of the UK.⁴³ Using age-adjusted mortality, this analysis presents a different pattern of inequality from that seen in the 2021 ONS life expectancy statistics. It reveals that people born in the UK and identifying as Bangladeshi, mixed or multiple ethnicity and other Asian, have higher age-adjusted mortality rates than the white population. However, the picture should not be over-simplified as first generation migrants may also experience barriers to accessing care and other opportunities. More research is needed to better understand the links between ethnicity, migration and health.

Taken together, these various reports and analyses highlight the complexity of understanding the health outcomes of people of colour and the drivers of the disparities found. As part of the IFS Deaton review, Nazroo observed the complex set of relationships, finding that differences cannot be explained by a simple reflection of class disadvantage. The complex and multidimensional nature of the economic and social inequalities faced by people of colour reflects the processes of racialisation they face.⁴⁴

This report examines in depth how communities of colour experience employment, wealth and the lived environment, the relevance to health outcomes and the role racism plays.

2. Employment and health

Key points

- Good-quality and secure employment is a key driver of good health.
- People of colour are more likely to be unemployed, or in low-paid and insecure work than the white population, although there is variation between different groups.
- These outcomes are in part influenced by the interplay of interpersonal, institutional and structural racism. For example, through direct discrimination in recruitment and progression decisions; organisational policies and processes that favour white candidates and employees; racism and hostility in the workplace; or structural disadvantage that reduces the likelihood of positive labour market outcomes in the first place.
- Experiencing disadvantage in labour market outcomes increases the likelihood of poverty and decreases the likelihood of financial security and holding wealth, both of which have their own health impacts.

While good-quality and secure employment is a key building block of health, there is a significant body of research that evidences the persistence of racial disparities in labour market outcomes. However, the relationship between the racism experienced by people of colour, labour market experiences and health impacts is less clear. This chapter builds on extensive research conducted by the Runnymede Trust and the Health Foundation to set out the evidence that connects these experiences.

2.1. How do labour market outcomes impact health?

Unemployment

Being out of work can lead to a number of negative health outcomes. First, the resulting lack of income increases the chances of falling into poverty, while financial strain itself can create uncertainty and limit the ability to live a healthy lifestyle.⁴⁵ Second, unemployment can result in a higher prevalence of physical health issues such as a heart attack and stroke⁴⁶ as well as lower healthy life expectancy.⁴⁷ Third, people who are unemployed are twice as likely to report a common mental health condition as those who are employed.⁴⁸ It is associated with higher levels of depression and anxiety, lower self-esteem and can result in a range of unhealthy coping behaviours. Finally, unemployment can hinder future employment and earning opportunities, which can have cyclical consequences for poor health.⁴⁹ These negative long-term implications are known as 'scarring'. However, as we will now explore, the types of jobs people have, and the conditions they work under, are also vital for explaining health outcomes.

Low-quality employment

Not all jobs support good health and financial security, and a poor-quality job can be worse for health than unemployment.⁵⁰ Assessed through five aspects of job quality – pay, satisfaction, wellbeing, autonomy and security – it is estimated that in 2020/21 almost a fifth of UK employees were in low-quality work.⁵¹ 1 in 5 employees report low pay, 1 in 7 low job wellbeing and 1 in 7 low job autonomy.⁵² Levels of self-reported health decline with each additional negative job aspect: 44% of employees with four or more negative aspects of job quality report less than good health, compared with 9% of employees who experience no negative aspects of job quality.⁵³

55

Insecure employment is made up of four categories: individuals employed on zero-hour contracts; workers employed through an employment agency; individuals in a job that is in some way not permanent; and individuals self-employed in the vulnerable sectors (caring and leisure; process, plant and machine operatives; elementary occupations).

A lack of job security is linked to worse self-rated health, mental health conditions, hypertension and coronary heart disease.⁵⁴ Almost 3.5 million people were in insecure work⁵⁵ in 2023, making up almost 11% of the total workforce.⁵⁶

Fair pay enables people to afford decent housing, take part in social activities and invest in themselves and their family, as well as providing the means to afford nutritious food, which is vital for both physical and mental health. Imbalances in effort and reward, seen through a lack of remuneration and progression opportunities, can cause job strain. Job strain is associated with cardiovascular diseases, while chronic stress can undermine the immune system and increase susceptibility to illness.^{57,58} Stress can manifest physiologically as allostatic load (the consistent burden of chronic stress and life events), associated with numerous chronic illnesses.⁵⁹

2.2. Inequalities in labour market outcomes

Current unemployment rates are low but are not evenly distributed

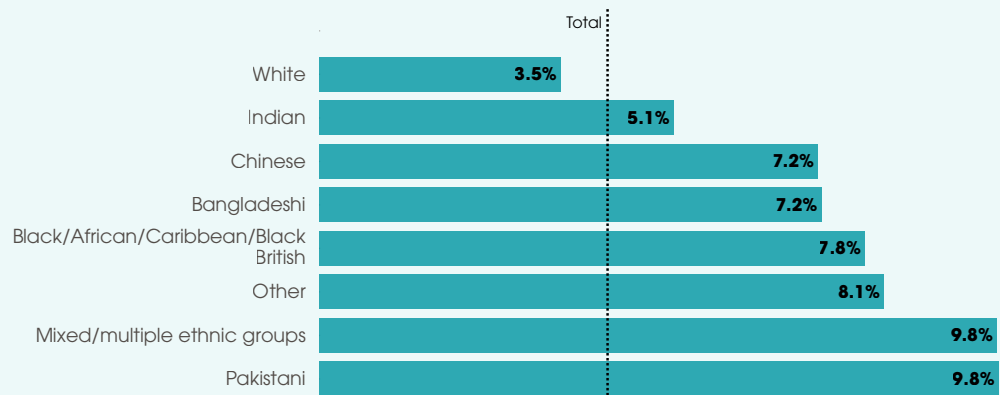
Unemployment – at 4.1% – is relatively low and has been falling over the last ten years.⁶⁰ However, unemployment is not evenly distributed across the population. Over most of the last two decades, people of colour have had a higher unemployment rate than the white population. Currently, these groups are twice as likely to be unemployed as their white counterparts, although this masks considerable variation among different ethnic groups. As shown in Figure 1, the unemployment rate for the White British population is 3.5%, with rates for other groups ranging from 5.1% for Indian groups to 9.8% for Pakistani groups.

Beneath these overarching employment rates, further differences are seen between people of colour born in the UK and those born abroad; those with or without a partner; those with and without children; and those with a degree or not. While considering these factors provides further insight into these differences, they are not sufficient to explain them, suggesting other factors are at play.⁶¹

Figure 1:
Unemployment rate by ethnicity (%), UK, April 2023 to March 2024⁶²

Most communities of colour are between two and three times as likely to be unemployed as their white counterparts

Unemployment rate (%) by ethnicity, UK, 2023–24



Source: Office for National Statistics, Labour Markets by Ethnic Group, 2024 • Data is an average of quarterly values between October–December 2023 and July–September 2024.

People of colour are more likely to be in low-quality work

Low-quality work is not evenly distributed across the population and is influenced by what is known as ‘occupational segregation’: the higher likelihood of people of colour working in particular, lower paid sectors. For example, research by the Runnymede Trust has shown that Black and minority ethnic people are overrepresented in retail. More specifically, 1 in 3 Bangladeshi men work in catering, compared with 1 in 100 White British men. People from a Pakistani or Bangladeshi background are also over-represented as self-employed and in the informal, ‘hidden’ or gig economy that although offering some flexibility, are broadly exempt from employment rights and can lack security.⁶³ Further, between 66 and 71% of Gypsy Irish, Bangladeshi and mixed white and Black Caribbean women are in low-quality work, compared with 60% of White British women and 36% of White British men.⁶⁴

The economic impacts of the COVID-19 pandemic and associated lockdowns disproportionately affected employees working in low-paid or precarious jobs. Hospitality and retail, which typically offer less employment protection, were significantly impacted, leading to an increased risk of job and income loss for workers in these sectors. Relative to white men, Bangladeshi men were four times as likely, Pakistani men three times, and Black African and Caribbean

men 1.5 times more likely to work in 'shut down' sectors during the pandemic,^{65,66} where workers experienced particular financial precarity through resulting redundancies and removal of furlough.⁶⁷

Ethnic inequality in access to high-quality work is made clear in data showing the prevalence of multiple negative job-quality aspects. Over a fifth of employees of Black/African/Caribbean (21.9%) background have a job with multiple negative aspects. This compares with 17.2% of employees from a white background and 11.5% for employees from an Indian background, which is the lowest rate.⁶⁸

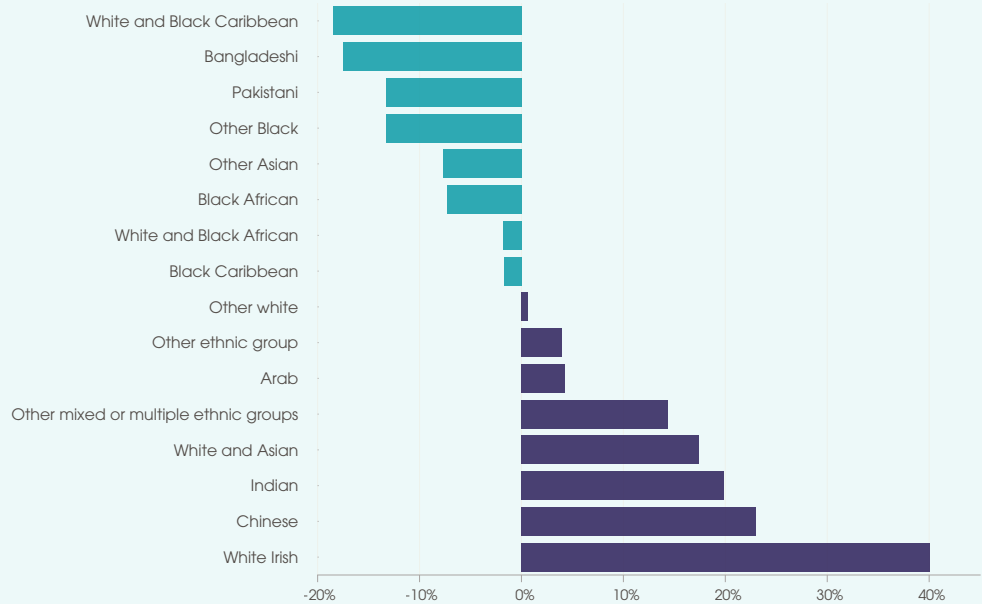
Pakistani (23.4 %) and Black (18.9 %) people are at least twice as likely to be in insecure work compared with white people (9.6%).⁶⁹ 22% of Gypsies and Travellers in England and Wales work in elementary roles, performing simple and routine tasks in occupations including sales, service or construction; this compares with 11% of the whole population.⁷⁰ Women of colour are almost 75% as likely to be on zero-hours contracts as white women.⁷¹ With limited eligibility for sick pay associated with insecure work, people will be more likely to return to work prematurely, which can exacerbate poor health and pass on illness to the rest of the workforce. And Black and minority ethnic groups are less likely to have access to sick pay – South Asian workers are 40% less likely to have access to sick pay compared with White British counterparts.⁷²

Levels of pay are not equal

Many people of colour face an ethnicity pay gap. The latest data shows that Bangladeshi people have median hourly pay of £11.90, 17.5% less than their White British counterparts, who earn on average £14.42 per hour. When we consider the gender pay gap in conjunction, the picture worsens. For example, Bangladeshi women earn on average 14.7% less than white women, 8.9% less than Bangladeshi men and 28% less than White British men.⁷³ Though Indian people earn more than the white group, they earn less than would be expected given their qualifications and job characteristics.⁷⁴

Figure 2:
Ethnic groups earning less than White British people, England and Wales, 2022⁷⁵

Many people of colour face an ethnicity pay gap
% pay gap between hourly earnings with White British employees, England and Wales, 2022



Source: Office for National Statistics, Ethnicity pay gaps, UK: 2022 • Pay gap estimates for white and Black African, Black Caribbean, other white, other ethnic group and Arab are considered unreliable for practical purposes so should be treated with caution. Estimate for Gypsy or Irish Traveller have not been reported due to low sample size.

2.3. How can labour market disparities be explained?

The reasons for worse labour market outcomes among people of colour are multifaceted, relating to historical patterns of migration, visa entry routes and the relative economic development and prevailing sectors within different parts of the country. Here we explore a non-exhaustive set of factors – discriminatory recruitment practices, socioeconomic factors and in-work discrimination.

Racially discriminatory practices operate at various levels

The Joseph Rowntree Foundation suggests that the overrepresentation of Black and minority ethnic groups in low-income occupations may represent exclusion from 'higher-income' sectors on the basis of discrimination and stereotyping.⁷⁶ Another explanation is a lack of access to social networks and potential employers, and associated favouritism towards certain 'types' of employee, namely people like themselves.⁷⁷

The Runnymede Trust and Fawcett Society's *Broken Ladders* report found that 52% of women of colour say they have experienced racially discriminatory practices in recruitment processes. These

include unreasonable requests for UK-specific qualifications, unnecessary language proficiency requirements and requests for ethnicity information outside of equality or diversity monitoring.⁷⁸

Research also shows that people with Asian or African-sounding names have to submit twice as many CVs before being invited to interview.⁷⁹ Refusal to offer equally qualified candidates an interview on the basis of their surname is direct discrimination – based on incorrect perceptions about competence and skills. Similarly, applicants of colour are at a disadvantage even if they are invited to interview; for example, since 2016, white applicants for NHS roles have been around 1.5 times more likely to be appointed from shortlisting, compared with applicants of colour.⁸⁰

These practices push people of colour into roles that are more vulnerable to economic shocks, lower security and lower pay and, taken together, act as a form of structural racism.

Differences in employment rates among people of colour are not explained by education levels

Education plays a central role in employment opportunities, but educational progress does not result in better labour market outcomes for all. For older people of colour, educational underachievement in the past will impact employment opportunities for decades to come. However, alongside a narrowing of inequalities among most ethnicity groups in academic attainment in school, in recent times, Black and minority ethnic groups have been more likely to attend university.⁸¹ This has resulted in many British-born people of colour under 35 being more likely to hold a university degree than their White British counterparts.⁸²

However, Black and minority ethnic graduates – particularly Black, Bangladeshi and Pakistani graduates – are less likely to attend ‘top’ universities. While there will be a number of explanatory factors, research has shown that applicants from Black and Asian backgrounds are much less likely to be offered a place at a Russell Group universities than their equivalently qualified white counterparts.⁸³ Black and minority ethnic groups are also less likely than white counterparts to achieve a 1st or 2:1 degree; in the academic year 2019/20, there was a 9.9 percentage point awarding gap, rising to 18.6 percentage points for Black graduates. Regression analyses show that the gap persists when looking at age, mode of degree, size of institution and entry qualifications, and the size of these gaps vary across courses and institutions.⁸⁴ This suggests that racial discrimination is at least part of the reason for these disparities.⁸⁵

Discriminatory practice in awarding places and grades creates a barrier to 'top' jobs. Therefore, while university education is associated with better employment prospects, a university degree is worth less for Black and minority ethnic graduates compared with white graduates: Black African graduates are around twice as likely to work in non-graduate roles compared with White British people (40% vs. 20%).⁸⁶ Black and minority ethnic graduates are also twice as likely to be unemployed than white graduates (Table 2). And the pattern does not just apply to graduates, people from Black and minority ethnic groups with an A level as their highest qualification are over three times as likely to be unemployed.⁸⁷ Runnymede Trust research has found this particularly the case for women of colour, who are more likely than white women to be unemployed, even when qualifications are taken into account.⁸⁸

Table 2:
Unemployment rate (%)
by qualification level
and ethnic group, UK,
2022

Source: Health
Foundation analysis
of Annual Population
Survey (2022)

Black and minority ethnic graduates are twice as likely to be unemployed as white graduates

Highest qualification	Any other ethnic group	White
Degree or equivalent	3.7	1.8
Higher education	3.8	2.1
GCE A Level or equivalent	9.5	2.8
GCSE or no qualifications	11.8	5.1
Other qualifications	8	5.9

Many people of colour experience interpersonal and institutional racism at work

Data on the experience of racism in the workplace is largely collected through survey data and – as shown here – experiences can be found to vary. This may reflect sampling methodology, different workplace settings and normalised behaviour, as well as differing perceptions and acceptance. What is clear, however, is that many people experience racism in the workplace and, as well as affecting wellbeing, it is reported to have an impact on retention and progression.

