

Dadansoddi ar gyfer Polisi



Analysis for Policy



Llywodraeth Cymru  
Welsh Government

SOCIAL RESEARCH NUMBER:

68/2021

PUBLICATION DATE:

13/10/2021

# Implementing the Socio-economic Duty

A review of evidence on socio-economic disadvantage and inequalities of outcome

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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Title: Implementing the Socio-economic Duty  
Subtitle: A review of evidence on socio-economic disadvantage  
and inequalities of outcome

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Full Research Report: Mills, C. (2021). *Implementing the Socio-economic Duty: A review of evidence on socio-economic disadvantage and inequalities of outcome*. Cardiff: Welsh Government, GSR report number 68/2021>  
Available at: <https://gov.wales/evidence-review-socio-economic-disadvantage-and-inequalities-outcome>

This report was produced as part of a three month Welsh Government PhD internship organised through the ESRC Wales Doctoral Training Programme (DTP) and Welsh Government. Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government. This evidence review reflects the terminology included within the evidence and therefore may not fully reflect the Social Model of Disability. Welsh Government is fully committed to the Social Model of Disability

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## **Glossary**

### **Acronym/Key word**

### **Definition**

Intersectionality	The interconnected nature of social categorisations such as race, class, and gender which create overlapping and interdependent systems of discrimination or disadvantage.
EHRC	Equality and Human Rights Commission
FSM	Free school meals
LGBTQ+	Lesbian, gay, bisexual, transgender, questioning/queer, and others, where the plus represents all other sexual identities and communities.
FGC	Future Generations Commissioner for Wales
JRF	Joseph Rowntree Foundation
ONS	Office for National Statistics
SED	Socio-economic Duty
BMI	Body mass index

## 1. Introduction

- 1.1 The Socio-economic Duty (or just “the Duty”) came into force in Wales on March 31<sup>st</sup> 2021 and requires specified public bodies, when making strategic decisions (such as deciding priorities and setting objectives), to consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage. This means that now, when making decisions, public bodies in Wales will have a legal responsibility to consider how their decisions will improve outcomes for people experiencing socio-economic disadvantage. The Duty will be key in supporting the most vulnerable people in our society, especially as Wales recovers from the COVID-19 pandemic, and for the longer term. As the guidance states:

“Commencing the Duty will not compete with or override other duties such as the Equality Act, 2010 Public Sector Equality Duty (PSED), the Children and Families (Wales) Measure 2010 and the Well-being Duty under the Well-being of Future Generations Act 2015. It is our intention that commencing the Duty will complement these duties by further contributing towards Wales’ long term well-being goals, in particular “A more equal Wales” and “A Wales of cohesive communities”.”

- 1.2 The Duty aligns with other pieces of Welsh Government legislation such as the Well-being of Future Generations (Wales) Act 2015<sup>1</sup> and the Equality Act 2010<sup>2</sup>, as well as work such as the national strategy Prosperity for All<sup>3</sup> which was in place during the development of the Duty<sup>4</sup>. The guidance directly links to the Well-being of Future Generations Act and supports its common purpose of delivering a public service that meets the needs of the present without compromising the ability of future generations. In taking account of evidence around socio-economic disadvantage it is therefore suggested in the guidance that evidence around future trends is considered. Although

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<sup>1</sup> [Well-being of Future Generations Act](#)

