Is England Fairer?

The state of equality and human rights 2016
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March 2016
About this publication

What is the purpose of this publication?


In 2010, the Commission produced its first progress report on equality, entitled *How Fair is Britain?* A separate human rights progress report, the Human Rights Review, was published in 2012. *Is Britain Fairer?* was the Commission’s follow-up report on both equality and human rights.

Who is it for?

This report is intended for policy makers and influencers across all sectors and the general public.

What is inside?

The report includes:

- an executive summary and list of key challenges
- the legal framework
- context
- key findings related to:
  - education and learning
  - work, income and the economy
  - health and care
  - justice, security and the right to life
  - the individual and society
  - England’s most disadvantaged groups
- key challenges.
When was it published?
The report was published in March 2016.

Why did the Commission produce the report?
The Equality and Human Rights Commission promotes and enforces the laws that protect our rights to fairness, dignity and respect. As part of its duties, the Commission provides Parliament and the nation with periodic reports on equality and human rights progress in England, Scotland and Wales.

What formats are available?
The full report is available in PDF and Microsoft Word formats at www.equalityhumanrights.com/IsEnglandFairer.
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AMHS</td>
<td>Adult Mental Health Services</td>
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<td>ASHE</td>
<td>Annual Survey of Hours and Earning</td>
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<tr>
<td>BIS</td>
<td>Department for Business, Innovation and Skills</td>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
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<td>CCG</td>
<td>Clinical commissioning group</td>
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<td>CPS</td>
<td>Crown Prosecution Service</td>
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<td>CQC</td>
<td>Care Quality Commission</td>
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<td>CRC</td>
<td>UN Convention on the Rights of the Child</td>
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<td>CSEW</td>
<td>Crime Survey for England and Wales</td>
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<td>DCLLG</td>
<td>Department for Communities and Local Government</td>
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<td>DfE</td>
<td>Department for Education</td>
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<td>DoLS</td>
<td>Deprivation of Liberty Safeguards</td>
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<td>ECHR</td>
<td>European Convention on Human Rights</td>
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<td>EHRC</td>
<td>Equality and Human Rights Commission</td>
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<td>EU</td>
<td>European Union</td>
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<td>EYFS</td>
<td>Early Years Foundation Stage</td>
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<td>GCSE</td>
<td>General Certificate of Secondary Education</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HMIP</td>
<td>Her Majesty’s Inspectorate of Prisons for England and Wales</td>
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<td>HRA</td>
<td>Human Rights Act 1998</td>
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<td>HMIC</td>
<td>Her Majesty’s Inspectorate of Constabulary</td>
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<td>IPCC</td>
<td>Independent Police Complaints Commission</td>
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<tr>
<td>LGB</td>
<td>Lesbian, gay and bisexual</td>
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<td>LGBT</td>
<td>Lesbian, gay, bisexual and transgender</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>NEET</td>
<td>Not in education, employment or training</td>
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<td>NSPCC</td>
<td>National Society for the Prevention of Cruelty to Children</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>ONS</td>
<td>Office for National Statistics</td>
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<td>RCGP</td>
<td>Royal College of General Practitioners</td>
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<td>SEN</td>
<td>Special educational needs</td>
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<td>UK</td>
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We hope that this report will be of value to policymakers, influencers and those who work at the grass roots to progress equality and human rights across all sectors. Our purpose is to report our findings, set out the challenges for the future, and invite those who have the statutory responsibilities, or an interest in these areas, to address the issues by identifying and implementing the necessary solutions. We do not speculate on the impact of proposed future legislative or policy changes, nor do we try to explain the causes of differences, or set policy solutions in this report.

We have gathered evidence based around 10 domains: education; standard of living; productive and valued activities; health; life; physical security; legal security; individual, family and social life; identity, expression and self-respect; and participation, influence and voice.

Within each of these domains, we have used a set of indicators to evaluate progress. Produced in parallel with Is Britain Fairer? were 10 detailed GB-wide evidence papers (one for each domain), which are available on our website at www.equalityhumanrights.com/IsBritainFairer.

When deciding what to include in this report, based on the 10 evidence papers, we used three criteria:

- the degree to which there has been change over time
- the proportion of the specific population group that the issue affects, and
- the scale of impact on life chances.

The quantitative evidence we used draws from major surveys and administrative data compiled by public bodies. Given the time lag between gathering the data and analysing and checking it, most of our core quantitative data covers the period from 2008 to 2013. This has been supplemented by some more recent data drawn from other published analysis that meets our strict criteria, as explained in the Is Britain Fairer? methodology paper. The qualitative data we used is more recent and includes reports by inspectorates and regulators, international organisations, parliamentary committees, the UK and devolved governments, and non-governmental organisations (NGOs).

The first three chapters of the report set out the introduction (Chapter 1), the equality and human rights legal framework (Chapter 2), and the economic and demographic
context (Chapter 3). The subsequent five chapters set out our key findings, as summarised below.

**Chapter 4: Education and learning**

The chapter highlights a number of areas of progress, including:

- Improved educational attainment, as measured at the end of the Early Years Foundation Stage and GCSE.
- Substantial improvements in attainment by Pakistani/Bangladeshi and African/Caribbean/Black pupils, narrowing the gap with White pupils.
- An increase in the proportion of young people going into higher education, with 2014 seeing the largest recorded increase in university entry rates among young people from the most disadvantaged areas.
- A higher proportion of 25–64 year olds with a degree-level qualification, and a reduction in the proportion of adults with no qualifications of any kind.

However, a number of issues are also highlighted, including:

- A widening gender gap in attainment as girls pulled further ahead of boys.
- Children from poorer backgrounds performed less well than their peers. This was especially true for White boys and girls. Pupils from ethnic minorities tend to show much narrower socio-economic attainment gaps.
- Despite overall lower reported rates of bullying, some children remained disproportionately affected, including those from extremely poor backgrounds, those with a disability, ethnic minorities and the LGBT community. Being bullied by peers in childhood has long-term adverse effects on mental health and can impede educational attainment.
- Exclusions from school continue to fall but remain high for some pupils, such as pupils with SEN. Those most likely to be excluded also tend to have comparatively lower attainment.
- Disabled people were less likely to hold a degree-level qualification and the gap between disabled and non-disabled people has widened. Disabled people were also less likely to hold a qualification of any kind.
- School leavers from ethnic minorities were more likely to go on to university but Black school leavers were less likely to go to a higher-ranked institution.
- A lower proportion of disabled and ethnic minority undergraduate students received a first/2:1 degree, compared with non-disabled and White students.
Chapter 5: Work, income and the economy

The chapter highlights a number of areas of progress over the review period, including:

- Over 70% of working-age adults remained in employment in 2013 despite the recession.
- The employment rate of Pakistani/Bangladeshi people increased between 2008 and 2013.
- The proportion of 16–18 year olds not in education, employment or training (NEET) fell between 2008 and 2013. However, a higher proportion of men were NEET compared with women.
- The number of adults and children living in substandard housing decreased.
- Fewer adults and children were living in relative poverty in 2012/13 compared to 2007/08.

However, a number of issues are also highlighted, including:

- Unemployment increased for disabled people, ethnic minorities and young people aged 16–24. Young people had the highest increase in unemployment.
- Employment rates decreased for disabled people, ethnic minorities and young people aged 16–24.
- There was a substantial gap between the employment rates of White people and ethnic minorities. Rises in unemployment were disproportionately affecting the Pakistani, Mixed and Black African/Caribbean/Black British ethnic groups.
- Women were over-represented in part-time work and were also less likely than men to be in senior positions.
- Apprenticeship programme start-ups decreased and demand outstripped supply, particularly among the youngest applicants. Women were under-represented in high-value, good-quality apprenticeships and over-represented in low-pay sectors.
- Pay declined in real terms for almost everyone between 2008 and 2013. Average hourly pay in real terms decreased by 65 pence, with some people seeing bigger declines than others, especially men, younger people and people from some ethnic minorities (particularly African/Caribbean/Black people) and religious groups (particularly Sikhs).
- Women and disabled people were disproportionately affected by low pay in London.
- The cost of childcare across England varied greatly. Over a quarter of parents in 2012 had problems finding flexible childcare and this was more difficult for the
parents of a disabled child, parents with Black or Indian children, and parents in
modern professional occupations.\textsuperscript{1}

- People in private rented accommodation had the highest rate of fuel poverty by
tenure in 2012 and one-third of dwellings were assessed as substandard. Some
people with particular protected characteristics were more likely to be renting
privately, including those where the household reference person was young, from
an ethnic minority, a lone parent, unemployed, looking after the family or home, or
having a long-term illness or disability and belonging to a multi-person household.

- Poverty rates for children living in a household headed by someone from an
ethnic minority were higher compared with someone from the White group.

- Young people, disabled people and people from some ethnic minorities were
more likely to be living in poverty in 2012/13. The rate of poverty increased for

- Material deprivation increased, meaning the standard of living worsened, and
younger people, working-age disabled people, women, some minority ethnic
groups, and households with a disabled child were particularly affected.

- Around one in ten households in England were fuel poor in 2013.

\textbf{Chapter 6: Health and care}

The chapter highlights a number of areas of progress, including:

- Life expectancy has increased across all age groups (at birth, 20, 65 and 80
years) and for both women and men between 2007/09 and 2011/13. Although
women still live longer than men, the gap between female and male life
expectancy narrowed.

- The infant mortality rate decreased between 2008 and 2013. However it was
higher for boys than for girls, for ethnic minority infants compared with White
infants, and for infants born to mothers aged under 20.

However, a number of issues are also highlighted, including:

- In 2011/13, life expectancy at birth was particularly low for boys in the most
deprived areas.

\textsuperscript{1} ‘Modern professional occupations’ – teacher, nurse, physiotherapist, social worker, welfare officer, artist,
musician, police officer (sergeant or above), software designer as opposed to ‘traditional professional
occupations’ – accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer (as worded in the
Childcare and Early Years Survey of Parents).
The suicide rate increased between 2008 and 2013, resulting in a widening of the gap between men and women, with middle-aged men particularly at risk. More recent data show that, between 2013 and 2014, a further increase in the suicide rate was largely the result of an increase in the female suicide rate, whereas the male suicide rate remained stable.

The proportion of adults at risk of poor mental health increased between 2008 and 2012 and was around twice that of those reporting bad or very bad health. People identifying as ‘gay/lesbian/bisexual/other’ were at greater risk of poor mental health in 2012 compared with those identifying as heterosexual.

People from the Black/African/Caribbean/Black British ethnic group had the highest rate of contact with specialist mental health services; people from these groups, and those of Pakistani ethnicity, were more likely to have been compulsorily detained under the Mental Health Act 1983 as part of an inpatient stay in a mental health unit.

There were some serious concerns about availability of and access to mental health services for children and young people, particularly the transition from child to adult services.

People from more disadvantaged socio-economic positions had poor outcomes at the end of life, including a higher proportion of hospital deaths, a lower proportion of home and hospice deaths, and an increase in emergency department attendance in the last month of life. Children with cancer who needed palliative care often did not receive it owing to a lack of provision.

Chapter 7: Justice, security and the right to life

The chapter highlights a number of areas of progress, including:

- A fall in several serious crimes affecting personal safety including homicides and violent crime.
- A number of significant legislative reforms, case law and policy initiatives, including increased legal protection for 17 year olds in police custody, increases in the number of applications for Deprivation of Liberty Safeguards.
- People’s confidence that the criminal justice system meets the needs of victims has increased. However, confidence that it respects the rights of those accused of an offence and treats them fairly has decreased.
However, a number of issues are also highlighted, including:

• A notably high homicide rate in England/Wales of infants under 1 year, compared with that of the rest of the population. This demonstrates that insufficient safeguards are in place to protect what may be the single most vulnerable group in our society.

• An independent review of self-inflicted deaths of young people in custody made a number of recommendations for improvement.

• The figures on hate crime show a complex picture: Self-reported experiences of hate crime fell, the total number of hate crimes recorded by the police also fell, and there has been an increase in the number of convictions. However, there were variations in individual categories of hate crime. The Metropolitan police also reported a rise in the number of anti-Semitic and Islamophobic hate crimes in London in 2015, and disability and LGBT hate crime remained a concern.

• Overcrowding in prisons and rising violence in some men’s prisons and Young Offender Institutions.

• The Home Secretary announced an independent review of deaths and serious incidents in police custody in England and Wales. There have been 133 deaths during or following police custody in England and Wales between 2007/08 and 2014/15, and 444 apparent suicides following police custody.

• Serious concerns were expressed by regulators about the operation of safeguards to protect people from being unlawfully deprived of their liberty, and about the use of restraint affecting detained individuals in health, care and detention settings.

• The increasing number of Deprivation of Liberty Safeguards applications created a backlog of unprocessed applications still pending at the end of 2014/15 meaning a high number of people were likely being deprived of their liberty without the protection of external scrutiny.

• The age of criminal responsibility in the UK remains, at 10 years, below the standard of 12 years set by the CRC.

• Serious concerns were expressed in relation to the increased use of force and solitary confinement of children in custody.
Chapter 8: The individual and society

The chapter highlights some areas of progress over the review period, including:

- evidence of some decrease in stigma around mental health and against lesbian, bisexual and gay people; and
- in 2012/13, around one in five people had been involved in providing unpaid help or working as a volunteer for a local, national or international organisation or charity in the UK in the previous 12 months.

However, a number of issues are also highlighted, including:

- Concerns about sexual abuse against children in a number of reviews and investigations.
- The UK is yet to ratify the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
- Reduced government spending affected the ability of violence against women and children services to meet the needs of victims suffering from abuse.
- Poorer women, young women, disabled women and White women were disproportionately affected by domestic abuse.
- Concerns about availability of support for some people, including children in care, children in custody (or with parents in custody), learning-disabled people and older people.
- Elected politicians in Britain and local councillors in England still remain highly unrepresentative of the population as a whole.
- There has been a decrease in the proportion of people who say they are involved in political activity.

Chapter 9: England’s most disadvantaged groups

Some people in our society are being left further behind because they face particular barriers in accessing important public services and are locked out of opportunities.

There are several factors that may contribute to this, including socio-economic deprivation, social invisibility, poor internal organisation of the group, distinctive service needs that are currently not met, cultural barriers, stigma and stereotyping, small group size, and very importantly, a lack of evidence which limits us in our ability to assess the multiple disadvantages these people face. Although there are many people facing multiple disadvantages in England, here we have focused on the
experience of four specific groups, namely Gypsies, Travellers and Roma, homeless people, people with learning disabilities, and migrants, refugees and asylum seekers.

The chapter highlights a number of areas of progress, including:

• The educational attainment of Gypsy, Roma and Traveller children has improved.
• The number of Traveller caravans on unauthorised sites has decreased. The number on authorised private sites has increased and on socially rented sites has remained relatively stable.
• The gap in exclusion rates of children with SEN has narrowed.
• The number of children and young people aged under 18 years entering immigration detention centres has decreased.

However, a number of issues are also highlighted, including:

• The attainment gap between Gypsy and Roma children, and White pupils has widened.
• Gypsy, Roma and Traveller children and children with SEN were more likely to be excluded from school, with exclusion rates several times higher than the national average.
• Access to healthcare remained problematic and many people from the most disadvantaged groups were unable to register with a GP.
• Homeless people used hospital services, including Accident and Emergency, between three and six times more than the general population.
• Learning-disabled people in residential and inpatient care were admitted for disproportionately long spells, in inappropriate settings, often a very long distance away from family and home.
• There were major concerns about the quality of healthcare for people with learning disabilities, particularly in hospital, sometimes leading to unnecessary deaths.
• The life expectancy of homeless people and people with learning disabilities was considerably shorter. Mortality rates among people with moderate to severe learning disabilities were three times greater than in the general population.
• Some people were particularly vulnerable to homelessness, including young people, transgender people, asylum seekers, care leavers and single people and couples without dependent children.
• Prison and probation staff were failing to identify people with learning disabilities, and Gypsies, Roma and Travellers, and opportunities to help such offenders were missed.
• Negative attitudes were still widely held. Gypsies, Roma and Travellers, migrants, asylum seekers and refugees had an increased risk of being subjected to stigmatising treatment on the basis of race and religion. Homeless and learning-disabled people were more likely to face social stigma.
• The lack of an immigration detention time limit in the UK remained, in contrast to all other European Union countries.

Chapter 10: Most significant areas requiring improvement

We conclude with Chapter 10, which draws on the evidence in the previous chapters and sets out nine key equality and human rights challenges for England over the coming years. Some action may need to be taken at the UK level. The order below does not indicate any level of priority and the list is not exhaustive:

1. **Improve the evidence** and the ability to assess how fair society is.
2. Raise standards and close gaps in **education**.
3. Encourage fair recruitment, development and reward in **employment**.
4. Support improved **living conditions** in cohesive communities.
5. Encourage **democratic participation**.
6. Improve access to **mental health** services and support for those experiencing (or at risk of experiencing) poor mental health.
7. Prevent **abuse, neglect and ill treatment in care and detention**.
8. Tackle **harassment and abuse** of people who share particular protected characteristics.
9. Tackle inequalities experienced by those who are **most disadvantaged**, by unlocking opportunities and improving access to public services.
Chapter 1
Introduction

www.equalityhumanrights.com/IsEnglandFairer
Fairness is important to everyone. There are few things against which we react more strongly than a sense of unfairness or injustice. It is because we believe that fairness is important that we have put in place an infrastructure of laws and enforcement mechanisms to defend and enhance this principle.

These mechanisms include:

- the Human Rights Act 1998 (HRA), which transferred into UK law many of the rights set out in the European Convention on Human Rights (ECHR), making them enforceable by individuals in the UK courts
- the Equality Act 2006, which created the Equality and Human Rights Commission, and
- the Equality Act 2010, widely regarded as the strongest anti-discrimination framework in the world.

As part of this legal framework, the Commission is required to produce a report on the progress on equality and human rights every five years.

*Is Britain Fairer?* established a unique approach to reporting on progress in implementing equality and human rights across England, Scotland and Wales, offering comparisons between countries where relevant.

*Is England Fairer?* sets out the key equality and human rights evidence and challenges for England and reports on whether English society is fairer than it was when we published *How Fair is Britain?* five years ago.

There are inevitably limitations to any evidence-gathering process, owing to gaps in data and difficulties involved in collecting information.

While recognising these limitations, this report presents a wide range of evidence on how people’s rights to equality and human rights are being realised in practice. We set out a clear, evidence-based assessment of where England has made progress, where we have stood still and where we have fallen back.

We believe that this report will be of value to policymakers, influencers and those who work at the grass roots to progress equality and human rights across all sectors.

Our purpose is to:

- report our findings
- set out the challenges for the future, and
- invite those who have the statutory responsibilities to implement the necessary solutions that will address the challenges we have identified, working with all relevant stakeholders.
This report is based on a substantial process of gathering and analysing data and evidence around 10 domains. These domains cover the following:

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<td>Productive and valued activities</td>
<td>Chapter 5: Work, income and the economy</td>
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<td>Standard of living</td>
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<td>Health</td>
<td>Chapter 7: Justice, security and the right to life</td>
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<td>Life</td>
<td>Chapter 8: The individual and society</td>
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<td>Individual, family and social life</td>
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<td>Identity, expression and self-respect</td>
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Within each of these domains, we have used a set of indicators and measures in order to assess progress. Detailed data tables, providing the quantitative data that we have analysed for this report, and GB-wide evidence papers (which include England-specific evidence) are available on the Commission website.

In building the evidence for this report, we relied on a variety of qualitative and quantitative sources that met our rigorous standards, as explained in the methodology paper.

Qualitative sources include reports by inspectorates and regulators, international organisations, parliamentary committees, the UK and devolved governments, and non-governmental organisations (NGOs).

We also drew quantitative evidence from major surveys and administrative data compiled by public bodies. The unavoidable time lag between gathering, analysing and checking the data means that the core quantitative data we use is not current. Most of it covers the period from 2008 to 2013. Unless otherwise stated, figures and
statistics are specific to England. Exceptions will be where England-only data are not available, for example, in which case we have used data for England and Wales together or for GB.

When looking across the wealth of evidence gathered, we used the following criteria in order to select the key areas to include in this report:

- The degree to which there has been change over time. Change may be positive or negative; and, in addition, the absence of change was a criterion where major change was needed or expected.
- The proportion of the population affected by the issue.
- The scale of the impact on life chances.

Although we have posed a simple question – is England fairer? – we recognise that the answer is far from simple. The reader will find that England has become fairer in many areas. We should be proud of and celebrate these advances. Equally, we must recognise and question those areas where we have gone backwards or have failed to address stubborn inequalities that have been with us for too long.
This chapter summarises the most relevant aspects of the current equality and human rights legal framework for England, specifically the Human Rights Act 1998 (HRA) and the Equality Act 2010.

Human Rights

Under the HRA, it is unlawful for all public bodies and other bodies carrying out public functions as defined under the Act to act in a way that is incompatible with the ECHR. This obligation is both negative (that is, not to breach the rights) and in certain circumstances positive (that is, to take steps to guarantee the rights). The HRA does not create any new rights that are not in the ECHR.

There are three types of rights in the ECHR:

- **Absolute rights** – The state cannot breach these rights in any circumstances. These include the right to life, to protection from torture, and protection from inhuman or degrading treatment.

- **Limited rights** – These may only be limited under the circumstances set out in the ECHR Article, which defines each of these rights. These include, for example, the right to liberty, security of person and a fair trial.

- **Qualified rights** – These require a balance to be made between the rights of the individual, and the needs and rights of others. They include, for example, respect for private and family life, freedom of assembly and association, and freedom to manifest thoughts, conscience and religion. They can be interfered with in specific circumstances, which are clearly set out in each Article. This includes where:
  - there is a legal basis for this interference, which people can find out about and understand;
  - there is a legitimate aim for the interference; and
  - the interference is necessary in a democratic society – with a pressing social need for the interference. This type of interference must be proportionate, and no greater than is necessary to meet this social need.

In addition, Article 14 of the ECHR provides the right for people to be free from discrimination in enjoying their human rights. This does not protect people from discrimination in all areas of their life, but it protects individuals from discrimination in enjoyment of those human rights protected by the ECHR. To rely on this right, individuals need to show that their ability to enjoy one or more of the other rights set out within the ECHR has been affected by the discriminatory treatment.
As part of the approach it takes to interpreting the ECHR in particular cases, the European Court of Human Rights has developed and applied the principle of subsidiarity, recognising that national bodies are sometimes better placed to understand domestic circumstances and requirements. It provides some flexibility for states in how they safeguard certain ECHR rights at the national level, provided states apply a consistent approach with a minimum level of human rights protection.

The Equality Act 2010

The Equality Act 2010 prohibits unlawful discrimination, harassment and victimisation on the basis of ‘protected characteristics’, in a wide variety of fields in the UK. The nine ‘protected characteristics’ are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

The Equality Act 2010 simplified and strengthened anti-discrimination law. It aims to protect individuals from unfair treatment and promote a fair and more equal society. The Act applies in a variety of fields, including employment, education, the exercise of public functions, the provision of services, and to membership associations. The Act prohibits certain types of conduct, including:

- Direct discrimination – less favourable treatment of a person because of a protected characteristic, compared with others in similar circumstances;
- Indirect discrimination – where a policy, practice or criterion is applied (or would be applied) to everyone but in fact puts (or would put) people sharing a protected characteristic at a particular disadvantage when compared with others who do not;²

² Note: Indirect discrimination can be lawful if objectively justified as a proportionate means of achieving a legitimate aim.
• Separate forms of discrimination specifically relating to disabled people, pregnancy and maternity, and gender reassignment;
• Harassment – unwanted conduct related to a protected characteristic that has the purpose or effect of violating a person’s dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person;
• Victimisation – subjecting someone to a detriment because they have, in good faith, carried out a protected act such as
  – making an allegation of discrimination;
  – bringing proceedings under the Act;
  – giving evidence or information in relation to such proceedings; or
  – doing anything else in connection with the Act.

The Equality Act 2010 permits proportionate and lawful positive action measures which aim to overcome disadvantage connected to a particular protected characteristic.

The Act also introduced the public sector equality duty (PSED). This requires public authorities to have ‘due regard’ to the need to:
• eliminate unlawful discrimination, harassment and victimisation;
• advance equality of opportunity; and
• foster good relations.

These three requirements are referred to as the general equality duty. It applies to public authorities across Great Britain, including any services delivered on behalf of public authorities. The general duty is supported by specific duties. These are the steps that are intended to help public authorities to better meet their general duty requirements. They are different for Scotland, England and Wales.

The specific duties in England require listed public authorities\(^3\) to publish information each year to demonstrate their compliance with the general duty. This should include information on the people who use their services or are affected by their policies and practices and, if they employ 150 or more staff, their workforce. They also require public authorities to publish one or more equality objectives, which should be specific and measurable. The equality information and objectives should be published in an accessible way.

\(^3\) The list is set out in Schedule 1 to the Equality Act 2010 (Specific Duties) Regulations 2011.
The period between 2008 and 2013, covered by most of the quantitative evidence in *Is England Fairer?*, was characterised by a deep recession and protracted recovery. In response to the recession, the UK Government enacted a programme aimed at reducing the budget deficit by reducing public expenditure. This response is an important background to policy decisions and this chapter provides some context to those decisions.