In the Black British Voices survey, 88% of respondents say they have experienced racial discrimination at work and 98% say they change their self-expression or identity to fit in at work.⁸⁹ Runnymede Trust research found that 75% of women of colour report having experienced racism at work, and 61% have changed something about themselves to fit in at

work, compared with 44% of white women. 76% of women of colour also reported that racism in the workplace had impacted their mental health, wellbeing, confidence, job satisfaction and desire to stay in their role.⁹⁰

The annual NHS staff experience survey highlighted that over 16% of NHS employees from Black and minority ethnic groups report experiencing discrimination in the workplace from their colleagues in the previous year. This compares with just under 7% of White British employees and rates have remained constant over the past five years.⁹¹

People of colour are also more likely to report being overlooked for promotion. One survey found racial discrimination was given as one of the most common reasons for these disparities.⁹² Runnymede Trust research found that 28% of women of colour feel that their manager has blocked their progress, compared with 19% of white women. This is most common for women with Pakistani, Bangladeshi or Indian heritage. Similarly, 42% of women of colour report being overlooked for progression despite receiving good feedback, compared with 27% of white women. This lack of progression itself impacts health, with 39% of women of colour reporting that it has impacted their wellbeing compared with 28% of white women.⁹³

3. Wealth and health

Key points

- Poverty and financial insecurity have a negative impact on health.
- People of colour are more likely to live in poverty, have low incomes and have low levels of financial and asset-based wealth than white people, increasing the risk of financial hardship.
- People of colour are less likely to have financial assets to transfer between generations than the white population. This risks embedding and compounding current inequalities into the future.
- Financial precarity manifests as a greater reliance on a regressive social security system.
- There is no single explanation for the disparities in wealth but the different labour market and housing opportunities play a large part and these, in themselves, can be driven by racism.

There is a strong relationship between poverty, wealth and health. Wealth⁹⁴ provides individuals and their families with a cushion to withstand hardship or expenditure increases and when there is insufficient income to cover living costs.

Despite the already complex social and structural relationship between wealth and health, this chapter explores their interaction with race and ethnicity. It builds on the employment and health chapter that showed people of colour are more likely than white people to be unemployed, be in insecure work and earn less.

3.1. How are wealth and health related?

Low incomes, poverty and financial insecurity are associated with poor health

People need an adequate income to afford the basics to live a healthy life. Unsurprisingly, living in poverty or destitution is associated with worse self-reported health; 44% of people on the lowest incomes report 'less than good' health, compared with only 12% of people on the highest incomes.⁹⁵ The impact on health is greater when low pay is persistent or if people face multiple episodes of poverty.⁹⁶

People on low incomes may not be able to afford to heat their homes and therefore live in fuel poverty. Cold homes (and associated damp and mould) can affect and exacerbate respiratory problems, circulatory problems, cardiovascular disease, mental health and accidental injury.⁹⁷ For the most vulnerable, an inability to keep warm can cause death.⁹⁸

Insufficient means to pay for essentials can increase the likelihood of food insecurity. Low quality, unhealthy and low calorie diets can lead to malnourishment, which can cause various problems with energy, mood, concentration and growth, lower resistance to illness and increase the chances of vitamin/mineral deficiencies. Healthier food is also more expensive, sometimes resulting in higher consumption of 'junk' food and therefore a greater likelihood of being overweight or obese.⁹⁹

More generally, the stress and lack of control associated with a low income and financial precarity, and the inability to afford essentials, can cause anxiety, depression and psychosocial problems over time. Increased stress levels can cause high blood pressure and weakened immune systems and can also manifest physiologically as allostatic load, associated with numerous chronic illnesses.¹⁰⁰

⁹⁴ We define wealth as financial (savings, investments, pensions) or asset-based (housing, land, material goods).

For children, poverty experienced in early childhood can damage long-term health and is associated with infant mortality, obesity, asthma, tooth decay and accidental death. Poverty can also have an intergenerational impact, for example, by increasing the likelihood of low birth weight, associated with a range of health conditions.¹⁰¹

Low income is also associated with reduced life expectancy. Health Foundation research shows that the higher your income, the longer you can expect to live.¹⁰²

Levels of savings, assets and debt impact on health

Financial resilience is often dependent on the accumulation of savings and assets; these insulate against poverty, cushion unexpected costs and provide means for time spent out of work (including during retirement). Savings and assets can pass between generations through inheritance, entrenching inequality. Those who have low pay or periods of unemployment are less able to save money and hold assets, including pensions. In 2019, 65% of families in the lowest fifth of income had no or very small amounts of savings – less than £1,500 – compared with 18% in the highest fifth.¹⁰³

While debt can support investments to improve long-term wealth, people on low incomes may be forced into using credit (thus accruing debt) to pay for short-term essentials. Doing so can result in problem debt. In 2018–20, the ONS found around 5% of households experienced problem debt – defined as a liquidity¹⁰⁴ or solvency¹⁰⁵ problem – with 14% of adults finding financial debts to be a heavy burden (rising to 22% in London) and a further 30% as ‘somewhat of a burden’.¹⁰⁶

Those with ‘very bad’ health (19%) are over six times as likely to have problem debt compared to those with ‘very good’ health.¹⁰⁷ Conversely, people in problem debt are almost three times as likely to report ‘bad’ or ‘very bad’ health compared with those not in problem debt.¹⁰⁸ This relationship persists when income and age are controlled for, meaning problem debt is specifically driving poor health, rather than simply having a lower income or age.¹⁰⁹

Problem debt is also associated with worse mental health: 58% of people with problem debt report medium or high levels of anxiety compared with 37% who are not in debt.¹¹⁰ Personal debt is also associated with health-harming behaviours, such as suicidal ideation and completion, and problem alcohol and drug use.^{111,112}

¹⁰⁴

Liquidity is defined as an adult falling behind on bills and repayments and either monthly household debt repayments exceeding 25% of monthly income or an adult falling into arrears on two consecutive monthly commitments.

¹⁰⁵

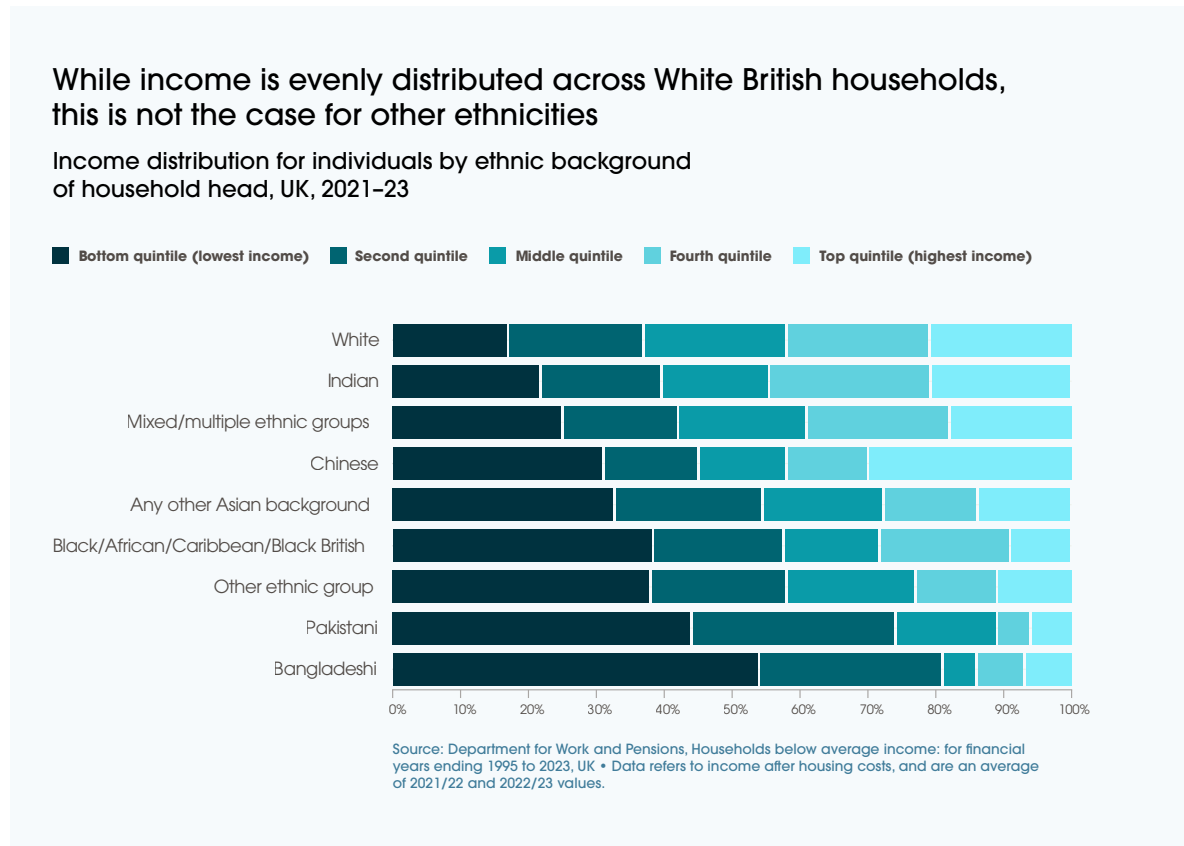
A solvency problem is when household debt exceeds 20% of household monthly disposable income and one or more adults in a household considers their debt to be a heavy burden.

3.2. The unequal distribution of wealth

People of colour are more likely to have a lower income and live in poverty than the white population

Income distribution varies significantly by ethnicity. Figure 3 shows that broadly while income is evenly distributed across White British households, this is not the case for other ethnicities. All other ethnicities have a greater share of households in the lowest fifth of income distribution and this ranges from 22% of Indian households to 38% of Black, 44% of Pakistani and 54% of Bangladeshi households. Apart from Indian and Chinese households, all other ethnic groups have a smaller share of households in the highest fifth of income than the White British group.

Figure 3: Income distribution after-housing costs for individuals by ethnic background of household head, UK, 2021–23 (%)¹¹⁶



Not surprisingly this is seen through poverty metrics. These show how people of colour are much more likely to be in poverty¹¹³ or deep poverty¹¹⁴ than the white population, both before and after housing costs (Figure 4). This pattern is seen for all minority ethnic groups, despite the differences in households with the highest income and is most pronounced in households headed by a person from a Bangladeshi background – here 39% are in deep poverty and a further 17% are in poverty, after housing costs. This compares with 12% and 7% of white households, respectively.

¹¹³ Poverty is defined as less than 60% below median income.

¹¹⁴ For this analysis, deep poverty is defined as less than 50% below median income.

People of colour are more likely to be in poverty or deep poverty than the white population, both before and after housing costs

Proportion of individuals living in poverty and deep poverty by ethnic background of household head, UK, 2021–23

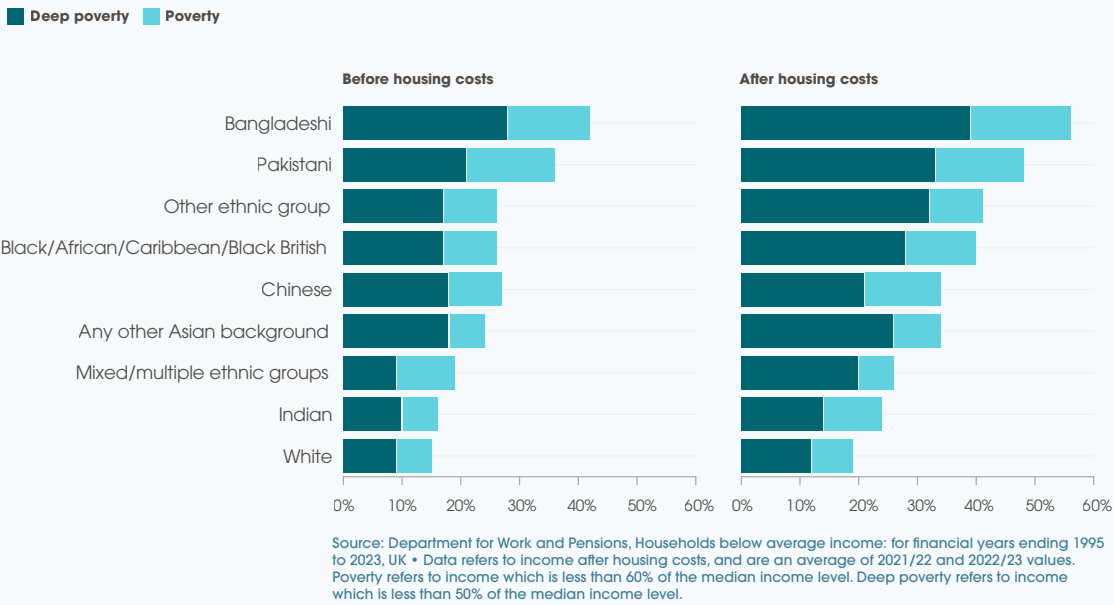


Figure 4: Proportion of individuals (%) living in poverty and deep poverty by ethnic background of household head, UK, 2021–23¹¹⁷

Two-thirds of Bangladeshi children are living in poverty compared to less than a quarter of white children

Percentage of children living in poverty, by ethnic background of household head, UK, 2021–23

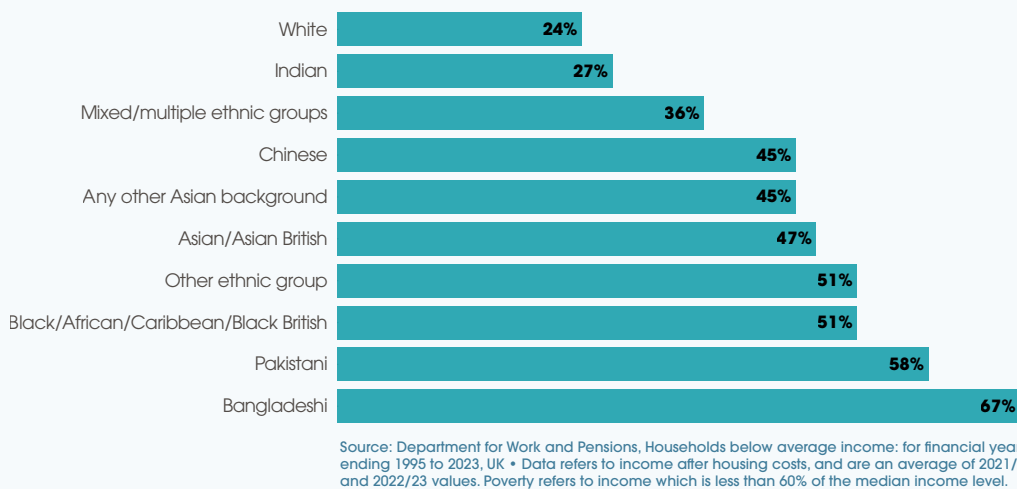


Figure 5: Percentage of children living in poverty (i.e. less than 60% below median income after housing costs) by ethnic background of household head, UK, 2021–23¹²¹

Recent analysis by the Joseph Rowntree Foundation finds people in Bangladeshi, Black African and Pakistani households are at least four times more likely to experience persistent very deep poverty, defined as very deep poverty in at least 3 years out of 4. About a third of people in Bangladeshi, Black African and Pakistani households were also found to experience very deep poverty in 1 or 2 years out of 4. Regression analysis finds that age and family size does not explain the higher risk of very deep poverty and suggests other factors influence this, including racism.¹¹⁵

