

## UCL Institute of Health Equity Press Release

### Racism damages health and wellbeing and drives inequalities in London

Structural racism affects the health and wellbeing of ethnic minority group communities in London and contributes to avoidable and unfair inequalities between ethnic groups, finds a new report published by the UCL Institute of Health Equity (IHE).

*Structural Racism, Ethnicity and Health Inequalities in London* reviews both published and unpublished reports, materials and research, as well as health and social determinants data. The review was informed by an advisory board and through consultation and collaboration with community groups. It was funded by the Greater London Authority.

The review's findings highlight how people who are repeatedly exposed to racism during their daily lives, or when using essential services, experience worse physical and mental health.

The report also acknowledges the many new and outstanding efforts to reduce structural and institutional racism in London, but found the impacts of racism remain starkly evident, manifesting, particularly, in ethnic inequalities in poverty, housing, employment, pay and career progression.

IHE researchers also highlighted the known and marked inequalities among ethnic groups in maternal and child health and mental illness, alongside experiences with the criminal justice system and healthcare services more widely.

As a result of the findings, the IHE is calling for greater accountability, particularly from leaders, institutions and employers to prevent racism from continuing unchecked and to improve the lives of people who experience it. The review's approach and recommendations are also relevant to other places across the UK and globally.

Professor Sir Michael Marmot, UCL Institute of Health Equity Director and co-chair of the review's advisory board said: "Racism is a scar on society. Social justice requires that we take the action necessary to deal with it. It is a profound injustice if the conditions for good health are unequally distributed, depending on ethnicity. Especially so, where that unequal distribution results from the evils of racism. Inequalities in the social determinants of health are storing up health problems for the future."

#### Key findings from the review showed that:

- **Nearly 70% of Bangladeshi and Pakistani and 52% of Black children are growing up in relative poverty (after housing costs) in London**, compared to 26 percent of children in White households. One of the most important drivers of health and wellbeing is income – children who grow up in poverty are less likely to live in decent housing, be able to eat nutritious food, or have places to play or sleep. As a result, their educational attainment and prospects throughout life (such as income and employment) are negatively affected (Department of Work and Pensions, 2019).
- **Progress in education does not translate into good employment or income due to workplace racism:** while many young Londoners from ethnic minority groups are reaching high levels of educational attainment (a result of their own efforts and progress by London schools and staff) this does not translate into good employment or income, manifesting in disturbingly high rates of poverty among many minority ethnic groups – 59% of Bangladeshi,

53% of Pakistani and 42% of Black households in London are living in poverty after housing costs (compared to 20% of White households) (GLA, 2020; DWP, 2019).

- **Ethnic inequalities are most apparent in employment opportunities and levels of pay:** unemployment among young people who identified as Black (aged 16-24) are more than double the rate of those who identified as White. Meanwhile, White Gypsy and Travellers have the highest rate of unemployment of any ethnic minority group. Additionally, in London 40% of ethnic minority group workers had reported racism at work in the last five years, and nationwide one third of employers were found to lack Equality, Diversity and Inclusion (EDI) strategies.

Professor Habib Naqvi, co-chair of the advisory board and Chief Executive of the NHS Race and Health Observatory, said: “We know that racism is a challenge that transcends boundaries and borders, and whilst this report is for London, we hope it will have wider impact across the UK. Racism has deep historical roots; it is pervasive, and it is embedded in the structure of our society. We find ourselves at a pertinent time in history; now is the time to wake up to the scale of inequality and remove the scourge of racism from our society and improve health for all.”

As health is largely shaped outside the health care system, the recommendations that improve living and working conditions, and the distribution of power, money and resources that shape daily life (the social determinants of health) will therefore have a greater effect on promoting health equity than just focusing on healthcare services.

Sir Michael Marmot added: “Focusing on disease and healthcare services fails to address three impacts of racism on health. First, how racism directly damages health and wellbeing.

“Second, the reasons why some ethnic groups are more likely to be in poverty, experience poor housing, suffer in the educational and criminal justice system, and experience low pay, racism and poor employment prospects – all of which harm health.

“Third, it does not deal with racism that leads to worse experiences of healthcare and other services and worse outcomes as a result.

“Then there are impacts of other dimensions of inequality. Being poor, disabled and from an ethnic minority group is much worse for health than being only one of those alone.”

As a result, the review includes the following recommendations:

- Ensure all employers pay the London Living Wage and eliminate inequalities in pay by ethnicity.
- Greater London Authority to develop and lead on anti-racism approach for all employers in London.
- Strengthen enforcement of legal requirements for non-discriminatory recruitment and support people into work and training by building co-designed programmes with affected groups.
- Reports on racism to be investigated by independent bodies not by employers.

Dr Cordelle Ofori, advisory board member and Manchester City Council's Director of Public Health, explained the review is particularly important to cities like Manchester, where communities impacted by racial inequalities form more than 50% of the population.