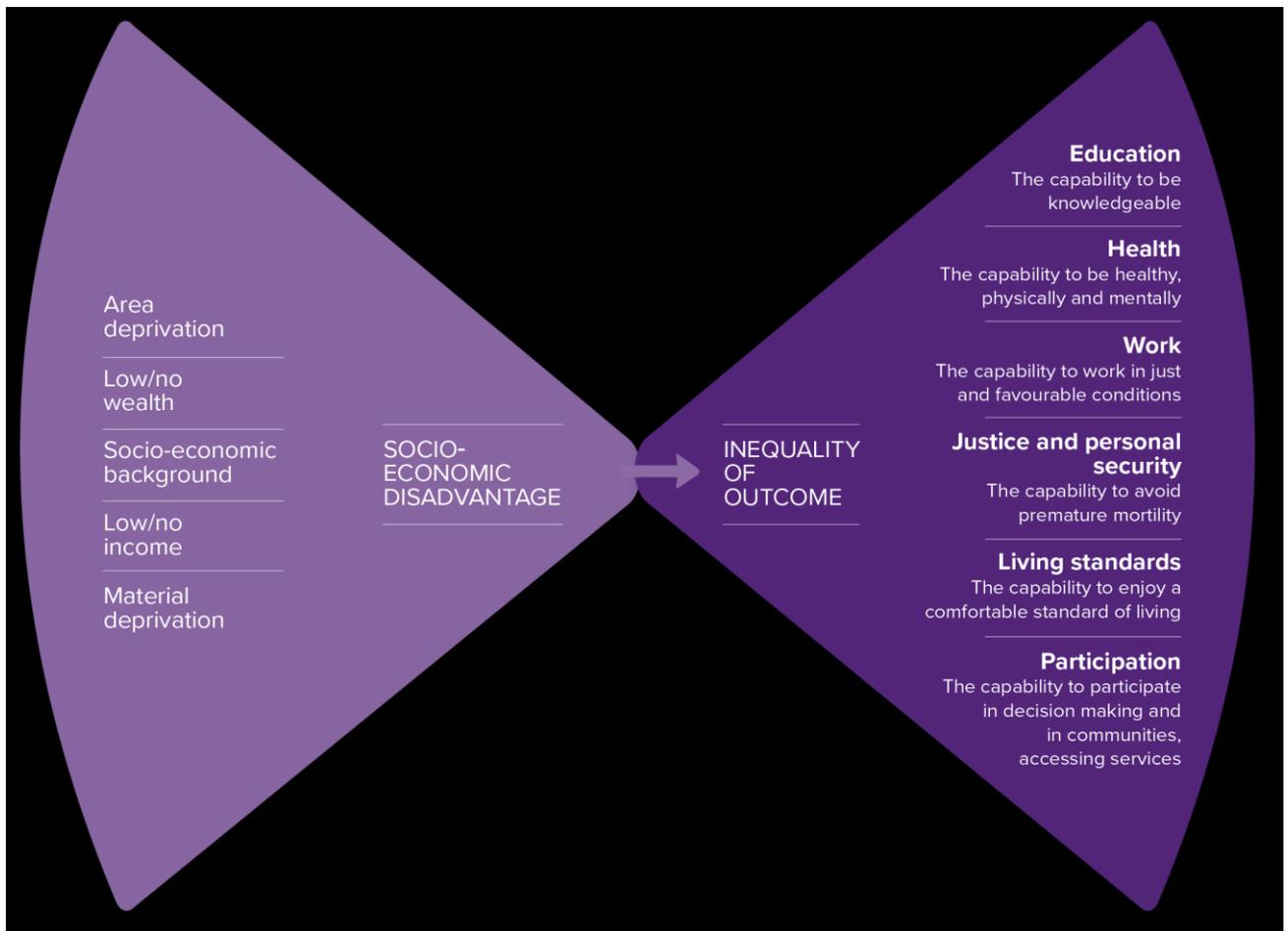
<sup>2</sup> [The Equality Act 2010](#)

<sup>3</sup> [Prosperity for All](#)

<sup>4</sup> This strategy was in place while the Duty was being developed and implemented, for details of the current Programme for Government see: [Programme for government | GOV.WALES](#)

beyond the scope of this report to fully consider the linkages between future trends and socio-economic disadvantage, trends in inequalities have been highlighted where relevant. Other resources such as the Welsh Government's Future Trends Report<sup>5</sup> outline the key factors influencing our social, cultural, economic and environmental futures and can be used to support analysis around impacts on future generations for groups facing socio-economic disadvantage.