Approximately 3 in 5 Bangladeshi and Pakistani children, and over half of Black children, live in poverty after housing costs, compared with a quarter of white children (Figure 5). In addition, 32% of Asian children and 27% of Black children live in households with persistent low income, compared to 16% of White British children.¹¹⁸ Data is not routinely collected for all ethnicity groups, but where it is not available, rates of free school meal eligibility can provide a proxy measure of poverty. Irish Traveller (65%) and Gypsy or Roma children (55%) are most likely to be eligible for free school meals, compared with 22% of White British children.¹¹⁹

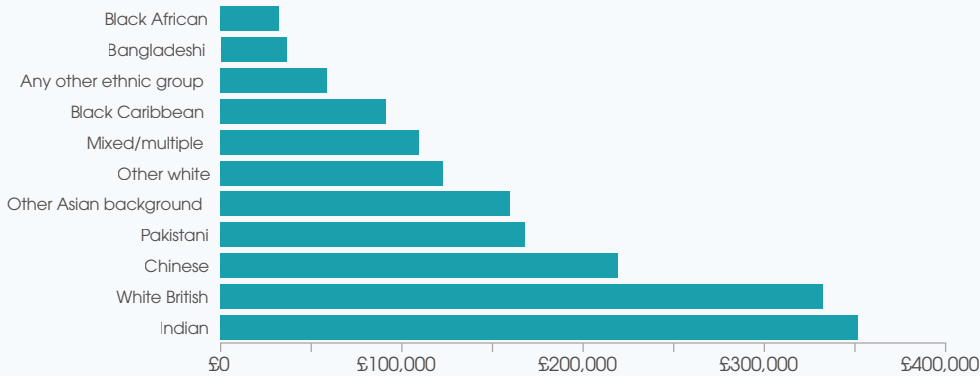
Other measures reinforce these differences and over half (52%) of Black and minority ethnic people are living in fuel poverty – unable to afford to heat their home – compared with under a third (32%) of white people. This rises to two-thirds (66%) of both Bangladeshi and Pakistani people and 58% of Black people. Black and minority ethnic groups are nearly twice as likely to be in food insecurity – unable to afford reliable access to nutritious food – with Black people (20%) and Black children (24%) far more likely to be impacted than white people (6%) and white children (10%).¹²⁰

People of colour have fewer financial assets

Financial assets can be accumulated in the form of home ownership, pensions and other financial and physical items. Ethnic disparities are visible in household-level wealth (including assets but excluding private pension wealth). The average White British household has £332,300 in wealth, ten times higher than Black African (£32,400) and nine times higher than Bangladeshi households (£36,400) (Figure 6). Although Indian households have a higher household wealth, individual wealth is less (£119,600 compared with £168,600 for white individuals), suggesting that differences in household composition influence the higher household income (see Figure 7).¹²² Black African and Bangladeshi families are around twice as likely (and more likely than not) to have less than £1,000 in savings as White British, Indian and mixed white Asian families.¹²³

On average, White British and Indian households have wealth ten times higher than Black African households

Median total household wealth by ethnic background, Great Britain, 2018–20

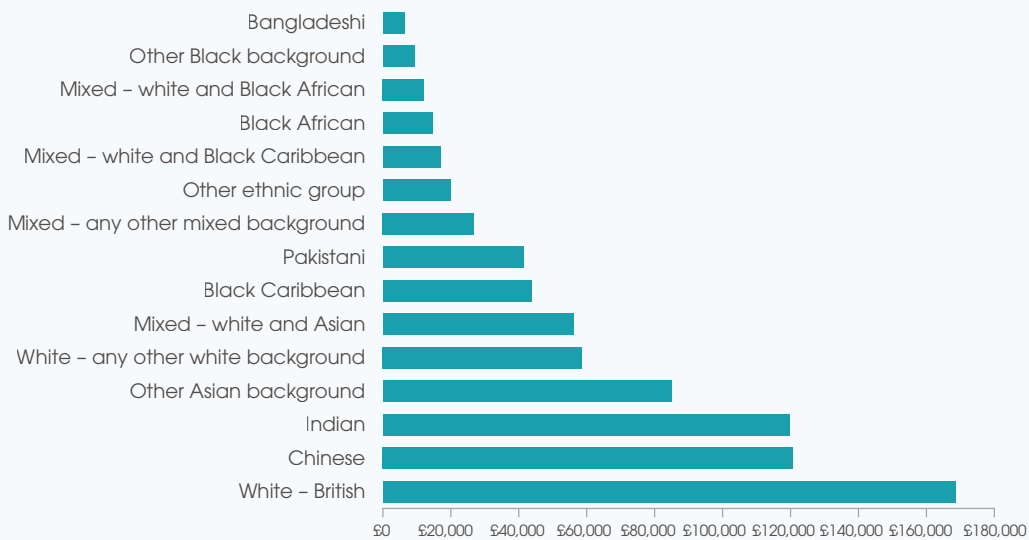


Source: Office for National Statistics, Wealth and Assets Survey, Great Britain, 2018–20 • Ethnic background refers to the ethnic background of the household reference person.

Figure 6:
Median total household wealth (£) by ethnicity, Great Britain, April 2018 to March 2020¹²⁴

On average, White British individuals have wealth 26 times higher than Bangladeshi people

Median individual wealth by ethnicity, Great Britain, April 2018–March 2020

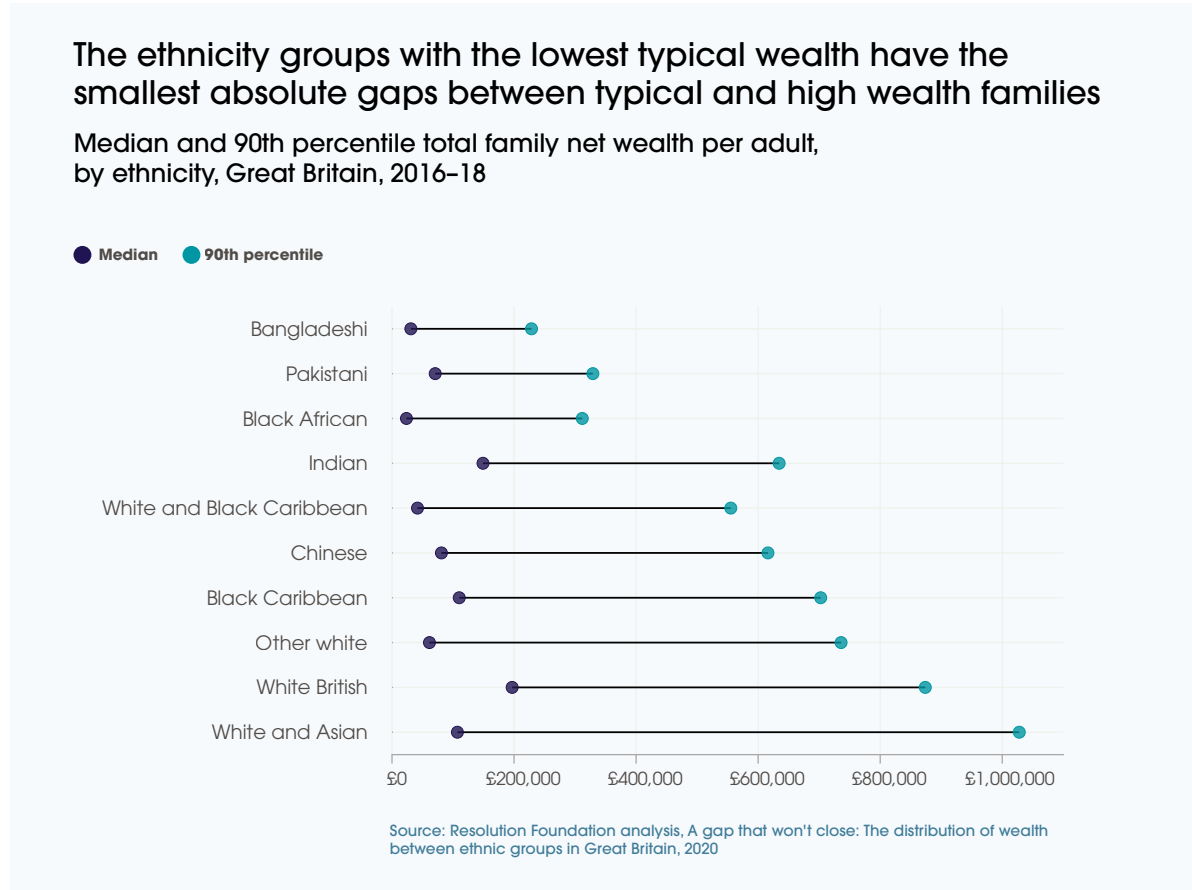


Source: Office for National Statistics, Wealth and Assets Survey, Great Britain, 2020.

Figure 7:
Median individual wealth by ethnicity (£), Great Britain, April 2018 to March 2020

Within all ethnicity groups there is variation in wealth – these are greatest in white and Asian and White British families. It is noteworthy that the least wealthy ethnicity groups have some of the smallest absolute gaps between the typical and highest wealth families of the same ethnicity. This means that many wealthier individuals within these groups – Black African, Pakistani and Bangladeshi – still have relatively low overall wealth (Figure 8).¹²⁵

Figure 8:
The ethnicity groups with the lowest typical wealth have the smallest absolute gaps between typical and high wealth families, Great Britain, 2016–18



As fewer people of colour own their own home, this reduces the opportunity to accumulate wealth and pass it on through inheritance. White British people are respectively 3.9, 3, 2.7 and 1.7 times as likely to own their home than Roma, Black African, Arab and Bangladeshi people (Figure 9). Given the boom in house prices over the past quarter of a century, it has become even more difficult for people of colour to enter the market. Since 2001, ethnic minority households have been around a quarter less likely to own their own home than the national average.¹²⁶

People of colour are less likely to contribute to a personal pension scheme. A Social Market Foundation survey found just 25% of people from Black and minority ethnic groups have a workplace pension compared with 38% of the general population and that different groups had different motivations for investing in pensions.¹²⁸ A survey by Legal and General found 69% of people from Black and minority ethnic groups do not have a pension pot at all, compared with 44% of White British people.¹²⁹

White British and Indian people are at least three times as likely to own their home than Black African or Roma people

Rates of home ownership, by ethnicity, England and Wales, 2021

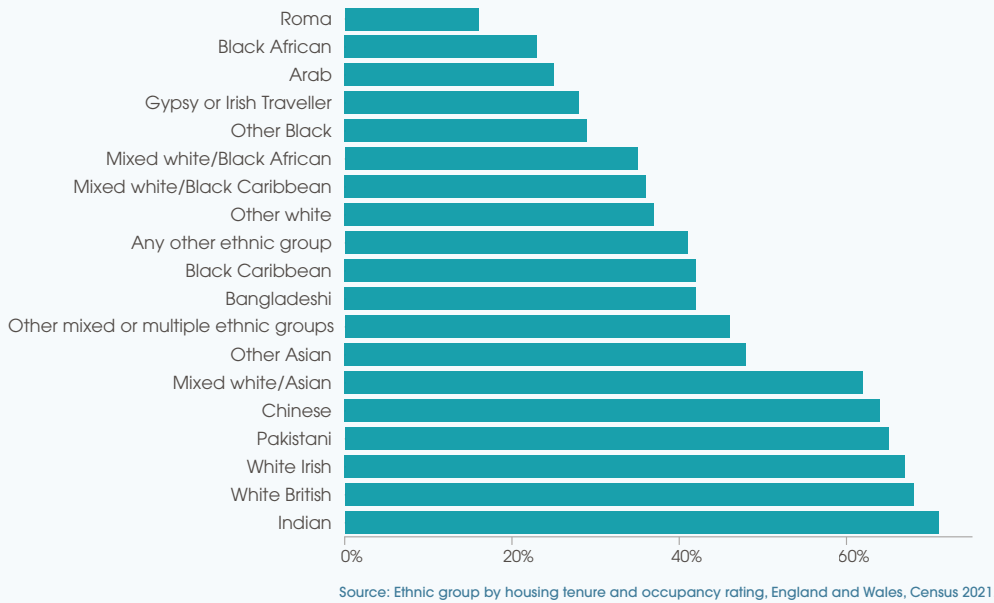


Figure 9: Rates of home ownership (%) by ethnicity, England and Wales 2021¹²⁷

People of colour are much more likely to be struggling with or concerned about their finances, using credit to pay for essentials and using potentially harmful forms of credit

Proportion of respondents (%) to survey questions on debt and finances, by ethnic group, UK, 2023

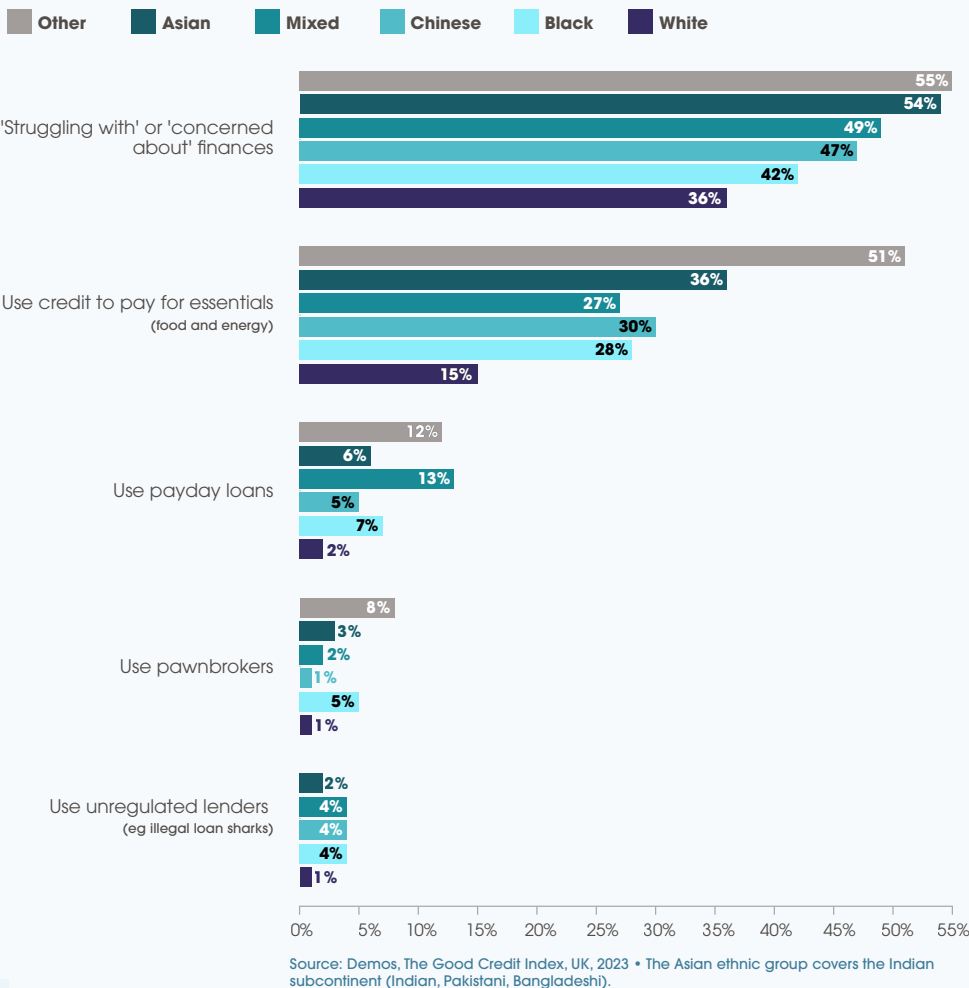


Figure 10: Responses to survey questions on debt and finances by ethnic group, UK, 2023 (%)¹³⁴

Differences in pension participation by ethnicity are also seen where pension auto enrolment is in place. While only 10% of eligible white employees are not participating in a pension plan, this rises to 16% for Pakistani employees and 24% for Bangladeshi employees. The opt-out rates for other ethnicities are close to 10%.¹³⁰ The study also highlighted significant differences in the amount saved in pension pots. They found the average worth of a pension pot from a person of a Black and minority ethnic group (£52,333) was less than half that of the average White British person's (£114,941). It is worth noting, however, that some Black and minority ethnic groups, for example Black Caribbean people, may have higher than average pensionable wealth. This is likely due to having a similar age structure to the White British population, living in the UK for longer than other communities of colour and greater representation in the public sector, and thus public sector pensions.¹³¹

Part of an explanation for low pension savings is a lack of disposable income held by people of colour, driven by unemployment, low pay and work insecurity. Reflecting this, in a survey, 1 in 5 Black and minority ethnic people said the cost-of-living crisis has prevented them from paying into a pension, compared with just over 1 in 10 white people.¹³²

People of colour are vulnerable to increased debt and financial hardship

Black and minority ethnic groups are particularly vulnerable to increased debt and financial hardship.¹³³ Polling shows that people of colour are much more likely to be struggling with or concerned about their finances, using credit to pay for essentials (food and energy bills) and using potentially harmful forms of credit that come with a poverty premium (Figure 10).