Dr Ofori said: "The time is now, to build trust with communities, to ensure services are anti-racist and culturally competent, and to dismantle policies and process that ensure that a

significant group of Britain's population continue to be underserved. This is why Manchester's five-year action plan, Making Manchester Fairer, is so important as it aims to address health inequalities and other forms of inequity that impact people's lives and the communities they live in."

The review's recommendations build on many ongoing and developing programmes, which have been set up to tackle racism in London. They include strong antiracism leadership from City Hall in London, the Greater London Authority, London Boroughs, health and care organisations, public health, some employers, service providers and community organisations and leaders.

The report also sets out how legal and regulatory mechanisms can strengthen approaches to tackling racism. The new Government has committed to greater action. For example, the 2024 King's Speech proposed new legislation covering the right to equal pay and requirements for ethnic pay gap reporting, in addition to reform of mental health services.

### **Study limitations**

There is insufficient data and evidence about ethnicity in many important areas which limits the ability to report on ethnic inequalities in health and the social determinants of health and more broadly has hampered efforts to recognise and challenge racism. The review therefore makes recommendations for further research and information and to ensure communities with lived experience are at the heart of decision making and policy development and implementation.

### **Notes to editors**

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The UCL IHE, *Structural Racism, Ethnicity and Health Inequalities in London* report and accompanying documents are published [here](#).

### **Case study examples:**

#### **Greater London Authority (GLA)**

[The London Living Wage City campaign](#) has an explicit focus on workers from groups who are more likely to experience low pay, such as ethnic minority group individuals, women, young people, migrants and those with disabilities. As of July 2024, there are more than 3900 employers in London that are Living Wage accredited.

The GLA is working to strengthen its antiracism approach internally and within organisations over which it has influence. In order to support those organisations to develop their antiracism approach the GLA has developed a series of Inclusive Employer [Toolkits](#).

The GLA Good Work Standard (GWS) is a free accreditation programme providing employers with a set of best employment practices alongside information and resources to help achieve them. The initiative was developed in collaboration with London's employers, trade unions, professional bodies and experts, and it aims to improve working lives across four pillars: fair pay and conditions, workplace wellbeing, skills and progression, diversity and recruitment.

#### **London Borough of Waltham Forest – a [Marmot Place](#)**

The London Borough of Waltham Forest became the first local authority to sign the Change Race Ratio pledge and also has an ethnicity pay gap strategy, which has three key themes: opportunities and progression; employee experience and wellbeing; policy and communications.

**Business in the Community** Race at Work Charter is a voluntary programme, which lays out seven key action areas for industry to reduce racism and discrimination among businesses.

**Moving on Up** (384) has the goal of increasing employment rates among young Black men (aged 16-24) in London.

Two programmes that specifically focus on building skills among women from ethnic minority groups are the **SWEET Project**, designed for women from ethnic minority groups in West London who are seeking sustainable employment; and **You Make It**, which focuses on providing employment and skills Black and Asian women in East London.

**Barclays' Race at Work** aims to close the ethnicity gap in workforce diversity and under-representation of certain groups across the bank.

For migrant workers experiencing barriers to employment the **Works Rights Centre** supports access to employment justice and **Breaking Barriers** supports refugees access meaningful employment.

### **About the UCL IHE**

The [UCL Institute of Health Equity](#) (IHE) was established in 2011 and is led by Professor Sir Michael Marmot. The IHE leads and collaborates on work that addresses the social determinants of health and improves health equity. Two key pieces of work provide the basis for IHE's approach: [WHO Commission on the Social Determinants of Health](#) (2005-2008) and [Fair Society, Healthy Lives: The Marmot Review](#) (2010). The IHE helps organisations strengthen their approaches to reducing health inequalities and works with national, regional and local governments in the UK, global organisations, businesses, communities and the voluntary sector, public health teams, health care organisations and other public services.

*Structural Racism, Ethnicity and Health Inequalities in London* is part of a series of evidence reviews funded by the Greater London Authority (GLA) to build the evidence for reducing health inequalities in London through action on specific social determinants of health. The four commissioned reviews cover [housing](#), the [cost of living](#), [adult skills](#) and, in this review, the health and health equity impacts of structural racism.

Across the UK, health is deteriorating and health inequalities widening. This is due in large part to growing inequalities in the social determinants of health, which have been damaged by government policies of austerity and associated cuts to services, benefits and the public realm more broadly since 2010.

Many ethnic minority groups experience the brunt of these cuts as they are disproportionately represented in lower-income groups and more deprived areas. That said, there is complexity in health by ethnicity related to duration of stay in the UK, age structure of different ethnic minority groups, their immigration history and socioeconomic position, which impact on health and experiences of racism and discrimination. There is currently no published data on life expectancy by ethnicity that takes these factors into account.

The findings and recommendations made for *Structural Racism, Ethnicity and Health Inequalities in London* are drawn from the IHE’s rapid evidence review via literature searches of widely used databases, searches in published and unpublished grey literature, health and social determinants data, advice from stakeholders and the review’s Advisory Board and from information provided through community consultations.