**Figure 1.1: The links between socio-economic disadvantage and inequalities of outcome.**



Source: Socioeconomic Duty Guidance

- 1.3 To achieve the overall aim of the Duty, which is to deliver better outcomes for those who experience socio-economic disadvantage, it is important for policymakers to be informed by up-to-date evidence on socio-economic

<sup>5</sup> [Future Trends Report](#)

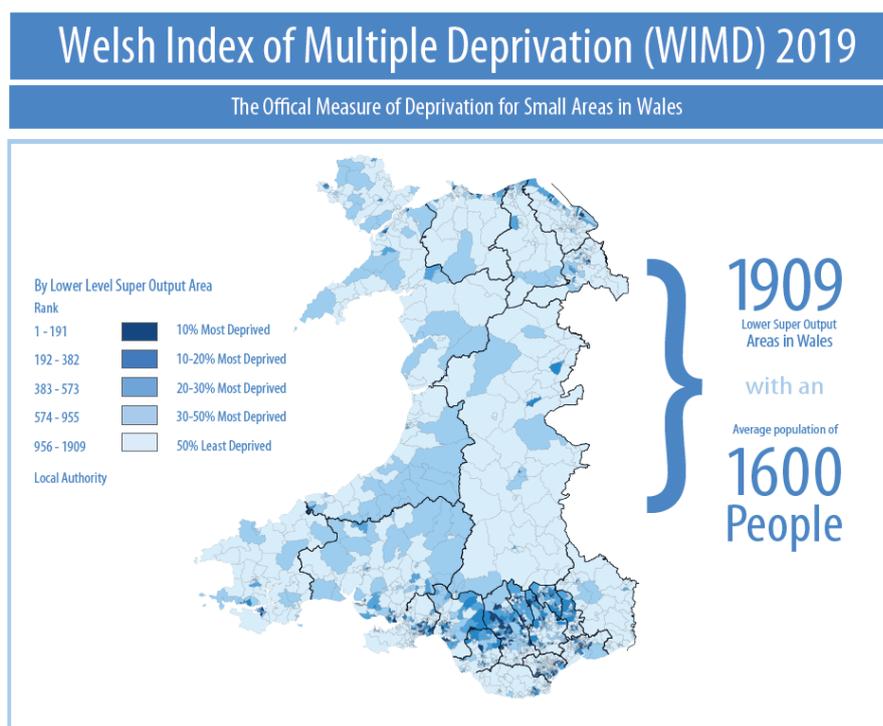
disadvantage and the key inequalities of outcome that arise from it. The guidance states that public bodies must be able to provide evidence on how they are meeting their statutory requirements under the Duty, including taking account of evidence which identifies any likely impacts of decisions in relation to the Socio-economic Duty and evidence of how due regard was given in order to reduce inequalities of outcome as a result of socio-economic disadvantage. This report aims to provide an overview of how socio-economic disadvantage affects the people of Wales and how it leads to inequalities of outcome in key areas, especially for particular groups at increased risk of facing disadvantage.

- 1.4 For more guidance on the Duty itself, please see the Further Reading section at the end of this chapter.

### **Socio-economic disadvantage in Wales**

- 1.5 Across Wales, 710,000 people live in poverty and 23 per cent of the nation live in relative income poverty (Welsh Government, 2021g). Overall poverty rates have remained steady over the last five years in Wales, and while child poverty has been falling, pensioner poverty has been rising (Welsh Government, 2019f). A total of 16 per cent of non-pensioner adults in Wales were classed as materially deprived in 2019/20, which means that they were unable to afford things such as keeping the house warm enough (Welsh Government, 2021e). When asked how comfortably they were keeping up with bills, 68 per cent of working-age adults were keeping up without any difficulties and the rest stated that it was a struggle from time to time (23 per cent) or it was a constant struggle (6 per cent). Figure 1.2 shows the most and least deprived areas across Wales according to the latest Welsh Index of Multiple Deprivation. The most deprived areas are concentrated in the south Wales cities and valleys and in some north Wales coastal and border towns. These areas also tend to be the most densely populated areas of Wales.

**Figure 1.2: Welsh Index of Multiple Deprivation.**



Source: Welsh Index of Multiple Deprivation

1.6 Disadvantageous socio-economic circumstances have long-lasting impacts on all areas of someone's life, from birth through to adulthood. This is because differences in wealth or opportunity, i.e., socio-economic deprivation, restrict people's opportunities and options in life. Thus, poverty is linked to poorer educational and work or health-related outcomes. Specifically, socio-economic disadvantage can result in long-term **inequalities of outcome**, such as the following which are described in the Socio-economic Duty:

- Poorer health and mental health;
- Lower healthy life expectancy;
- Poorer skills and educational attainment;
- Lower paid work;
- Greater chance of being a victim of crime and not feeling safe;
- Poorer participation in public life;
- Greater chance of living in less than adequate housing; and
- Poorer access to transport and public services.