Another survey found that 70% of young Black people (18–24) are in financially precarious circumstances, compared with 47% of young white people and 45% of young Asian people; the data was not disaggregated beyond broad racial groups. The same research found that young Black and minority ethnic people are more likely than young white people to need to borrow money to cover basic living costs (17% compared with 11%), less likely to have savings (22% compared with 37%) and more likely to live in inappropriate or unsafe housing due to their finances (15% compared with 11%).¹³⁵

3.3. How can wealth disparities be explained?

The labour market discriminates against people of colour

As we set out in the previous chapter, people of colour are more likely to be socioeconomically disadvantaged through a lack of high-quality employment, impacting personal income and wealth. The racism seen in the labour market reduces the means to build wealth through typical asset-building methods, increasing the reliance that people of colour have on a regressive social security system.

Intergenerational wealth transfers entrench racial inequalities

Low rates of asset ownership mean there is less family wealth to be inherited, embedding these inequalities – and the negative health implications – across generations.

There are also differences in the amount of wealth that is held within property. As of 2018, Black African and Caribbean households held zero median property wealth, compared with £115,000 for White British and Pakistani and £176,000 for Indian households respectively. Among other factors, this is a consequence of Black African and Caribbean groups being less likely to hold net property wealth: 29% (Black African) and 39% (Caribbean) hold wealth, compared with 80% (Indian), 73% (Pakistani) and 69% (White British).¹³⁶ Net property wealth is the difference between the value of the asset owned minus any loans or mortgages owed.

Ethnic disparities in wealth can be explained by a number of factors: it can reflect low rates of home ownership or high loans or mortgages, and this can intersect with age. It can also reflect geographical variation; for example, Black-led households are most likely to live in London, where property wealth can be hindered by high property prices and relatively low wages. This may also explain the higher property wealth among Indian and Pakistani groups, who are more dispersed across the country, with large Asian communities in the Midlands and Yorkshire, for example. The places where these communities are more likely to live generally have lower house prices and therefore ownership is more achievable.¹³⁷ This also coincides with area desirability. There are also historical differences in housing values between the regions that first generation immigrants resided that make people in London more likely to rent.¹³⁸

Inadequate social security policies can exacerbate poverty

Given relative levels of poverty, people of colour are more likely to rely on the social security system. Over 50% of Black families rely on social security support, compared with 40% of white families.¹³⁹ Nearly a quarter of Black and Bangladeshi households receive income-related benefits, nine percentage points higher than White British households.¹⁴⁰ While the welfare state exists to support people through hardship, social security policy can in fact perpetuate and worsen social inequalities.

Economic analysis based on changes to taxes, social security and public spending since 2010/11, and using the OBR's latest projection to 2027/28, finds that austerity measures have had a worse impact on people of colour, particularly women of colour (Table 3).

Austerity measures have had a worse impact on people of colour

Table 3: Impact of changes to social security, taxes and public spending between 2010/11 and 2027/28 by sex and ethnicity¹⁴¹

	Men		Women	
	Average loss per year in cash terms	Average loss as % of living standards	Average loss per year in cash terms	Average loss as % of living standards
Asian	−£3,575	−8.9%	−£4,259	−13.3%
Black	−£3,210	−8.2%	−£5,399	−13.4%
Mixed	−£3,591	−8.6%	−£4,296	−10.6%
Other	−£3,104	−7.9%	−£4,363	−11.4%
White	−£2,150	−5.2%	−£2,687	−8.1%

Notes: Figures are in April 2024 prices. The sample covers adults over 18 years old in England. Living standards account for the sum of average annual net income and the cash-equivalent value of public services per person.

Bangladeshi, Pakistani and Black households are up to twice as likely to be receiving child benefits compared with White British people and, given some Black and minority ethnic groups are more likely to live in households with three or more children, policies such as the two-child benefit cap can drive people in these groups into further poverty.^{142,143,144} As a result of the cap, women lose more support than men across all ethnicity groups, given a higher likelihood of having dependent children, living in large families and living in poor households.¹⁴⁵

4. The lived environment and health

Key points

- The quality of housing, stability of provision and the area where a person lives impacts health.
- People of colour are more likely to live in poor-quality, overcrowded, unaffordable homes, than white people, particularly in the private rental market. They are more likely to experience homelessness.
- People of colour do not have equal access to a healthy external living environment, such as access to green space and clean air, and are at risk of community displacement.
- These outcomes are influenced by racism in the housing market and its connection with wealth that are again driven, in part, by racism in employment.

Where you live has a strong influence on your health. Access to stable, safe, secure and affordable housing, clean air, outdoor space to exercise, good transport links and social connections are all important for good health. Those with sufficient income and wealth are able to choose to live in areas that offer these components. Contextualised by previous chapters on income and wealth inequality, this chapter explores the connection between the internal and external environment, health outcomes and racism.

4.1. How are space, place and health connected?

Poor-quality and unstable housing is associated with poor health

High-quality, affordable, secure housing, with sufficient space for occupants are all associated with good health. Conversely, poor-quality housing can cause mental health issues, such as anxiety and depression, and there are also links with social isolation and loneliness. Research by Shelter showed the physical or mental health of 1 in 5 renters – approximately 1.9 million households – is being harmed by poor housing.¹⁴⁶ Such health issues can affect people's ability to work and generate income, perpetuating a cycle of housing and financial insecurity.¹⁴⁷

More than 1 in 7 homes in England are classified as 'non-decent' quality, meaning they contain a hazard or immediate threat to health, are not in a reasonable state of repair, lack modern facilities or are not appropriately insulated or heated. Those in the private rented sector are more likely to live in a non-decent home: almost 1 in 5 private rented households live in a non-decent home (21%) compared with less than a seventh of owner-occupiers (14%).¹⁴⁸

Poorly ventilated and poorly insulated housing can cause damp and mould, leading to respiratory issues, particularly in overcrowded homes.¹⁴⁹ Excess winter deaths are connected to energy inefficient homes,¹⁵⁰ and cold homes are also associated with respiratory disease and high blood pressure. During heatwaves, overheating can cause cardiovascular and respiratory system strain, hyperthermia, heat exhaustion and heat stroke.¹⁵¹ People living in poor-quality housing are also more susceptible to injuries, for example, from electrical faults or fire.

In 2021, around 1.1 million households (4.3%) were overcrowded.¹⁵² Insufficient income can lead to living in overcrowded conditions and 70% of families in this situation suffer direct health effects.¹⁵³ Overcrowded housing conditions are more likely to increase the risk of accidents, infectious diseases, condensation and mould, respiratory issues and poor mental health.¹⁵⁴ Research also shows that children are more likely to have worse school attainment when they live in overcrowded homes.¹⁵⁵

Living in rented accommodation is related to faster biological ageing, more so than unemployment.¹⁵⁶ One of the key drivers of this is unaffordable and rising private rent costs. Over recent years, UK rent inflation has risen to record highs, with the average UK rent increasing by 9.0% in the 12 months to December 2024.¹⁵⁷ Those living in rented accommodation are less likely to have savings, making them more susceptible to financial shocks.¹⁵⁸ Not only can difficulty paying housing costs cause stress and in turn impact mental health, it also reduces the disposable income available for wider health-influencing behaviours, such as consuming nutritious food and engaging in social activities.¹⁵⁹

A lack of stability in living arrangements can also have a negative impact on health. 1 in 5 renters were forced to move in the year to July 2023.¹⁶⁰ The Assured Shorthold Tenancy (AST) enables landlords in England to end a tenancy without providing a specific reason, i.e. no-fault evictions or a contract not being renewed, and this insecurity can impact health.¹⁶¹ The most frequent movers are twice as likely to self-report poor health than the least frequent movers, triggering feelings of insecurity and low self-esteem, and negatively impacting children's mental health and disrupting education.^{162,163,164} 22% of private renters have lived in their current home for under a year, compared with 6% of social renters and 4% of owner-occupiers.¹⁶⁵ 1 in 5 renters fear eviction, while 2 in 5 private renters say their housing problems and worries leave them feeling stressed and anxious.¹⁶⁶ In addition, over 1 in 5 private renters have avoided asking their landlord for repairs due to fear of being evicted, illustrating how these factors are not mutually exclusive.¹⁶⁷

Finally, those living in temporary accommodation are likely to have less access to many of the building blocks of health. For example, they may be placed away from social networks and have poor cooking facilities, limiting access to nutritious food. Living in temporary accommodation is associated with higher infection rates and accidents among children¹⁶⁸ and has also been listed as a contributory factor in child deaths.¹⁶⁹

Homeless children are also more likely to be stressed, anxious or depressed and have behavioural issues that can affect educational attainment. The fear of homelessness and becoming homeless can cause and exacerbate poor health, with young people experiencing homelessness being more likely to report trauma, abuse and adverse experiences, mental health problems, self-harm and drug and

¹⁶¹ It is, however, worth noting proposed protections for renters in the Renters Rights Bill.

alcohol use. Older people experiencing homelessness are at higher risk of depression and dementia.^{170,171} Ultimately, homelessness can lead to premature death: the average age of death for a homeless woman is just 43 years, and 47 years for a homeless man.¹⁷²

The external environment impacts health

Access to green spaces can promote active travel, such as walking, encourage and provide space for exercise, and facilitate connection and a sense of community. These all have positive effects on physical and mental health through increased physical activity and social ties. Spending time in nature is also associated with improved cognitive function, brain activity, blood pressure, mental health and sleep.¹⁷³

Whether through safe, affordable and efficient public transport or a functioning active travel system, transport impacts health. This may be direct, through the health benefits of walking and cycling, or through the negative effects of road congestion and air pollution. Impact can also be indirect, for example by aiding connections with friends and family, as well as enabling access to employment and facilities that support health, such as schools, colleges, parks, libraries and health care.¹⁷⁴

People who live near main roads are more likely to suffer the effects of air pollution, from asthma and respiratory conditions to coronary heart disease, strokes, diabetes and dementia, as well as stunted lung growth in children.¹⁷⁵ An estimated 26,000 to 38,000 deaths per year are thought to occur due to poor air quality.¹⁷⁶ The effects of air pollution can also impact a child before it is born: long-term exposure to pollution is associated with higher chances of miscarriage, low birth weights,¹⁷⁷ premature labour¹⁷⁸ and reduced live birth rates.¹⁷⁹ Researchers have detected particles from air pollutants on the foetal side of the placenta, which can cause changes to the way that genes work.¹⁸⁰ Pollution can also increase the likelihood of maternal depressive symptoms.¹⁸¹

The communities people are part of can provide a support infrastructure when people need help. Without a careful and nuanced approach, regenerating deprived areas can lead to gentrification and the resulting displacement of the existing population, who are forced to move away from longstanding communities, family, friends, work, schools, and services.¹⁸² Community displacement is unhealthy, triggers precarity and removes control.¹⁸³ It reduces social cohesion and promotes isolation, while having a connection with place and neighbours is empowering and creates a sense of belonging and identity that supports positive mental and physical health.¹⁸⁴ People who do not feel a sense of belonging in their neighbourhood are four times more likely to experience poor mental health.¹⁸⁵

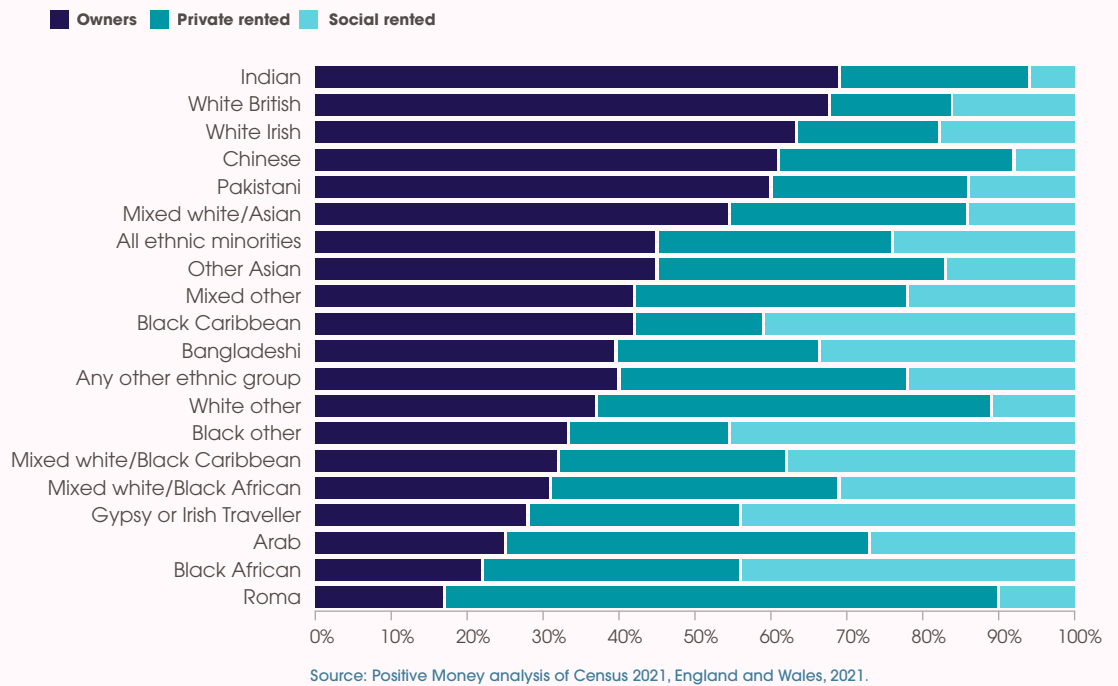
4.2. Unequal experiences of the lived environment and health

People of colour are more likely to rent, spending a greater proportion of their income on housing

With lower average wealth, people of colour are more likely to be pushed into the rental market. Around three quarters of Roma, Black African, Arab and Gypsy and Traveller people rent, compared with around a third of White British people (32%) (Figure 11).