In 2008, the UK entered a major and deep economic downturn and the economy shrank by 2.3% in the final quarter of 2008, during a recession that lasted around a year. Growth resumed towards the end of 2009, but the recovery was protracted and interrupted by brief periods of decline in 2012 (ONS, 2015h). The UK has since seen sustained growth into 2015 (ONS, 2014d) with England recovering more strongly than Wales or Scotland.

In response to a rising budget deficit and consequent growth in the public sector debt, the UK Government set out plans to close the funding gap through a combination of reduced government spending and tax increases. Some elements of government spending were, however, protected (including health, schools and international development). The implication is that greater cuts would be needed in other areas.

In addition to these economic trends and policy responses, we also need to be mindful of demographic change over this period.

### Table 1 Components of population change in England from 2008 to 2014

<table>
<thead>
<tr>
<th>Component</th>
<th>Change (mid-2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated population mid-2008</td>
<td>51,815,853</td>
</tr>
<tr>
<td>Births minus deaths</td>
<td>+1,298,042</td>
</tr>
<tr>
<td>Net internal migration</td>
<td>-35,434</td>
</tr>
<tr>
<td>Net international migration</td>
<td>+1,202,646</td>
</tr>
<tr>
<td>Other</td>
<td>+35,511</td>
</tr>
<tr>
<td>Estimated population mid-2014</td>
<td>54,316,618</td>
</tr>
</tbody>
</table>


- England’s growing population is also ageing. Between 2004 and 2014, the total population increased by 8%. However, there was a 13% rise in the 45–59 age group, a 21% rise in the 60–74 and a 15% rise in the 75 and over age group. This compares with falls in some of the younger age groups (ONS, 2015).
• Net migration from outside England was around 1.2 million.
• The proportion of the population that identify themselves as being from an ethnic minority group increased from 9% in 2001 to 15% in 2011 (ONS, 2003, 2012a).
• The proportion that described themselves as having no religion increased from 15% in 2001 to 25% in 2011 (ONS, 2003a, 2012b).
• The proportion of people describing themselves as belonging to a religious minority also increased from 6% in 2001 to 9% in 2011, largely due to an increase in the proportion of people identifying themselves as Muslim (ONS, 2003a, 2012b).
• There is limited information about the lesbian, gay, bisexual or transgender (LGBT) population in England. Approximately 1.5% to 1.7% of the population aged 16 and over in England identified themselves as gay, lesbian or bisexual between 2010 and 2014 (ONS, 2015c).
• In 2001 and 2011, the proportion of people in England who had an activity-limiting long-term health problem or disability remained broadly the same – at 18% (ONS, 2003b and 2012c).

These demographic trends present further challenges by placing greater demands on our health and care systems, public services and infrastructure. At the same time, we have had to manage services within spending constraints and unprecedented funding pressures as increases in demand have outstripped real-term increases in expenditure.
This chapter presents evidence on educational attainment; bullying; exclusion; higher education; and lifelong learning.

The chapter highlights a number of areas of progress, including:

• Improved educational attainment, as measured at the end of the Early Years Foundation Stage and GCSE.
• Substantial improvements in attainment by Pakistani/Bangladeshi and African/Caribbean/Black pupils, narrowing the gap with White pupils.
• An increase in the proportion of young people going into higher education, with 2014 seeing the largest recorded increase in university entry rates among young people from the most disadvantaged areas.
• A higher proportion of 25–64 year olds with a degree-level qualification, and a reduction in the proportion of adults with no qualifications of any kind.

However, a number of issues are also highlighted, including:

• A widening gender gap in attainment as girls pulled further ahead of boys.
• Children from poorer backgrounds performed less well than their peers. This was especially true for White boys and girls. Pupils from ethnic minorities tend to show much narrower socio-economic attainment gaps.
• Despite overall lower reported rates of bullying, some children remained disproportionately affected, including those from extremely poor backgrounds, those with a disability, ethnic minorities and the LGBT community. Being bullied by peers in childhood has long-term adverse effects on mental health and can impede educational attainment.
• Exclusions from school continue to fall but remain high for some pupils, such as pupils with SEN. Those most likely to be excluded also tend to have comparatively lower attainment.
• Disabled people were less likely to hold a degree-level qualification and the gap between disabled and non-disabled people has widened. Disabled people were also less likely to hold a qualification of any kind.
• School leavers from ethnic minorities were more likely to go on to university but Black school leavers were less likely to go to a higher-ranked institution.
• A lower proportion of disabled and ethnic minority undergraduate students received a first/2:1 degree, compared with non-disabled and White students.

Attainment levels have gone up

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>50.7%</td>
</tr>
<tr>
<td>2012/13</td>
<td>60.6%</td>
</tr>
</tbody>
</table>

Percentage of pupils in state-funded schools achieving at least five A*-C GCSEs or equivalent, including English and mathematics.

However, there are some gaps in attainment between different groups

Girls continue to do better than boys

Percentage of pupils in state-funded schools achieving at least five A*-C GCSEs or equivalent, including English and mathematics.

<table>
<thead>
<tr>
<th>Group</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>56%</td>
</tr>
<tr>
<td>Girls</td>
<td>66%</td>
</tr>
</tbody>
</table>

The biggest attainment gaps are among White pupils

White boys who get free school meals have the lowest attainment levels

<table>
<thead>
<tr>
<th>Group</th>
<th>Free school meals</th>
<th>Non free school meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>White boys</td>
<td>28.3%</td>
<td>59.1%</td>
</tr>
<tr>
<td>White girls</td>
<td>37.1%</td>
<td>69.5%</td>
</tr>
</tbody>
</table>

Chinese pupils in England are consistently high achievers

Percentage of pupils in state-funded schools achieving at least five A*-C GCSEs or equivalent, including English and mathematics.

<table>
<thead>
<tr>
<th>Race</th>
<th>Free school meals</th>
<th>Non free school meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>52.8%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Black</td>
<td>48.2%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Chinese</td>
<td>76.8%</td>
<td>78.2%</td>
</tr>
<tr>
<td>Mixed</td>
<td>43.9%</td>
<td>67.5%</td>
</tr>
<tr>
<td>White</td>
<td>32.7%</td>
<td>64.2%</td>
</tr>
</tbody>
</table>

www.equalityhumanrights.com/IsScotlandFairer
Chapter 4 Education and learning

Exclusions from school continue to fall but those most likely to be excluded are often the lowest attainers

Groups with the highest exclusion rates in 2012/13 included:

- Boys compared to girls:
  - Boys: 52.4 (per 1,000 pupils)
  - Girls: 18.6 (per 1,000 pupils)

- Mixed ethnicity, Indian and Pakistani/Bangladeshi and African/Caribbean/Black children compared to White children:
  - Mixed ethnicity: 52.6 (per 1,000)
  - Indian and Pakistani/Bangladeshi: 24.4 (per 1,000)
  - African/Caribbean/Black: 51.9 (per 1,000)
  - White: 42.2 (per 1,000)

- Children with Special Education Needs (SEN) compared to without:
  - with SEN: 116.2 (per 1,000)
  - without SEN: 17.0 (per 1,000)

- Pupils eligible for free school meals compared to pupils not eligible for free school meals:
  - Free school meals: 85.9 (per 1,000)
  - Non free school meals: 25.5 (per 1,000)

There are still gaps in higher education participation

(2013/14 data)

- 45% of white students are going on to higher education compared to 51%-64% of students from ethnic minorities

- 17% of White students entered a higher education institution in the top third
- 22% of Asian students entered a higher education institution in the top third; 13% attended a Russell Group university

- Whereas despite their overall high participation in higher education only...
  - 15% of Black students attended an institution ranked in the top third; 7% attended a Russell Group university

Using the evidence that we have gathered, there are areas where England has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer England.

All references available at: www.equalityhumanrights.com/IsEnglandFairer
Educational attainment for children and young people

Educational attainment generally improved but some attainment gaps persisted and even widened. At the end of the Early Years Foundation Stage (EYFS), 60.4% of children aged five had achieved ‘a good level of development’ in 2013/14. At GCSE level, 60.6% of pupils achieved at least five A*-C GCSEs or equivalent, in 2012/13, an increase of 9.9 percentage points compared with 2008/09.

Girls improved to a greater extent than boys, widening the attainment gap between the two at both early years level and age 16. At the end of the EYFS girls were more likely than boys to achieve a ‘good level of development’ in 2013/14 (68.7% compared with 52.4%). The gender gap persists through the primary school years, with lower percentages of boys achieving the expected standards at age 6 and 11 (phonic decoding in Year 1 and Key Stage 2 tests at the end of primary school) (DfE, 2014f, 2014g). The percentage of girls meeting the GCSE thresholds increased from 54.4% in 2008/09 to 65.7% in 2012/13; whereas, for boys, the increase was from 47.1% to 55.6%; widening the gap between the two groups in 2012/13 compared with 2008/09.

A notable positive change was the decrease in the attainment gap between White and ethnic minority pupils. The percentage of White children achieving ‘a good level of development’ in the EYFS in 2013/14 was 61.6%. This is higher than for Pakistani/Bangladeshi (51.7%), African/Caribbean/Black (59.3%) and ‘Other’ ethnicity (55.8%) children, but lower than for Indian (66.7%) and Mixed ethnicity (62.4%) children.

Similarly at GCSE level, although Pakistani/Bangladeshi and African/Caribbean/Black pupils continued to be the lowest performing of the ethnic groups (58.1% in 2012/13), they saw the largest improvements in attainment between 2008/09 and 2012/13, closing some of the gap with White pupils (60.2% in 2012/13). In contrast the gap between White and Mixed ethnicity pupils increased (1.7 percentage points).

While more children from socio-economically disadvantaged backgrounds met the early years and GCSE attainment thresholds in 2013/14 compared with 2008/09,

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4 The figures reported in this section, on development in early primary years and educational attainment of children and young people, are from analysis specifically for the Is Britain Fairer? review, using data from the Department for Education. See data table CE1.1.
5 The gap is narrower for mathematics but wider for reading.
these children continued to perform less well compared with their peers. Indeed, it is when we include socio-economic measures that some of the most striking gaps in attainment emerge.

Those pupils eligible for free school meals\(^6\) were less likely to achieve ‘a good level of development’ in the EYFS in 2013/14 compared with those not eligible for free school meals (44.8% compared with 63.7%). Similarly at GCSE level, although the gap narrowed slightly between 2008/09 and 2012/13, children eligible for free school meals were less likely to have achieved the GCSE threshold compared with pupils not eligible for free school meals in 2012/13 (37.9% compared with 64.6%) (DfE, 2014b).

The socio-economic attainment gap was greatest for White pupils. After just one year of schooling, White British children go on to exhibit the widest attainment gaps between those eligible and not eligible for free school meals. This gap was 24 percentage points at Early Years level and 27 percentage points at GCSE level. White free school meals-eligible boys continued to have the lowest educational attainment at age 16 in 2013. Only 28.3% achieved the GCSE threshold compared with 59.1% of White non-free school meals-eligible boys. For White free school meals-eligible and non-free school meals-eligible girls, the rates were 37.1% and 69.5% respectively (DfE, 2014b).

At GCSE level, White boys and girls exhibit the widest attainment gaps, particularly when compared with the attainment of ethnic minorities (DfE, 2014b). In contrast, Chinese pupils in England were consistently high achievers in 2012/13, regardless of free school meals eligibility: 76.8% of free school meals pupils achieved the GCSE threshold compared with 78.2% of non-free school meals pupils. For Asian pupils, the percentages were 52.8% and 67.4%; and for Black pupils, the percentages were 48.2% and 62.5%. The attainment gap for Mixed pupils was somewhat wider, with 43.9% of free school meals-eligible pupils and 67.5% of non-free school meals-eligible pupils achieving the threshold (DfE, 2014b).

### The pupil premium

The introduction of the pupil premium policy in schools in England to address the socio-economic attainment gap provides schools with additional funds for each child

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\(^6\) Eligibility for free school meals is a common and readily available proxy for low income or disadvantage. It is, however, somewhat narrow because children lose their entitlement once their parents are eligible for working tax credits. Royston et al. (2012) state that around 700,000 school age children in England are from poorer backgrounds but are not entitled to free school meals.
from a disadvantaged background. Eligibility is based on whether a pupil has been registered for free school meals at any point in the previous six years, has been looked after by the state, or has left care through adoption, a special guardianship order or a child arrangements order. The pupil premium provides more funds per pupil to primary schools than secondary schools; and higher amounts throughout for children in the care system (DfE, 2015a).

Schools’ use of pupil premium funds is being increasingly scrutinised and the DfE implemented the Commission’s recommendation to disaggregate take-up by protected characteristics as part of the monitoring process. Schools are also required to publish full details of their pupil premium funding, including use and impact, and the outcomes for disadvantaged pupils are published annually in performance tables. Ofsted’s inspection framework now includes consideration of the attainment and progress of disadvantaged pupils eligible for the pupil premium (DfE, 2015d). Ofsted’s most recent report on the pupil premium suggested that school leaders were spending pupil premium funding more effectively (Ofsted, 2014).

**Bullying**

Bullying can impede educational attainment and have negative effects on the private life of the victim. There is concern that bullying is a widespread problem in the UK and can hinder children’s attendance at school and their potential for successful learning (UNCRC, 2008). Research suggests children who were bullied tended to be less engaged at primary school, with a lack of positive friendships leading to less engagement at secondary school. This was also found to be associated with lower academic achievement, both in the current year but also in later years (Gutman and Vorhaus, 2012). Research also shows being bullied by peers in childhood has generally worse long-term adverse effects on young adults’ mental health and should be viewed as both a consequence of prior experiences (physical, emotional or sexual abuse), as well as a cause or risk factor for subsequent mental health problems (Lereya et al., 2015).

Fewer young people reported having been bullied in England: the proportion of Year 9 pupils (aged 13–14) who reported having been bullied in the previous 12 months fell from 45% of pupils in 2004 to 40% in 2013. The most common form of bullying was name-calling (including by text message and email), which fell from 29% to 26% (although there was a similarly sized increase in the proportion who did not know if they had experienced name-calling). Experiences of violence have also fallen from
20% to 16% and the proportion reporting actual violence fell from 18% to 13% (Baker et al., 2014).

A study of online activity and interactions suggested that 30% of secondary school pupils in England had been ‘deliberately targeted, threatened or humiliated by an individual or a group through the use of mobile phones or the internet’ (Munro, 2011, p. 3). Young people (Year 9 pupils) with a disability or special educational needs (SEN) were more likely to have experienced bullying of any form compared with their peers without a disability (or SEN) (Baker et al., 2014).

More recently, the Annual Bullying Survey 2015, produced by Ditch the Label, reported 50% of young people have bullied another person and 43% have been bullied. The most common reason for bullying in the UK was cited as attitudes towards the appearances of young people (51%). Data show that the implications of appearance-based bullying can have devastating, long-term impacts upon self-esteem, confidence and feelings of self-worth; as a result of bullying, 29% self-harmed, 27% skipped class, 14% developed an eating disorder and 12% ran away from home. The report also highlights the potential link between bullying and crime, 74% of those who have been bullied, have, at some point been physically attacked, 17% have been sexually assaulted and 62% have been cyber bullied and those who have bullied were more likely to be in trouble with the police (36%). Some of the highest risk categories also represented some of the most disadvantaged young people, such as those from extremely poor backgrounds, those with a disability, ethnic minorities and the LGBT community (Ditch the Label, 2015).

### Exclusion

School exclusion rates continue to fall in England but it remains the case that those most likely to be excluded are often the lowest attainers, such as Gypsies, Roma and Travellers, those with SEN and pupils eligible for free school meals.

In 2012/13, there were 35.8 exclusions per 1,000 pupils in England. This is a decrease of 13.9 cases per 1,000 pupils compared with 2008/09. Groups with the highest exclusion rates in 2012/13 include:

- Young men compared with young women (52.4 and 18.6 per 1,000 pupils).

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7 The figures reported here, on school exclusions (both permanent and fixed-period), are from analysis specifically for the Is Britain Fairer? review, using data from the Department of Education. See data table CE2.10.
• Pupils aged 11–15 whose exclusion rate in 2008/09 was substantially higher than that of pupils aged 5–10, but has since fallen to 82.8 per 1,000, narrowing the gap between those and all other age groups.

• Mixed ethnicity pupils (52.6) and African/Caribbean/Black children (51.9) compared with White children (42.2 per 1,000).

• Children with SEN (116.2) compared with children without SEN (17.0 per 1,000).

• Pupils eligible for free school meals compared with pupils not eligible for free school meals (85.9 and 25.5 cases per 1,000).

In comparison, lower exclusion rates were found for: Indian (8.7 per 1,000), ‘Other’ ethnicity (19.4 per 1,000) and Pakistani/Bangladeshi (24.4 per 1,000) children.

**Higher education – degree level qualifications**

The proportion of people going into higher education has increased and in 2013, 28.5% of 25–64 year olds in England had a degree-level qualification compared with 21.6% in 2008.\(^8\) Almost half (48%) of the cohort, from state-funded mainstream schools or colleges, who completed Key Stage 5 at the end of the 2011/12 academic year went on to study at a higher education institution the following year.

• Girls continue to do better than boys and between 2008 and 2013, the proportion of women with a degree-level qualification increased by 8.1 percentage points, more than for men (5.6 percentage points). By 2013, women had overtaken men, with 28.4% holding a degree compared with 27.7% of men.

• Disabled people were less likely than those without a disability to have a degree-level qualification, and the gap between the two groups widened.

• Less than a third of people in the White ethnic group (27.1%) had a degree-level qualification in 2013 compared with over a third of people from African/Caribbean/Black (34.4%), Indian (49.2%), Mixed (36.5%) and ‘Other’ (39.8%) ethnic groups.

• Moreover, in 2012/13, more school leavers from ethnic minorities went on to study at a higher education institution than White school leavers (51–65% compared with 45% respectively). However, some ethnic minorities were less likely than pupils from other ethnicities to study at a higher-ranked institution. Just over 13% of Black pupils, compared with 15% of White and 19–20% of Mixed and

\(^8\) Unless otherwise stated, the figures reported here, on degree-level qualifications, are from analysis specifically for the Is Britain Fairer? review, using data from the Labour Force Survey. See data table EE2.2.
Asian pupils, went to a university ranked in the top third.\textsuperscript{9} Black pupils (6\%) were less likely, and Mixed and Asian pupils (12\%) slightly more likely to go to a Russell Group university (including Oxford/Cambridge), compared with White pupils (11\%) (DfE, 2015c).

Participation gaps by socio-economic disadvantage become more apparent in attendance at higher-ranked higher education institutions. Just 8\% of previously free school meals-eligible pupils went on to study at a higher education institution ranked in the top third and just 5\% went to a Russell Group university. This compares to 16\% of non-free school meals eligible pupils at school attending a top-third higher education institution and 11\% going to a Russell Group university (DfE, 2015c).

According to UCAS (2014), 2014 saw the largest recorded increase in university entry rates among young people living in the most disadvantaged 20\% of areas, narrowing the gap with those from more advantaged areas. Concerns remained, however, that higher tuition fees might curb university participation among prospective students from disadvantaged backgrounds.

- There are also differences by disability, gender and ethnicity in the proportion of undergraduate students who received a first/2:1 degree in a higher education institution in 2013/14. A lower proportion of disabled undergraduate students (68.7\%) received a first/2:1 degree, compared with non-disabled undergraduate students (70.4\%).
- Roughly the same amount of male and female undergraduate students received a first class degree (20.3\% and 20.2\% respectively). However, a higher proportion of female undergraduate students received a 2:1 degree (52.3\%) compared with male undergraduate students (47.1\%).
- A higher proportion of White undergraduate students received a first/2:1 degree (76.3\%), compared with ethnic minority undergraduate students (60.3\%). The gap was particularly high for male undergraduate students: 73.5\% of White male undergraduate students received a first/2:1 degree compared with 46.2\% of Black male undergraduate students (ECU, 2015).

\textsuperscript{9} ‘Top third’ universities are identified as those in the top third on the basis of entry requirements (UCAS tariff scores) in 2011/12. See DfE (2015c) for further details.
Adult qualifications and lifelong learning

The proportion of adults with no qualifications fell in England. Although some gaps narrowed, women, disabled people and some ethnic minorities were more likely to have no qualifications. In 2013, a third of adults had gained a qualification in the previous 12 months or participated in other formal or informal learning activities in the previous three months.

Despite a greater improvement than their peers by this measure, disabled people continue to be less likely to have a qualification (20.2% of disabled people compared with 7.1% of non-disabled people) and correspondingly less likely to report having participated in some form of formal or informal learning in the three months prior to being surveyed (22.0% of disabled people compared with 37.1% of non-disabled people).

Women were less likely than men to have a qualification (10.0% compared with 9.2%) and saw a larger decrease compared with men, but were just as likely to report having participated in some form of formal or informal learning (34.4% of women compared with 32.4% of men).

Some ethnic groups are less likely to have gained a qualification: 23.4% of Pakistani/Bangladeshi, 13.2% of ‘Other’ and 10.6% of Indian people compared with 9.1% of White people. However, they were more likely to have participated in some form of formal or informal learning: African/Caribbean/Black (49.7%), Mixed (48.4%) and ‘Other’ (41.9%) ethnic groups compared with the White ethnic group (32.5%).

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10 The figures reported here, on people with no qualifications and on people gaining a qualification or participating in formal or informal learning, are from analysis specifically for the Is Britain Fairer? review, using data from the Labour Force Survey. See data tables EE2.1 and EE3.1.
Chapter 5
Work, income and the economy

www.equalityhumanrights.com/IsEnglandFairer
This chapter presents evidence on employment and unemployment (including NEET and apprenticeships), pay gaps and standard of living (including childcare, housing and poverty).

The chapter highlights a number of areas of progress over the review period, including:

- Over 70% of working-age adults remained in employment in 2013 despite the recession.
- The employment rate of Pakistani/Bangladeshi people increased between 2008 and 2013.
- The proportion of 16–18 year olds not in education, employment or training (NEET) fell between 2008 and 2013. However, a higher proportion of men were NEET compared with women.
- The number of adults and children living in substandard housing decreased.
- Fewer adults and children were living in relative poverty in 2012/13 compared to 2007/08.

However, a number of issues are also highlighted, including:

- Unemployment increased for disabled people, ethnic minorities and young people aged 16–24. Young people had the highest increase in unemployment.
- Employment rates decreased for disabled people, ethnic minorities and young people aged 16–24.
- There was a substantial gap between the employment rates of White people and ethnic minorities. Rises in unemployment were disproportionately affecting the Pakistani, Mixed and Black African/Caribbean/Black British ethnic groups.
- Women were over-represented in part-time work and were also less likely than men to be in senior positions.
- Apprenticeship programme start-ups decreased and demand outstripped supply, particularly among the youngest applicants. Women were under-represented in high-value, good-quality apprenticeships and over-represented in low-pay sectors.
- Pay declined in real terms for almost everyone between 2008 and 2013. Average hourly pay in real terms decreased by 65 pence, with some people seeing bigger declines than others, especially men, younger people and people from some ethnic minorities (particularly African/Caribbean/Black people) and religious groups (particularly Sikhs).
• Women and disabled people were disproportionately affected by low pay in London.

• The cost of childcare across England varied greatly. Over a quarter of parents in 2012 had problems finding flexible childcare and this was more difficult for the parents of a disabled child, parents with Black or Indian children, and parents in modern professional occupations.\(^{11}\)

• People in private rented accommodation had the highest rate of fuel poverty by tenure in 2012 and one-third of dwellings were assessed as substandard. Some people with particular protected characteristics were more likely to be renting privately, including those where the household reference person was young, from an ethnic minority, a lone parent, unemployed, looking after the family or home, or having a long-term illness or disability and belonging to a multi-person household.

• Poverty rates for children living in a household headed by someone from an ethnic minority were higher compared with someone from the White group.

• Young people, disabled people and people from some ethnic minorities were more likely to be living in poverty in 2012/13. The rate of poverty increased for Black adults between 2007/08 and 2012/13.

• Material deprivation increased, meaning the standard of living worsened, and younger people, working-age disabled people, women, some minority ethnic groups, and households with a disabled child were particularly affected.

• Around one in ten households in England were fuel poor in 2013.

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\(^{11}\) ‘Modern professional occupations’ – teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer as opposed to ‘traditional professional occupations’ – accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer (as worded in the Childcare and Early Years Survey of Parents).
Housing standards are improving for some

The proportion of adults living in substandard accommodation fell from 32.4% to 21% between 2007/09 and 2011/13.

Poverty is a challenge

Poverty rates for adults in 2012/13

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>25-34</th>
<th>65-74</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>29.4%</td>
<td>20.5%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Poverty rates differ by age.

Some people were more likely to live in poverty than others.

- 24% Disabled
- 17.9% Non disabled

Child poverty has decreased

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>27.5%</td>
</tr>
<tr>
<td>2007/08</td>
<td>32.1%</td>
</tr>
</tbody>
</table>

Poverty rates were higher for children living in a household headed by someone from an ethnic minority (43.1%) compared with someone from the White group (24.6%).

- 35.7% Ethnic minorities
- 17.2% White
Earnings are decreasing across Britain and many people are in low paid work

In 2013 people were paid 65p less per hour than in 2008, affecting some people more than others.

Employment rates were lower for some people in 2013

Apprenticeships

Apprenticeship programme starts decreased and demand is outstripping supply, particularly among the youngest applicants.