1.7 These inequalities of outcomes are why addressing socio-economic disadvantage is so important. The Duty is aimed at reducing inequalities through requiring specified public bodies to give due regard to the need to

reduce inequalities that exist as a result of socio-economic disadvantage, when taking strategic decisions. Socio-economic disadvantage disproportionately affects certain groups, including women, lone parents, racial and ethnic minorities, children, disabled people, and those living in rural areas (Alston, 2018).

- 1.8 The COVID-19 pandemic has also exacerbated some of the disadvantages already faced by people in Wales, as it has affected certain groups much more than others (Welsh Government, 2020a); the impacts of the pandemic are mentioned throughout this report. Guidance for the Duty suggests that public bodies consider how their decisions might be further impacted when considering communities and places of impact as well as protected characteristics. This report considers the further impact of intersectionality in relation to inequalities of outcome experienced.

#### **The key aims of this literature review**

- 1.9 The aim of this report is to provide a source of evidence that can be used when decision makers are implementing the Duty. This document will summarise the inequalities of outcome that arise from socio-economic disadvantage, particularly highlighting the impacts on people with protected characteristics as well as communities and places of interest. It will review existing evidence of the impacts of socio-economic deprivation in six key areas based on the 'Is Wales Fairer?' Report (EHRC, 2018): **education, work, health, living standards, justice, and participation**. The research objectives and methodological approach are outlined in Section 2.
- 1.10 It is designed to be a quick reference guide providing a general overview of the evidence in different areas related to socio-economic disadvantage. It does not go into extensive detail on every topic, but it does signpost to additional information in each area which can be consulted. The report is not prescriptive and does not provide instructions for implementing the Duty, but instead aims to provide information that policymakers can consider when taking strategic decisions. This is a summary of evidence to consider when giving due regard to consider those who are socio-economically

disadvantaged. It does not replace consulting people with lived experiences. It is vital to gather opinions from the people impacted by policies, as, ultimately, they are the true experts.

## Definitions

1.11 **Socio-economic disadvantage** is defined in this review as it is defined in the Duty: 'living in less favourable social and economic circumstances than others in the same society'. Experiencing socio-economic disadvantage may include some or all of the following:

- living in a deprived area;
- having little or no savings;
- having little or no income; and/or
- experiencing material deprivation (that is, lacking the things which most people would say are needed for an acceptable standard of living – such as the ability to replace worn-out furniture or to afford adequate heating).

The first element listed in the definition above, “living in a deprived area” (commonly identified in Wales through the use of the [Welsh Index of Multiple Deprivation](#)), is different to the other elements which relate to the circumstances of individuals or households. Not all those living in deprived areas are necessarily deprived themselves in terms of individual metrics on income, education or health etc (although many will be). However, they may still experience socio-economic disadvantage as a result of living in a deprived area. As seen in this report, evidence on inequality of outcomes is often presented using area deprivation. This approach also has some advantages over the individual approach in terms of stability, given the way individuals can move in and out of deprivation in the short-term.

1.12 This definition of socio-economic disadvantage overlaps with the idea of **poverty**. Poverty is a complex, multidimensional construct that has had various definitions over time. In the UK, a common definition of poverty is earning 60 per cent of the median UK household income. More recently, the Social Metrics Commission (2020) has published reports summarising a new

measure of poverty that takes into account, among other factors, all material resources, housing and childcare costs, and costs that arise from an impairment. This report refers to some sources that have investigated poverty explicitly, rather than socio-economic disadvantage, and when referring to these sources the word poverty may be used as an interchangeable term for socio-economic disadvantage.