Figure 11:
Housing tenure by ethnicity, England and Wales, 2021¹⁸⁶

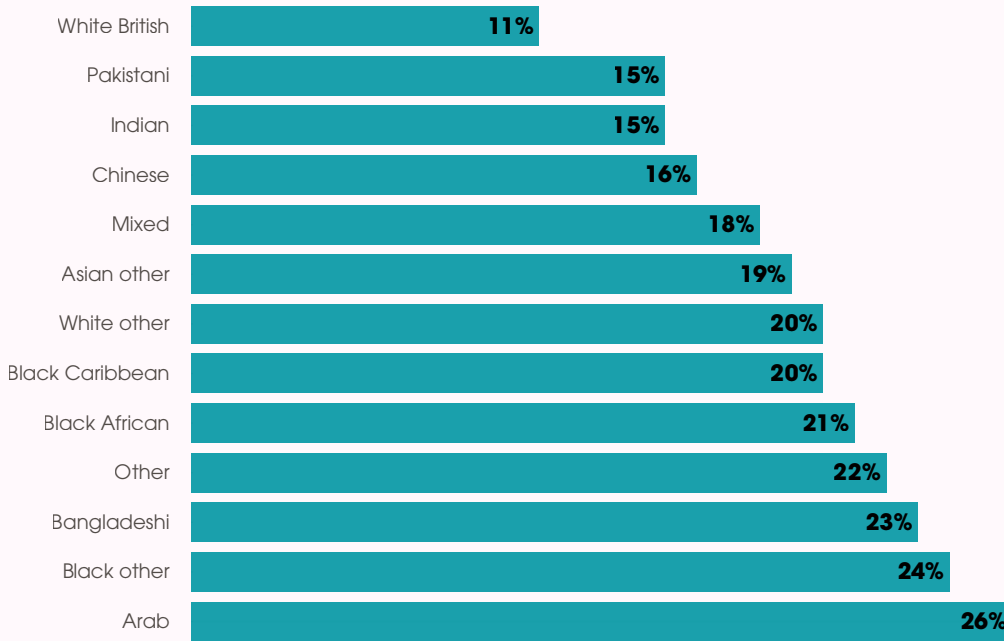
Roma and Black African people are more than twice as likely to rent their home compared with Indian and White British people
Housing tenure by ethnicity, England and Wales, 2021



People of colour spend significantly higher proportions of their incomes on housing costs than the White British population (Figure 12).¹⁸⁷ Black, Black British, Caribbean or African households are 3.5 times more likely to have affordability problems than White British households. Pakistani and Bangladeshi households are two times more likely to have unaffordable rent, compounded by the fact that people of colour earn less on average than white people.¹⁸⁸

People of colour are more likely to spend a high proportion of their income on housing costs

Average housing cost to income ratio, by ethnicity, UK, 2021/22 to 2022/23



Source: Resolution Foundation analysis of DWP, Family Resources Survey and Household Below Average Income, UK, 2021/22–22/23.

Figure 12:

People in households with housing affordability problems by ethnicity (%), UK, 2020–21 to 2022–23¹⁸⁹

People of colour are more likely to be living in overcrowded homes

Percentage of households that are overcrowded, by ethnic background of household head, England, 2018–21

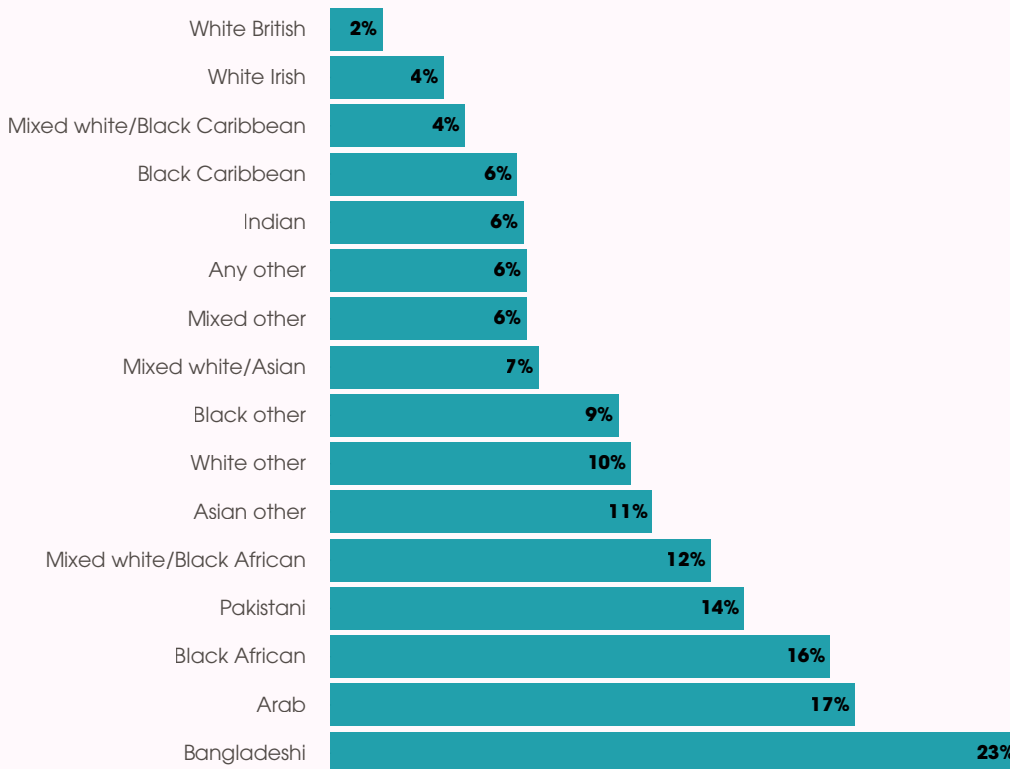


Figure 13:

Percentage of households overcrowded, by ethnic background of household head, England, 2018–21

People of colour are more likely to live in poor-quality, overcrowded homes

Housing quality is generally improving, but at a slower rate for Black and ethnic minority households:¹⁹⁰ 38% of Black and minority ethnic households have one or more housing problem, compared with 25% of white households; while Black and minority ethnic households are twice as likely as white households to have two or more housing problems.¹⁹¹ Looking specifically at damp, government figures show 8.8% of Black-led households are living with damp problems, compared with 3.8% of white-led households.¹⁹²

There are also substantially higher rates of overcrowding among Black and minority ethnic groups compared with the White British population (Figure 13).¹⁹³ High rents and an unaffordable housing market leaves many people in poverty with little choice but to share with others. Risk ratio analysis shows a higher relative likelihood of overcrowding particularly among Pakistani and Bangladeshi (9.5x) and Black (5.7x) households compared with White British households.¹⁹⁴ Black and minority ethnic social renters (21%) and private renters (16%) are three times as likely to be in overcrowded households compared with White British renters, while Black and minority ethnic homeowners (9%) are nine times as likely as White British homeowners.¹⁹⁵ Using another measure, in London, less than 2% of White British households have more residents than rooms, compared with just under 30% of Bangladeshi, 18% of Pakistani and 16% of Black African households.¹⁹⁶

People of colour are more likely to experience homelessness

Black, Arab and white Gypsy or Irish Traveller heads of households are three times as likely as White British heads of households to experience statutory homelessness (Figure 14).¹⁹⁷ While statutory homelessness among various Asian households is slightly below average, this changes when we consider hidden homelessness:¹⁹⁸ Asian people are over two times more likely than white people to be in concealed or shared households, and this is particularly high among Pakistani and Bangladeshi people, who as we have seen are far more likely to live in overcrowded conditions, but also among people of Other ethnicity (which includes Arab) (6.5 times). Black households are 11 times more likely to be in temporary accommodation than white households.¹⁹⁹

¹⁹⁷

Statutory homeless refers to being unintentionally homeless and falling into a priority need group, meaning that the local authority has a statutory duty to secure accommodation.

¹⁹⁸

Hidden homeless refers to those who live with others temporarily without a permanent home. They lack access to housing support resources so are 'hidden' from national statistics on homelessness.

People of colour are generally most likely to experience statutory homelessness

Percentage of head of households assessed as threatened by homelessness or homeless, by ethnicity of main applicant, UK, 2022/23

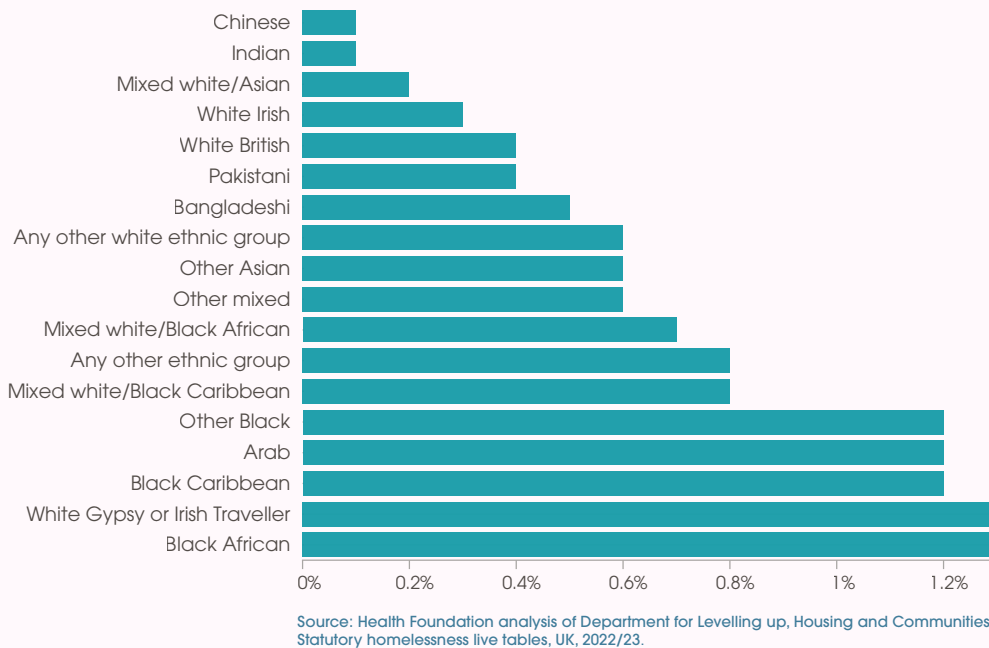


Figure 14: People experiencing statutory homelessness by ethnicity, UK, 2022–23²⁰⁰

Due to a national shortage of sites, 10,000 Gypsies and Travellers have no place to stop while 3,000 Gypsy and Traveller families without somewhere official to stop have limited access to basic water and sanitation.²⁰¹

People of colour do not have equal access to a healthy external environment

People of colour (with the exception of Indian and Chinese groups) are most likely to be living in the 10% most deprived areas of England. These areas are generally those most impacted by air pollution,²⁰² have least access to green spaces and receive less funding than their share of estimated need.²⁰³

Council wards that have low numbers of Black and minority ethnic residents have six times as many parks when compared with wards where more than 40% of people are from Black and minority ethnic groups. These predominantly white areas have 11 times more public green space, if other public spaces are included.²⁰⁴ Around a third of adults (32–34%) from all Black and minority ethnic groups report that they do not have local green spaces within easy walking distance; this compares

with only 21% of people from a White British group.²⁰⁵ Black people (37%) are also nearly four times as likely to have no access to outdoor space at home as white people (10%), and 2.4 times less likely when comparing across similar ages, social backgrounds and living situations.²⁰⁶

Socioeconomic factors, such as the experiences of people of colour in the labour and housing markets, are part of the reason for these trends. However, there are specific social and cultural barriers for people of colour in accessing green spaces due to being dominated by white groups and therefore feeling exclusionary.²⁰⁷

People of colour are also more likely to live in areas with worse air pollution. This is often driven by the fact that housing costs tend to be lower in areas near major roads or other emission sources, such as factories, power plants and waste incinerators. In London, Black, mixed and other ethnicity groups are most likely to live in areas exceeding the EU limit value of nitrogen dioxide and particulate matter (PM2.5).²⁰⁸

Average levels of nitrogen oxide are also 28% higher in London schools with higher proportions of children of colour.²⁰⁹ At 71%, the London Borough of Newham has the highest proportion of Black and minority ethnic people in England and the highest levels of air pollution. Levels of airborne particulate matter (PM2.5) are a third higher than World Health Organization's (WHO) guideline amounts and 1 in 7 people are exposed to levels of nitrogen dioxide above the UK's limit value for human health.²¹⁰ It is estimated that air pollution contributes to the death of 96 Newham residents every year.²¹¹ Studies have found that people from an Asian or Black background generally report worse health when exposed to high levels of air pollution compared with White British people.²¹²

In the London borough of Lewisham, nine year old Ella Adoo-Kissi-Debrah's death in 2013 was the first to be officially attributed to air pollution. She suffered multiple asthma attacks, some of which correlated with high pollution episodes where she lived.

While recognising the impact of gentrification on all working class, low income communities, research from the Runnymede Trust and CLASS points to the racialised nature of community displacement in London, with communities of colour being priced out first.²¹³

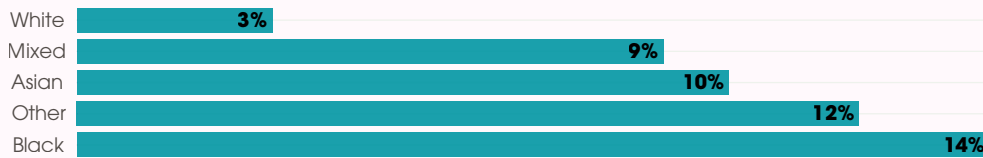
4.3. How can differences in the lived environment be explained?

There is racism in the housing market

Black and minority ethnic groups are between three and four times as likely as white people to have experienced discrimination while looking

Black and minority ethnic groups are between three and four times as likely as white people to have experienced discrimination while looking for somewhere to live

Proportion of people saying they have been discriminated against when looking for a home, Great Britain, 2021



Source: Shelter analysis of YouGov Plc, Great Britain, 2021

Figure 15: Proportion of people (%) saying they have been discriminated against when looking for a home by ethnicity, Great Britain, 2021²¹⁵

for somewhere to live (Figure 15). Policies such as the Right to Rent scheme, requiring landlords to check the immigration status of renters or risk facing prosecution, have led 42% of landlords to say they would be less likely to rent their property to people 'who didn't hold a British passport' or who 'appeared to be immigrants'.²¹⁴

Private renters have less security in their tenancy and eviction rates are highest in areas with the most ethnically diverse local authorities.²¹⁶ Between 2014 and 2018, Black Londoners were five times as likely as white Londoners to say the reason for their most recent house move was that their 'landlord asked me to leave'.²¹⁷

Within rented accommodation, it can be difficult to get necessary improvements or repairs made. In a high-profile case, a coroner found that the death of Awaab Ishak, a two-year-old child, was caused by black mould in his family's housing association home. It was also found that the unsettled status of Awaab's parents – who moved to the UK from Sudan in 2016 – was a key factor in how they were treated by their housing association. Despite raising the issue for three years, action was refused and Rochdale Boroughwide Housing later admitted it made 'assumptions about lifestyle'.²¹⁸ The Housing Ombudsman has since issued a report identifying a culture of othering and 'exclusion and marginalisation based on identities that are different to the norm',²¹⁹ making it clear that institutional and interpersonal racism were at play.

Back in 2017, the Grenfell Tower fire demonstrated the racialised nature of housing issues and the fact that people of colour are more likely to live in substandard accommodation; 61 of the 72 who died were people of colour. The public inquiry missed an opportunity to investigate the existence of structural inequality in the allocation of social housing. These issues were placed outside the scope of the inquiry so were not investigated.²²⁰

Hostile environment policies that stop migrants without immigration documents accessing public services can push people to accept inadequate housing that can lead to overcrowding. In March 2023, for example, Mizanur Rahman – of Bangladeshi origin – died following a house fire in Shadwell, East London. The investigation found that Mizanur was one of approximately 19 people residing in a two-bedroom flat. Despite complaints being made, the landlord's licence to let the property for multiple occupants remained valid, raising questions around the role of the local authority.

A combination of different forms of racism increase the risk of homelessness among people of colour. Regression analysis shows that while socioeconomic factors – such as demographics, employment, housing and poverty – go some way to explaining the disparate rates of homelessness among people of colour, migration background and experience of discrimination are also a factor.²²¹

5. Conclusion

This report reaffirms that when observing inequalities across ethnicity groups in the UK, there is 'no one story of advantage or disadvantage'.²²² While health outcomes vary and intertwine with social background, many people of colour experience significantly worse health outcomes than the White British population. These health inequalities are rooted in the different ways people experience or access the building blocks of health, things like where we live, secure and safe housing, high-quality social and transport networks, a good job with fair pay and high-quality education.