Using the evidence that we have gathered, there are areas where England has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer England.

All references available at: www.equalityhumanrights.com/IsEnglandFairer
Employment and unemployment

Patterns of employment, unemployment and occupational segregation show substantial differences for people with certain protected characteristics.¹²

Differences by gender

• Women were less likely to find employment. The female employment rate (69.5%) remained lower than the male employment rate (76.3%). Although the gender employment gap has reduced by 0.9 percentage points between 2008 and 2013, it is important to note that this was caused by a reduction in male employment rates (by 1.4 percentage points), which is far from a positive outcome.¹³

• Women had a lower unemployment rate (5.0% in 2008, 6.7% in 2013) than men (5.9% in 2008, 7.2% in 2013).

• Women were over-represented in part-time work – around 13% of male employment was part time in 2013, compared with 43% for female employment (ONS, 2015b).

• Women were also less likely than men to be in senior positions. In 2013, men were almost twice as likely to be in manager, director or senior official occupations than women. A voluntary target for the FTSE 100 of 25% female board representation was met in 2015, but women remained under-represented in both executive and non-executive directorships, especially at executive level and outside FTSE 100 companies (Vinnicombe et al., 2014; BIS, 2015a).

• Around 11% of mothers reported that they were either dismissed; made compulsorily redundant, where others in their workplace were not; or treated so poorly they felt they had to leave their job (54,000 mothers a year, if scaled up to the general population). One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and/or colleagues (100,000 mothers a year). Around 10% of mothers said their employer discouraged them from attending antenatal appointments (53,000 mothers a year) (HM Government and EHRC, 2015).

¹² Employment rate: Estimated number of people in employment expressed as a percentage of the population and within a specified age group. Unemployment rate: Estimated number of unemployed people expressed as a percentage of the total of the economically active population (either employed or unemployed people). Unless otherwise stated, the figures reported here, are from analysis specifically for the Is Britain Fairer? review using data from: Labour Force Survey. Reference table EG1.2, EG1.1 (Unemployment, Employment); APS NOMIS See data table EG3.4 (occupational segregation).

¹³ Labour Force Survey figures from 2013, though the pattern is similar to that in 2008.
Differences by disability

Disabled people were more likely to be out of work and face an increasing employment gap in 2013:

- Their rate of unemployment was much higher than non-disabled people, 11% compared with 6.4%. The gap between the two widened as the unemployment rate increased more between 2008 and 2013 for disabled people than for non-disabled people.
- Disabled people’s employment rate (48.4%) was much lower than for non-disabled people (78.1%).
- Disabled people were also under-represented at senior levels of both the private and public sectors (Green Park, 2015; NAO, 2015).

Differences by ethnicity

The unemployment rate for ethnic minorities rose from 10.9% in 2008 to 12.9% in 2013. Some groups were more affected by unemployment:

- White, African/Caribbean/Black and Indian people saw their unemployment rates increase in 2013 (by 1.3, 2.3 and 2.2 percentage points respectively).
- Further London-specific analysis of data between 2007 and 2013 showed rises in unemployment during that time were disproportionately affecting the Pakistani (increase of 5.2 percentage points), Mixed (5.1 percentage points) and Black African/Caribbean/Black British (3.0 percentage points) ethnic groups (Vizard et al., 2015).

During the economic downturn and recovery unemployment rates varied greatly across local authorities, with very particular regional patterns of ethnic minority unemployment (and only very little commonality between White and ethnic minority groups):

- Birmingham features among the worst five local authorities for unemployment for several ethnic groups (for instance Indian, Pakistani, Chinese and African).
- Concentrated pockets of unemployment were particularly notable for the African group in most major urban areas, particularly London and parts of the North West of England, and for the Pakistani group in the North West.
- The Caribbean group has notably higher unemployment in parts of London and Birmingham and the North East.

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14 Based on a 10-category ethnic group breakdown (for men and women combined).
The Bangladeshi ethnic group has particularly high rates of unemployment in Birmingham and parts of Northern England (Catney and Sabater, 2015).

There was a substantial gap between the employment rates of White people (75.0%) and ethnic minorities (59.5%).

- People from some ethnic minorities were less likely to be employed and the employment rate for Pakistani/Bangladeshi people remained the lowest (48.3% in 2013), despite an improvement between 2008 and 2013. However this was the only ethnic minority whose employment rates increased between 2008 and 2013.
- Some ethnicities were under-represented at senior levels of both the private and public sectors (Green Park, 2015; NAO, 2015), and in 2013 African/Caribbean/Black (6.1%) and Mixed (7.2%) ethnic minorities were under-represented in manager, director and senior official occupations, compared with White people (10.7%).

Evidence across the UK shows ethnic minorities face greater barriers in the job market. British ethnic minority graduates are between 5% and 15% less likely to be employed than their White British peers six months after graduation, and the gap in wages begins to further widen three and a half years after graduation, suggesting fewer chances of job promotions for ethnic minorities and implications for their future earnings potential (ISER, 2016).

**Differences by religion or belief**

In 2013, people from religious minorities had a higher unemployment rate (11.6%) compared with those with no religion (7.8%). Among the religions, Muslims have experienced the highest unemployment rates (17.1%), particularly Muslim men. Christians saw a rise in unemployment (4.7% in 2008 to 5.9% in 2013). The Jewish religious group continued to have the lowest unemployment rate (3.0%).

Muslims had, by a substantial margin, the lowest employment rate of any religious group in both 2008 and 2013, but were the only group to experience an increase in their employment rate (of 2.9 percentage points). The Jewish religious group experienced the highest fall in employment rates of any religious group between 2008 and 2013. Christians saw a fall in their employment rate (by 1.1 percentage points).

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15 Shading indicates that corresponding ratio of standard error and estimates are greater than 0.2. Caution should be exercised when interpreting findings.
In 2013, a high percentage of Jewish (35.3%), Hindu (32.6%) and other (25%) religious minorities worked in professional occupations compared with Muslims (16.8%), Sikhs (17.3%) and Christians (19.1%). A large percentage of Jewish people (20.5%) worked as Managers, directors and senior officials and a high percentage of workers in the other religion group were in Administrative and secretarial occupations (12.5%). Some religious minorities were over-represented in Sales and customer service occupations (14.1% of Sikhs, 11.5% of Muslims and 9.9% of Hindus, compared with 7.6% with no religion) and as Process, plant and machine operatives (13.9% of Muslims and 10.6% of Sikhs compared with 5.7% with no religion and 3.7% for both Hindu and Other religions).16

Differences by age

Gaps in employment between different age groups widened. Younger people had the highest increase in unemployment:

• People aged 16–24 had the highest unemployment rate (20.4%) and the highest increase in unemployment between 2008 and 2013.

• Youth unemployment was particularly high for:
  – Muslim men in London (20%), the rest of England (20.6%), and the Outer London area (23.3%)
  – Muslim and Hindu women in the Outer London area (15.0% and 23.9% respectively), and
  – Christians in Inner London (18.9%) (Vizard et al., 2015).

Younger people were less likely to be employed. In 2013, employment was lowest among people aged 16–24 (47.3%). This group experienced a decrease in employment rates between 2008 and 2013 (by 5.7 percentage points). As a result the employment gap between the oldest and the youngest age groups increased.

Research by the Resolution Foundation suggests that job stability (as measured by median employment tenure) has risen, and job mobility (the rate at which people move between jobs) is falling. However, young people are trending in the opposite direction towards less secure and stable employment outcomes based on the same measures (Gregg and Gardiner, 2015).

16 The figures reported here, for occupational segregation of religious groups are from analysis specifically for the Is Britain Fairer? review using data from: Labour Force Survey. Data table EG3.4.
Not in education, employment or training (NEET)

Increases in young people’s participation in full-time education only explain part of the fall in employment and increase in unemployment. Even accounting for increased participation, the employment rate for young people has fallen and the unemployment rate risen between 2008 and 2013 (ONS, 2014c).

The proportion of 16–18 year olds who are NEET fell by 1.8 percentage points between 2008 and 2013, to 8.2%.\(^{17}\) A higher proportion of men were NEET compared with women (with evidence of a decrease for young women). In 2013, 18 year olds (13.3%) were more likely than 16 (6.4%) or 17 year olds (5.4%) to be recorded as NEET. In 2013, 10.7% of young people with no religion were NEET. This is higher than for Christian (7.1%) and religious minority young people (6.2%). In contrast to young people with no religion, Christian and religious minority young people have seen a decrease in the NEET rate since 2008.

Apprenticeships

Apprenticeships provide in-job training and qualifications and an access route to employment for younger people. In 2014/15, there were 499,900 apprenticeship starts in England, 59,500 (14%) more than the previous year. It was the first year since 2011/12 in which apprenticeship numbers increased (Delebarre, 2015).

Apprenticeships are currently more likely to be started by women (53%) than men, (47%). Female apprentices have risen sharply since 2009/10 (Mirza-Davies, 2015). Research suggests that gender patterns of women in apprenticeships are accentuating existing occupational segregation in the workforce (see also Kirby, 2015).

- There is a predominance of women starting apprenticeships in sectors where it is difficult to progress and earn higher wages (Newton and Williams, 2013). For example, female apprentices were much more likely to be found in the service sectors where pay, qualification levels and career prospects tend to be lower (Fuller and Unwin, 2013).
- While women still predominate in Advanced and Higher Apprenticeships, this only reflects the rate of conversion of existing female employees into apprentices, as many apprenticeships were undertaken by the already employed and in low-skilled work (City Growth Commission, 2014).

\(^{17}\) Unless otherwise stated, the figures reported here, on the educational attainment of school age children and young people, are from analysis specifically for the Is Britain Fairer? review data from the Labour Force Survey. See data table CE1.7.
Women were under-represented in high-value, good-quality apprenticeships, such as engineering (less than 4%), while men were under-represented in low-pay sectors (Newton and Williams, 2013).

There are inequalities in access to apprenticeships among other protected characteristic groups too.

In 2014/15, 90% (449,100) of all apprenticeship starts were made by learners without any learning difficulty or disability. In contrast, 44,000 (9%) of apprenticeship starters were learners with learning difficulties and/or disabilities, up by 16% since 2013/14 (Delebarre, 2015).

The overwhelming majority of all apprenticeship starters were White (89% or 442,300 people). Fewer were Asian/Asian British (4.3% of all starters or 21,500 people), Black/African/Caribbean/Black British 17,200 (3.5%), or of mixed/multiple ethnic background (2.2% or 10,900). Between 2013/14 and 2014/15, the number of apprenticeship starts increased across all age groups except for people aged under 16. Their number fell by 20% with 40 fewer starts in 2014/15 compared with the previous year. The biggest increase (38%) was among those aged 60 and over (Delebarre, 2015).

Demand outstripped supply, particularly among the youngest applicants. In 2013/14 there were 1.8 million applications for 166,000 advertised apprenticeships. Under 19s applied for 56% of advertised apprenticeships but filled only 27%, whereas over 25s made up 7% of applications but filled 37% (Raikes, 2015; Dolphin, 2014). The number of apprenticeships started by someone under 19 almost halved from over 40% before 2008/09 to 22.4% in 2012/13, but rose slightly to 25.1% in 2014/15. Apprenticeship achievements are also lower for under 19s, with more than 40% achieved by those aged 25 and over (SFA and BIS, 2015).

Non-compliance with apprenticeship pay requirements is a major area of concern. The latest Apprenticeship Pay Survey (Winterbotham et al., 2014) found that: 13–14% of apprentices were not paid the appropriate minimum wage by their employers. There were particularly high levels of non-compliance in hairdressing (42% of apprentices), children’s care (26%) and accountancy (9%). Almost a quarter (24%) of 16–18 year olds received non-compliant pay, as did a fifth (20%) of those aged 19–20 (Raikes, 2015; Dolphin, 2014).

The gaps between people with particular protected characteristics in their ability to obtain successful apprenticeships have been highlighted by monitoring bodies and NGOs.

Unionlearn (2013) emphasised gaps in obtaining apprenticeships by ethnic group.
• Disability Rights UK have indicated that the proportion of disabled apprentices fell between 2006 and 2010 (from 11% to 8%). Changes in the delivery of careers advice has meant that up-to-date resources to support disabled people’s decision-making about options after leaving school are in short supply (Disability Rights UK, 2014).

• The EHRC (2012d) has recommended that the Department for Education and the Department for Business, Innovation and Skills (BIS) should explore how apprenticeships can be better opened up to disabled people.

• The Social Mobility and Child Poverty Commission (SMCPC, 2014) also highlighted continued concerns about the general quality and funding of apprenticeships and further education colleges.

Pay gaps
Pay declined in real terms for almost everyone in England between 2008 and 2013. Average hourly pay in real terms decreased by 65 pence in 2013 compared with 2008. The groups most affected by the decline in pay were men, younger people and people from some ethnic minorities.18

• The gender pay gap reduced by 56 pence/hour between 2008 and 2011, and by 15 pence/hour between 2011 and 2013, driven in large part by the larger reduction in average pay among men compared with women (£1.09/hour compared with 38 pence/hour for women).19

• The latest ASHE data (2015 provisional) show a gender pay gap of £2.49/hour. Men’s pay (£13.00/hour) remained much higher than that of women £10.51/hour for median hourly earnings excluding overtime in 2013 (ASHE, 2015).

• Men were still paid the most on average in every age group. The gap is as little as 26 pence/hour between men and women between 18–21 but grows quickly to £1.61 for those 30–39, £3.84 for those 40–49 to the biggest gap of 4.08 for those 50–59 (men paid £14.94/hour on average compared with women £10.86/hour) (ASHE, 2015).

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18 Unless otherwise stated, the figures reported here, on pay gaps, are from analysis specifically for the Is Britain Fairer? review, using data from the Annual Survey of Hours and Earnings, and the Labour Force Survey. See data table EG2.2.

19 ASHE data – Note: there is a discontinuity in the data at 2011 and as such the extent of the overall change for the period is only an estimation based on data for the two periods.
• All age groups below the age of 55 experienced significant reductions in average hourly pay between 2008 and 2013. The biggest declines in pay were for younger people:
  – a 60 pence fall to an average rate of £6.80 per hour for those aged 16–24, and
  – a £1.40 fall to £10.80 per hour for those aged 25–34.
• In 2015, average pay was highest for 40–49 year olds (£13.51/hour) and was also above £13/hour for those 30–39. The lowest paid were those 18–21 on an average of £7.09/hour (ASHE, 2015).
• In 2013, average pay for disabled people was £9.80/hour compared with £10.70/hour for non-disabled people, reducing the disability pay gap to 90 pence/hour (compared with £1.10/hour in 2008).
• White workers were paid around 50 pence per hour more than the combined average for ethnic minorities, despite similar declines for both up to 2013. Average hourly pay dropped by 70 pence per hour for the White ethnic group and by 60 pence per hour for all other ethnic groups between 2008 and 2013.
• Between 2008 and 2013, some ethnic minorities had large reductions in average pay, especially the African/Caribbean/Black ethnic group (average hourly pay fell by £1.20).
• Religious minorities continued to be paid less (£9.90/hour with a pay gap of £1.10/hour to those with no religious beliefs) – driven by low pay among Muslims and Sikhs (both received less than £9/hour in 2013). Sikhs saw the biggest decline in pay across all religious groups of £1.90/hour or 17.9%. Despite experiencing the highest fall in employment rates, Jewish people continued to have significantly higher pay than people of any other religion in 2013.
• All occupations suffered decline in pay from 80 pence/hour in Lower Supervisory and Technical occupations to 40 pence/hour in Routine Occupations.

Low pay in London

For the majority of low-paid workers, their jobs do not lead to higher earnings: three in four workers stay in low pay over a ten-year period and those working part-time, single parents, older workers, and people with disabilities seem to find escaping from low pay especially difficult (D’Arcy and Hurrell, 2014). Bryan and Longhi (2015) have also shown how avoiding low pay is especially difficult for single-earner families affected by job loss, and especially during periods of recession. The Social Mobility and Child Poverty Commission (2014) recommended that the Government ‘set a ten
year ambition for the UK to become a Living Wage country by 2025 and develop and implement a cross-society strategy which can achieve this goal’.

In 2015, the London Living Wage was £9.40 per hour compared with the UK £8.95 per hour and a National Minimum Wage of 6.70 per hour (Living Wage Foundation, 2016). In 2012/13, 23% of Londoners were paid at a rate less than the London Living Wage.20 There was an increase in the percentage of those with low pay (by 4 percentage points) and this was disproportionately affecting women, part-time workers and those who experience a long-term limiting illness or disability. The biggest increases in the percentage with low pay were the Bangladeshi ethnic group (14 percentage points) (Vizard et al., 2015).

Standard of living

Access to childcare

Inflexible work and lack of access to adequate and affordable childcare can provide significant challenges to employment, particularly for women (EHRC, 2010c). These can translate into underemployment, women feeling forced to restrict themselves to part-time work or to move into low-skilled, less senior and lower paid roles (Working Families, 2012) for which they are often over-qualified, with reduced opportunities for career progression (Fawcett Society, 2014; Thompson and Hatfield, 2015). The growth in part-time and temporary work has an impact on women’s earnings and, since 2008, almost a million (826,000) extra women have moved into types of work that are typically low paid and insecure. Over this period, female underemployment has nearly doubled (to 789,000) and an additional 371,000 women have moved into self-employment, where the gender pay gap stands at 40% (Fawcett Society, 2014).

In 2012, 26.1% of parents said they had problems finding flexible childcare.21 In particular:

- Parents of a disabled child (32.0%)
- Parents with Black (43.2%) or Indian (34.5%) children compared with parents with White children (24.6%)

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20 Including 27% of women; 25% of those from Mixed/Multiple ethnic groups; 44% of those from the Pakistani ethnic group; 47% of those from the Bangladeshi ethnic group; 31% of those from the African/Caribbean/Black British ethnic group; 32% of those who were either Disability Discrimination Act disabled or had a work-limiting disability; 44% of those who self-identified as Muslims; and 50% of those working part-time.

21 Unless otherwise stated, the figures reported here, on access to care are from analysis specifically for the Is Britain Fairer? review using data from the Childcare and Early Years Survey of Parents. See data table EF3.2 E
Parents in modern professional occupations (36.1%) compared with those in all other socio-economic groups

Parents with younger children (up to 10 years old) compared with those whose children were aged 11–14.

There are wide variations in the cost of childcare across the regions. In 2015, costs were highest in London and the South East and lowest in Yorkshire and Humberside (Rutter, 2015).

**Housing**

The number of people living in substandard housing decreased from 32.4% in 2007/09 to 21% in 2011/13 for adults, and from 30.9% in 2007/09 to 19.8% in 2011/13 for children and young people. In 2012/13, 4.8% of adults and 11.3% of children and young people lived in overcrowded housing.²²

Fewer people overall lived in substandard housing and there was a large decrease over this time in the proportion of adults living in substandard housing by age, disability and gender. In 2011/13, a higher proportion of adults where the household reference person was Black (27.9%) or Pakistani/Bangladeshi (26.3%) lived in substandard housing compared with those where the household reference person was White (20.5%).

Young people aged 16–24 were more likely than all other age groups to live in overcrowded housing and the size of the gap between those and older groups (25–34, 55–64 and 65–74) increased. Over time, both Pakistani/Bangladeshi and ‘Other’ households saw a decrease in overcrowding whereas overcrowding in White households increased. However, there was still a higher percentage of individuals from households where the household reference person was Indian, Pakistani/Bangladeshi, Black or ‘Other’ living in overcrowded housing than those where the household reference person was White.

In 2011/13, children more likely to live in substandard accommodation were younger children aged 0–4 (compared with 16–17 year olds) and children from Pakistani/Bangladeshi and Black households (compared with those from White households). The gap between Indian and White children almost reversed over time with a 10.9 percentage point increase in the proportion of Indian children living

²² The figures reported here, on substandard housing and overcrowding, are from analysis specifically for the *Is Britain Fairer?* review using data from the English Housing Survey. See table EF1.1 and CF1.1.
in substandard housing compared with an 11.7 percentage point decrease for White children.

Children more likely to live in overcrowded housing include: those aged 0–4 (11.9%) compared with children aged 5–10 (9.9%), and children in Indian (21.1%), Pakistani/Bangladeshi (30.9%), Black (26.8%) or ‘Other’ households (23.6%) compared with White children (8.3%).

**Housing tenure – growth of the private rented sector**

There has been a shift in the composition of the housing sector, with a decline in social renting and an increase in private renting. In 2013/14, privately rented accommodation in England became the second largest housing sector (DCLG, 2015b). The private rented sector is far less regulated than other sectors and this form of housing is often less secure and potentially of lower standard. The latter bears out in practice with one-third of dwellings assessed as substandard (Just Fair, 2015).

In 2012, those in private rented accommodation had the highest rates of fuel poverty by tenure. This is a cause for concern because some people with particular protected characteristics were more likely to be renting privately, including those where the household reference person was younger (aged 16–34), from an ethnic minority, a lone parent, unemployed, looking after the family or home, or having a long-term illness or disability and belonging to a multi-person household (DCLG, 2014a).

Between 2008/09 and 2013/14, there was an increase in the percentage of working private renting households in receipt of housing benefit, from 7% to 14% (DCLG, 2014). Nonetheless, the UK Government is keen to see continuing growth in the sector in England, citing that it provides more choice for tenants, and has produced a guide for local authorities aimed at improving the sector and tackling bad practice within it (DCLG, 2015e).

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23 Social housing is let at low rents to provide secure housing for those in need or struggling with housing costs and is typically provided by councils and not-for-profit organisations.
Poverty

Adults living in poverty

Poverty levels fell in England from 20.2% in 2007/08 to 19.3% in 2012/13. Young people, disabled people and people from some ethnic minorities were more likely to be living in poverty in 2012/13:\(^{24}\)

- 29.4% of 16–24 year olds were living in poverty, compared with between 12.3% and 20.5% for all other age groups.
- 24% of disabled people were living in poverty compared with 17.9% of people who were not disabled.
- A higher proportion of people from an ethnic minority (35.7%) were living in poverty, ranging from 24.6% for Indian people to 39.9% for Black people and 43.9% for Pakistani/Bangladeshi people, compared with White people (17.2%).
- The rate of poverty increased for Black people (by 10.6 percentage points) but fell for the Pakistani/Bangladeshi group (by 10.0 percentage points). The gap between the White and Pakistani/Bangladeshi group narrowed, whereas the gap between the Black and White groups widened.

Child poverty

In its first annual report, the Social Mobility and Child Poverty Commission (2013) stated that legally binding child poverty targets were likely to be missed by a considerable margin and that progress on social mobility might be undermined by high youth unemployment and falling living standards.

A greater percentage of children and young people aged 17 and under lived in poverty in 2012/13 (27.5%) compared with 2007/08 (32.1%). Compared with the adult figures of 19.4% and 20.1% respectively, a greater percentage of children than adults lived in poverty in both years.

In 2012/13 child poverty rates were higher for:

- children aged 0–4 (29.8%) than for 5–10 year olds (25.4%);
- children living in a household headed by someone from an ethnic minority (41.3%) compared with someone from the White group (24.6%);

\(^{24}\) Unless otherwise stated, the figures reported here, on poverty, including child poverty, are from analysis specifically for the Is Britain Fairer? review, using Households Below Average Income statistics. See data tables EF2.1 and CF2.2.
• children and young people from Pakistani/Bangladeshi, Black or ‘Other’ ethnicity households, who had a particularly high poverty rate of between 43.3% and 48.8%. However, the poverty rate for Pakistani/Bangladeshi households decreased between 2007/08 and 2012/13 (by 21.0 percentage points) and the gap between those and the White group narrowed. In contrast, the poverty rate for children in a household headed by someone in the Black group did not change.

Material deprivation

Material deprivation is a measure of what households think they can afford and so better reflects the standard of living rather than just income alone. Higher mean deprivation scores indicate a poorer standard of living. Overall, material deprivation increased in England, meaning the standard of living has declined. Some groups were particularly affected in 2012/13: 25

• Younger people aged 16–24 had a higher mean deprivation score than older working-age people aged 55–64 (1.0 compared with 0.7).
• Working-age people who were disabled had a higher mean deprivation score compared with those who were not disabled (1.7 compared with 0.8). 26
• Pakistani/Bangladeshi (2.0), Black (1.9) and ‘Other’ (1.3) ethnic groups all had a higher mean deprivation score than the White group (0.9).
• The increase over time for Black people was relatively greater than that for the White group and the gap between those widened.
• Women had a higher mean deprivation score than men in both years.
• Households with a disabled child (19.2) had a higher mean deprivation score than those without (10.5).
• There was an increase in the mean deprivation score for children in households headed by someone who was Black (24.3) or Pakistani/Bangladeshi (21.7) and the gap between those and White households increased. In contrast, the score for Indian households (7.3) was lower than for White households (10.2).

The mean deprivation score for pensioners above the income poverty line was 5.6. Pensioners who were worse off in 2012/13 included:
• Those aged 75 plus (6.5) compared with those aged 65–74 (5.0).

25 Unless otherwise stated, the figures reported here, on material deprivation, are from analysis specifically for the Is Britain Fairer? review, using data from the Family Resources Survey. See data tables EF2.2 and CF3.2. Note that adult, pensioner and child material deprivation rates are not comparable.
26 It should be noted that the methodology in relation to disability has changed over time.
• Disabled pensioners (8.6) compared with pensioners who were not disabled (3.3).
• Pensioners from ethnic minority groups (10.9) compared with those from the White group (5.3).
• Women (6.0) compared with men (5.0).