- 1.13 The Scottish Government has already implemented its Socio-economic Duty (the Fairer Scotland Duty), and a consultation report<sup>6</sup> discusses the complexity that surrounds defining socio-economic disadvantage in depth.
- 1.14 **Strategic decisions** are those which affect how the relevant public body fulfils its intended statutory purpose over a significant period of time. **Inequality of outcome** relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population. Relevant **public bodies** include Welsh Ministers, Local Authorities, Health Boards, NHS Trusts, Fire and Rescue, National Parks, Welsh Revenue Authorities, and Special Health Authorities.
- 1.15 It is important to highlight the **intersectionality** that exists when examining socio-economic disadvantage and inequalities of outcome. Intersectionality is the connected nature of social categories such as race, class, or gender that create overlapping systems of disadvantage. For example, socio-economic disadvantage is often compounded by other factors that can lead to inequalities of outcome, such as race or gender. This review explores the greater impact that socio-economic disadvantage can have on particular communities in Wales, highlighting the intersectionality in inequalities of outcomes facing vulnerable groups. **Communities of interest** are those who share an identity e.g. lone parents, carers; those who share one or more protected characteristic e.g. LGBTQ+, older people; groups of people who have shared an experience e.g. homelessness, the same local health/social care system or local service. **Communities of place** are those who share a geographical location (e.g. people living in rural areas).

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<sup>6</sup> [Consultation on the socio-economic duty: analysis of responses \(Scottish Government\)](#)

**Protected characteristics** are defined in the Equality Act (2010) as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Relevant public bodies are to eliminate all forms of discrimination, advance equality of opportunity and promote good relations between people sharing protected characteristics and those who do not share a protected characteristic.

- 1.16 The structure of this report is as follows. Section 2 outlines the methodology and limitations of this work. Sections 3 to 8 summarise the evidence in the areas of education, work, living standards, health, justice, and participation, respectively. Each of these sections is concluded by a list of key sources for further reading. The report finishes with a conclusion of the main points outlined in this document.
- 1.17 Table 1.1 includes links to key policy documents for further background reading.

**Table 1.1: Links to further resources: General.**

[Socio-economic Duty: Overview and FAQ](#)

[Socio-economic Duty: Guidance](#)

[Socio-economic Duty: Scrutiny framework](#)

[A More Equal Wales: the Socio-Economic Duty. Examples of inequalities of outcome due to socio-economic disadvantage and COVID-19](#)

[Measurement framework for equality and human rights](#) (Equality and Human Rights Commission)

[Is Wales Fairer? \(2018\)](#) (Equality and Human Rights Commission)

[Well-being of Future Generations \(Wales\) Act 2015](#)

[Well-being of Wales: 2021 Report](#)

[Future Generations](#)

[The Future Generations Report 2020](#)

## 2. Methodology

- 2.1 This report presents a rapid literature review on the key inequalities of outcome due to socio-economic disadvantage in six key areas. These areas are based on the Equality and Human Rights Commission's Equality and Human Rights Measurement Framework and are: **education, work, health, living standards, justice, and participation.**
- 2.2 This review considers various sources of information to explore the short- and long-term effects that socio-economic disadvantage has on people, primarily the people of Wales, using both academic and government research literature. This report examines evidence across the UK but draws primarily on Welsh sources.
- 2.3 Desk-based evidence from several key sources was drawn upon, including reports by the Welsh Government and the Equality and Human Rights Commission, academic literature, and work by non-partisan organisations such as the Joseph Rowntree Foundation. Due to time constraints, a rapid literature review was undertaken rather than a systematic or rapid evidence assessment, and thus specific inclusion/exclusion criteria and appraisal methods are not specified. In general, evidence was identified for inclusion through consultation with social research leads in the Welsh Government and online keyword searches. Key websites consulted were the Welsh Government website, StatsWales, and Google Scholar. Searches were conducted by searching for relevant terms, e.g. *education AND deprivation OR inequality OR outcomes OR disadvantage AND UK or Britain or Wales.* Key sources consulted are listed at the end of each section.
- 2.4 To support the researchers understanding of the policy context, and to ensure a continuing dialogue between the research and the work of the Welsh Government Socio-economic Duty policy team, emerging findings presentations were held regularly to manage the scope of the project. The benefits of a literature review in this style is that it can be carried out by one

person in a short amount of time<sup>7</sup>. Thus, the scope was narrowed and the research objectives were defined as follows:

- To present a picture of socio-economic disadvantage and the related inequalities of outcome in Wales and;
- To summarise research on socio-economic disadvantage and related inequalities of outcome for particular communities, focusing on those with protected characteristics and communities and/or places of interest.