This report evidences how people of colour are disadvantaged in the labour market through racially discriminatory recruitment and progression processes, the ethnicity pay gap and in-work discrimination. It demonstrates how socioeconomic status is racialised, with people of colour having higher poverty rates and financial insecurity, less wealth and fewer assets, and a heavier reliance on a social security system with regressive policies. Finally, we have made clear how socioeconomic disadvantage, alongside various forms of racism, have produced racialised outcomes in the lived environment.

Given racism influences employment, financial and housing outcomes among people of colour and, by extension, their health outcomes, racism needs to be understood as a determinant of health, shaping the experiences and access people of colour have to the building blocks of health.

Racism can manifest in different ways for different groups of people. At times, the report shows deep disadvantage for some groups, for example Bangladeshi and Pakistani people, but better outcomes among Indian and Chinese people. Importantly, this is not an argument against the existence of racism, but an illustration of its complexities; its connection with class, migration and history, geography and gender that all have the ability to compound disadvantage.

It would be a disservice to treat each of these themes in isolation. Employment, financial security and the lived environment are interconnected and poor outcomes can exacerbate one another. We must therefore think structurally about how to achieve health equity. Reversing these inequalities requires us to look beyond health care.

To create the same opportunities for all people of colour to be healthy, racism must be recognised and addressed. A credible health prevention agenda therefore needs to:

- Take steps to embed racial equity in policy and decision making around the building blocks of health
- Work with communities of colour to co-produce strategies to further understand and address racism in the building blocks of health, and
- Improve data quality and collection to enable effective monitoring of impact.

Endnotes

- 1 Watt, T., Raymond, A. and Rachet-Jacquet, L. (2023) Quantifying health inequalities in England. The Health Foundation. www.health.org.uk/reports-and-analysis/analysis/quantifying-health-inequalities-in-england
- 2 Health Foundation analysis of Office of National Statistics, Age standardised mortality rates by sex and ethnic group, England and Wales, 2012 to 2014.
- 3 Nazroo, J. (2022) 'Race/ethnic inequalities in health: moving beyond confusion to focus on fundamental causes'. Institute for Fiscal Studies Deaton Review of Inequalities. www.ifs.org.uk/inequality/race-ethnic-inequalities-in-health-moving-beyond-confusion-to-focus-on-fundamental-causes/
- 4 Hackett, R.A., Ronaldson, A., Bhui, K., Steptoe, A. and Jackson, S. E. (2020) Racial discrimination and health: a prospective study of ethnic minorities in the United Kingdom. *BMC Public Health*. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09792-1>
- 5 Synergi Collaborative Centre. (2018) The impact of racism on mental health. <https://legacy.synergicollaborativecentre.co.uk/wp-content/uploads/2017/11/The-impact-of-racism-on-mental-health-briefing-paper-1.pdf>
- 6 Stopforth, S., Kapadia, D., Nazroo, J. and Bécares, L. (2022) The enduring effects of racism on health: Understanding direct and indirect effects over time. *SSM – Population Health*, 19(19), p.101217. www.sciencedirect.com/science/article/pii/S2352827322001963
- 7 Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M. and Gee, G. (2015) Racism as a Determinant of Health: a Systematic Review and Meta-Analysis. *PLOS ONE*, 1–48. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580597/>
- 8 Simons, R.L., Lei, M.-K., Klopach, E., Zhang, Y., Gibbons, F.X. and Beach, S.R.H. (2020) Racial Discrimination, Inflammation, and Chronic Illness Among African American Women at Midlife: Support for the Weathering Perspective. *Journal of Racial and Ethnic Health Disparities*, 339–349. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8183614/>
- 9 Scotland's Census. (2024) Scotland's Census 2022 – Ethnic group, national identity, language and religion. www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/
- 10 Northern Ireland Statistics and Research Agency. (2022) Census 2021 main statistics ethnicity tables. www.nisra.gov.uk/publications/census-2021-main-statistics-ethnicity-tables
- 11 HM Government. (2022) Population of England and Wales. www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest/#title
- 12 Marshall, L. (2024) What builds good health? An introduction to the building blocks of health. The Health Foundation. www.health.org.uk/resources-and-toolkits/quick-guides/what-builds-good-health
- 13 The Health Foundation. (2022) Life expectancy and healthy life expectancy at birth by deprivation. www.health.org.uk/evidence-hub/health-inequalities/life-expectancy-and-healthy-life-expectancy-at-birth-by
- 14 Geronimus, A.T. (1992) The Weathering Hypothesis and the Health of African-American Women and infants: Evidence and Speculations. *Ethnicity & Disease*, 207–221. www.pubmed.ncbi.nlm.nih.gov/1467758/
- 15 NHS Race and Health Observatory Research (2025).
- 16 Head, T. (2023) Against Serious Violence Reduction Orders: discriminatory, harmful and counterproductive. Runnymede Trust. www.runnymedetrust.org/publications/against-serious-violence-reduction-orders-discriminatory-harmful-and-counterproductive
- 17 McKinney, C. and Gower, M. (2024) The Immigration Health Surcharge. House of Commons Library. <https://commonslibrary.parliament.uk/research-briefings/cbp-7274/>

- 18 Morris, M. and Nanda, S. (2021) *Toward True Universal Care Reforming the NHS Charging System*, Institute for Public Policy Research (IPPR). <http://www.ippr.org/research/publications/towards-true-universal-care>
- 19 Public Health England. (2020) *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities
- 20 Office for National Statistics. (2023) *Updating Ethnic and Religious Contrasts in Deaths Involving the Coronavirus (COVID-19), England: 24 January 2020 to 23 November 2022*. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to23november2022
- 21 Marmot, M., Allen, J., Goldblatt, P., Willis, S., Noferini, J., and Callaghan, O. (2024) *Structural Racism, Ethnicity and Health Inequalities in London*, Institute of Health Equity.
- 22 Public Health England. (2020) *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities
- 23 Office for National Statistics. (2023) *Coronavirus and vaccination rates in adults by socio-demographic characteristic and occupation, England: December 2020 to March 2023*. www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/coronavirusandvaccinationratesinadultsbysociodemographiccharacteristicandoccupationengland/december2020tomarch2023
- 24 Scientific Advisory Group for Emergencies. (2021) *Factors influencing COVID-19 vaccine uptake among minority ethnic groups executive summary*. www.gov.uk/government/publications/factors-influencing-covid-19-vaccine-uptake-among-minority-ethnic-groups-17-december-2020
- 25 Suleman, M., Sonthalia, S., Webb, C., Tinson, A., Kane, M., Bunbury, S., Finch, D., & Bibby, J. (2021) *Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report*. The Health Foundation. www.health.org.uk/reports-and-analysis/reports/unequal-pandemic-fairer-recovery
- 26 Office for National Statistics. (2021) *Ethnic Differences in Life Expectancy and Mortality from Selected Causes in England and Wales*. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/ethnicdifferencesinlifeexpectancyandmortalityfromselectedcausesinenglandandwales/2011to2014
- 27 Nazroo, J. (2022) *Race/ethnic inequalities in health: moving beyond confusion to focus on fundamental causes*, IFS Deaton Review of Inequalities. www.ifs.org.uk/inequality/race-ethnic-inequalities-in-health-moving-beyond-confusion-to-focus-on-fundamental-causes
- 28 Marmot, M., Allen, J., Goldblatt, P., Willis, S., Noferini, J., and Callaghan, O. (2024) *Structural Racism, Ethnicity and Health Inequalities in London*. Institute of Health Equity. www.instituteoftheequity.org/resources-reports/structural-racism-ethnicity-and-health-inequalities
- 29 Watt, T., Raymond, A., and Rchet-Jacquet, L. (2022) *Quantifying health inequalities in England*. The Health Foundation. www.health.org.uk/news-and-comment/charts-and-infographics/quantifying-health-inequalities
- 30 Nazroo, J. (2022) *Race/ethnic inequalities in health: moving beyond confusion to focus on fundamental causes*, Institute for Fiscal Studies Deaton Review of Inequalities. www.ifs.org.uk/inequality/race-ethnic-inequalities-in-health-moving-beyond-confusion-to-focus-on-fundamental-causes
- 31 Office for National Statistics. (2021) *Ethnic Differences in Life Expectancy and Mortality from Selected Causes in England and Wales*. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/ethnicdifferencesinlifeexpectancyandmortalityfromselectedcausesinenglandandwales/2011to2014
- 32 Raleigh, V. (2023) *The Health of People from Ethnic Minority Groups in England*. The King's Fund. www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england
- 33 Raleigh, V. (2023) *The Health of People from Ethnic Minority Groups in England*. The King's Fund. www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

- 34 Knight, M., Bunch, K., Felker, A., Patel, R., Kotnis, R., Kenyon, S., and Kurinczuk, J. J. (2023) (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Core Report – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21, Oxford: National Perinatal Epidemiology Unit, University of Oxford. www.npeu.ox.ac.uk/assets/downloads/mbrbrace-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Compiled_Report_2023.pdf
- 35 MBRRACE-UK (2024) MBRRACE-UK perinatal mortality surveillance UK perinatal deaths of babies born in 2022. www.timms.le.ac.uk/mbrbrace-uk-perinatal-mortality/surveillance/#deprivation-and-ethnicity
- 36 Marmot, M., Allen, J., Goldblatt, P., Willis, S., Noferini, J., and Callaghan, O. (2024) Structural Racism, Ethnicity and Health Inequalities in London. Institute of Health Equity. www.instituteofhealthequity.org/resources-reports/structural-racism-ethnicity-and-health-inequalities/executive-summary.pdf
- 37 Bignall, T., Jeraj, S., Helsby, E. and Butt, J. (2019) Racial disparities in mental health: Literature and evidence review. Race Equality Foundation.
- 38 Department of Health (2010) All Ireland Traveller Health Study: Our Geels – Summary of Findings. www.gov.ie/en/publication/b9c48a-all-ireland-traveller-health-study/
- 39 Centre for Ageing Better (2021) Ethnic health inequalities in later life: The persistence of disadvantage from 1993–2017. www.ageing-better.org.uk/resources/ethnic-health-inequalities-in-later-life
- 40 Stopforth, S., Kapadia, D., Nazroo, J., & Bécares, L. (2023) Ethnic inequalities in health in later life, 1993–2017: the persistence of health disadvantage over more than two decades. *Ageing and Society*, 1954–1982. www.cambridge.org/core/journals/ageing-and-society/article/ethnic-inequalities-in-health-in-later-life-19932017-the-persistence-of-health-disadvantage-over-more-than-two-decades/D0EEF72760DDFD4D15F627BA59D06507#
- 41 Raleigh, V. (2023) The Health of People from Ethnic Minority Groups in England. The King's Fund www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england
- 42 Office for National Statistics (2021) Ethnic Differences in Life Expectancy and Mortality from Selected Causes in England and Wales. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/ethnicdifferencesinlifeexpectancyandmortalityfromselectedcausesinenglandandwales/2011to2014
- 43 Health Foundation analysis of Office of National Statistics, Age standardised mortality rates by sex and ethnic group, England and Wales, 2012 to 2014
- 44 Nazroo, J. (2022) Race/ethnic inequalities in health: moving beyond confusion to focus on fundamental causes, IFS Deaton Review of Inequalities. www.ifs.org.uk/inequality/race-ethnic-inequalities-in-health-moving-beyond-confusion-to-focus-on-fundamental-causes/
- 45 The Health Foundation (2024) Relationship between income and health. www.health.org.uk/evidence-hub/money-and-resources/income/relationship-between-income-and-health
- 46 Herbig, B., Dragano, N. and Angerer, P. (2013) Health in the Long-Term Unemployed, *Deutsches Arzteblatt International*, 413–419. www.ncbi.nlm.nih.gov/pmc/articles/PMC3702026/
- 47 The Health Foundation (2024) Relationship between employment and health. www.health.org.uk/evidence-hub/work/employment-and-unemployment/relationship-between-employment-and-health
- 48 NHS England (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. www.digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014
- 49 Wilson, H., and Finch, D. (2021) Unemployment and mental health. Why both require action for our COVID-19 recovery. www.health.org.uk/publications/long-reads/unemployment-and-mental-health
- 50 Chandola, T., and Zhang, N. (2018) Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. *International Journal of Epidemiology*, 47–57. www.academic.oup.com/ije/article/47/1/47/4079898
- 51 The Health Foundation (2024) Trends in the number of negative job aspects that people experience.
- 52 The Health Foundation (2024) Trends in low job quality. www.health.org.uk/evidence-hub/work/job-quality/trends-in-low-job-quality

- 53 The Health Foundation (2024) Relationship between number of negative job aspects and health. www.health.org.uk/evidence-hub/work/job-quality/relationship-between-number-of-negative-job-aspects-and-health
- 54 Kim, T.J., Von Dem Knesebeck, O. (2015) Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment. *BMC Public Health*. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2313-1>
- 55 Insecure employment is made up of four categories: individuals employed on zero-hour contracts; workers employed through an employment agency; individuals in a job that is in some way not permanent; and individuals self-employed in the vulnerable sectors (caring and leisure; process, plant and machine operatives; elementary occupations).
- 56 The Health Foundation (2024) Trends in insecure work. www.health.org.uk/evidence-hub/work/job-security/trends-in-insecure-work
- 57 Kivimaki, M., Nyberg, S, Batty, G., Fransson, E, Heikkila, K, Alfredsson, L. (2012) Job strain as a risk factor for coronary heart disease: a collaborative meta-analysis of individual participant data. *The Lancet*, Volume 380, Issue 9852, 1491–1497. www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960994-5/fulltext
- 58 Benzeval, M., Bond, L., Campbell, M., Egan, M., Lorenc, T., Petticrew, M., and Popham, F. (2014) How Does Money Influence Health? Joseph Rowntree Foundation. www.jrf.org.uk/report/how-does-money-influence-health
- 59 Kelly-Irving, M. (2019) Allostatic load: How stress in childhood affects life-course health outcomes, The Health Foundation. www.health.org.uk/publications/allostatic-load
- 60 Office for National Statistics (2025) Unemployment Rate (aged 16 and over, seasonally adjusted). Figures shown for 2023, the last full year recorded. www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/timeseries/mgsx/lms
- 61 Mirza, H. S., and Warwick, R. (2024) Race and ethnic inequalities, *Oxford Open Economics*, 365–452. https://academic.oup.com/ooec/article/3/Supplement_1/i365/7708062
- 62 Office for National Statistics. (2024) Labour Markets by Ethnic Group. www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusbyethnicgroupa09
- 63 Khan, O. (2020) The Colour of Money: How racial inequalities obstruct a fair and resilient economy. Runnymede Trust. www.runnymedetrust.org/publications/the-colour-of-money
- 64 Hall, S.M., McIntosh, K., Neitzert, E., Pottinger, L., Sandhu, K., Stephenson, M. A., Reed, H., and Taylor, L. (2017) *Intersecting Inequalities: The Impact of Austerity on BME Women in the UK*. Runnymede Trust. www.runnymedetrust.org/publications/intersecting-inequalities-the-impact-of-austerity-on-bme-women-in-the-uk
- 65 Edmiston, D., Begum, S., and Kataria, M. (2022) *Falling Faster amidst a Cost-of-Living Crisis: Poverty, Inequality and Ethnicity in the UK*, Runnymede Trust. www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk
- 66 Mai, S., and Cominetti. (2020) *Ethnic minorities in the hospitality sector: Comparing the experiences of hospitality workers from different ethnic backgrounds*, Resolution Foundation. www.resolutionfoundation.org/app/uploads/2020/12/Ethnic-minorities-in-the-hospitality-sector.pdf
- 67 Alexander, C., Carey, S., Hall, S., and King, J. (2021) *Revisiting Brick Lane: the Impact of COVID-19 on an Ethnically Diverse High Street*. Runnymede Trust. www.runnymedetrust.org/publications/revisiting-brick-lane-the-impact-of-covid-19-on-an-ethnically-diverse-high-street
- 68 The Health Foundation (2024) Proportion of people in low-quality work by region, ethnicity, age, and sex. www.health.org.uk/evidence-hub/work/job-quality/proportion-of-people-in-low-quality-work-by-region-ethnicity-age-and
- 69 The Health Foundation (2024) Inequalities in insecure work. www.health.org.uk/evidence-hub/work/job-security/inequalities-in-insecure-work