The Advisory Board was established following an initial consultation with community groups in 2022. The Advisory board consists of representatives and leaders from a range of ethnic minority community groups, senior leaders on anti-racism and public health, and academic experts.

It is important to recognise and learn from the commitment and hard work of many in the voluntary and community sector. Particularly those in the London race equity sector, who have long highlighted and fought against racism, and provided support for groups who experience racism in their daily lives. Often community organisations have led the development of antiracism approaches, which are now being adopted in many sectors.

Further work has been commissioned by the GLA to co-produce a set of recommendations with Londoners with lived experience of racism and with race equity organisations, which speak to the experience, context and priorities of change.

The full list of the high-level recommendations are as follows:

<p><b>Give Every Child the Best Start in Life</b></p> <ol style="list-style-type: none"> <li>1. Increase the spending on early years provision at a minimum meeting the OECD average and ensure allocation of funding is proportionately higher for more deprived areas and excluded ethnic groups.</li> <li>2. Reduce levels of relative child poverty in all ethnic groups to 10 percent – level with the lowest rates in Europe.</li> <li>3. Ensure programmes that tackle child poverty and mitigate its impacts are designed appropriately to meet the needs of different ethnic groups.</li> </ol>
<p><b>Enable all Children, Young People &amp; Adults to Maximise their Capabilities and have Control over their Lives</b></p> <ol style="list-style-type: none"> <li>1. Reverse the cuts that have happened since 2010 in per pupil funding in schools and youth services.</li> <li>2. Schools to strengthen antiracism approaches through capacity building and enforcement of legal obligations and additional duty to report and to act on racism in school settings.</li> <li>3. Strengthen enforcement of legal requirements for non-discriminatory recruitment.</li> <li>4. Increase the number of programmes to support young peoples’ mental health and fund youth services and safe spaces that are culturally appropriate.</li> </ol>
<p><b>Create Fair Employment and Good Work for All</b></p> <ol style="list-style-type: none"> <li>1. Ensure all employers pay the London Living Wage and eliminate inequalities in pay by ethnicity.</li> <li>2. GLA to develop and lead an antiracism approach for all employers in London.</li> <li>3. Ensure that programmes to support people into work and skills building programmes are appropriate for different ethnic groups and are developed with them including in-work training.</li> <li>4. Reports on racism to be investigated by independent bodies not by employers.</li> </ol>
<p><b>Ensure a Healthy Standard of Living for All</b></p> <ol style="list-style-type: none"> <li>1. Tax and benefit system reoriented to reduce ethnic as well as socioeconomic inequalities.</li> <li>2. Universal Credit should meet the cost of daily life essentials.</li> <li>3. Develop advice and support services in collaboration with the ethnic groups who are most affected by poverty to ensure they access the financial support they are entitled to including uptake of benefits.</li> <li>4. Increase the coverage of programmes to insulate cold, poor-quality homes, working with ethnic minority groups who are particularly affected.</li> </ol>
<p><b>Create and Develop Healthy and Sustainable Places and Communities</b></p>

1. While increasing supply of affordable housing enforce the Decent Homes Standards across all housing sectors and inform tenants about their housing rights by offering culturally appropriate free advice, support and advocacy services.
2. Assess housing providers, including the private rental sector, for racism and regulate the sector appropriately, enforcing sanctions.
3. Ensure that the views and concerns of ethnic minority residents are incorporated into planning including regeneration, access to green spaces and safety.
4. Implement the recommendations of the Casey and Lammy Reviews to end systemic racism in the criminal justice system.

#### **Strengthen the Role and Impact of Ill Health Prevention**

1. Ensure that the focus of the public health system incorporates the fundamental role of social determinants, ethnicity and experiences of discrimination and racism in shaping health.
2. Redesign public health approaches to smoking, alcohol, drugs and obesity to ensure they are culturally appropriate for ethnic minority groups in London.
3. The health system to take a longer-term, prevention focussed approach to tackling health inequalities.

#### **End Racism in Health and Social Care**

1. Eliminate racism and ethnic inequalities in access to NHS services and in quality of experiences and outcomes through coproduction, increased investment, education and training, provision of appropriate support and culturally informed practices.
2. Address racism and systemic bias in diagnoses, treatments, medical devices, AI and resource allocation.
3. Eliminate racism in NHS and social care employment with greater equity in recruitment, pay, progression and seniority.
4. Ensure awareness of racism in the NHS and social care among both providers and users and apply appropriate sanctions.

#### **Recommendations towards a more Racial Equitable System: Role and Impact of Institutions and Organisations**

1. Strengthen legislation, regulation and enforcement.
2. Aim for all London organisations to develop and apply antiracism approaches.
3. Ensure communities are central to the development of approaches to tackle racism.
4. Ensure there are sufficient resources for all organisations to tackle racism and evaluate and monitor antiracism approaches.
5. Develop data, research and evaluation to better identify and tackle racism.
6. Strengthen national advocacy and development of social movements to support antiracism.