Fuel poverty
A household is considered to be in fuel poverty if its fuel costs are above the national average and it is affected by low incomes and energy inefficient housing (Department of Energy and Climate Change, 2014).

In 2013, the number of households in fuel poverty in England was estimated at 2.35 million, representing 10.4% of all English households (Department of Energy and Climate Change, 2015). It is reported that between 2011 and 2014 the number of households that were fuel poor had increased by 51% (The Association for the Conservation of Energy, 2014) and that this number is projected to rise (Department of Energy and Climate Change, 2014).

Unemployed households had the highest rates of fuel poverty across the socio-economic groups (Annual Fuel Poverty Statistics Report, 2015). Nearly 50% of fuel-poor households were pensioners, 34% contained someone with a disability or long-term illness, 20% contained a child aged five or under, and many did not have access to the internet (House of Commons Energy and Climate Change Committee, 2013). Receipt of disability-related benefits was often found to go hand in hand with high energy needs. The assumption that disability-related benefits could be used to meet fuel bills was said to be flawed and, for disabled people, the use of prepayment meters was thought to be inappropriate (Snell et al., 2014).

The Government’s target to eradicate fuel poverty among vulnerable households by 2016 was not met (Fuel Poverty Advisory Group, 2012). In its 12th Annual Report, a new fuel poverty target and strategy was presented, that aimed to increase the energy efficiency of homes and reduce the number of excess winter deaths by 2025 (Fuel Poverty Advisory Group, 2015).
Chapter 6
Health and care
This chapter presents evidence on health status, premature death (including life expectancy, infant mortality and suicide), mental health (including access to services and quality of provision) and end of life care.

The chapter highlights a number of areas of progress, including:

- Life expectancy has increased across all age groups (at birth, 20, 65 and 80 years) and for both women and men between 2007/09 and 2011/13. Although women still live longer than men, the gap between female and male life expectancy narrowed.
- The infant mortality rate decreased between 2008 and 2013. However it was higher for boys than for girls, for ethnic minority infants compared with White infants, and for infants born to mothers aged under 20.

However, a number of issues are also highlighted, including:

- In 2011/13, life expectancy at birth was particularly low for boys in the most deprived areas.
- The suicide rate increased between 2008 and 2013, resulting in a widening of the gap between men and women, with middle-aged men particularly at risk. More recent data show that, between 2013 and 2014, a further increase in the suicide rate was largely the result of an increase in the female suicide rate, whereas the male suicide rate remained stable.
- The proportion of adults at risk of poor mental health increased between 2008 and 2012 and was around twice that of those reporting bad or very bad health. People identifying as ‘gay/lesbian/bisexual/other’ were at greater risk of poor mental health in 2012 compared with those identifying as heterosexual.
- People from the Black/African/Caribbean/Black British ethnic group had the highest rate of contact with specialist mental health services; people from these groups, and those of Pakistani ethnicity, were more likely to have been compulsorily detained under the Mental Health Act 1983 as part of an inpatient stay in a mental health unit.
- There were some serious concerns about availability of and access to mental health services for children and young people, particularly the transition from child to adult services.
- People from more disadvantaged socio-economic positions had poor outcomes at the end of life, including a higher proportion of hospital deaths, a lower proportion of home and hospice deaths, and an increase in emergency department attendance in the last month of life. Children with cancer who needed palliative care often did not receive it owing to a lack of provision.
Life expectancy has increased across the population. Although women still live longer than men, the gap between female and male life expectancy narrowed.

Infant mortality has decreased
From 4.6 to 3.8 per 1,000 live births between 2008 and 2013. It was higher in both years for boys than for girls.

More adults were at risk of poor mental health
The proportion of adults who were at risk of poor mental health was around twice that of those reporting bad or very bad health.

Self-reported bad or very bad health and poor mental health was higher among obese people.

1 in 6 women were at risk of poor mental health compared to 1 in 8 men.
Using the evidence that we have gathered, there are areas where Scotland has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer Scotland.

All references available at: www.equalityhumanrights.com/IsScotlandFairer

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Black/African/Caribbean
Black British adults had the highest rate of contact with specialist mental health services (4.4% compared with 3.5% of White adults).

The proportion of people with an inpatient stay in a mental health unit who were compulsorily detained under the Mental Health Act 1983 in 2013/14 was higher for ethnic minority groups than for White people:

- Black/British Black: 48.8%
- African ethnicity: 50.6%
- Asian/Asian British: 45.8%
- Pakistani ethnicity: 49.4%
- White: 33.0%
- Other White ethnicity: 40.4%

The suicide rate increased
The overall suicide rate slightly increased between 2008 and 2013 (from 10.0 to 10.7) per 100,000 inhabitants.

In 2013, the suicide rate for males was higher than for females:

- Males aged 45–49
  - 2007: 16.2 per 100,000 inhabitants
  - 2013: 23.4 per 100,000 inhabitants

Suicide risks increased particularly for middle-aged men.

Using the evidence that we have gathered, there are areas where England has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer England.

All references available at: www.equalityhumanrights.com/IsEnglandFairer
Health status

In 2012, 6.7% of adults in England described their health in general as ‘bad’ or ‘very bad’: there was no significant change from 2008. In both years, the proportion of adults who reported bad health increased with age. Over that period, the proportion of disabled people who reported bad health increased (from 24.7% to 28.7%) but it reduced for non-disabled people (1.0% to 0.7%). In 2012, a higher proportion of women (7.5%) reported bad health than men (5.9%). Bad health was also associated with socio-economic status.\(^ {27} \)

Premature death

Life expectancy and infant mortality

Between 2007/09 and 2011/13 life expectancy in England increased across all age groups (at birth, 20, 65 and 80 years) and for both women and men. Although women still lived longer than men, the gap between female and male life expectancy narrowed.\(^ {28} \)

In 2011/13, life expectancy for men at age 65 was highest in Harrow (21.1 years) and lowest in Manchester (16.0 years). For women at age 65, life expectancy was highest in Camden (24.0 years) and lowest in Halton (18.8 years) (ONS, 2014a). In 2011/13, life expectancy at birth was lower for both boys and girls in the most deprived areas (PHE, 2015b), but there was a greater difference in boys’ life expectancy between areas with the highest and lowest life expectancy, than was the case for girls (ONS, 2014a). In 2011/13, life expectancy for newborn baby boys was highest in South Cambridgeshire (83.0 years) and lowest in Blackpool (74.3 years). For newborn baby girls, life expectancy was highest in Chiltern (86.4 years) and lowest in Manchester (80.0 years) (ONS, 2014a).

Although the infant mortality rate in England decreased between 2008 and 2013 (from 4.6 to 3.8 per 1,000 live births), in both years it was higher for boys than for girls.

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\(^ {27} \) The figures reported here, on poor self-reported health, are from analysis specifically for the Is Britain Fairer? review using data from the Health Survey for England. See data table EB2.1.

\(^ {28} \) Unless otherwise stated, the figures reported here, on life expectancy, are from the ONS National Life Tables. See data table EA1.1. ‘Period life expectancy’ – refers to the average number of additional years a person can be expected to live if he or she experiences the age-specific mortality rates of the given area and time period for the rest of his or her life.
The infant mortality rate reduced across all regions in England and, in 2013, the North East had the lowest rate (3.2 per 1000 live births) and the West Midlands the highest (5.4 per 1,000 live births) (ONS, 2015a).

Between 2007/08 (two years’ data) and 2012, the infant mortality rate was higher for ethnic minority than for White groups. The rate decreased in England and Wales for White, Pakistani/Bangladeshi and African/Caribbean groups, reducing the gap between those and the White group. The infant mortality rate was higher for Pakistani/Bangladeshi (6.5 per 1,000 live births), African/Caribbean (5.8) and Indian (4.5) infants, compared with White infants (3.4) in England and Wales in 2012. It was also higher for children born to mothers aged under 20 (6.1 per 1,000 live births) or aged 40 and over (4.7) than for other age groups.

**Suicide**

The suicide rate in England increased from 10.0 per 100,000 inhabitants in 2008 to 10.7 in 2013 for people aged 15 and over. In both years, the suicide rates for people over 25 was higher than for those aged 15–24. The suicide rate of the 25–34 age-group decreased (by 1.2 per 100,000 inhabitants), whereas that of the 45–54 and 55–64 age-group increased (by 2.4 and 2.0 per 100,000, respectively), resulting in a widening of the gap between these age groups and the 15–24 year olds.

In 2013, the suicide rate for males (17.2 per 100,000 inhabitants) was higher than for females (4.6 per 100,000). Compared to 2008, there has been no change in the suicide rates for women but the male suicide rate increased by 1.5 per 100,000, resulting in a widening of the gap between women and men. Suicide risks were particularly high for middle-aged men. The suicide rate of males aged 45–49 increased from 16.2 per 100,000 in 2007 to 23.4 in 2013, while the age-standardised rate increased from 14.8 to 17.2 in the same period (ONS, 2015).

The most recent data show that there were 4,882 suicides among people aged 10 and over registered in England in 2014, 155 more than in 2013 (3% increase). Of these, 3,701 were male suicides and 1,181 were female suicides. The increase in suicides in 2014 is largely the result of an increase in the number of female suicides, with 14% more suicides of females in 2014 than in 2013. In contrast, male suicide rates have remained stable (ONS, 2016).

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29 Unless otherwise stated, the figures reported here, on infant mortality, are from the ONS Child Mortality Statistics. See data tables CA1.1.
30 England only data were only available for ‘age’.
Mental health

Poor mental health

In 2008 and 2012, the proportion of adults in England who were at risk of poor mental health\(^{31}\) (13.4% and 15.0% respectively) was around twice that of those reporting bad or very bad health (6.4% and 6.7% respectively).\(^{32}\) Groups who experienced an increased risk of poor mental health included: people aged 35–44; women aged 16–24, 40–44 and 55–59; women in both the lowest and highest income quintiles; and disabled men and disabled women (Vizard and Obolenskaya, 2015).

Lower proportions of women in the South East and South West of England were at risk of poor mental health, as compared with those in the North East (Vizard and Obolenskaya, 2015). Among men, unemployment was a particularly strong predictor of probable mental ill health (Craig and Mindell, 2014). Self-reported bad or very bad health and mental ill health was higher among obese people (Craig and Mindell, 2013). The proportion of children and young people aged 13–15 who were at risk of poor mental health was 10.4% in 2012 (no change since 2008).

Half of all mental health problems have been established by the age of 14, rising to 75% by age 24. One in ten children aged 5–16 has a diagnosable problem. Those with conduct disorder\(^{33}\) are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison (The Mental Health Taskforce, 2016).

Contact with mental health services

Nearly two million adults in England were in contact with specialist mental health and learning disability services at some point in 2014/15. There remains extensive unmet need for mental health care, with a reported three-quarters of people with mental health problems receiving no support at all (The Mental Health Taskforce, 2016).

Admissions

Mental health inpatient provision in England decreased by 10% between December 2010 and December 2014, from 23,740 to 21,446 (NHS England, 2015c). The

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31 Based on a screening instrument for identifying minor psychiatric disorders.
32 Unless otherwise stated, the figures reported here, on health status, are from the Health Survey for England. See data table EB1.2.
33 Meaning persistent, disobedient, disruptive and aggressive behaviour.
average number of occupied bed days also decreased in 2013/14 (32 for NHS providers and 54 for independent providers) (HSCIC, 2011, 2014b).

People from ethnic minority groups (particularly African-Caribbean and Black African patients) were more likely than average to be admitted to psychiatric hospitals than White British patients (CAAPC, 2016). In 2014/15, the Black/African/Caribbean/Black British group had the highest rate of contact with specialist mental health services (4.4% of the adult population), and the highest rate of time in hospital (12.7 people per 100 in contact with hospitals); this is higher than the figure for any of the other ethnic groups and more than double the figure for the White ethnic group (HSCIC, 2014b). The length of stay was longest for patients from the Black Caribbean and White/Black Caribbean Mixed groups and shortest for Chinese and Bangladeshi groups (CQC, 2011). A study of readmissions one year after involuntary hospitalisation showed that being of African and/or Caribbean origin was associated with a higher involuntary readmission rate (CAAPC, 2016).

**Detentions**

Reductions in mental illness beds in England have been associated with increased formal detentions over the short to medium term (Keown et al., 2011). The number of formal detentions in NHS and independent hospitals increased from 46,600 in 2009/10 to 58,399 in 2014/15 an increase of 5,223 (or 9.8%) compared with 2013/14 (53,176) (HSCIC, 2014c; HSCIC, 2015).

Between 2011/12 and 2013/14, the number of uses of police cells in England under section 136 of the Mental Health Act 1983 fell from 8,667 to 6,028 (HSCIC, 2012, 2014c); while the use of police cells under section 136 also decreased by 24% between 2012/13 and 2013/14, the use of hospitals increased by 21% (HSCIC, 2014c). In 2013/14, 236 children and young people under 18 who were detained under section 136 of the Mental Health Act 1983\(^{34}\) were taken to police cells in the absence of health-based places of safety (HSCIC, 2014g; Home Affairs Select Committee, 2015).

People from the Black or Black British ethnic group were more likely than other ethnic groups to be detained under the Mental Health Act 1983 – the proportion of people with a hospital stay who were compulsorily detained was higher for ethnic minority groups than for White people: Black or Black British (56.9%) (59.7% for people of African ethnicity); Asian or Asian British (50.4%) (52.5% for people of

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\(^{34}\) In England and Wales under s.135 and s.136 of the Mental Health Act 1983, police custody can be used as a 'place of safety' for those suffering from mental health problems. This includes those who are 16 and 17 years.
Pakistani ethnicity); White (37.5%) (46.9% for people of Other White ethnicity) (HSCIC, 2015). In 2014, the probability of Black African women being detained was more than seven times higher than White British women, even up to a year into care. Black Caribbean and Black British women also showed nearly four times higher odds of being detained compared with White British females, and mixed Black/White women had nearly seven times increased odds (CAAPC, 2016).

Mental health service provision

There is much criticism of the ability of mental health services in England to provide a high-quality service to people experiencing a mental health crisis; organisations argue services are untimely and varied (CQC, 2014a, 2015a; MIND, 2012).

Waiting times and location of placements

Increasing numbers of patients are being compulsorily detained far from home (DH, 2014a; HM Government, 2014a; CQC, 2015b). Between 2011 and 2013, there was a reduction in funding for child and adolescent mental health services and a consequent reduction in service provision of early intervention services. An increase in waiting times over the same period meant an average three-week wait for urgent access to services (Chief Medical Officer for England, 2014). Poor access to children’s inpatient mental health services led to compromised safety, placements far from home and longer stays, accompanied by increased waiting times and higher referral thresholds.

The findings of a recent survey by the National Society for the Prevention of Cruelty to Children (NSPCC) show that of more than 1,000 professionals working with children after abuse, 96% say support for children after abuse is inadequate. Over 50% said that tight criteria to access local NHS mental health services means these children are increasingly struggling to access vital help, and in many cases, children have to wait over five months to get specialist support. The survey also found that longer waiting lists, reductions in spending and higher thresholds for therapy were making it harder for affected children to access vital therapeutic services (NSPCC, 2016).

Over 1.1 million patients were referred to Improving Access to Psychological Therapies programmes in England in 2013/14 (HSCIC, 2014e). However, the proportion of those patients who started treatment within 28 days varied between 3% and 96% in 2013/14, depending on the Clinical Commissioning Group (CCG); 11% of patients waited for over 90 days; some waited for over a year and the programme saw high drop out rates (Pulse, 2013; FOI data).
Transition from child to adult care

There is concern about the poor transition from children’s to adult mental health services. Young people find themselves with no help and support when they reach 16 or 17 because CAMHS (Child and Adolescent Mental Health Services) ends, and they are too young or not ill enough for AMHS (Adult Mental Health Services) which do not start till they reach 18 (Young Minds, 2016). For some children, their illness has to reach crisis point before they receive help from AMHS, making their entry to services more traumatic (EHRC, 2014). There is often a period of no support when eligibility for CAMHS stops and children have to wait to access AMHS services. For some this can result in never making the transition (Young Minds, 2016).

The shortage of mental health crisis beds has led to children as young as 12 being kept in police cells, and others being made to travel long distances for the nearest bed. It has also meant that some children are being forced to share wards with adults as there are no child or adolescent facilities available (CQC, 2015c). Children, some as young as 12, were hospitalised on adult wards (CRAE, 2014; BBC, 2014b). Staff on these wards may not be trained in child and adolescent mental health, and the children themselves may be denied their right to education (CRAE, 2014).

Care of ethnic minorities

Evidence suggests there is a greater need for mental health services for specific ethnic groups, and that some ethnic groups have more complicated needs, once they are in contact with mental health services. Ethnic groups face different barriers to accessing crisis care. Indian, Bangladeshi and Chinese people had consistently low referral rates to Crisis Resolution and Home Treatment teams. Ethnic minority groups, particularly Black Caribbean patients, were generally more likely to be admitted to hospital once they had been seen by a Crisis Resolution and Home Treatment team (MIND, 2013). The 2010 Count Me In census of inpatient care found: higher than average rates of seclusion for the White/Black Caribbean Mixed, White/Black African Mixed, Black Caribbean and Black African groups (CQC, 2011).

Quality of care

There are concerns about the variability of care on inpatient mental health wards, particularly a failure to demonstrate compassion when caring for vulnerable people, with ‘demoralised staff’, crisis management, an inferior service for ethnic minority patients, and unacceptable practices that may be infringing patients’ human rights, particularly the right to dignity (Schizophrenia Commission, 2012; CAAPC, 2015;
End of life care

End of life care helps those with advanced, progressive or incurable illness to live as well as possible until they die. There was evidence of inequality in outcomes at the end of life for people sharing particular characteristics:

• People from more disadvantaged socio-economic positions had worse outcomes at the end of life including a higher proportion of hospital deaths, lower proportion of home and hospice deaths, and increased emergency department attendance in the last month of life (Gomes and Higginson, 2006; Henson et al., 2015; Gao et al., 2014).

• A study using records from all deaths in England between 2001 and 2010 showed that overall a larger proportion of men died at home and in hospital compared with women, while a larger proportion of women died in care homes (Gao et al., 2014).

• Although dying at home became less likely with increasing age across the period 1984–2010, age-based inequality narrowed over this period (Gao et al., 2014).

• Evidence suggests that children with cancer who needed palliative care often did not receive it owing to a lack of provision (Fraser et al., 2011).

• Specific challenges were faced by LGBT people, owing to a lack of recognition of their relationships by other family members and healthcare professionals (Bristowe, Marshall and Harding, 2015).

• Evidence on deaths in London has shown that ethnicity is associated with where people die; on the whole, ethnic minority groups are more likely to die in hospital and less likely to die at home or in a hospice than other groups, but there are important differences between groups (Koffman et al., 2014). In relation to country of birth, hospital deaths accounted for 52% of deaths from UK-born people, compared to 56% from the Caribbean, 58% from Asia, 58% from Africa and 64% from China; people born in Ireland were least likely to die in hospital (46%) (Koffman et al., 2014).

• Recent data from the Care Quality Commission, obtained through a Freedom of Information request by The Guardian, reveals end of life care fell below expected standards at 74 NHS hospitals in England, including seven rated as inadequate, and more than 40% of hospitals offered indifferent or poor care for the dying (The Guardian, 2016).
Chapter 7
Justice, security and the right to life
The chapter presents evidence on homicides, violent crime, hate crime, fear of crime, fairness in the justice system, confidence in the justice system, and detention and restraint.

The chapter highlights a number of areas of progress, including:

- A fall in several serious crimes affecting personal safety including homicides and violent crime.
- A number of significant legislative reforms, case law and policy initiatives, including increased legal protection for 17 year olds in police custody, increases in the number of applications for Deprivation of Liberty Safeguards.
- People’s confidence that the criminal justice system meets the needs of victims has increased. However, confidence that it respects the rights of those accused of an offence and treats them fairly has decreased.

However, a number of issues are also highlighted, including:

- A notably high homicide rate in England/Wales of infants under 1 year, compared with that of the rest of the population. This demonstrates that insufficient safeguards are in place to protect what may be the single most vulnerable group in our society.
- An independent review of self-inflicted deaths of young people in custody made a number of recommendations for improvement.
- The figures on hate crime show a complex picture: Self-reported experiences of hate crime fell, the total number of hate crimes recorded by the police also fell, and there has been an increase in the number of convictions. However, there were variations in individual categories of hate crime. The Metropolitan police also reported a rise in the number of anti-Semitic and Islamophobic hate crimes in London in 2015, and disability and LGBT hate crime remained a concern.
- overcrowding in prisons and rising violence in some men’s prisons, and Young Offender Institutions.
- The Home Secretary announced an independent review of deaths and serious incidents in police custody in England and Wales. There have been 133 deaths during or following police custody in England and Wales between 2007/08 and 2014/15, and 444 apparent suicides following police custody.
- Serious concerns were expressed by regulators about the operation of safeguards to protect people from being unlawfully deprived of their liberty, and about the use of restraint affecting detained individuals in health, care and detention settings.
• The increasing number of Deprivation of Liberty Safeguards applications created a backlog of unprocessed applications still pending at the end of 2014/15 meaning a high number of people were likely being deprived of their liberty without the protection of external scrutiny.

• The age of criminal responsibility in the UK remains, at 10 years, below the standard of 12 years set by the CRC.

• Serious concerns were expressed in relation to the increased use of force and solitary confinement of children in custody.
Homicide rates have decreased
for victims aged 16 and over

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per million</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>13.3</td>
</tr>
<tr>
<td>2012/13</td>
<td>10.4</td>
</tr>
</tbody>
</table>

Infants under 1 year had a higher homicide rate compared to the whole population in 2013/14

- Males: 24.7 per million
- Females: 23.1 per million

Infants aged under 1 whole population

Fear of crime is decreasing but some people felt more unsafe than others

(2012/13)

30.7% of all respondents reported feeling unsafe being alone at home and/or in local area (during the day and after dark)

Some people were more likely to report feeling unsafe:

- Aged 75+: 44.1%
- Aged 16–24: 29.3%
- Disabled: 45.0%
- Non-disabled: 27.9%
- Black: 37.4%
- Asian or Other: 44.8%
- White: 29.2%
- Women: 45.1%
- Men: 15.7%
- Muslims: 48.9%
- Other religion: 45.6%
- Sikh: 43.7%
- Hindus: 43.6%
- Buddhists: 42.1%
- Christians: 31.9%
- No religious affiliation: 24.1%

Self-reported violent crime has decreased

2008/09: 3.5%
2012/13: 2.7%
Chapter 7 Justice, security and the right to life

Fairness of the criminal justice system
Confidence that the criminal justice system meets the needs of victims has increased

<table>
<thead>
<tr>
<th>Year</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>47.2%</td>
</tr>
<tr>
<td>2012/13</td>
<td>49.5%</td>
</tr>
</tbody>
</table>

The following people felt less confident that the needs of victims are met in 2012/13

- Disabled: 38.8%
- Non disabled: 51.6%
- Ethnic minorities: 59.3%
- White: 48.3%
- Christian: 46.9%
- No religion: 53.0%

Confidence that the criminal justice system respects the rights of those accused of an offence and treats them fairly has decreased

<table>
<thead>
<tr>
<th>Year</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>70.5%</td>
</tr>
<tr>
<td>2012/13</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

Conditions of detention

Police custody
In England and Wales, there have been 133 deaths during or following police custody between 2007/08 and 20014/15, and there have been 444 apparent suicides following police custody.

Prisons
Men’s prisons have become less safe over the past 5 years. There were 16,196 assault incidents between 2010 and 2015. The number of serious assaults has increased (55% rise).

Health and social care
Several enquiries have found evidence of abuse and neglect for residents in care homes, especially for older people.

Using the evidence that we have gathered, there are areas where England has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer England.

All references available at: www.equalityhumanrights.com/IsEnglandFairer
**Homicide**

Homicide is the killing of one person by another. In England it includes murder, manslaughter (including corporate manslaughter) and infanticide. Offences currently recorded as homicides have decreased in England/Wales from 13.3 homicides per million in 2008/09 to 10.4 per million in 2013/14.

During this time the downward trend in homicides was most evident among 16–29 year olds and fell by more for Black adults and for those from ‘Other’ ethnicities, compared with White adults. There was a higher proportion of male than female homicide victims; however, while higher proportions of men were killed by friends/acquaintances or a stranger, higher proportions of women were killed by a partner or ex-partner. In 2013/14, 46 children and young people aged under 16 were victims of homicide. The homicide rate remained high for ethnic minority children aged under 16 (ONS, 2015i).

Infants aged less than one year continued to have a higher homicide rate than all other age groups, including adults. In 2013/14, comparisons by age and gender in England/Wales suggest that homicide rates per million of the population were notably high for male and female infants aged less than one year (24.7 and 23.1 homicides per million, though both figures are based on relatively small case counts) compared with 12.2 for males and 6.3 for females for the whole population (ONS, 2015g).

**Violent crime**

The proportion of adults reporting being a victim of violent crime has decreased from 3.5% in 2008/09 to 2.7% in 2012/13. It fell for 16–24 year old (by 2.8 percentage points), White (by 0.9 percentage points), non-disabled (1.0 percentage point), male (by 1.4 percentage points), and Christian respondents (by 0.8 percentage points).