- 70 Office for National Statistics (2011) 2011 Census analysis: What does the 2011 Census tell us about the characteristics of Gypsy or Irish travellers in England and Wales? www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/whatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales/2014-01-21#economic-activity
- 71 Klair, A. (2023) BME women far more likely to be on zero-hours contracts, Trades Union Congress. www.tuc.org.uk/blogs/bme-women-far-more-likely-be-zero-hours-contracts
- 72 Patel, P., Beale, S., Nguyen, V., Braithwaite, I., Byrne, T., Fong, E., Fragaszy, E., Geismar, C., Hoskins, S., Annalan M D Navaratnam, Madhumita Shrotri, Kovar, J., Aryee, A., Hayward, A. and Aldridge, R.W. (2023) Inequalities in access to paid sick leave among workers in England and Wales. *The International Journal of Health Planning and Management*, 1864–1876. <https://onlinelibrary.wiley.com/doi/10.1002/hpm.3697>
- 73 Office for National Statistics (2023) Ethnicity pay gaps: raw pay gaps. www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/ethnicitypaygapsrawpaygaps
- 74 Mirza, H. S., and Warwick, R. (2024) Race and ethnic inequalities. *Oxford Open Economics*, 365–452. https://academic.oup.com/ooec/article/3/Supplement_1/i365/7708062
- 75 Analysis of Office for National Statistics Ethnicity pay gaps 2022 www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/ethnicitypaygapsingreatbritain/2012to2022
- 76 Catney, G. and Sabater, A. (2015) Ethnic Minority Disadvantage in the Labour Market. Joseph Rowntree Foundation. www.jrf.org.uk/report/ethnic-minority-disadvantage-labour-market
- 77 Rivera, L. A. (2012) Hiring as Cultural Matching: The Case of Elite Professional Service Firms. *American Sociological Association*, 999–1022. <https://journals.sagepub.com/doi/full/10.1177/0003122412463213>
- 78 Begum, S., Kapoor, A., Gyimah, M., Azad, Z., Ville, L., Henderson, A., and Dey, M. (2022) Broken Ladders: The myth of meritocracy for women of colour in the workplace. Runnymede Trust. www.fawcettsociety.org.uk/broken-ladders
- 79 Khan, O. (2020) The Colour of Money. Runnymede Trust. www.runnymedetrust.org/publications/the-colour-of-money
- 80 NHS England (2024) NHS Workforce Race Equality Standard (WRES) 2023 data analysis report for NHS trusts. www.england.nhs.uk/long-read/workforce-race-equality-standard-2023-data-analysis-report-for-nhs-trusts/
- 81 Mirza, H. and Warwick, R. (2022) Race and ethnicity. Institute for Fiscal Studies Deaton Review of Inequalities www.ifs.org.uk/publications/race-and-ethnicity
- 82 Khan, O. (2020) The Colour of Money: How Racial Inequalities Obstruct a Fair and Resilient Economy. Runnymede Trust. www.runnymedetrust.org/publications/the-colour-of-money
- 83 Boliver, V. (2015) Exploring Ethnic Inequalities in Admission to Russell Group Universities. *Sociology*, 247–266. www.ncbi.nlm.nih.gov/pmc/articles/PMC5117128/
- 84 McMaster, M. C. (2021) Ethnicity awarding gaps in UK higher education in 2019/20. *Advance Higher Education*. www.advance-he.ac.uk/knowledge-hub/ethnicity-awarding-gaps-uk-higher-education-201920
- 85 Arday, J., and Mirza, H. S. (eds) (2018) *Dismantling Race in Higher Education: Racism, Whiteness and Decolonising the Academy*. London: Palgrave Macmillan.
- 86 Khan, O. (2020) The Colour of Money: How Racial Inequalities Obstruct a Fair and Resilient Economy. Runnymede Trust. www.runnymedetrust.org/publications/the-colour-of-money
- 87 Health Foundation analysis of Office for National Statistics, Annual Population Survey, UK, 2022.
- 88 Hall, S., McIntosh, K., Neitzert, E., Pottinger, L., Sandhu, K., Stephenson, M., Reed, H., Taylor, L. (2017) *Intersecting inequalities: The impact of austerity on Black and Minority Ethnic women in the UK*. Women’s Budget Group and Runnymede Trust. www.wbg.org.uk/publication/intersecting-inequalities/

- 89 Lewsey, F. (2023) Black British Voices: the Findings. University of Cambridge. www.cam.ac.uk/stories/black-british-voices-report
- 90 Begum, S., Kapoor, A., Gyimah, M., Azad, Z., Ville, L., Henderson, A., and Dey, M. (2022) Broken Ladders: The myth of meritocracy for women of colour in the workplace. Runnymede Trust. www.fawcettsociety.org.uk/broken-ladders
- 91 HM Government (2023) NHS Staff Experiences. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/nhs-staff-experience/nhs-staff-experiences/latest/#by-ethnicity-over-time-discrimination-at-work>
- 92 Business in the Community (2015) Race at Work. The Prince's Responsible Business Network. <https://www.bitc.org.uk/report/race-at-work-2015/>
- 93 Begum, S., Kapoor, A., Gyimah, M., Azad, Z., Ville, L., Henderson, A., and Dey, M. (2022) Broken Ladders: The myth of meritocracy for women of colour in the workplace. Runnymede Trust. www.fawcettsociety.org.uk/broken-ladders
- 94 We define wealth as financial (savings, investments, pensions) or asset-based (housing, land, material goods).
- 95 The Health Foundation (2024) Relationship between income and health. www.health.org.uk/evidence-hub/money-and-resources/income/relationship-between-income-and-health
- 96 The Health Foundation (2024) Inequalities in persistent poverty. www.health.org.uk/evidence-hub/money-and-resources/poverty/inequalities-in-persistent-poverty
- 97 Lee, A., Sinha, I., Boyce, T., Allen, J. and Goldblatt, P. (2021) Fuel Poverty, Cold Homes and Health Inequalities in the UK. Institute of Health Equity. www.instituteoftheequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk
- 98 Geddes, I., Bloomer, E., Allen, J. and Goldblatt, P. (2011) The Health Impacts of Cold Homes and Fuel Poverty, Marmot Review Team. www.instituteoftheequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty
- 99 Page, B. and Marshall, L. (2023) Food insecurity – what can local government do? The Health Foundation. www.health.org.uk/publications/reports/food-insecurity-what-can-local-government-do
- 100 Irving, K. M. (2019) Allostatic load: How stress in childhood affects life-course health outcomes. The Health Foundation. www.health.org.uk/publications/allostatic-load
- 101 Wickham, S., Anwar, E., Barr, B., Law, C. and Taylor-Robinson, D. (2016) Poverty and child health in the UK: using evidence for action, *Arch Dis Child*, 759–766. <https://adc.bmj.com/content/101/8/759>
- 102 The Health Foundation (2024) Relationship between income and healthy life expectancy by local authority. www.health.org.uk/evidence-hub/money-and-resources/income/relationship-between-income-and-healthy-life-expectancy-by-local-authority
- 103 Tinson, A. (2020) Living in poverty was bad for your health long before COVID-19. The Health Foundation. www.health.org.uk/reports-and-analysis/briefings/living-in-poverty-was-bad-for-your-health-long-before-covid-19
- 104 Liquidity is defined as an adult falling behind on bills and repayments and either monthly household debt repayments exceeding 25% of monthly income or an adult falling into arrears on two consecutive monthly commitments.
- 105 A solvency problem is when household debt exceeds 20% of household monthly disposable income and one or more adults in a household considers their debt to be a heavy burden.
- 106 Office for National Statistics (2022) Household debt: wealth in Great Britain. www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/householddebtwealthingreatbritain
- 107 Tinson, A. and Bunbury, S. (2022) Debt and health Preventing 'problem debt' during the pandemic recovery. The Health Foundation. www.health.org.uk/publications/long-reads/debt-and-health

- 108 The Health Foundation (2023) Problem debt and health. www.health.org.uk/evidence-hub/money-and-resources/debt/relationship-between-self-rated-health-and-problem-debt.
- 109 Gazzillo, A. (2023) How debt can affect health during the cost-of-living crisis. The Health Foundation.
- 110 The Health Foundation (2023) Anxiety and problem debt. www.health.org.uk/evidence-hub/money-and-resources/debt/anxiety-and-problem-debt
- 111 Meltzer, H., P. Bebbington.,T. Brugha., R. Jenkins., S. McManus and M. S. Dennis. (2011) Personal debt and suicidal ideation. *Psychological Medicine*, 771–778.
- 112 Richardson, T., Elliott, P. and Roberts, R. (2013) The Relationship between Personal Unsecured Debt and Mental and Physical health: a Systematic Review and meta-analysis. *Clinical Psychology Review*, 1148–1162. <https://pubmed.ncbi.nlm.nih.gov/24121465/>
- 113 Poverty is defined as less than 60% below median income
- 114 For this analysis, deep poverty is defined as less than 50% below median income.
- 115 Matejic, P., Schmuecker, K., Ibison, Y., Taylor, Y. (2024) Bangladeshi, Black African and Pakistani households at higher risk of very deep, long-term poverty. Joseph Rowntree Foundation. www.jrf.org.uk/race-and-ethnicity/bangladeshi-black-african-pakistani-households-higher-risk-of-very-deep-poverty
- 116 HM Government (2023) Accredited official statistics. Households below average income: for financial years ending 1995 to 2022. Department for Work and Pensions. www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2022
- 117 HM Government (2023) Accredited official statistics. Households below average income: for financial years ending 1995 to 2022. Department for Work and Pensions. www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2022
- 118 HM Government (2025) Persistent low income, Department for Work and Pensions. <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/low-income/latest/#by-ethnicity-and-age-group-after-housing-costs>
- 119 HM Government (2024) Schools, pupils and their characteristics, Department for Education. www.explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics
- 120 Edmiston, D., Begum, S., and Kataria, M. (2022) Falling Faster amidst a Cost-of-Living Crisis: Poverty, Inequality and Ethnicity in the UK, Runnymede Trust. www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk
- 121 Office for National Statistics (ONS) (2020) Child poverty and education outcomes by ethnicity. www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/compendium/economicreview/february2020/childpovertyandeducationoutcomesbyethnicity#child-poverty-and-ethnicity
- 122 Office for National Statistics (ONS) (2020) Household wealth in Great Britain by ethnicity. www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/householdwealthingreatbritainbyethnicity
- 123 Bangham, G. (2020) A gap that won't close: The distribution of wealth between ethnic groups in Great Britain. Resolution Foundation. www.resolutionfoundation.org/publications/a-gap-that-wont-close/
- 124 Office for National Statistics (ONS) (2020) Household wealth in Great Britain by ethnicity. www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/householdwealthingreatbritainbyethnicity
- 125 Bangham, G. (2020) A gap that won't close: The distribution of wealth between ethnic groups in Great Britain, Resolution Foundation. www.resolutionfoundation.org/publications/a-gap-that-wont-close/
- 126 Dillon, M. (2023) How does the housing crisis affect different ethnic groups in London? Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/
- 127 Dillon, M. (2023) How does the housing crisis affect different ethnic groups in London? Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/

- 128 Regan, N. O., Bhattacharya, A., Salutin, G., Corfe, S. (2023) Squeezed out or opting out? Understanding ethnic differences in use of financial products and services. Social Market Foundation. www.smf.co.uk/publications/squeezed-out-or-opting-out/
- 129 Butler-Jones, R. (2023) Just don't mention the pension: the ethnicity pensions gap. Legal and General Investment Management (LGIM). www.lgim.com/landg-assets/lgim/capabilities/defined-contribution/dc-retirement-solutions/the-ethnicity-pensions-gap-report.pdf
- 130 Cribb, J., O'Brien, L., Sturrock, D. (2025) Ethnic differences in private pension participation after automatic enrolment, Institute for Fiscal Studies. www.ifs.org.uk/publications/ethnic-differences-private-pension-participation-after-automatic-enrolment
- 131 Khan, O. (2020) The Colour of Money: How Racial Inequalities Obstruct a Fair and Resilient Economy. Runnymede Trust. www.runnymedetrust.org/publications/the-colour-of-money
- 132 Butler-Jones, R. (2023) Just don't mention the pension: the ethnicity pensions gap. Legal and General Investment Management (LGIM). www.lgim.com/landg-assets/lgim/capabilities/defined-contribution/dc-retirement-solutions/the-ethnicity-pensions-gap-report.pdf
- 133 Parkes, H., Nanda, S., and Round, A. (2020) Black, Asian and minority ethnic groups at greater risk of problem debt since Covid-19, Institute for Public Policy Research (IPPR). www.ippr.org/blog/minority-ethnic-groups-face-greater-problem-debt-risk-since-covid-19
- 134 Walcott, S., Stephenson, C., and Bush, L. (2023) Credit in the Cost-of-Living Crisis, Demos. <https://demos.co.uk/wp-content/uploads/2023/08/The-Good-Credit-Index-2023.pdf>
- 135 Strong, F.L., Webster, H. (2022) The cost of independence: young people's economic security. The Royal Society for Arts (RSA).
- 136 Office for National Statistics (ONS) (2020) Household wealth by ethnicity, Great Britain: April 2016 to March 2018. www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/articles/householdwealthbyethnicitygreatbritain/april2016tomarch2018#total-household-wealth-by-ethnicity
- 137 Office for National Statistics (ONS) (2020) Household wealth by ethnicity, Great Britain: April 2016 to March 2018. www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/articles/householdwealthbyethnicitygreatbritain/april2016tomarch2018#total-household-wealth-by-ethnicity
- 138 Dillon, M. (2023) How does the housing crisis affect different ethnic groups in London? Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/
- 139 Edmiston, D., Begum, S., and Kataria, M. (2022) Falling Faster amidst a Cost-of-Living Crisis: Poverty, Inequality and Ethnicity in the UK. Runnymede Trust. www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk
- 140 HM Government (2022) Accredited Official Statistics: State Support. www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/benefits/state-support/latest/
- 141 Women's Budget Group (2024) Where do we go from here? An intersectional analysis of women's living standards since 2010.
- 142 Stewart et al. (2023) 'A time of need: exploring the changing poverty risk facing larger families in the UK', *Journal of Social Policy*, 1–25.
- 143 Child Poverty Action Group (2023). Two-child limit turning the screw on families in cost of living crisis. www.cpag.org.uk/news-blogs/news-listings/two-child-limit-turning-screw-families-cost-living-crisis
- 144 Howes, S., Aldridge, H., Kapoor, A., and Haque, Z. (2023) Inequalities amplified: The alarming rise of child poverty in the UK. Child Poverty Action Group (CPAG), Runnymede, Women's Budget Group. www.runnymedetrust.org/publications/inequalities-amplified-the-alarming-rise-of-child-poverty-in-the-uk
- 145 Hall, S.M., McIntosh, K., Neitzert, E., Pottinger, L., Sandhu, K., Stephenson, M.A., Reed, H., and Taylor, L. (2017) *Intersecting Inequalities – The impact of austerity on Black and Minority Ethnic Women in the UK*. Women's Budget Group and The Runnymede Trust. www.wbg.org.uk/publication/intersecting-inequalities/

- 146 Shelter (2021) Health of one in five renters harmed by their home. https://england.shelter.org.uk/media/press_release/health_of_one_in_five_renters_harmed_by_their_home#:~:text=The%20health%20of%20one%20in,renters'%20mental%20and%20physical%20health
- 147 Omotoye, N. (2023) Home is where the mind is: How the housing crisis is impacting our mental wellbeing (and how to fix it). Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/
- 148 The Health Foundation (2024) Proportion of households living in non-decent homes by tenure. www.health.org.uk/evidence-hub/housing/housing-quality/proportion-of-households-living-in-non-decent-homes-by-tenure
- 149 Marmot, M., Allen, J., Boyce, T., Goldblatt, P., and Morrison, J. (2020) Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity. www.health.org.uk/publications/reports/the-marmot-review-10-years-on
- 150 Marmot review team (2011) The Health Impacts of Cold Homes and Fuel Poverty. www.instituteoftheequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty
- 151 Munro, A., Allen, J., and Marmot, M. (2022) Evidence Review: Housing and Health Inequalities in London, London. Institute of Health Equity. www.instituteoftheequity.org/resources-reports/evidence-review-housing-and-health-inequalities-in-london
- 152 Shelter.org. (26 April 2024) Check if your home is overcrowded by law. https://england.shelter.org.uk/housing_advice/repairs/check_if_your_home_is_overcrowded_by_law
- 153 National Housing Federation (2023) Overcrowding in England. <https://www.housing.org.uk/resources/overcrowding-in-england-2023/>
- 154 World Health Organisation (2018) World Health Organization Housing and Health Guidelines.
- 155 Lopoo, L., London, A. (2018) How Does Household Crowding Affect Education Outcomes? Housing Matters. <https://housingmatters.urban.org/research-summary/how-does-household-crowding-affect-education-outcomes>
- 156 Clair, A., Baker, E., and Kumari, M. (2024) Are housing circumstances associated with faster epigenetic ageing? *Epidemiology Community Health*, 40–46. <https://jech.bmj.com/content/78/1/40>
- 157 Office for National Statistics (ONS) (2024) Private rent and house prices, UK January. www.ons.gov.uk/economy/inflationandpriceindices/bulletins/private-rent-and-house-pricesuk/january2025
- 158 HM Government (2022) English Housing Survey 2021 to 2022: headline report. Department for Levelling Up, Housing & Communities. www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-headline-report/english-housing-survey-2021-to-2022-headline-report
- 159 Marshall, L., Briggs, A. and Bibby, J. (2024) How can the next government take prevention from rhetoric to reality? The Health Foundation. www.health.org.uk/reports-and-analysis/briefings/how-can-the-next-government-take-prevention-from-rhetoric-to-reality
- 160 Generation Rent (2023) Majority of Private Renters Faced Rent Increase in Past Year. www.generationrent.org/2023/08/02/majority-of-private-renters-faced-rent-increase-in-past-year/
- 161 It is, however, worth noting proposed protections for renters in the Renters Rights Bill.
- 162 The Health Foundation (2021) Relationship between health and residential moves.
- 163 Mind (October 2024) Housing and Mental Health. www.mind.org.uk/information-support/guides-to-support-and-services/housing/housing-and-mental-health/
- 164 Baker, E., Pham, N.T.A., Daniel, L., and Bentley, R. (2019) How Does Household Residential Instability Influence Child Health Outcomes? A Quantile Analysis. *International Journal of Environmental Research and Public Health*.
- 165 The Health Foundation (2024) Trends in duration of housing occupancy. www.health.org.uk/evidence-hub/housing/housing-stability-and-security/trends-in-duration-of-housing-occupancy

- 166 Shelter (2021) Health of one in five renters harmed by their home. https://england.shelter.org.uk/media/press_release/health_of_one_in_five_renters_harmed_by_their_home
- 167 38 Degrees team (2024) Revealed: Political cost of broken promise to renters as parliament returns. 38 Degrees. <https://home.38degrees.org.uk/2024/04/15/revealed-political-cost-of-broken-promise-to-renters-as-parliament-returns/>
- 168 Leng, G. (2017) The Impact of Homelessness on Health – A Guide for Local Authorities. Local Government Association www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF
- 169 APPG on Households in Temporary Accommodation (2025) Child Mortality in Temporary Accommodation. www.sharedhealthfoundation.org.uk/wp-content/uploads/2025/01/Child_Mortality_in_TA_2025_APPG_Report.pdf
- 170 Leng, G. (2017) The Impact of Homelessness on Health – A Guide for Local Authorities. Local Government Association
- 171 Hertzberg, D., and Boobis, S. (2022) The Unhealthy State of Homelessness 2022: Findings from the Homelessness Health Needs Audit. Local Government Association. <https://homeless.org.uk/news/the-unhealthy-state-of-homelessness/>
- 172 Crisis (2012) Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/homelessness-kills-2012/>
- 173 Jimenez, M.P., DeVille, N.V., Elliott, E.G., Schiff, J.E., Wilt, G.E., Hart, J.E., and James, P. (2021) Associations between Nature Exposure and Health: A Review of the Evidence. *International Journal of Environmental Research and Public Health*. www.ncbi.nlm.nih.gov/pmc/articles/PMC8125471/
- 174 The Health Foundation (2024) What builds good health? www.health.org.uk/infographic/transport-and-health
- 175 HM Government (2022) Chief Medical Officer’s annual report 2022: Air Pollution. Department of Health and Social Care. www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution
- 176 UK Health Security Agency. Chemical hazards and poisons report; Issue 28. Reducing health harms associated with air pollution. www.gov.uk/government/publications/chemical-hazards-and-poisons-report-issue-28
- 177 Smith, R.B., Fecht, D., Gulliver, J., Beevers, S.D., Dajnak, D., Blangiardo, M., Ghosh, R.E., Hansell, A.L., Kelly, F.J., Anderson, H.R. and Toledano, M.B. (2017). Impact of London’s Road traffic air and noise pollution on birth weight: retrospective population-based cohort study. *British Medical Journal*, 5299. <https://www.bmj.com/content/359/bmj.j5299>
- 178 Klepac, P., Locatelli, I., Korošec, S., Künzli, N. and Kukec, A. (2018) Ambient air pollution and pregnancy outcomes: A comprehensive review and identification of environmental public health challenges. *International Journal of Environmental Research and Public Health*. 144–159. <https://pubmed.ncbi.nlm.nih.gov/30014896/>
- 179 Conforti, A., Mascia, M., Cioffi, G., De Angelis, C., Coppola, G., De Rosa, P., Pivonello, R., Alviggi, C. and De Placido, G. (2018) Air pollution and female fertility: a systematic review of literature. *Reproductive Biology and Endocrinology*. <https://pubmed.ncbi.nlm.nih.gov/30594197/>
- 180 Bové, H., Bonghaerts, E., Slenders, E., Bijmens, E.M., Saenen, N.D., Gyselaers, W., Van Eyken, P., Plusquin, M., Roeffaers, M.B.J., Ameloot, M. and Nawrot, T.S. (2019) Ambient Black Carbon Particles Reach the Fetal Side of Human Placenta. *Nature Communications*. <https://www.nature.com/articles/s41467-019-11654-3>
- 181 Sheffield, P.E., Speranza, R., Chiu, Y.-H.M., Hsu, H.-H.L., Curtin, P.C., Renzetti, S., Pajak, A., Coull, B., Schwartz, J., Kloog, I. and Wright, R.J. (2018) Association between particulate air pollution exposure during pregnancy and postpartum maternal psychological functioning. *PLOS ONE*. <https://www.ncbi.nlm.nih.gov/>

pmc/articles/PMC5905884/

- 182 Almeida, A. (2021) Pushed to the Margins: A Quantitative Analysis of Gentrification in London in the 2010s. The Runnymede Trust. www.runnymedetrust.org/publications/pushed-to-the-margins
- 183 Snoussi, D. and Mompelat, L. (2019) 'We Are Ghosts' Race, Class and Institutional Prejudice. The Runnymede Trust. www.runnymedetrust.org/publications/we-are-ghosts-race-class-and-institutional-prejudice
- 184 The Health Foundation (n.d.) Family, friends and community.
- 185 The Health Foundation (n.d.) Community cohesion: Data, insights and analysis on the ways community cohesion shapes our health. www.health.org.uk/evidence-hub/ffc/community-cohesion
- 186 Dillon, M. (2023) How does the housing crisis affect different ethnic groups in London? Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/
- 187 HM Government (2023) English Housing Survey 2022 to 2023: headline report. Department for Work and Pensions. www.gov.uk/government/collections/english-housing-survey-2022-to-2023-headline-report
- 188 Bramley, G., Fitzpatrick, S., McIntyre, J. and Johnsen, S. (2022) Homelessness Amongst Black and Minoritised Ethnic Communities in the UK A Statistical Report on the State of the Nation. Heriot-Watt University. https://pure.hw.ac.uk/ws/portalfiles/portal/67022958/Homelessness_Amongst_Black_and_Minoritised_Ethnic_Communities_State_of_the_Nation_Report_2.pdf
- 189 Health Foundation analysis of Department of Work and Pensions, Households Below Average Income UK 2020/21–2022/23.
- 190 Dillon, M. (2023) How does the housing crisis affect different ethnic groups in London? Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/
- 191 The Health Foundation (2024) Inequalities in households experiencing housing problems. www.health.org.uk/evidence-hub/housing/multiple-housing-problems/inequalities-in-households-experiencing-one-or-more-housing-problems
- 192 HM Government (2023) English Housing Survey data on dwelling condition, security and fire safety. Ministry of Housing, Communities and Local Government, Ministry of Housing, Communities & Local Government (2018 to 2021) and Department for Levelling Up, Housing and Communities. www.gov.uk/government/statistical-data-sets/dwelling-condition-and-safety
- 193 Analysis of English Housing Survey data on overcrowded households.
- 194 Bramley, G., Fitzpatrick, S., McIntyre, J. and Johnsen, S. (2022) Homelessness Amongst Black and Minoritised Ethnic Communities in the UK A Statistical Report on the State of the Nation, Edinburgh, Heriot-Watt University. https://pure.hw.ac.uk/ws/portalfiles/portal/67022958/Homelessness_Amongst_Black_and_Minoritised_Ethnic_Communities_State_of_the_Nation_Report_2.pdf
- 195 Wilson, W. (2023) Overcrowded Housing (England). Parliament.uk. <https://researchbriefings.files.parliament.uk/documents/SN01013/SN01013.pdf>
- 196 Mirza, H. and Warwick, R. (2022) Race and ethnicity. IFS Deaton Review of Inequalities. www.ifs.org.uk/publications/race-and-ethnicity
- 197 Statutory homeless refers to being unintentionally homeless and falling into a priority need group, meaning that the local authority has a statutory duty to secure accommodation.
- 198 Hidden homeless refers to those who live with others temporarily without a permanent home. They lack access to housing support resources so are 'hidden' from national statistics on homelessness.
- 199 Garvie, D., Pennington, J., Rich H. and Schofield, M. (2023) Still Living in Limbo: Why the use of temporary accommodation must end. Shelter. https://downloads.ctfassets.net/6sxvmndn0s/2tH1VaV0nD4E1yfkNVgZpd/18a40c539d3d6b8771c55c318f4c0a74/Still_Living_in_Limbo.pdf
- 200 HM Government (2012) Tables on homelessness: The latest data tables on homelessness. Ministry of Housing, Communities and Local Government, Ministry of Housing, Communities & Local Government (2018

to 2021) and Department for Levelling Up, Housing and Communities. www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables

201 Friends, Families and Travellers (2022) Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

202 Gray, N., Lewis, A., Moller, S., (2023) Deprivation based inequality in NOx emissions in England. *Environ. Sci.: Adv.*, 2023,2, 1261–1272. <https://pubs.rsc.org/en/content/articlelanding/2023/va/d3va00054k>

203 Nightingale, G. and Merrifield, K. (2024) Funding for local public services. Ripe for reform? The Health Foundation. www.health.org.uk/features-and-opinion/features/funding-for-local-public-services

204 Commission for Architecture and the Built Environment (2010) Urban Green Nation: Building the evidence base. www.designcouncil.org.uk/fileadmin/uploads/dc/Documents/urban-green-nation-summary1_0.pdf

205 The People and Nature Surveys for England: Adults' Year 4 Annual Report (April 2023 - March 2024). Natural England. www.gov.uk/government/collections/people-and-nature-survey-for-england

206 Office for National Statistics (ONS) (2020) One in eight British households has no garden. <https://www.ons.gov.uk/economy/environmentalaccounts/articles/oneineightbritishhouseholdshasnogarden/2020-05-14>

207 Ayamba, M. A., Hussain, S., Lanoix, F., Mack, S. and Solanki, S. (2021) Access to nature in the English countryside. Campaign to Protect Rural England (CPRE). www.cpre.org.uk/wp-content/uploads/2021/08/August-2021_Access-to-nature-in-the-English-countryside_research-overview.pdf

208 Brook, R., Zhang, H. and Sammut, J. (2023) Greater London Authority air quality exposure and inequalities study Part 1 – London analysis, Aether. www.london.gov.uk/programmes-strategies/environment-and-climate-change/environment-and-climate-change-publications/air-pollution-and-inequalities-london-update-2023

209 Slater, G. (2021) Deprived and BAME schoolchildren in London experience greater air pollution burden, Environmental Defense Fund. <https://globalcleanair.org/health/deprived-and-bame-schoolchildren-in-london-experience-greater-air-pollution-burden/>

210 Newham London (2019) Air Quality Action Plan 2019-2024. www.newham.gov.uk/downloads/file/166/air-quality-action-plan

211 Wickremer, J. (n.d.). Air Quality in Newham. Newham Council. <https://www.newham.gov.uk/public-health-safety/air-quality-newham>.

212 Abed Al Ahad, M., Demšar, U., Sullivan, F. and Kulu, H. (2023) The spatial-temporal effect of air pollution on individuals' reported health and its variation by ethnic groups in the United Kingdom: a multilevel longitudinal analysis. *BMC public health*, 897. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-023-15853-y>

213 Almeida, A. (2021) Pushed to the Margins: A Quantitative Analysis of Gentrification in London in the 2010s. The Runnymede Trust. <https://www.runnymedetrust.org/publications/pushed-to-the-margins>

214 Sagoe, C., Ehrlich, R., Reynolds, L. and Rich, H. (2020) Time for change – Making renting fairer for private renters. Shelter. https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/time_for_change_making_renting_fairer_for_private_renters

215 Shelter (2021) Denied the Right to a Safe Home – Report. https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/denied_the_right_to_a_safe_home_report

216 Elliot, J., Baxter, D., Rogaly, K. (2021) What's causing structural racism in housing? Joseph Rowntree Foundation. www.jrf.org.uk/housing/whats-causing-structural-racism-in-housing

217 Dillon, M. (2023) How does the housing crisis affect different ethnic groups in London? Positive Money. www.positivemoney.org/update/how-does-the-housing-crisis-affect-different-ethnic-groups-in-london/

- 218 Courts and Tribunals Judiciary (2022) Awaab Ishak – Prevention of future deaths report. www.judiciary.uk/prevention-of-future-death-reports/awaab-ishak-prevention-of-future-deaths-report/
- 219 Housing Ombudsman Service (2023) Housing Ombudsman Special Report on Rochdale Boroughwide Housing.
- 220 Moore-Bick, M. Akbor, A. and Istephan, T. (2024) Grenfell Tower Inquiry: Phase 2 Report, Grenfell Tower Inquiry.
- 221 Bramley, G., Fitzpatrick, S., McIntyre, J. and Johnsen, S. (2022) Homelessness Amongst Black and Minoritised Ethnic Communities in the UK A Statistical Report on the State of the Nation, Edinburgh, Heriot-Watt University. https://pure.hw.ac.uk/ws/portalfiles/portal/67022958/Homelessness_Amongst_Black_and_Minoritised_Ethnic_Communities_State_of_the_Nation_Report_2.pdf
- 222 Mirza, H.S. and Warwick, R. (2024) Race and ethnic inequalities. Oxford Open Economics, 365–452. https://academic.oup.com/ooec/article/3/Supplement_1/i365/7708062
- 223 HM Government. (2022) Population of England and Wales. www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest/#title

How racism affects health



www.health.org.uk



www.runnymedetrust.org

■ March 2025

Stephen Walcott
Gwen Nightingale

ISBN: 978-1-911615-96-5