In 2012/13 the reported experience of violent crime was higher for 16–24 year olds (7.3%) compared with those aged 25 and over; was higher for males (3.2%) compared with females (2.1%); and was almost double for gay/lesbian/bisexual/other

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35 Unless otherwise stated, the figures reported here, on homicide rates, are from analysis specifically for *Is Britain Fairer?* using data from the Home Office Homicide Index and ONS population estimates. See data tables EA2.1 and CA2.1 EW.

36 Unless otherwise stated, the figures reported here, on violent crime, are from analysis specifically for *Is Britain Fairer?* using data for England from the CSEW. See data table EC1.1.
respondents\(^\text{37}\) (6.5\%) compared with heterosexual/straight respondents (3.4\%). Between 2008/09 and 2012/13, the reported experience of violent crime decreased for Jewish respondents (by 7.1 percentage points),\(^\text{38}\) but increased for respondents from other religious minorities (by 7.1 percentage points).

The percentage of children and young people who reported being victims of violent crime decreased between 2009/10 (8.4\%) and 2012/13 (6.2\%). However in 2012/13 disabled children and young people were over three times more likely to report being a victim of violent crime (17.3\%) compared with those who are not disabled (5.7\%), and boys (9.0\%) were more likely than girls (3.3\%) to report being a victim of violent crime.

**Hate crime**

Different types of information on hate crime are presented here. The first is information from the CSEW, which reflects self-reported experiences of crime. The second is routinely collected government data on the number of crimes recorded by the police. The third is the number of prosecutions that result in convictions, and the last section deals with anti-Semitic and Islamophobic hate crime.

Figures drawn from the CSEW\(^\text{39}\) show a small but significant fall in the proportion of adults reporting that they had experienced a hate-motivated personal crime between 2008/09 and 2012/13. In 2012/13, 0.4\% of adult CSEW respondents reported being victims of hate crimes in the previous 12 months compared with 0.5\% in 2008/09. In 2012/13, prevalence was highest among Gay/lesbian/bisexual/other (2.1\%) compared with heterosexual/straight respondents (0.4\%), those aged 16–24 (0.9\%) compared with all older age groups, and ethnic minority respondents (0.9\%) compared with White respondents (0.3\%).

\(^{37}\) Categorisation of sexual identity is different between the two years. In 2012/13, a code for ‘other’ was added (not included in 2008/09), and these respondents are included in the ‘Gay/lesbian/bisexual/other’ group. As a result, caution should be used with comparisons over time. This is applicable to all data from the Crime Survey for England and Wales (CSEW) on sexual identity in this report.

\(^{38}\) While the reported experience of violent crime fell, there were increases in the numbers of hate crimes recorded as motivated by religion. Police crime data also indicate a rise in the number of anti-Semitic and Islamophobic hate crimes in London (see below).

\(^{39}\) Unless otherwise stated, the figures reported here, on self-reported hate crime, are from analysis specifically for the *Is Britain Fairer?* review using data from the CSEW. See data table GL2.2c. The CSEW asks questions about seven categories of ‘hate-motivated personal crime’: five centrally monitored strands of race-, disability-, sexual orientation-, gender identity- and religiously motivated hate crime; and two additional strands of age- and sex-motivated crime are captured. Sex-motivated hate crime is not discussed in this report.
Those aged 16–24 saw a decrease (by 0.7 percentage points) but remained at a higher prevalence than all older age groups. This was also the case for men, who saw a decrease (by 0.2 percentage points) but remained at a higher prevalence (0.4%) than women (0.3%) in 2012/13. Disabled respondents (0.6%) were more than twice as likely to report having been a victim of hate crime in the previous 12 months compared with non-disabled people (0.3%) as were religious minorities (1.0%) compared with those of no religion (0.3%).

The most common types of hate crimes captured by the CSEW in 2012/13 were motivated by age (0.2%), race (0.1%), disability (0.05%), sexual orientation (0.04%) and religious beliefs (0.04%).

The total number of hate crime motivations recorded by the police in England and Wales fell from 50,976 in 2009 to 46,919 in 2013/14. However there were variations in individual categories of hate crime. While the number of crimes recorded as motivated by race fell, there were increases in the numbers of hate crimes recorded as motivated by religion, disability and transgender. More recent Home Office statistics show an increase of 18% in the number of hate crimes recorded by the police in 2014/15 (52,528) compared with 2013/14 (44,471). Greater awareness of hate crime and improved compliance with recorded standards among the police is likely to be a factor in this increase. Race remains the most commonly recorded motivation for hate crime at 82% of recorded motivations (Home Office, 2015a).

Meanwhile, the number of convictions arising from prosecutions for hate crime (race, religion, disability and homophobic and transphobic hate crimes) increased by more than 10% between 2008/09 and 2013/14 (from 10,690 to 11,915).

Crime figures from the Metropolitan police indicate a rise in the number of anti-Semitic and Islamophobic hate crimes in London in the 12 months leading up to December 2015 (Metropolitan Police, 2015). An overall increase in the volume of faith hate crimes is also recognised in the Mayor of London’s Office for Policing and Crime hate crime reduction strategy (MOPAC, 2014). The Community Security Trust recorded 473 anti-Semitic incidents across the UK in the first six months of 2015 (a 53% increase on the first six months of 2014). The Trust said that in 2014

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40 Unless otherwise stated, the figures reported here, on police-recorded hate crime, are from analysis specifically for the Is Britain Fairer? review using data supplied to the Home Office by the territorial police forces and the British Transport Police. See data table ED1.3. Note that, in 2014, the UK Statistics Authority found that the underlying data on crimes recorded by the police might not have been reliable. As such, these police-recorded crime figures should be treated with caution. Police-recorded data collected prior to 2011/12 is not directly comparable and this difference should be interpreted with caution.

41 The figures reported here, on convictions for hate crime, are from analysis specifically for the Is Britain Fairer? review using data from the Crown Prosecution Service. See data table ED1.3.
there were 81 violent assaults, 81 incidents of damage and desecration of Jewish property, and 884 cases of abusive behaviour, more than double the number in 2013, several hundred of which involved social media platforms like Facebook and Twitter (CST, 2015).

Other sources have reported a rise in Islamophobic and anti-Semitic hate crimes, which have been associated with events such as the killing of Fusilier Lee Rigby in London in 2013 (Creese and Lader, 2014; Littler and Feldman, 2015) and the fighting between Hamas and Israel in 2014 (Board of Deputies of British Jews, 2014).

Tell MAMA, in their 2013/14 report, identified that online incidents made up the majority of cases reported to them, while around half of ‘offline’ victims reporting to Tell MAMA were female and ‘often wearing items of clothing associated with Islam’ (Feldman and Littler, 2014). Tell MAMA’s 2014/2015 monitoring report found fewer overall reports compared with 2013/14 (possibly due to the previous year reflecting a spike in the reporting of attacks following the murder of Fusilier Lee Rigby), but with online incidents continuing to make up the majority of reported cases (Littler and Feldman, 2015).

The Government identified anti-Muslim hatred as an emerging challenge alongside extremism and hate crime, online hate crime and disability hate crime (HM Government, 2014b). Tackling anti-Semitism is also outlined in the Government’s strategy to improve research, reporting and prosecution of hate crime in general (DCLG, 2014).

**Disability hate crime**

Disability motivated crime was the subject of an EHRC inquiry ‘Hidden in Plain Sight’ (2011) and the subsequent Manifesto for Change (2012). It was also the subject of a high-profile inquiry by the Independent Police Complaints Commission into the handling of the case of Fiona Pilkington, who, following an extended period of harassment, took her own life and that of her teenage daughter, who had severe learning disabilities (IPCC, 2011).

Following a joint review of disability hate crime by the criminal justice inspectorates, a CPS national action plan was launched in November 2014, setting out the specific actions the CPS will undertake to improve the prosecution of disability hate crime and the experience of disabled victims and witnesses (Criminal Justice Joint Inspection, 2015; CPS, 2014).
LGBT hate crime

The Commission’s research report LGB&T Hate Crime Reporting: Identifying barriers and solutions (Chakraborti and Hardy, 2015) highlighted the discrepancy between the number of LGBT hate crimes recorded by the police in 2013 and the larger number measured by the CSEW over the same period, suggesting that a number of hate crimes go unreported every year. The report also presented findings from a research project conducted with 50 people from LGBT communities in Leicester and Leicestershire in 2014/15, which identified a number of factors that influenced those victims’ decisions to report incidents to the police, including concerns about wasting police time and about being ‘outed’, and the lack of confidence that reporting would yield a successful outcome. The under-reporting of LGBT hate crime was also identified as part of the Government’s 2012 hate crime action plan (HM Government, 2012).

A 2006 study of transgender and transsexual people’s experiences of inequality and discrimination found that 73% of surveyed transgender respondents had experienced harassment in public spaces (including comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse) with 10% having been victims of threatening behaviour in public spaces (Whittle et al., 2007).

In 2015, the Home Office reported a 22% rise in police recorded sexual orientation hate crimes, and a 9% rise in police recorded transgender hate crimes between 2013/14 and 2014/15. For 38 out of 44 police forces, sexual orientation hate crime was the second most commonly recorded hate crime. For almost all forces (41), transgender identity hate crime was the least commonly recorded hate crime (Home Office, 2015a).

Fear of crime

Overall, fear of crime in England decreased as fewer people reported feeling unsafe or worried about a physical attack. However, certain groups were more likely to fear crime, these include: the oldest and youngest groups, disabled people and people who worried that their race or religion makes them a target.

42 Unless otherwise stated, the figures reported here, on fear of crime, are from analysis specifically for Is Britain Fairer? using data from the CSEW. See table EC4.1 and EC4.2.
Feeling unsafe

In 2012/13, 30.7% of CSEW respondents reported feeling unsafe being alone at home and/or in their local area (during the day and after dark). Groups that were most likely to report feeling unsafe include:

- People aged 75 and over (44.1%) compared with those aged 16–24 (29.3%).
- Disabled people (45%) compared with people who are not disabled (27.9%).
- Black (37.4%) and Asian or Other ethnic minority groups (44.8%) compared with White (29.2%).
- Women (45.1%) were nearly three times as likely to feel unsafe compared with male respondents (15.7%).
- Respondents with a religious affiliation – especially Sikh (43.7%), Muslims (48.9%), Buddhists (42.1%), Hindus (43.6%), other religion (45.6%), and to a lesser degree Christians (31.9%) – compared with people with no religious affiliation (24.1%).
- Muslims were twice as likely as those with no religion to feel unsafe and the percentage increased (from 39.3% in 2008/09 to 48.9% in 2012/13). The gap between Muslims and those of no religion therefore widened. The gap between ethnic minorities and White respondents also widened (by 7.1 percentage points).
- The proportion of older people feeling unsafe is decreasing for all age groups over 55.

Worry about crime

The overall proportion of CSEW respondents who worried about physical attack and acquisitive crime decreased between 2008/09 and 2012/13, from 43.3% to 38.9%. This was reflected in all age groups over 35, who were less likely to report feeling very worried or worried about physical attack and acquisitive crime (ranging from 32–38%), compared with 16–24 year olds (43.7%). A greater percentage of the following groups felt worried about crime:

- Disabled people (46.4%) compared with non-disabled people (37.4%).
- Female respondents (47.1%) compared with male respondents (30.4%).
- Ethnic minorities compared with White respondents.
- Muslims (67.8%), Buddhists (67.1%), Hindus (66.4%), Sikhs (61.6%), and Christians (38.6%) compared with those without a religion (32.3%).
- A large percentage of people from Asian or Other ethnic backgrounds felt worried about crime 68.6% and the gap between these and the White group (who saw a decrease) widened even further.
Most other socio-economic groups compared with the Higher managerial and professional group.

Groups that saw a decrease in the percentage feeling worried about crime include: those without a religion (5.3 percentage points); Christians (4.0 percentage points); heterosexual/straight people (3.4 percentage points); Lower managerial and professional (7.0 percentage points) and Routine (7.5 percentage points) occupations.

Confidence in the criminal justice system

Confidence that the criminal justice system meets the needs of victims has increased. In 2012/13, 49.5% of respondents to the CSEW reported being confident compared with 47.2% in 2008/09. The following groups feel less confident than others that the needs of victims are met:

- Disabled (38.8%) compared with non-disabled respondents (51.6%).
- White (48.3%) compared with ethnic minority respondents (59.3%; specifically Mixed (66.7%), Black (54.3%), and Asian or other (59.7%).
- Christian (46.9%) compared with respondents of no religion (53.0%).

In contrast, people’s confidence that the criminal justice system respects the rights of those accused of an offence and treats them fairly has decreased. In 2012/13, 68.2% of respondents reported being confident compared with 70.5% in 2008/09. The following groups feel less confident than others that the rights of those accused of an offence are respected and they are treated fairly:

- 16–24 year olds (67.0%) compared with older age groups, 65–74 (70.7%), 75 and over (71.1%).
- Disabled (64.5%) compared with non-disabled respondents (68.9%).
- Ethnic minority respondents (65.5%); specifically Black (60.1%), compared with White (68.5%), although the proportion of White respondents who felt confident also decreased between 2008/09 and 2012/13 (by 2.5 percentage points).

43 Unless otherwise stated, the figures reported here, on confidence in the criminal justice system, are from analysis specifically for Is Britain Fairer? using data from the CSEW. See table ED2.2.
Human rights concerns in detention

Prisons

Suicide prevention is one of the most challenging tasks of prison management and England has extensive safeguarding and prevention systems in place. Nevertheless:

• There were 88 self-inflicted deaths in prisons in England/Wales in 2014, the highest number of deaths since 2007.44

• The self-inflicted death rate per 1,000 prisoners in England/Wales increased between 2008 and 2009 (0.7 per 1,000 prisoners) and 2013 and 2014 (0.9 per 1,000 prisoners). Prisoners aged 40–59, and White prisoners, were more likely to take their own lives.45

The independent Harris Review (2015) into self-inflicted deaths in custody of 18–24 year olds examined the lives of 87 young people who died in custody, and evidence about the range of vulnerabilities that apply to young people in custody. It made a series of recommendations for improvement. The Government published a response to the review and stated their intention to invest in a prison estate geared towards the rehabilitation of prisoners (Ministry of Justice, 2015).

The 2014/15 annual report from HM Chief Inspector of Prisons for England and Wales (HMCIP, 2015a) stated that men’s prisons of all types, in both the public and private sectors, had become less safe over the past five years:

• Assault incidents had risen between 2010 and 2015 by 13%, to 16,196 in total for both men and women, and the increase had accelerated.

• The number of serious assaults had risen over the past five years (55% rise).

The ongoing problem of overcrowding in prisons – which can affect whether the activities, staff and other resources are available to keep prisoners purposefully occupied – has also been highlighted; in particular, the increases in the prison population and the impact of this on overcrowding (UNCAT, 2013; HMCIP, 2015a). The Chief Inspector for England and Wales also expressed concern about the ability of prisons to meet the needs of certain groups of prisoners, reporting that:

• Many prisons were ill-equipped to meet the needs of the sharply rising number of

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44 The figure of 88 self-inflicted deaths is an upward revision from the figure reported by the Ministry of Justice (2015). This figure was provided in correspondence between the Ministry of Justice and the Commission.

45 Unless otherwise stated, the figures reported here, on self-inflicted deaths in prisons in England and Wales, are from analysis specifically for the Is Britain Fairer? review, using data from the Ministry of Justice. The figures have been combined into two-year periods (2008 & 2009 and 2013 & 2014) to improve the precision of the estimates of the change over time analysis. See data table EA4.2 (EW).
older prisoners, including those who were frail and disabled (HMCIP, 2015a).

- Prisons were failing to identify the needs of prisoners with learning disabilities (HMIP, 2015).
- While the gap between the incarceration rates of people from African/Caribbean/Black and White ethnic groups had narrowed over the past five years, prisoners from ethnic minority groups and Muslim prisoners continued to report a poorer experience (HMCIP, 2015a).

Trans people are over-represented in prisons, although it is not clear why. If they are pre-operative, trans people will be incarcerated in a prison for their natal sex. It is extremely difficult for them to continue living as their chosen sex without the fear of bullying, violence and sexual assault (EHRC, 2009).

**Police custody**

The Home Secretary announced in July 2015 an independent review of deaths and serious incidents in police custody in England and Wales, after the Independent Police Complaints Commission (IPCC, 2015) reported that in the previous year there had been:

- seventeen deaths in or following police custody (133 between 2007/08 and 2014/15), and
- sixty-nine apparent suicides following police custody (444 between 2007/08 and 2014/15).

The legislative framework offering legal protection to young people in custody has been strengthened. In order to be in line with the CRC, Parliament passed the Criminal Justice and Courts Act 2015, to make the treatment of 17 year olds, detained in police custody following charge, consistent with that of children. However, there remain concerns that children and young people under the age of 18 are still taken into custody and questioned under the Police and Criminal Evidence Act, as the arrangements do not apply until after the child is charged (Home Office, 2016).

In a 2014 review of the provisions under the Mental Health Act 1983, the Government proposed to reduce the length of time that someone can be held in police custody from 72 to 24 hours, and to promote the use of health-based

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46 The figures reported here, on incarceration rates, are from analysis specifically for the Is Britain Fairer? review, using data from the Ministry of Justice. See data table ED3.1.

47 Apparent suicides that occur within two days of release from police custody. This also includes apparent suicides that occur beyond two days of release from custody where the period spent in custody may be relevant to the subsequent death.
alternatives to police custody as a place of safety for those detained under the Act (Home Office and Department of Health, 2014).

Her Majesty’s Inspectorate of Constabulary (HMIC) stated that the use of force on people in police custody remains inconsistently recorded by frontline staff and is not systematically monitored by police senior managers, ‘despite repeated recommendations over the years from HMIC/HMIP inspections’ (HMIC, 2015).

**Health and social care settings**

A number of inquiries and reviews – including the Public Inquiry into the Mid Staffordshire NHS Foundation Trust (the Francis Report), the Winterbourne View Hospital Serious Case Review, and the Orchid View Serious Case Review – have found serious shortcomings in the care and treatment of some older people and people with learning disabilities, with key risk groups including people with dementia (Francis, 2013; Flynn, 2012; West Sussex Adult Safeguarding Board, 2014).

The Commission’s Inquiry into Older People and Human Rights in Homecare (EHRC, 2011b) identified significant shortcomings in the way that local authorities commissioned care. The Inquiry found:

- Legal safeguards provided by the HRA to prevent inhuman or degrading treatment were not as widely used as they should be.
- Neglect and ill treatment identified included: older people (in particular those with dementia) not being given adequate support to eat and drink; neglect due to tasks in the care package not being carried out, often caused by lack of time; financial and physical abuse; and chronic disregard for privacy and dignity.
- A significant legal loophole which meant that the majority of older people who received care at home – that is, if they paid for all or part of it themselves or if it was delivered by a private or voluntary sector organisation – were not protected by the HRA. The Care Act 2014 closed the loophole for people receiving publicly commissioned homecare from private and voluntary sector providers.

Serious concerns were expressed by regulators about the operation of the safeguards around detention in health and care settings. Deprivation of Liberty Safeguards (DoLS) aim to protect people in care homes or hospitals in England from being deprived of their liberty unless it is in their best interests to protect them from harm, or to provide treatment, and there is no other less restrictive alternative. Post-legislative scrutiny of the Mental Capacity Act 2005 reported that DoLS were not working as intended and were often ignored, leaving many people at ‘heightened risk of abuse’. Moreover, at risk people were effectively being kept prisoners in care.
homes due to misuse of the Mental Capacity Act 2005 (House of Lords, 2014). The levels of awareness and understanding of the safeguards appeared to be low and around two-thirds of care homes and hospitals who made applications were failing to notify the CQC as required by the Health and Social Care Act 2008 (CQC, 2014b).

There has been a tenfold rise in DoLS applications in 2014/15. Since their introduction in 2009, numbers of applications from providers for authorisation to use DoLS had been consistently low. However, this changed in March 2014 following the Cheshire West ruling of the Supreme Court, which clarified the test for when people are deprived of their liberty. Since then, applications have increased tenfold from 13,715 in the year ending March 2014 to 137,540 by March 2015. The increasing number of applications created a backlog, with 56,835 unprocessed applications still pending at the end of 2014/15. This means that a high number of people were likely being deprived of their liberty without the protection of external scrutiny. The CQC annual report also found staff still do not consistently understand the DoLS; some providers do not have clear policies and processes in place, and policies and processes are not consistently implemented. The Law Commission is undertaking a review of how deprivations of liberty for people who lack capacity should be regulated (CQC, 2015).

Being restrained inappropriately in health and social care settings may constitute physical abuse and deny the individual dignity and choice (CQC, 2013). It may also cause psychological and physical injuries (MIND, 2013). There has been a call for an urgent stop to face down physical restraint in all healthcare settings, and the establishment of national standards and accredited training for healthcare staff in England (MIND, cited in CQC, 2014a).

The recording of data on restraint incidents is, however, incomplete, with only 46 out of 67 mental health organisations submitting returns in 2013/14 (HSCIC, 2014). Without this, it is difficult to monitor practice, either locally or nationally (CQC, 2015b). However, from 2016, data on the use of restraint and other restrictive interventions will be included in the Health and Social Care Information Centre’s Mental Health and Learning Disability Minimum dataset. Additional work has focused on increasing the number of complete returns and improving definitions, in order to strengthen robustness and comparability between organisations (DH, 2014d). In addition, the Department of Health has commissioned two surveys of the use of restrictive interventions.

The number of people subject to restrictive Community Treatment Orders requiring them to adhere to particular interventions, including medication, continues to increase (HSCIC, 2015). The use of Community Treatment Orders is much higher
than anticipated when they were introduced in 2008, yet findings from one study indicate that they are not effective for many people (Burns et al., 2013). During the period 2009–13, there were 42 suicides by patients subject to a Community Treatment Order, an average of eight per year (NCI, 2015), 19 of the deaths (45%) occurred within three months of hospital discharge. Six patients who died while subject to a Community Treatment Order had been non-adherent with drug treatment in the month before death and nine had missed the last appointment with services; two had both refused treatment and missed the last appointment and 31% of those who died were not receiving care as intended, despite Community Treatment Order powers.

### Children and young people in custody

The Committee Against Torture has urged the UK to raise the minimum age of criminal responsibility, which is below the standard of 12 years set by the Committee on the Rights of the Child (UNCAT, 2013).

The number of children in custody in England and Wales has halved over the past five years to 1,144 children, nearly all of whom are boys. However, the Chief Inspector of Prisons reported that challenges had intensified because there was now a more concentrated mix of very challenging boys in some establishments and a continued high level of violence within Young Offender Institutions, with nearly one-third of young men telling inspectors that they had felt unsafe within the establishment (HMCIP, 2015).

There has been an increased effort to ensure that the use of restraint in custodial settings for children is reduced and properly regulated. However, the Children’s Rights Alliance for England reported that use of force on children in custody has increased by 45% between 2009/10 and 2012/13, 5% of which caused injury requiring hospital treatment (CRAE, 2014). In its recent report on the UK’s compliance with the CRC, the Joint Committee on Human Rights noted concerns around the issue of the legitimate use of force on children in custody. Predecessor Committees had expressed the view that ‘the level of physical assault and the degree of physical restraint experienced by children in detention in our view still represent unacceptable contraventions of UNCRC Articles 3, 6, 19 and 37’ (JCHR, 2015).

The CRC has held that solitary confinement as a disciplinary measure is in violation of Article 37 CRC and must be strictly forbidden (UNCRC, 2007). Secure Training Centres, and particularly Secure Children’s Homes, tend to use isolation as a ‘cooling off’ mechanism, working towards reintegration at the earliest point possible. Within Young Offender Institutions, it is more often used as a punishment, with less
emphasis on ensuring its use for the minimum necessary period (Office of the Children’s Commissioner for England, 2015). Our most recent shadow report to the UN Committee on the Rights of the Child highlighted the high incidence of segregation and the fact that all forms of youth justice permit its use, including for purposes of good order and discipline. The shadow report reflected findings of the National Preventive Mechanism that some children in Youth Offending Institutions spent 22 hours or more in their cells each day which constitutes solitary confinement and poses risks to the mental health of children (EHRC, 2015a).

Since then, the Children’s Commissioner for England has found an even higher incidence of the use of segregation, with around a third of those who are detained being subjected to its use. This raises questions as to whether the secure estate is capable of adequately safeguarding imprisoned children and preparing their reintegration into the community. The analysis found that children with certain characteristics were at increased risk of isolation:

- Black and mixed heritage children were three times as likely to be subjected to isolation as children in the White British and White other groups;
- children with a recorded disability were two-thirds more likely to be subjected to isolation compared with children with no disability;
- looked after children were almost two-thirds more likely to be subjected to isolation compared with other children; and
- children assessed as a suicide risk were 42% more likely than other children to be subjected to isolation (Office of the Children’s Commissioner for England, 2015).
This chapter presents evidence on abuse, the availability of support, freedom from stigma and political and civic participation.

The chapter highlights some areas of progress over the review period, including:

- evidence of some decrease in stigma around mental health and against lesbian, bisexual and gay people; and
- in 2012/13, around one in five people had been involved in providing unpaid help or working as a volunteer for a local, national or international organisation or charity in the UK in the previous 12 months.

However, a number of issues are also highlighted, including:

- Concerns about sexual abuse against children in a number of reviews and investigations.
- The UK is yet to ratify the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
- Reduced government spending affected the ability of violence against women and children services to meet the needs of victims suffering from abuse.
- Poorer women, young women, disabled women and White women were disproportionately affected by domestic abuse.
- Concerns about availability of support for some people, including children in care, children in custody (or with parents in custody), learning-disabled people and older people.
- Elected politicians in Britain and local councillors in England still remain highly unrepresentative of the population as a whole.
- There has been a decrease in the proportion of people who say they are involved in political activity.
Britain is increasingly at ease with its diversity

The country has good protection for individual rights and this has been strengthened by new legislation allowing same sex marriage.

Proportion of British people who believe that 'same sex relations are always wrong' has decreased

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1987</td>
<td>64%</td>
</tr>
<tr>
<td>2012</td>
<td>22%</td>
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</table>

Public attitudes towards mental health have slightly improved: In England and Wales, the proportion who would 'not want to live next to someone who has been mentally ill' fell from 12% (2008) to 8% (2013).

Political representation is generally seeing improvements but elected politicians and local councillors remain highly unrepresentative of the population as a whole

In the 2015 UK Parliament

- 29.4% of MPs are women
- The number of openly LGB MPs (32) is reported to be the highest ever
- 6.3% of MPs are from ethnic minorities
- 29.4% of MPs are women

Local councillors in 2013

- Only 5% were aged 34 and under, 43.8% were aged 65 and over
- Only 31.7% were women
- Only 4% came from an ethnic minority
- 13.2% had a long-term illness, health problem or disability
Chapter 8 The individual and society

Some people experienced harassment and abuse

Child sexual abuse and exploitation
A number of high profile independent inquiries highlighted serious concerns in relation to the prevention and investigation of child sexual abuse and exploitation.

Some people were more affected by domestic abuse than others

Young women aged 16–19 years compared to young men aged 16–19

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Young women aged 16–19</td>
<td>11.3%</td>
</tr>
<tr>
<td>Young men aged 16–19</td>
<td>7.5%</td>
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</tbody>
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Disabled women compared to disabled men

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<th>Percentage</th>
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<tr>
<td>Disabled women</td>
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<td>Disabled men</td>
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Women with a household income of less than £10,000

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<thead>
<tr>
<th>Percentage</th>
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<tr>
<td>Women</td>
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<td>Men</td>
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White women compared to ethnic minority women

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<tr>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>White women</td>
</tr>
<tr>
<td>Ethnic minority women</td>
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</tbody>
</table>

People did not always receive the support they needed

2013 figures show that 16% of the 68,100 looked after children in England were living more than 20 miles from home.

The closure of Young Offender Institutions has led to 1 in 5 children being held 50-100 miles from their home area (2011 data).

2 in 3 children in the care system were separated from siblings also in care.

Over 17,000 children were separated from their mothers who were imprisoned (2010 data).

Almost 1 in 3 local authorities had closed day services for learning disabled people in 2012, with alternatives not provided or unclear.

Risk of isolation, particularly in rural areas, as local authorities have altered or withdrawn 2,000 bus routes.

The number of people receiving publicly-commissioned adult social care services fell from 1.7 million in 2009/10 to 1.3 million in 2013/14.

Using the evidence that we have gathered, there are areas where England has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer England.

All references available at: www.equalityhumanrights.com/IsEnglandFairer
Abuse

Child abuse

Concerns about abuse against children, including sexual abuse, are highlighted in a number of reviews and investigations:

- The Independent review of child protection for children (Munro Review) set out proposals for reform which were intended to create better conditions to enable professionals to make the best judgements for children, young people and families (Munro, 2011).
- The Children’s Commissioner Inquiry into Child Sexual Exploitation in Gangs and Groups (Berelowitz, 2013) concluded that children are still slipping through the net and falling prey to sexual predators.
- The Independent inquiry into child sexual exploitation in Rotherham (Jay, 2014) found that, as a conservative estimate, approximately 1,400 children were sexually exploited over the period 1997 to 2013 and there was no engagement from councillors.
- The Serious Case Review into sexual exploitation of children in Oxfordshire (Bedford, 2015) focused on the experiences of six girls aged 12–16, who were identified as victims with complex needs.
- Following a broader inquiry, Essex Police are reported to have apologised for over 30 child abuse investigations, in some cases, for officers ‘lacking honesty or integrity’ (BBC News, 2015b).
- The number of contacts received by NSPCC’s ‘Childline’ about abuse and neglect more than doubled from 2009/10 to 2014/15 (from approximately 4,000 to 8,000) and calls about emotional and physical abuse are among the most commonly reported. Referrals being made to the police or local authorities to investigate further also increased over the same period, from 62% to 68% (Jütte et al., 2014, 2015).
- Local authorities in England record the types of abuse that a child is experiencing or is at risk of when they are made the subject of a child protection plan. In 2014, 48,300 children were the subject of a child protection plan and 33% of cases involved children who were experiencing emotional abuse (DfE, 2015b). Just over one in three children (subject of a child protection plan) in England suffered emotional abuse in 2014 (DfE, 2015b).

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48 In most cases, the perpetrator is someone other than the child’s parent or guardian. This is in contrast to physical abuse, which is most commonly perpetrated by a parent or guardian on children. See Jütte et al. (2014).
• From 2013, local services no longer receive targeted funding for specific needs of children at risk of abuse. Two-thirds of social workers thought it was more difficult, since the spending cuts, to intervene in cases where children were at risk of abuse (Burgess, 2014); funding pressures increased thresholds for intervention, and high demand for services has led to child protection services only being able to meet the most serious cases (Jütte et al., 2014); and in the context of financial restraints relating to reductions in benefit and tax credits, high childcare costs and costs of living, children in the most deprived areas are most at risk of neglect and abuse (Burgess, 2014).

Domestic abuse and sexual violence

The UK has signed and ratified a number of international standards and treaties that protect the right to liberty and security of person, with the exception of the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), which the UK has not (yet) ratified.

CSEW data on victims of any domestic violence (physical violence, sexual violence or threats, all perpetrators) showed that 2.9% of people in England reported being a victim of domestic violence, 2.0% reported being a victim of partner violence and 1.1% reported being a victim of violence perpetrated by a family member in 2012/13. Although the number of victims of domestic violence in England did not change overall from 2008/09 to 2012/13, lesbian/gay/bisexual respondents, those aged 16–24, disabled respondents and women were disproportionately affected compared with others.

Intersectional analysis based on CSEW data shows groups who are at particularly high risk of domestic violence as:

• Women who had a household income of less than £10,000: 17.3% of women in this group reporting having been a victim of domestic abuse. Rates of sexual assault and stalking were also notably higher among this sub-group.
• Young women: 11.3% of women aged between 16 and 19 years reported being a victim of domestic abuse, compared with 7.5% of men in the same age group.
• Disabled women: 11.3% of women who experience a long-standing illness or disability reported having been a victim of domestic abuse, compared with 7.0% of disabled men.

49 Unless otherwise stated, the figures reported here, on domestic abuse and domestic violence, are from analysis specifically for Is Britain Fairer? using data from the CSEW. See data table EH2.1 and EC1.4.
• White women (7.4%) reported being victims of domestic abuse. This compares with 4.4% of ethnic minority women.

Between 2008/09 and 2013/14, the number of domestic violence incidents recorded (all ages) by the police increased from 749,521 to 887,253 incidents and the number of convictions in cases flagged as domestic violence also increased from 48,465 to 58,276.\(^{50}\)

The Stern Review 2010, reported on problems concerning how public authorities tackle domestic violence, including dismissive attitudes, poor investigations, avoiding prosecutions and insufficient victim support. A number of complaints upheld by the Independent Police Complaints Commission (IPCC) over the period 2010–15 provide evidence of failures of police protection in the context of violent crime, including sexual violence (Stern, 2010).

The IPCC also undertook several investigations relating to allegations of sexual abuse by Jimmy Savile, concerning different police forces across England (IPCC, 2014b); and at a number of NHS hospitals (Kirkup, 2014).

In March 2013, a new, more comprehensive definition of financial and emotional abuse was included as part of the wider re-definition of domestic abuse agreed across Government. New offences of ‘controlling or coercive behaviour’ and ‘stalking’ are covered by the Serious Crimes Act 2015 and The Protection of Freedoms Act respectively. In 2008/09, 3.1% of those aged 16–59 reported that they had experienced emotional or financial abuse with a decrease in 2012/13 to 2.6%. In 2012/13, young people aged 16–24 were most likely to report abuse of this type; disabled people were almost twice as likely as non-disabled people, and lesbian, gay and bisexual people three times as likely as heterosexual/straight people. Respondents with semi-routine and routine occupations were around twice as likely to report it as those in the Higher managerial and professional group.\(^{51}\)

While there is no national level crime survey data on emotional and financial abuse that covers adults aged 60 or over, data from adult safeguarding referrals can shed light on this type of abuse of older people. A safeguarding referral is where a concern is raised with a council about a risk of abuse, which instigates an investigation under local safeguarding procedures. In 2013/14, financial abuse was the second most common form of abuse to be recorded in adult safeguarding

\(^{50}\) The figures reported here, on police-recorded domestic abuse and convictions for domestic abuse, are from analysis specifically for the *Is Britain Fairer?* review, using ONS Crime Statistics and the CPS Violence Against Women and Girls Crime Report. See data table ED1.2.

\(^{51}\) The figures reported here, for emotional and financial abuse, are from analysis specifically for the *Is Britain Fairer?* review using data from the CSEW. See data table EC2.1.
referrals (18% of the 122,140 cases), and psychological or emotional abuse was alleged in 15% of the referrals (HSCIC, 2014). Around 6 in 10 of the referrals were for adults aged 65 or over, with women more likely than men to have a safeguarding referral and the rate of referrals increased with age. The 75–84 age group were over three times more likely to have a referral than the England average, and the rate for the 85 years and over group was almost 10 times that of the average rate for England (HSCIC, 2014).

The All-Party Parliamentary Group on Domestic and Sexual Violence noted that many services providing support for female victims of violence were under huge financial pressure (Hawkins and Taylor, 2015). The Fawcett Society (2013) warned of the impact of reduced funding for support for victims of domestic and sexual violence. Women’s Aid, Family Action and Platform 51 highlighted the potential impact of plans to abolish the social fund (Boffey, 2011). An article by Women’s Aid suggests that England needs 5,387 refuge bed spaces to meet the internationally recommended number needed to serve the population, but that only 3,660 are available; a shortfall of 32% (*The Telegraph*, no date).

### Availability of support

#### Children in the care system

Many children in the care system in England lack basic support networks. Parliamentary inquiries into missing children in England found fault with the quality and stability of care placements and the number of children being placed outside their own local authority (APPG, 2012). Just under a third of the 6,000 children placed in children’s homes, secure units and hostels in England (March 2014) were living over 20 miles away from their home and outside their home local authority boundary52 (DfE, 2014a). Two in three children in the care system were separated from siblings also in care (CRAE, 2013) and children who ran away from care have been found to be disproportionately at risk of sexual exploitation (Ofsted, 2015).

#### Children in custody (or with parent(s) in custody)

The closure of Young Offender Institutions has led to one in five children being held 50–100 miles from their home area. This is affecting their family contact and

52 While the figure for the 51,340 placed in foster care was lower, at 10%.
prospects for resettlement, for example only 39% said they had one or more visits a week from family and friends (HMIP, 2014).

The number of prisoners who are parents of children aged under 18 is not routinely monitored but the Ministry of Justice estimates that approximately 200,000 children in England and Wales had a parent in prison at some point during 2009 (Williams et al., 2012) and The Howard League for Penal Reform (2011) estimates that over 17,000 children were separated from their mothers by imprisonment in 2010. Parents should be placed near enough to receive regular family visits, especially as difficulties arising from separation can increase the risk of mental health problems and/or anti-social/delinquent behaviour for children with incarcerated parents compared with other children (Prison Reform Trust, 2014).

The effects of isolation

Poor access to transportation can negatively affect levels of social interaction. This is being made worse by funding cuts, which can prevent people from being able to leave the house (Age UK, 2014). In 2011, 42% of all households in Britain did not have a car or van available to them and were potentially at risk of isolation (ONS, 2012). Since 2010, 70% of all local authorities in England have cut, altered or withdrawn 2,000 routes and, as non-statutory services, buses are often first in line for local authority funding cuts (Campaign for Better Transport, 2014). Similarly, in London, cuts to service provision, outreach work, local centre closures and alterations to community transport provision can contribute to isolation, leaving people with no access to alternative support networks (The Young Foundation, 2012).

Disabled people’s organisations and other local community groups are important in enabling disabled people to connect with people and to make friends, but evidence suggests that funding to support these groups and organisations is under threat (Copestake et al., 2014), as are opportunities to participate in the community (Mencap, 2012). Almost one in three local authorities had closed day services for learning-disabled people in 2012, with alternatives either not provided or unclear from the responses. Six in ten local authorities also said they had increased the charges that day service users had to pay to attend (Mencap, 2012).
Support for older people

In England in 2012, 28.3% of older people did not receive practical support that met their needs:\textsuperscript{53}

- Those aged 75 plus (38.8%) were far more likely to be in this situation than those aged 65–74 (19.6%).
- Over half of disabled older people (54.4%) did not get the support they needed compared with 9.2% of non-disabled people.
- A higher proportion of women (31%) than men (25%) reported that they did not receive the support they needed.

There has been a 23% reduction in expenditure on community services for older people in England, such as home and day care, while spending on meals reduced by 46% between 2009/10 and 2012/13, but the amount spent on direct payments has increased only modestly (Ismail et al., 2014). At a time when there is growing demand for social care from those aged 65 and over, numbers of older people receiving support have fallen. The number of people receiving publicly commissioned adult social care services fell by one-quarter between 2009/10 and 2013/14, from 1.7 million to below 1.3 million. ‘Care at Home’ and other community-based services were hit especially hard, resulting in an average 8% reduction in the number of users each year. The proportion of social care clients being supported for five or fewer hours a week declined from 37% to 28% between 2009/10 and 2013/14, while the proportion receiving care for more than ten hours a week increased from 34% to 45%. Nearly three-quarters of councils now arrange some social care visits that are as short as 15 minutes (Burchardt et al., 2015).

Freedom from stigma

Stigma includes experiences such as name-calling, ridicule and regular hurtful criticism that have a cumulative effect, and feeling humiliated or ashamed as a result of the attitude and behaviour of others. Gaps in robust evidence relating to some specific aspects of stigma remain and the discontinuation of the Citizenship Survey (in 2011) and the Tell Us Survey (in 2010) significantly limited the national data available. For the most part, the evidence showing experiences of stigmatising

\textsuperscript{53} The figures reported here, on support for older people, are from analysis specifically for \textit{Is Britain Fairer?} using data from the Health Survey for England. See data table EF3.1.
treatment is drawn from one-off and/or smaller-scale, non-representative studies that are indicative only.

In England, younger people from ethnic minorities were more likely to report experiencing harassment on the basis of skin colour, race or religion:\(^5^4\)

- Evidence from the 2010/11 Citizenship Survey shows that 3.2% of the population in England had experienced harassment on the grounds of skin colour, ethnic origin or religion in the previous two years.
- Ethnic minorities (ranging from 9.3% of African/Caribbean/Black people to 16.7% of Indian people) were more likely to report it than White respondents (2.1%), and it was particularly high among younger people from an ethnic minority aged 16–24 (17%).

National anti-stigma campaigns were carried out to promote more positive attitudes towards mental health. There is evidence of some decrease in stigma around mental health in England and Wales:

- The proportion of people responding to the annual TNS Omnibus survey who agreed with the statement that they would ‘not want to live next door to someone who has been mentally ill’ fell between 2008 and 2013 (from 12% to 8%) (TNS BMRB, 2014).
- The proportion of people saying they would feel uncomfortable talking to an employer about their mental health did not, however, change very much (standing at 49% in 2013) (TNS BMRB, 2014).

Evidence suggests that the 2012 Paralympic Games did not improve attitudes towards disabled people and that many continued to experience both unconscious bias and open hostility:

- A 2013 survey of 2,000 people with a disability carried out by OPM and Ipsos MORI (2014) on behalf of Scope found that while one in ten respondents felt that attitudes towards them had improved since the Paralympics, about one in five felt that attitudes had got worse.
- Four per cent of respondents reported being physically attacked over the past year; 16% experiencing someone acting towards them in an aggressive or hostile way; and 17% being called names when dealing with members of the public (OPM and Ipsos MORI, 2014).

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\(^5^4\) The figures reported here, on self-reported experience of discrimination, harassment or abuse in England, are from analysis specifically for the *Is Britain Fairer?* review using data from the Citizenship Survey. See data table EI5.1.
Public acceptance of LGB people has shifted dramatically over the last 30 years and this trend continued over the review period:

- The British Social Attitudes Survey demonstrates that the proportion of people who agreed with the statement that ‘same-sex relations are always wrong’ more than halved between 1987 and 2012 (from 64% to 22%) (NatCen, 2013).
- However, an EU-wide comparative survey of LGBT people carried out in 2012 by the EU Agency for Fundamental Rights found that half of respondents (47%) in Britain had felt personally discriminated against or harassed because of their sexual orientation in the 12 months prior to the survey. Two-thirds of transgender people (65%) in the British sample also reported discrimination or harassment, the highest proportion out of all the countries included in the survey (FRA, 2014).

**Political and civic activity**

**Diversity of political representation**

Although progress has been made, elected politicians in Britain and local councillors in England still remain highly unrepresentative of the population as a whole. In the May 2015 general election, Britain elected the highest ever number of women MPs representing 29.4% of all MPs (191 women) and 6.3% of all MPs were from an ethnic minority (UK Parliament, 2015a). There are now reported to be 32 openly lesbian, gay or bisexual MPs (Reynolds, 2015). A 20 year old was elected (the youngest MP elected since 1667), although the average age of MPs remains 50 years (UK Parliament, 2015a). A high percentage of MPs representing English constituencies came from independent schools (36%) whereas 45% came from comprehensive schools (Sutton Trust, 2015). 55

The proportion of local councillors in England aged 65 and over increased from 34.3% in 2008 to 43.8% in 2013. Less than a third of councillors were female, 4% came from an ethnic minority and 13.2% were disabled (Kettlewell and Phillips, 2014). Women and younger people found it particularly difficult to find time to participate given other work, family and study commitments, and large corporations were more likely to support staff in their councillor duties compared with small businesses (House of Commons, 2012).

55 There is no available data on disability.
Voting in general elections and political activity

The 2015 general election saw voter turnout of 66.1% in the UK. In England, voter turnout at the 2015 general election was 65.8%. Data from the British Election Study internet panel indicated that 92.0% of participants stated that they had managed to vote. Higher proportions of men than women, people aged 35 and above than those aged 18–24, White people compared with some ethnic minority groups, Christians compared with those of no religion, and those from the Higher managerial and professional group compared with many other socio-economic groups, stated they had voted.56

There has been a decrease in the proportion of people who say they are involved in political activity57 in England, from 39.1% in 2007/08 to 30.1% in 2013/14. In 2013/14, young people aged 16–24 were less likely to be engaged in political activity (19.1%) than those in all other age groups (except those aged 75 or over) and a far greater proportion of lesbian, gay and bisexual respondents (45.3%) reported being involved in political activities than those who were heterosexual (30.2%). A greater proportion of those with no religion (34.0%) than those who were Christian (29.6%) or from a religious minority (23.5%) took part in political activities.

Civic participation and influence58

In 2013/14, 7.6% of adults were active in a local decision-making body or campaigning organisation or group. Those aged 65–74 (10.8%) and 45–54 (9.4%) were more likely to be active than those aged 16–24, and a higher proportion of the Higher managerial and professional group (12.7%) were active than all other socio-economic groups (except the Lower managerial, administrative and professional group).

England has seen a decrease in the proportion of people who feel they can influence decisions at a local level, from 37.9% in 2007/08 to 34.3% in 2013/14%. The proportion of women who felt able to influence local decisions fell by 4.3 percentage points; it also fell for those from a religious minority and those with no religion.

56 The figures reported here, on participants who had managed to vote in the 2015 election, are from analysis specifically for Is Britain Fairer? using data from the British Election Study. See data table EJ1.1.
57 Data are from commissioned analysis of the Citizenship and Community Life Surveys. Relevant questions asked whether people had undertaken at least one of the following activities in the previous 12 months: contacting a councillor, local official, government official or MP (other than on personal issues); attending a public meeting or rally; taking part in a demonstration; or signing a petition. There are slight differences in the definition of this measure between the two years’ data used. The Community Life Survey 2013/14 includes online petitions in the response whereas the Citizenship Survey 2007/08 does not specify the means of signing a petition.
58 Unless otherwise stated, the figures reported here on civil participation are from analysis specifically for the Is Britain Fairer? review, using data from the Community Life survey. See data tables EJ 3.1, EJ 2.1 and EJ 4.1.
In 2013/14 people from the Black ethnic group were more likely than those from the White group to feel they could influence decisions in their local area (51.7% compared with 33.5%). Similarly, respondents who self-identified as lesbian, gay, bisexual or other were more likely than heterosexual respondents to feel they had influence (51.2% compared with 34.0%). Disabled people were less likely than non-disabled people to feel they could influence decisions in their local area (30.1% and 35.5% respectively in 2013/14) and the rate for both groups had fallen since 2007/08.

In 2012/13, around one in five people had been involved in providing unpaid help or working as a volunteer for a local, national or international organisation or charity in the UK in the previous 12 months (19%) (Siegler, 2015). In England, a similar proportion (18%) had been involved in a social action project in their local area in 2013/14, but this was a decrease of around 5 percentage points compared with the previous year.
Chapter 9

England’s most disadvantaged groups

www.equalityhumanrights.com/IsEnglandFairer
This chapter presents evidence on some of England’s most disadvantaged groups: Gypsies, Travellers and Roma; homeless people; people with learning disabilities; and migrants, refugees and asylum seekers.

Some people in our society are being left further behind because they face particular barriers in accessing important public services and are locked out of opportunities. There are several factors that may contribute to this, including socio-economic deprivation, social invisibility, poor internal organisation of the group, distinctive service needs that are currently not met, cultural barriers, stigma and stereotyping, small group size, and very importantly, a lack of evidence which limits us in our ability to assess the multiple disadvantages these people face. Although there are many people facing multiple disadvantages in England, here we have focused on the experience of four specific groups, namely Gypsies, Travellers and Roma; homeless people; people with learning disabilities; and migrants, refugees and asylum seekers.

The chapter highlights a number of areas of progress, including:

- The educational attainment of Gypsies, Roma and Travellers has improved.
- The number of Traveller caravans on unauthorised sites has decreased. The number on authorised private sites has increased and on socially rented sites has remained relatively stable.
- The gap in exclusion rates of children with SEN has narrowed. The number of children and young people aged under 18 years entering immigration detention centres has decreased.

However, a number of issues are also highlighted, including:

- The attainment gap between Gypsy and Roma children and White pupils has widened.
- Gypsy, Roma and Traveller children and children with SEN were more likely to be excluded from school, with exclusion rates several times higher than the national average.
- Access to healthcare remained problematic and many people from the most disadvantaged groups were unable to register with a GP.
- Homeless people used hospital services, including Accident and Emergency, between three and six times more than the general population.
- Learning-disabled people in residential and inpatient care were admitted for disproportionately long spells, in inappropriate settings, often a very long distance away from family and home.
• There were major concerns about the quality of healthcare for people with learning disabilities, particularly in hospital, sometimes leading to unnecessary deaths.

• The life expectancy of homeless people and people with learning disabilities was considerably shorter. Mortality rates among people with moderate to severe learning disabilities were three times greater than in the general population.

• Some people were particularly vulnerable to homelessness, including young people, transgender people, asylum seekers, care leavers and single people and couples without dependent children.

• Prison and probation staff were failing to identify people with learning disabilities, and Gypsies, Roma and Travellers, and opportunities to help such offenders were missed.

• Negative attitudes were still widely held. Gypsies, Roma and Travellers, migrants, asylum seekers and refugees had an increased risk of being subjected to stigmatising treatment on the basis of race and religion. Homeless and learning-disabled people were more likely to face social stigma.

• The lack of an immigration detention time limit in the UK remained, in contrast to all other European Union countries.
Some people living in England are being left further behind, including:

- Gypsies, Travellers and Roma
- Homeless people
- People with learning disabilities
- Migrants, refugees and asylum seekers

Inequalities in outcomes of these people can be exacerbated because of:

- Inequality
- Small group size
- Distinctive service needs that are not met
- Socio-economic deprivation
- Poor internal organisation of group
- Cultural barriers
- Social invisibility
- Stigma and prejudice
- Lack of data
- Cultural barriers

Higher rates of exclusion from school:

Exclusions from school for Gypsy, Roma and Traveller children were much higher than the national average in 2012/13:

- Other White children: 41.8 per 1,000
- Gypsy and Roma children: 136.3 per 1,000
- Traveller children: 169.4 per 1,000

Educational attainment of Gypsy, Roma and Traveller children was lower:

Gypsy, Roma and Traveller children had lower attainment levels in their early years in 2013/14 compared to other White children:

- Other White children: 61.8%
- Gypsy and Roma children: 19.1%
- Traveller children: 30.9%

Fewer achieved at least five A*-C GCSEs or equivalent, including English and mathematics in 2012/13:

- Other White children: 60.3%
- Gypsy and Roma children: 13.8%
- Traveller children: 17.5%
Using the evidence that we have gathered, there are areas where England has improved and got fairer, and areas where it has got worse. Improvements need to be made across the board to really aim for a fairer England.

All references available at: www.equalityhumanrights.com/IsEnglandFairer
Defining ‘the most disadvantaged’ groups

The factors that can contribute to some groups experiencing greater disadvantage include:

- **Socio-economic deprivation**: Some people are experiencing acute social and economic deprivation, such as ‘disaffected’ young White men living in the Gypsy and Traveller community.

- **Social invisibility**: Some people are socially invisible because they do not disclose their status or situation. One such example is the population of men and women who consider themselves to be gay, lesbian or bisexual but do not lead openly ‘gay’ lives.

- **Poor internal organisation of the group**: Regardless of size, groups may be disadvantaged if they are not well organised and do not have an established network of community organisations or agencies that can be approached to assist in engaging with the target groups.

- **Distinct service needs**: People who suffer from multiple disadvantages, such as people with learning difficulties or mental health problems often have very specific service needs, which are not adequately met by public services, civil society organisations and other institutions.

- **Cultural barriers**: Cultural expectations or social restrictions may act as a barrier to engagement with some people. For example, in some ethnic and religious groups, there are social restrictions upon women who may be expected to refrain from social interaction, particularly with men from outside the immediate family.

- **Stigma and stereotyping**: Stigma and stereotyping can be both the cause and effect of disadvantage. For example, negative media coverage of migrants, refugees and asylum seekers hinders their ability to access structures, as does the social stigma faced by homeless and learning-disabled people.

- **Small group size**: It is more difficult to engage with groups who are relatively small in number, and for whom specific policies or programmes might not exist.

- **Lack of evidence**: A lack of data renders some people in the most disadvantaged situations invisible and limits us in our ability to assess how fair England truly is. The lack of visibility compounds the disadvantages such groups already face by hiding them and their issues from the decision-makers who set priorities and shape services.
Gypsies, Travellers and Roma

Research published by the Commission in 2009 presented evidence of Gypsies’ and Travellers’ experience of inequality in a wide range of areas and highlighted ‘the extent to which many of their experiences remain invisible and ignored within wider agendas’ (Cemlyn et al., 2009). Evidence that follows suggests that this is still the case in 2016.

Education

Although the educational attainment of Gypsy, Roma and Traveller children in England improved between 2008/09 and 2012/13, the attainment gap between Gypsy and Roma children, and White pupils appears to have widened, while the gap between Travellers of Irish heritage and White pupils has not changed.

Gypsy, Roma and Traveller children were less likely to achieve ‘a good level of development’ in their early years (EYFS) in 2013/14 (19.1% for Gypsy and Roma children, and 30.9% for Traveller children, compared with 61.8% other White children). Similarly, a lower percentage of Gypsy and Roma children (13.8%) and Traveller children (17.5%) achieved the GCSE threshold in 2012/13 compared with other White children (60.3%) and the attainment gap widened between 2008/09 and 2012/13.

Gypsy, Roma and Traveller children were also among those most likely to be excluded from school. Their exclusion rates were four to five times higher than the national average in 2012/13: Gypsy and Roma (136.3 per 1,000) and Traveller (169.4 per 1,000) children compared with other White children (41.8 per 1,000) in 2012/13.

Gypsy, Roma and Traveller children are particularly vulnerable in a school setting and subjected to bullying (DfE, 2014m). Because of the transience of these pupils, head teachers report difficulties in quickly accessing funding, for example, the pupil premium, for new pupils. There was also a shortage of expertise to provide effective support to Roma pupils (Ofsted, 2014b).

Work and standard of living

In 2011, Gypsy or Irish Travellers had the lowest recorded economic activity in England and Wales (47% compared with 63%). The most common reason given for those who were economically inactive was looking after the home or family (ONS, 2014e). Over half of those who were economically active were employed, and high proportions were looking for work (20% compared with 7% for all adults in England.
and Wales) or were self-employed (26% compared with 14%). Roma were often in low-paid waged employment, faced discrimination in employment agency work, and worked informally for ‘cash in hand’ work (Ryder and Cemlyn, 2014).

The Government placed responsibility for the provision of Gypsy and Traveller sites in England with local authorities, on the basis that local authorities were best placed to assess the needs of their communities. The Government provided funding from 2011 to 2015 as part of the Affordable Homes Programme for the provision of new and refurbished Traveller sites, and gave incentives to local authorities through the New Homes Bonus Scheme to provide new housing, including Traveller sites.

However, some local authorities are reluctant to provide new sites or refurbish existing ones, and Gypsies and Travellers face difficulties when applying for planning permission for private sites (Advisory Committee on the Framework Convention for the Protection of National Minorities, 2011). In a recent legal case the Secretary of State for Communities and Local Government was found to have acted unlawfully in Gypsy and Traveller planning applications on green belt land in England, in breach of the Equality Act 2010 and of Article 6 (Moore & Coates v SSCLG [2015] EWHC 44).

There is a twice-yearly count of Traveller caravans, which takes place in January and July. Since 2010, the number of Traveller caravans on unauthorised sites has decreased. The number on authorised private sites has increased and on socially rented sites has remained relatively stable. In January 2015, 20,123 Traveller caravans were counted in England: 6,867 (34%) on socially rented sites and 10,585 (53%) on privately rented sites, with the remainder on unauthorised sites (DCLG, 2015a).

Health

Compared with the general population, Gypsies and Travellers are more likely to suffer bad health. This includes lower life expectancy, high infant mortality rates, high maternal mortality rates, low child immunisation levels, higher prevalence of anxiety and depression, chronic cough or bronchitis (even after smoking is taken into account), asthma, chest pain and diabetes (DCLG, 2012), and higher rates of smoking (Aspinall and Mitton, 2014). This is exacerbated by the fact that many Gypsies and Travellers remain unregistered with GPs (RCGP, 2013).

In 2011, 14.1% of Gypsies and Irish Travellers in England and Wales rated their health as bad or very bad, compared with 5.9% of White British and 9.2% of White Irish people (ONS, 2013a).
While the variability in general health among different ethnic groups can sometimes be explained by an older age profile, this is not the case for Gypsies and Irish Travellers, of whom only 6% were aged 65 and above in 2011 and who had a low median age of 26 (ONS, 2014b). Improved life expectancy of Gypsy and Traveller communities appears to be associated with the availability of established site provision and access to medical care (Cemlyn et al., 2010). A recent report for the Department of Health noted that accommodation insecurity, the conditions of Gypsies’ and Travellers’ living environment, low community participation and discrimination all play key roles in exacerbating these poor health outcomes (The Traveller Movement, 2016). It suggested that these factors also hold the key to effectively addressing and improving health and wellbeing. It called for long-term, joined-up working at both the local and national level to address the wider social determinants of Gypsies’ and Travellers’ ill health.

There is emerging evidence that health inequalities of Roma people are similar to those identified among Gypsies and Travellers, including a high prevalence of diabetes, cardiovascular disease, premature myocardial infarction, obesity, asthma and mental health issues such as stress, anxiety and depression (EC, 2014). Poor familiarity with healthcare provisions and language barriers may make it difficult for them to access health services (EC, 2014; Lane et al., 2014). Cultural norms may prevent some Roma people from accessing services for support with mental health, sexual health, and drug and alcohol misuse (EC, 2014). Infrequent contact with health providers may also be exacerbating the health problems of some Roma patients (Social Marketing Gateway, 2013).

Although the Department of Health in England pledged in 2012 to identify gaps in data and research, and to highlight interventions that lead to positive health outcomes (in DCLG, 2012), concerns remain about the extent to which NHS services collect data on Gypsy, Traveller and Roma patients (Aspinall, 2014).

**Prisons**

Gypsies, Roma or Travellers are considerably over-represented in prison. In 2013–14, 4% of the prison population identified as Gypsy, Roma or Traveller in the HMIP prisoner survey, whereas only 0.1% of the population identified as such in the 2011 census (HMIP, 2014b).

The exact size of the population in prison is not known because levels of self-reporting were low and the option to record a prisoners’ ethnicity as ‘Gypsy or Irish Traveller’ was only added to the Prison National Offender Management Information
System monitoring system for the first time in 2011 (Prisons and Probation Ombudsman for England and Wales, 2015b).

Gypsies, Roma and Travellers were more likely to report feeling unsafe in prison (46%) compared with other prisoners (33%), and more likely to say they had been victimised by other prisoners (36% compared with 23%) and by staff (40% compared with 27%). They were also more likely to report that they been physically restrained or had been in segregation in the previous six months (14% compared with 6%) (HMIP, 2014b).

Their vulnerability in prison may further be heightened by separation from their families, high levels of mental illness, lack of adequate mental health support and not being able to read or write (PPO, 2015b).

**Stigmatising treatment**

Negative attitudes towards Gypsy, Roma and Traveller communities were still widely held.

- According to the Spring 2014 Global Attitudes survey, 50% of people in Britain reported having an unfavourable view of Roma (Pew Research Centre, 2014).
- Discrimination and harassment of Gypsies, Roma and Travellers was common across Britain, not only on the part of the general public but also by the police and other authorities (Lane, Spencer and Jones, 2014).
- Evidence from a study carried out in Devon found that some people from Gypsy, Roma and Traveller communities had hidden their ethnic identity in order to access employment and services, and others said their children were bullied at school and that they had been refused entry to pubs and cinemas (Devon and Cornwall Police, 2013).
- Britain has failed to make progress on all of the measures aimed at fighting discrimination that are part of the European Commission’s Framework for National Roma Integration (EC, 2013).

Hostility towards individuals and groups on the basis of ethnicity is often channelled through political rhetoric and the media, which has been criticised by human rights monitoring bodies and highlighted by the Leveson Inquiry:

- The Irish Traveller Movement in Britain provided numerous examples of bias, racism and stereotyping in the media in relation to the reporting of Gypsy, Roma and Traveller issues and claimed that it was making the integration of these communities more difficult (Irish Traveller Movement in Britain, 2012).
• There were many examples of ‘prejudicial or pejorative references’ to particular races or ethnicities in the press. For example, in 2013 an opinion piece in The Spectator described Gypsy, Roma and Traveller people as lazy, criminal and unintelligent. The author Rod Liddle claimed that usage of the terms ‘gyppo’ and ‘pikey’ were a ‘useful means of lumping them all together’ (Liddle, 2013).

• Channel 4’s series ‘Big Fat Gypsy Weddings’ has also been found to have perpetuated negative stereotypes. In 2012, the broadcaster was criticised by the Advertising Standards Agency for an advertising campaign which featured posters with the words ‘Bigger. Fatter. Gypser’. The decision that the complaints did not warrant investigation was challenged by the Irish Traveller Movement and eight other complainants, and an independent review of the agency’s decision led to the case being re-opened. The Advertising Standards Agency took advice from the EHRC and upheld that the adverts were offensive because they were racist, denigrating and portrayed Gypsies and Travellers in a negatively stereotypical way. It also stated that the adverts were irresponsible because they depicted negative stereotypes of Gypsies and Travellers, and endorsed prejudice against them (Advertising Standards Agency, 2012).

Homeless people

There is strong evidence that homeless people suffer from multiple disadvantages and that some policy responses to homelessness, such as the current housing system, may deepen the inequalities that already exist. This has important socio-economic and health consequences as outlined below.

Education

A UK study by the Joseph Rowntree Foundation showed ‘a strong association between homelessness and withdrawal from education’ (Quilgars et al., 2008). More recent research in England reports that around half of young homeless people are not in education, employment or training (NEET) at the point of becoming homeless and many also lack independent living skills. This may be due to a disrupted education or difficult childhood experiences that also contributed to them becoming homeless. Some 21% of young people supported by homelessness agencies and 15% of those seen by local authorities had poor literacy or numeracy skills (HomelessLink, 2014).
Work and standard of living

Poor qualifications and high support needs make it difficult for homeless young people to find work. Welfare benefit rules also mean that young people can be no better off in work than on benefits (Centrepoint, 2016).

Analysis of data and other evidence collected for the Just Fair report identified that homelessness is an area where there may be retrogression in the realisation of an adequate standard of living (Just Fair, 2015).

The 2015 homelessness monitor report examined the situation in England in detail (Fitzpatrick et al., 2015). It highlighted the increased number of rough sleepers, up by 37% in 2013 compared with 2010, and hidden homelessness including concealed, overcrowded and shared households. It also noted a divergence in homelessness policy in Britain since devolution, suggesting that the housing system is contributing to the increase in homelessness in England:

• The shortfall in house building compared with the rising number of households.
• Local authorities are able to discharge their duty fully by offering a private rented sector tenancy of 12 months, without the consent of the tenant. Previously the local authority had to offer a social home unless the tenant opted for a private tenancy.
• Local authorities commented that they would have to use more private rentals, particularly to provide emergency and temporary accommodation (UNHRC, 2013).

Single homeless adults, who do not get full support to find a permanent place to live, struggle to access mainstream housing options and so end up cycling in and out of low-quality temporary accommodation (bed-and-breakfast accommodation, private hostels and short-stay houses in multiple occupation). There is limited statutory control over who is placed or directed to the accommodation, and enforcement activity on the conditions of dwellings and quality of the management is often lacking. Furthermore, this sub-group can remain hidden due to a lack of available data (IPPR, 2016).

The number of households placed in temporary accommodation by local authorities in England in September 2014 was the highest it had been in the last five years (Wilson, 2015c):

• Some 60,940 households had been placed in temporary accommodation by local authorities in England.
• Of these, 45,620 included dependent children and/or a pregnant woman.
• The number of families with dependent children placed in bed and breakfast style accommodation increased from 630 at the end of March 2010 to 2,080 at the end of September 2014.

• Around a quarter of households in temporary accommodation (15,260) had been placed outside their local authority, an increase of 29% compared with the same period in the previous year, arguably with implications for individuals’ and families’ support networks (Wilson, 2015d).

The private rented sector is the largest rented sector in England, but its ability to house those on low incomes or who are homeless is largely dependent on housing benefit and, consequently, on the Government’s programme of welfare reform (Fitzpatrick et al., 2015). Government initiatives such as the No Second Night Out programme, introduced in London in 2011/12 and then rolled out across the country, are likely to have moderated the upward trend in homelessness.

There are specific groups that are particularly vulnerable to homelessness. Around a quarter of those living on the streets had a background in care, and rising demands on social housing have made it increasingly difficult for young people to find suitable accommodation (HM Government, 2013a). Local authorities have a duty to provide ‘sufficient accommodation’, but Barnado’s (2014) found that if a care leaver faces problems with their housing, they may become homeless. Single people and couples without dependent children (deemed to be ‘less vulnerable’) are also at risk as local authorities do not have a statutory duty to find accommodation for these groups (Wilson, 2015c). A report for Crisis UK focused on the experiences of single homeless people in Britain, finding that those who become homeless at a young age may become homeless several times and be trapped in a vicious cycle that leaves them vulnerable to violence and poor health (Mackie with Thomas, 2014). In a 2012 survey of transgender people, 19% of the 542 participants who answered questions on their housing reported they had been homeless at some point, while 11% had been homeless more than once (McNeil et al., 2012).

### Health and care

Evidence shows that the health problems of homeless people in England are considerable, and their life expectancy is well below the national average (Crisis, 2011). For homeless men, the average age of death in 2001–09 was 48 years, 59

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59 The studies drawn upon in this section use different definitions of homelessness. The Crisis (2011) report includes ‘those sleeping rough, in hostels and in other hidden homeless situations’; Department of Health (2010b) refers to ‘people who are sleeping rough (homeless) or sleeping in a hostel, a squat or on friends’ floors (insecure or short-term accommodation’; the Homeless Link audits (2014a) include people in ‘emergency accommodation,
compared with 74 years in the general population (a reduction of 26 years in life expectancy), and 43 for homeless women, compared with 80 in the general population (a reduction of 37 years) (Crisis, 2011).

Health problems include physical trauma, skin problems, respiratory illness, mental ill health, infections and drug/alcohol dependence (DH, 2010b). Reported incidents of physical ill health, depression and substance misuse are higher among those who are sleeping rough or living in precarious accommodation such as squats, than among other homeless people. In 2010, a national audit of over 2,500 homeless people found that 41% had long-term physical health problems, compared with 28% of the general population; 45% had a diagnosed mental health problem compared with 25%; and 36% had taken drugs in the past month compared with 5% in the general population (Homeless Link, 2014).

Excessive alcohol consumption is a recognised factor in homelessness (NHS, 2013c). The short-term risks of alcohol misuse include alcohol poisoning, accidents and injuries requiring hospital treatment, and violent behaviour. In the longer term, it can lead to serious health problems, such as liver disease, high blood pressure, heart disease and stroke. It can also cause certain cancers, with the risks being higher the greater the level of drinking.

Access to healthcare remains problematic for homeless people. Barriers include poor staff attitudes and the fear of being judged or experience of being passed between agencies and receiving help from none, for example for people with dual diagnosis (substance misuse and mental health problems) (RCGP, 2013).

Homeless people are heavy users of acute health services. Their use of hospital services, including Accident and Emergency, is between three and six times that of the general population (DH, 2010b). Although, they access GPs between 1.5 and 2.5 times more than the general public, nevertheless, 7% of homeless people said they had been refused access to a GP or dentist within the past 12 months. Furthermore, although 40% said they had sufficient help with their health problems, 42% wanted some, or more, help (Homeless Link, 2014).
People with learning disabilities

There is increased recognition of the disadvantages that people with learning disabilities face. However, change has been slow and many people with learning disabilities are still 'cared for' rather than 'supported with'. The result is that many learning-disabled people are still excluded and continue to face inequality in every aspect of their lives.

Education

Some children with learning disabilities have special educational needs. The evidence shows that children with SEN have lower levels of educational attainment than those without SEN. This is evident in the data for 2013/14, with 18.5% of children with SEN achieving a 'good level of development' in their early years (EYFS), compared with 65.6% for those without. Similarly, at GCSE level, in 2012/13 children with SEN were over three times less likely to achieve at least five A*-C GCSEs or equivalent including English and mathematics compared with children without SEN (23.4% compared with 70.4%). Although the percentage of children achieving this attainment level in 2012/13 increased for both groups, the increase was lower for children with SEN (6.9 percentage points) compared with children without SEN (9.1 percentage points) resulting in the gap between the two groups being larger in 2012/13 compared with 2008/09.

Despite a narrowing of the gap in exclusion rates between children with SEN (a reduction of 35.7 exclusions per 1,000 pupils) compared to children without SEN (a reduction of 5.2), children with SEN still had a vastly higher rate of exclusions from school (116.2 exclusions per 1,000 pupils compared with 17.0 per 1,000) in 2012/13.

A greater number of learning-disabled people are currently in higher education than in previous years. Between 2003/04 and 2013/14, the proportion of first-year students who disclosed as disabled increased by 4.6 percentage points, from 5.4% in 2003/04 to 10.0% in 2013/14. This represents an 85.2% increase from 2003/04 levels. In 2013/14, the most commonly disclosed impairments among disabled students were a specific learning disability (48.0%), mental health condition (12.8%), long-standing illness or health condition and an impairment other than those listed (each at 10.3%). Some 45.6% of disabled female students and 51.4% of disabled male students had a specific learning difficulty (ECU, 2015).

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60 The figures reported in this section, are from analysis specifically for the *Is Britain Fairer?* review, using data from the Department for Education. See data tables CE1.1, CE1.5 and CE2.10.
Work

According to the Destinations of Leavers from Higher Education survey, six months after qualifying, leavers with a specific learning disability were less likely to be in full-time work: 60.5% of non-disabled leavers were in full-time work. Of those who had a specific learning disability, 58.3% were in full-time work (ECU, 2015).

The Health and Social Care Information Centre reports data from local authority returns on the employment of 18 to 64-year-old adults with learning disabilities:

- in 2012 to 2013, 7% of working-age adults with learning disabilities (9,845 people) were reported to be in some form of paid or self-employment;
- most of those (70.3%) in paid/self-employment worked for less than 16 hours per week;
- men were more likely to be in paid/self-employment than women and were more likely to be working 30+ hours per week than women;
- employment rates varied considerably across local authorities, ranging from 0% to 20.4% of working-age adults with learning disabilities known to local authorities;
- an additional 9,245 working-age adults with learning disabilities were engaged in unpaid voluntary work only (PHE, 2014).

Health and care

People with learning disabilities have considerably poorer health than the general population. The number of reported learning disability health checks\(^51\) in England has continued to rise, but the rate of increase in the number of checks reported has slowed down and did not keep pace with the increase in numbers of people identified as having a learning disability (Glover, 2014).

Joint Strategic Needs Assessments offer a means to analyse the current and future health needs of local populations, including people with learning disabilities. A review of Joint Strategic Needs Assessments in England found that there was a reduction between 2013 and 2014 in the proportion of Joint Strategic Needs Assessments that mentioned people with learning disabilities (from 82% to 72%). Three-quarters of Joint Strategic Needs Assessments included no information on the number of children with learning disabilities in their area, and 19 out of 20 gave no indication of future prevalence (Baines and Hatton, 2014).

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\(^{51}\) Health checks have been found to be an effective way of improving the health of people with learning disabilities by identifying previously unrecognised health needs, including life-threatening conditions.
People with learning disabilities have a higher rate of admission to hospital: 76 admissions for every 1,000 adults per year, compared with 15 per 1,000 adults without learning disabilities (Glover and Evison, 2013). There is also a low uptake of health promotion or screening activities among people with learning disabilities (summarised by Emerson et al., 2012).

There are major concerns about the quality of healthcare that people with learning disabilities have received, sometimes leading to unnecessary deaths. For example, 42% of 238 deaths of people with learning disabilities in five Primary Care Trusts in the South West of England in 2010–12 were assessed as being premature (Heslop et al., 2013).

The Winterbourne View Hospital Serious Case Review (Flynn, 2012) related to a private facility providing healthcare and support for adults with learning disabilities, including those detained under mental health legislation. It found systematic mistreatment and abuse of patients by staff; dangerous and illegal methods of restraint and punishment; the needless suffering of patients; and transgression of professional boundaries. The national response (Department of Health, 2012) and the Care Act 2014 introduced new quality standards. However, an initial target for all people with learning disabilities and/or autism who were inappropriately housed in hospitals to be moved out of those settings by June 2014 was missed. NHS England commissioned Sir Stephen Bubb to produce a report on how to transform care for people with learning disabilities. His first report noted a lack of progress and called for work to be taken forward in partnership with people with learning disabilities and organisations in the health and care system (Bubb, 2014). A second report stated that the pace of change was unacceptably slow (Bubb, 2015) and data showed that there was almost no change in the number of people in in-patient hospital settings (HSCIC, 2015). His final report, in February 2016, noted that there were signs of progress, though the task remained great (Bubb, 2016).

Between 2009 and 2012, 13% of people with learning disabilities (around 23,800 people) were being prescribed anti-psychotic medication in the absence of a psychotic illness, and 10% were being prescribed anti-depressants in the absence of a depressive illness (roughly 19,500 people) (Glover and Williams, 2015).

Failures in community support have prompted legislative and policy changes for learning-disabled people in residential and inpatient care across Britain. Evidence for England reflects these failures. Learning-disabled people in residential and inpatient care were admitted for disproportionately long spells (CQC, 2012), in inappropriate settings, often a very long distance away from family and home (TCCSG, 2014). A lack of good quality local care options means over one in three patients were placed
in hospitals over 50 kilometres from their homes and a fifth of people in inpatient settings had been there for over five years (TCCSG, 2014).

The average age at death of people whose death certificates indicate they had a learning disability was 58 years compared with 82 years for other people (PHE, 2014a). Among people with learning disabilities, men died on average 13 years earlier than in the general population, while women died 20 years earlier (Heslop et al., 2013). While there is evidence that people with mild learning disabilities have a life expectancy approaching that of the national average, mortality rates among people with moderate to severe learning disabilities were three times greater than in the general population (BMA, 2014). Respiratory disease, linked to pneumonia, swallowing and feeding problems, remains the leading cause of death: it is estimated to be responsible for between 46% and 52% of deaths compared with 15% in the general population (BMA, 2014).

**Prisons**

A joint report by the prisons and probation inspectorates found that prison and probation staff were failing to identify people with learning disabilities, and opportunities to help such offenders were missed. The report followed the second joint inspection into people with learning disabilities in the criminal justice system. Few prisons could state how many prisoners with learning disabilities they held, or shared information effectively within the prison. The recommendations for improvement included: ensuring that prison and probation services comply with the requirements of the Equality Act 2010 by making necessary adjustments to services for those with learning disabilities; introducing a screening tool for learning disabilities across the prison estate; and adapting interventions for people with learning disabilities to help reduce the risk of reoffending (Criminal Justice Joint Inspection, 2013).

**Migrants, refugees and asylum seekers**

Migrants, refugees and asylum seekers are a diverse group and experience a range of distinct problems and inequalities due to their immigration status. They can experience discrimination on multiple grounds, including socio-economic factors.
Work

Rights relating to access to employment are not fully realised for migrant workers and this is a major concern as they are likely to be concentrated in low-wage, low-skill, poorly regulated sectors and are at risk of exploitation.

There are 2.64 million migrant workers (legally allowed to work) in the UK (EHRC, 2014n,) and they tend to concentrate in low-wage, low-skill work (approximately 16% of all those in low-skilled work are migrants62). Many are vulnerable to exploitation and may not be able to enjoy the same economic rights as non-migrant workers because of a lack of awareness of their rights, both among themselves and also within frontline agencies in relation to issues such as forced labour, slavery, and domestic servitude (EHRC, 2014n).

Some migrants working in domestic households did not receive the national minimum wage. Evidence indicates that the majority of claims brought by migrant domestic workers involve claims for non-payment of the national minimum wage (Lalani, 2011).

The most recent EU Directive 2013/33 on the reception of asylum seekers came into force in July 2015.63 Asylum seekers must now be granted access to the labour market after nine months of waiting for a decision on their asylum (the previous period in place was 12 months). In 2010 the Supreme Court held that an asylum seeker awaiting a decision in an asylum claim should be entitled to work under the terms of the Directive (R. (on the application of ZO (Somalia)) v Secretary of State for the Home Department [2010] UKSC 36 Supreme Court 28 July 2010). This decision has set an important precedent for asylum seekers in the UK. However, subsequent case law has not extended the right to access work for those awaiting the outcome of an appeal, as opposed to a fresh claim (R. (on the application of Lutalo) v Secretary of State for the Home Department [2011] EWHC 2042 (Admin) 26 July 2011).64 The EU Directive 2013/33 will require states to extend the right to access the labour market during the appeal process, and the UK has been required to be in conformity with this since July 2015.

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62 Of the 12.9 million people working in low-skilled occupations, 10.9 million were UK-born and 2.1 million were foreign-born, which is slightly above the overall share of the population but broadly in line with the share of all employed persons, regardless of skill level (Migration Advisory Committee, 2014).


64 The Decision of the High Court was upheld on appeal – see [2013] EWCA Civ 151.
Health and care

Until April 2013, healthcare in the detention estate was commissioned by the Home Office; in many cases, services were provided by private companies. Although standards were expected to match those within the NHS, this has not always been the case. Organisations have criticised the initial screening process, cited records as subjective, inadequate and of poor quality and highlighted the inadequate management of long-term health conditions and lack of appropriate mental health provision (Children’s Commissioner for England, 2010; HMIP, 2012; APPG, 2015; HMIP, 2014). Figures on self-harm in Immigration Removal Centres are not being published routinely but show that the number of incidents has more than doubled between 2011 (158 incidents) and 2014 (352 incidents) (Home Office and Immigration Enforcement, 2014; No-Deportations, 2015).

The Joint Committee on Human Rights highlight that particular health concerns for migrants, refugees and asylum seekers arise from the impact of relocation, past experience of trauma and the impact of detention. They also state there are people with life-threatening illnesses or disturbing mental health conditions being denied, or failing to seek, treatment (JCHR, 2007).

Changes resulting from the Immigration Act 2014 mean temporary migrants who were previously able to access free NHS care need to pay an additional charge, prior to entry, to cover potential NHS costs. There is some confusion about entitlement, and the interpretation of regulations appears to be inconsistent, for instance people who are entitled to free treatment may have been charged in error (JCHR, 2007). This confusion means that migrants with complex immigration histories, and/or those who entered the UK prior to the introduction of the new rules, could be refused access to free healthcare, regardless of how long they have lived here (Grove-White, 2014).

Women and children have been particularly affected. Antenatal care entitlement checks and charging put women at increased risk of pregnancy-associated complications; care was frequently received late and women received fewer antenatal appointments than the minimum standards for England (Shortall et al., 2015). Among migrants, Black African women had a mortality rate four times that of White women in the UK (Cantwell et al., 2011). Charging undocumented migrant children for secondary healthcare potentially prevents health professionals from identifying child protection and safeguarding concerns (The Children’s Society, 2015).

Migrants may face barriers when seeking to register with GPs (FRA, 2013; Poduval et al., 2015). Registration has frequently been refused because people lack appropriate documents; practice managers and surgery staff sometimes feel
The National Inclusion Health Board in England identified vulnerable migrants as a group with poor health, focusing specifically on low-paid or unemployed migrant workers, asylum seekers, refused asylum seekers, refugees, unaccompanied asylum-seeking children, undocumented migrants and trafficked persons (Inclusion Health, 2013). Its commissioning guide also noted both their poor health outcomes and the barriers they face in accessing healthcare, which include: language barriers; a lack of trust in people outside the migrant community; and suspicion of officials and government-supported services. The guide set out ways of identifying and meeting their needs through Joint Strategic Needs Assessments and Joint Health and Well-being Strategies.

Children and young people in immigration detention

The number of children entering immigration detention in the year ending September 2015 was 154, an 86% fall compared with the beginning of the data series in 2009 (1,119). Of the 31 children leaving detention in the third quarter of 2015, 12 were removed from the UK and 19 were granted temporary admission, temporary release or unconditional release. Of those leaving detention, 17 had been detained for less than 4 days, 8 for between 4 and 7 days, 1 for between 8 and 14 days, 3 for between 15 and 28 days, and 2 for between 29 days and 2 months (Home Office, 2015).

There are concerns that children may be being detained as adults in the immigration system based on outdated and inadequate age assessment mechanisms (Crawley and Rowlands, 2007). This opens up potential gaps in the protection of vulnerable children who are unable to prove their age. In 2014 the High Court held that failure to give reasons for concluding an age assessment as an adult was in breach of Article 5 of the ECHR (VS v The Home Office [2014] EWHC 2483 (QB)).

There are also concerns that children are still being detained together with torture survivors, victims of trafficking and persons with serious mental disability while their asylum cases are under review. Furthermore, they may be detained in immigration settings as adults within an immigration system that is based on mechanisms and structures designed for the assessment of adults. The detention of children for immigration purposes risks violating their right to liberty, particularly if procedural safeguards are not complied with (CAT, 2013).

The Commission, in response to the Immigration Bill, raised similar concerns about the impact of detention on certain groups (including children) and the withdrawal of
support for failed asylum seekers with children and the removal of the right of appeal against decisions to withdraw that support (EHRC, 2016).

**Stigma**

A number of smaller research reports highlight the stigma and stigmatising treatment experienced by migrants, refugees and asylum seekers in England. Misconceptions about the number of immigrants living in England were widespread, including among children, as well as negative attitudes towards Muslims and those born overseas:

- Around 60% of the children questioned believed it was true that ‘asylum seekers and immigrants are stealing our jobs’.
- Thirty-five per cent agreed or partly agreed that ‘Muslims are taking over our country’.
- The average estimate for the proportion of foreign-born people living in Britain was 47%, but Census 2011 showed the actual figure to be 13% (ONS, 2013b; Show Racism the Red Card, 2015).

In March 2013, the Council of Europe’s Commissioner for Human Rights raised concerns about the UK debate on immigration, warning that it depicted lower-skilled migrants as ‘dangerous foreigners, coming to steal jobs, lower salaries and spoil the health system’ and portrayed certain types of immigrants as a scourge on society, claiming that ‘a stigma is put on Bulgarian and Romanian citizens just because of their origin’ (Travis and Malik, 2013).

In 2012, the Leveson Inquiry concluded that press reporting on immigrants and ethnic minorities was often sensational and unbalanced and that there was a tendency within certain sections of the press to publish ‘prejudicial or pejorative references to race, as well as to religion, gender, sexual orientation or physical or mental illness or disability’ (Leveson, 2012).
Chapter 10

Most significant areas requiring improvement

www.equalityhumanrights.com/IsEnglandFairer
While progress has been made in a number of areas, more needs to be done to make England a fairer society. This chapter summarises the nine key challenges identified by our analysis in this report and in the underlying evidence papers. These challenges are for statutory bodies and others with an interest in these areas, and will require concerted and joint efforts over the coming years in order to address them. (The order below does not indicate any level of priority.)

**Key challenges**

Over the coming years, it is important that we take the following steps:

1. **Improve the evidence and the ability to assess how fair society is**

   More comprehensive and better quality evidence is needed to enable us to assess how fair England is as a society and take action to improve fairness where needed:

   • Public bodies are gathering less detailed information through both surveys and administrative data. The full extent of the information lost, and the consequences of this, needs to be better understood so that strategies may be developed to address the most critical losses.

   • Often data sources can only provide evidence for broad overarching categories of people who share particular characteristics, such as ethnic minorities or disabled people. The experiences of people can vary significantly within these overarching categories but limitations in the data mean more nuanced analysis is not possible.

   • As people do not fit neatly into one social identity or characteristic, it is important to undertake more intersectional analysis to enable a more sophisticated assessment of the key areas of disadvantage.

   • Some small groups such as transgender people, Gypsies and Travellers, people with particular disabilities, for instance deafness or blindness, migrants, refugees and asylum seekers, are rendered virtually ‘invisible’ by the lack of data. These groups may be experiencing significant disadvantages or infringements of their human rights, and greater effort is needed to identify the scale and nature of the issues affecting people with these and other characteristics.

   While being mindful of some of the shortcomings in available evidence and the need to address this, we believe the following eight areas are in particular need of attention.
2. Raise standards and close gaps in education

Within an overall picture of improvement, gaps in attainment and qualifications persisted at all ages and in some cases widened:

- **Gender**: boys fell further behind girls at school, and men fell behind women in terms of degree-level qualifications.

- **Socio-economic status**: children from low-income backgrounds in England continued to perform less well than other children. This was particularly the case for White boys from low-income families, where the gap between those and other ethnic groups widened. Lower attainment of these pupils at school carries through to a lower likelihood of participation in higher education.

- **Ethnicity**: Gypsy and Traveller children in England continued to have the lowest attainment levels, and the gap between those and other White children widened as the latter saw larger improvements. School leavers from ethnic minorities were more likely to go on to university but Black school leavers were less likely than others to go to a higher-ranked institution. A lower proportion of disabled and ethnic minority undergraduate students received a first/2:1 degree, compared with non-disabled and White students.

- **Disability**: the gap in attainment between children with special educational needs and those without widened in England. Disabled people were also less likely to have a degree-level qualification and the gap with non-disabled people widened. Disabled people were also less likely to have gained a qualification or participated in formal or informal learning. Disabled people were also less likely to hold a degree-level qualification and the gap between disabled and non-disabled people has widened.

- **Bullying**: Being bullied by peers in childhood has long-term adverse effects on mental health and can impede educational attainment. Despite overall lower reported rates of bullying, some children remained disproportionately affected, including those from extremely poor backgrounds, those with a disability, ethnic minorities and the LGBT community.

- **Exclusion**: Exclusions from school continue to fall but remain high for some pupils, such as pupils with SEN. Those most likely to be excluded also tend to have comparatively lower attainment.
3. Encourage fair recruitment, development and reward in employment

Young people are set to be better qualified than in previous generations but, despite this, experienced considerable disadvantage in the labour market:

- People aged 16–24 had the highest unemployment rate and experienced the highest increase in unemployment. The employment gap between young people and older people widened in this period.\(^{65}\)
- Young people (16–24) experienced a 60 pence per hour decline in pay and the pay gap between the youngest and some older people increased.

The strong educational performance of girls and young women did not translate into rewards in the workplace:

- Women’s employment continued to be concentrated in low-wage sectors.
- While the gender pay gap narrowed, this was owing to men’s average pay declining more than women’s, and average male pay continued to be greater than average female pay.

Disabled people were also disadvantaged in the labour market:

- Disabled people experienced pay gaps and employment gaps.
- Disabled people (and women) were disproportionately affected by low pay in London.

People from certain ethnicities and religions continue to experience worsening labour market disadvantage:

- The unemployment rate for ethnic minorities rose between 2008 and 2013, disproportionately affecting the Pakistani, Mixed and Black African/Caribbean/Black British ethnic groups.
- Muslims had the highest unemployment rates, the lowest employment rates and the lowest and decreasing hourly pay rates.
- African/Caribbean/Black people saw the largest declines in pay and income.
- Average hourly pay in real terms decreased by 65 pence, with some people seeing bigger declines than others, especially men, younger people, people from some ethnic minorities (particularly African/Caribbean/Black people) and religious groups (particularly Sikhs).

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\(^{65}\) Increases in young people’s participation in full-time education only explain part of the falls in employment and increases in unemployment. Even accounting for this increased participation, the employment rate for young people has fallen and the unemployment rate risen over the review period.
There remains a lack of diversity in terms of gender and ethnicity in senior and managerial occupations and at board level in both the public and private sector. There is some evidence from the public sector of a lack of diversity in terms of disability at senior levels.

**Apprenticeships** are intended to be a valuable route into employment. However, apprenticeship programme start-ups decreased and demand is outstripping supply, particularly among the youngest applicants. Women were under-represented in high-value, good-quality apprenticeships and over-represented in low-pay sectors.

The cost of **childcare** across England varied greatly. Over a quarter of parents in 2012 had problems finding flexible childcare and this was more difficult for parents of a disabled child, parents with Black or Indian children, and parents in modern professional occupations.

### 4. Support improved living conditions in cohesive communities

People in private rented accommodation had the highest rate of fuel poverty by tenure in 2012 and one-third of dwellings were assessed as substandard. Some people with particular protected characteristics were more likely to be renting privately, including those where the household reference person was young, from an ethnic minority, a lone parent, unemployed, looking after the family or home, or having a long-term illness or disability and belonging to a multi-person household.

Access to **public and community transport** – a key means of combating social isolation for people without the opportunity/means to use other types of transport – was affected by funding reductions.

**Young people** were particularly affected by poor living conditions:

- Young people were more likely than older people to experience poverty and poorer quality accommodation.
- Young people leaving the care system were particularly vulnerable to homelessness.
- Some children in the care system and in custody were allocated placements far from home, making it difficult for them to access friends and relatives and their local support networks. This was also a problem for some children and adults with learning disabilities and/or autism.

**Disabled people** also experienced disadvantage:

- While the percentage of disabled people living in poverty fell, they remained more likely to live in poverty than non-disabled people. Their level of material deprivation (the ‘mean deprivation score’) rose significantly.
• Older disabled people were significantly less likely than non-disabled older people to report that they were receiving the practical support they need. This was also the case for older disabled women aged 65 and over.

Detriment related to **ethnicity** included:
• The rate of poverty increased for Black adults between 2007/08 and 2012/13.
• A higher proportion of Pakistani/Bangladeshi and Black adults in England lived in substandard accommodation compared with White people.
• The increase over time in material deprivation (the ‘mean deprivation score’) for Pakistani/Bangladeshi and Black people was relatively greater than for White people.
• Poverty rates for children living in a household headed by someone from an ethnic minority were higher compared with someone from the White group.

5. **Encourage democratic participation**

Some people with certain characteristics remained less likely to **participate in political and civic processes**:
• There has been a decrease in the proportion of people who say they are involved in political activity.
• In particular, young people and people from some ethnic minorities were less likely to register to vote.
• Young people were considerably less likely to report being politically active.
• Elected politicians in Britain and local councillors in England still remain highly unrepresentative of the population as a whole.

England has seen a decrease in both the proportion of people who feel they can influence decisions at a local level and the proportion involved in a social action project in their local area.

6. **Improve access to mental health services and support for those experiencing (or at risk of experiencing) poor mental health**

**Demands** on mental health services increased, and some people experienced problems **accessing** them:
• The proportion of adults at risk of poor mental health increased and was around twice that of those reporting bad or very bad health, with some people particularly affected, including people identifying as ‘gay/lesbian/bisexual/other’. Black/African/Caribbean/Black British people had the highest rate of contact with
specialist mental health services; Black people, and those of Pakistani ethnicity, were more likely to have been compulsorily detained under the Mental Health Act 1983 as part of an inpatient stay in a mental health unit.

- The suicide rate increased between 2008 and 2013, resulting in a widening of the gap between men and women, with middle-aged men particularly at risk. Between 2013 and 2014, a further increase in the suicide rate was largely the result of an increase in the female suicide rate, whereas the male suicide rate remained stable.
- The number of beds available for mental health care reduced.
- The number of people detained under the Mental Health Act 1983 rose.
- Serious concerns were expressed about access to children and adolescent mental health services, particularly the transition from child to adult services.

7. Prevent abuse, neglect and ill treatment in care and detention

There were significant flaws in the care of patients, including those detained for treatment:

- Instances of severe neglect and/or abuse were highlighted in independent inquiries such as Winterbourne View and Mid Staffordshire.
- Inspectorates highlighted the inappropriate use of restraint, and insufficient respect for patient privacy and dignity, in care homes and hospitals caring for patients detained under the Mental Health Act 1983 and under Deprivation of Liberty Safeguards.
- A number of significant legislative reforms, case law and policy initiatives, including increased legal protection for 17 year olds in police custody, increases in the number of applications for Deprivation of Liberty Safeguards.

Deaths in detention in both justice and health and social care settings remained a concern:

- Deaths and apparent suicides during or following police custody rose and are to be independently reviewed.
- An independent review of self-inflicted deaths of young people in custody made a number of recommendations for improvement.
- The rate of self-inflicted deaths of prisoners increased.

Regulators raised serious issues about conditions in custody and detention settings, including:

- Increased overcrowding in adult prisons.
- Rising levels of violence in some men’s prisons and Young Offender Institutions.
• The increased use of force and solitary confinement of children in custody. The UK remains the only state in the EU without a **time limit on immigration detention**.

• The age of criminal responsibility in the UK remains, at 10 years, below the standard of 12 years set by the CRC.

### 8. Tackle harassment and abuse of people who share particular protected characteristics

More needs to be done to prevent and combat violence and abuse carried out against children, young people and adults:

• A number of high-profile independent inquiries highlighted cases of child sexual abuse and exploitation, such as the Independent inquiry into child sexual exploitation in Rotherham.

• Women with a household income of less than £10,000, young women, disabled women and White women were disproportionately affected by domestic abuse and older people were more likely to have an adult safeguarding referral.

• Reduced government spending cuts affected the ability of violence against women and children services to meet the needs of victims suffering from abuse.

• The UK has not ratified the Istanbul Convention on preventing and combating violence against women and domestic violence.

• Concerns about availability of support for some people, including children in care, children in custody (or with parents in custody), learning-disabled people and older people.

The figures on hate crime present a complex picture: Self-reported experiences of hate crime fell, the total number of hate crimes recorded by the police also fell, and there has been an increase in the number of convictions. However, there were variations in individual categories of hate crime. The Metropolitan police also reported a rise in the number of anti-Semitic and Islamophobic hate crimes in London in 2015. Disability and LGBT hate crime remained a concern.

### 9. Tackle inequalities experienced by those who are most disadvantaged, by unlocking opportunities and improving access to public services

There are some people in our society who experience the most disadvantage and find it harder to access public services and as a result experience poor access to opportunity. This report has identified some of these groups in England – Gypsies,
Travellers and Roma, homeless people, people with learning disability, and migrants, refugees and asylum seekers – but the list is by no means exhaustive.

Those who experience the most disadvantage generally:

- Suffered poorer health and shorter life expectancy than the general population.
- Faced barriers in accessing healthcare and experienced a poorer quality of healthcare than the general population.
- Were most likely to have the worst outcomes and prospects in terms of educational attainment and employment.
- Were often ‘invisible’ to institutions – for example, prison and probation staff failing to identify people with learning disabilities – and opportunities to help such offenders were missed.
- Faced a high level of stigma and prejudice.

However, although we have some information on the experiences of these people, the lack of data and systematically collected qualitative evidence risks rendering them ‘invisible’. Greater effort is needed to identify the scale and nature of the issues they face.

More work is needed to identify practical solutions. Improving their overall access to opportunity and access to public services could go some way in decreasing inequality outcomes.


Devon and Cornwall Police (2013) Racism towards Gypsies and Travellers. A snapshot of experiences in Devon (Is this the last unchallenged form of racism?). Available at: http://www.devon.gov.uk/racism_towards_gypsies_and_travellers_2013.pdf [Accessed 9 September 2015]


ECHR (v The Home Office [2014] EWHC 2483 (QB))


*R. (on the application of ZO (Somalia)) v Secretary of State for the Home Department* [2010] UKSC 36 Supreme Court 28 July 2010.


Show Racism the Red Card (2015) To what extent do young people share potentially damaging attitudes with far right groups and where do these ideas come from? What are the opportunities and risks that this presents? Available at: http://www.theredcard.org/uploaded/The%20Attitudes%20of%20Young%20People%20-%20SRT%20study.pdf [Accessed 9 September 2015]


Glossary

**Asylum seeker:** A person who has left their home country as a political refugee and is seeking asylum in another country.

**Disability:** A person has a disability if they have a physical or mental impairment, which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities. Sometimes people are treated as having a disability where they do not meet these criteria (for example, people with asymptomatic cancer or HIV). Disability is one of the nine protected characteristics in the Equality Act 2010.

**England and Wales:** Indicates that countries were measured separately in our statistical analysis.

**England/Wales:** Indicates that countries were measured together in our statistical analysis.

**Equality:** The state of being equal, especially in status, rights and opportunities.

**Ethnic minority:** Some sources employ the term ‘non-White’, meaning all ethnic groups excluding White ethnic groups as defined by the Office for National Statistics. In this report, the term has been replaced by the equivalent ‘ethnic minority’, in line with the Commission’s editorial policy.

**European Union:** An association of 28 European nations formed in 1993 for the purpose of achieving political and economic integration.

**Gender:** The wider social roles and relationships that structure men’s and women’s lives. These change over time and vary between cultures. See also **Sex**.

**Gender reassignment:** This is the process of transitioning from one sex to another. See also **transgender**. People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex have the protected characteristic of gender reassignment under the Equality Act 2010.

**Great Britain:** England, Scotland and Wales.

**Gypsy and Traveller** is a collective term used to describe a wide variety of cultural and ethnic groups. There are many ways in which ethnicity may be established,
including language, nomadic way of life and, crucially, self-identification. Defining a person as a Gypsy or Traveller is a matter of self-ascription and does not exclude those who are living in houses. Ethnic identity is not lost when members of the communities settle, but it continues and adapts to the new circumstances. Although most Gypsies and Travellers see travelling as part of their identity, they can choose to live in different ways, including permanently ‘on the road’, in caravans or mobile homes, or in settled accommodation (for part or all of the year).

**Human rights**: Human rights are the basic rights and freedoms that belong to everyone. Ideas about human rights have evolved over many centuries, but they achieved strong international support following the Holocaust and the Second World War. To seek to protect future generations from a repeat of these horrors, the United Nations adopted the Universal Declaration of Human Rights. For the first time, the Universal Declaration set out the fundamental rights and freedoms shared by all human beings.

**Learning disability**: A learning disability affects the way a person understands information and how they communicate. Learning disabilities can be mild, moderate or severe.

**Looked after child**: A child who is in the care of their local authority and either lives with his/her own family, or in an alternative care setting.

**Mental health**: Mental health conditions affect the way a person thinks, feels and behaves. A mental health condition is considered a disability if it has a long-term effect on a person’s day-to-day activity. Types of mental health conditions which can lead to a disability include depression, anxiety and bipolar disorder.

**Non-governmental organisation (NGO)**: An organisation that is neither a part of a government nor a conventional for-profit business. Usually set up by ordinary citizens, NGOs may be funded by governments, foundations, businesses or private persons. Some avoid formal funding altogether and are run primarily by volunteers.

**Pregnancy and maternity**: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context where special protections apply. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. Pregnancy and maternity is one of the nine protected characteristics in the Equality Act 2010.

**Protected characteristics**: This refers to the nine characteristics protected under the Equality Act 2010, and the grounds upon which discrimination is unlawful. The
characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

**Race:** Refers to a group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins. It is one of the nine protected characteristics under the Equality Act 2010.

**Religion or belief:** Religion means any religion, including a reference to a lack of religion (for example, atheism). Belief includes religious and philosophical beliefs such as lack of belief (for example, atheism). Generally, a belief should affect your life choices or the way you live in order for it to be included in the definition. Religion or belief is one of the nine protected characteristics under the Equality Act 2010.

**Religious minority:** Some statistical sources employ the term ‘non-Christian’ or similar, meaning all religious groups excluding Christian groups. In this report, this term has been replaced by the equivalent ‘religious minority’, in line with the Commission’s editorial policy.

**Sex:** Refers to whether a person is a man or a woman (of any age). It is one of the nine protected characteristics under the Equality Act 2010.

**Sexual orientation:** This is whether a person’s sexual attraction is towards their own sex, the opposite sex or to both sexes. It is one of the nine protected characteristics under the Equality Act 2010.

**Transgender:** An umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/surgery. Often used interchangeably with ‘trans’. See also **Gender reassignment**.

**United Kingdom:** England, Northern Ireland, Scotland and Wales.

**Unlawful:** Not permitted by law (as distinct from illegal which means ‘forbidden by law’). On occasions, unlawful and illegal may be synonymous, but unlawful is more correctly applied in relation to civil (as opposed to criminal) wrongs.

**Victimisation:** Subjecting a person to a detriment because they have done a protected act or there is a belief that they have done a protected act, including bringing proceedings under the Equality Act 2010; giving evidence or information in connection with proceedings under the Equality Act 2010; doing any other thing for the purposes or in connection with the Equality Act 2010; making an allegation that a person has contravened the Equality Act 2010.
Contacts


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Questions and comments regarding this publication may be addressed to:
[correspondence@equalityhumanrights.com](mailto:correspondence@equalityhumanrights.com)

The Commission welcomes your feedback.
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