2.5 Due to the COVID-19 pandemic, all research activities, consultations with policy leads, and presentations were held remotely.

### **Limitations of the Method**

2.6 Due to time constraints, the secondary evidence reviewed during this study was appraised using literature review rather than systematic review techniques. Literature reviews are less robust in generating an evidence base than systematic reviews as they are prone to selection and publication bias and do not use as robust methodologies as systematic reviews, meta analyses, or rapid evidence assessments. They do not define the exclusion/inclusion criteria or have to specify the appraisal methods or how conclusions have been reached. For these reasons, the literature review supporting this research should be considered to give an indication of the extent and nature of the evidence base, rather than an exhaustive summary of the research landscape. While care was taken to evaluate the usefulness and robustness of all sources, the findings should be interpreted with caution.

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<sup>7</sup> See [The Magenta Book \(2020\)](#).

### 3. Education

#### Key inequalities of outcome due to socio-economic disadvantage – Education.

- Socio-economic deprivation is linked to worse educational outcomes (called the ‘attainment gap’);
- Students from lower socio-economic backgrounds are less likely to attend university and;
- Entry rates of Black, Asian and Minority Ethnic people into higher education are increasing and are proportionately higher than White students.

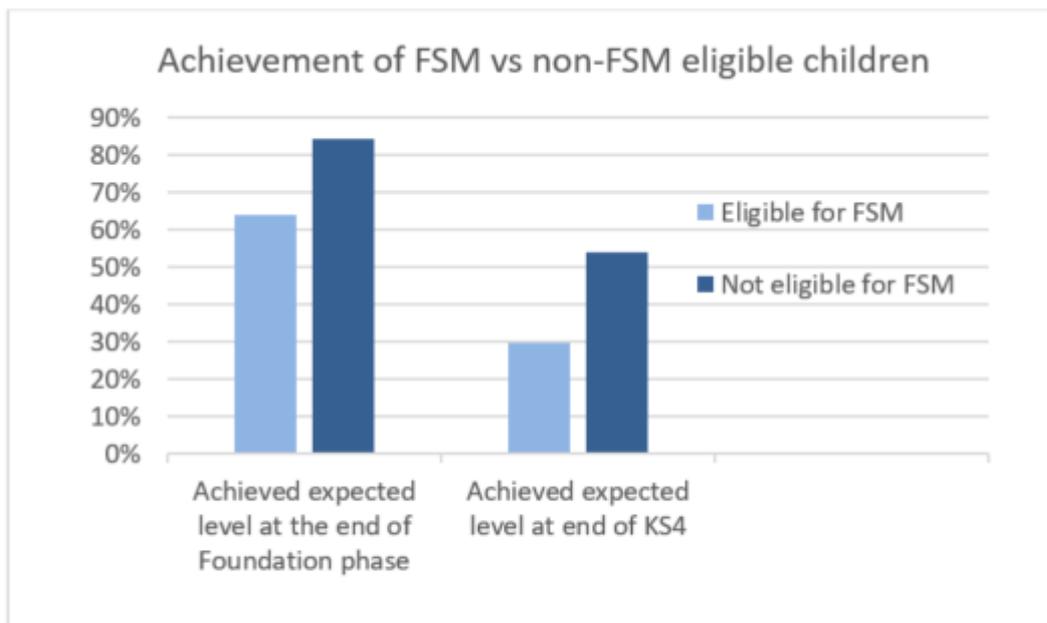
#### Background

- 3.1 Approximately 4 million children in the UK live in poverty (JRF, 2020) and, as of 2019, a total of 29 per cent of children in Wales are in poverty which is one of the highest rates in the UK (Bevan Foundation, 2019). The Bevan Foundation (2019) reports a mixed message in regards to child poverty indicator changes over time, with a slight recent reduction in the child poverty rate overall but an increase in children living in poverty in larger families and workless households.
- 3.2 Growing up in an environment of economic deprivation can have negative impacts on children’s mental, social, emotional and behavioural development, as well as their health and educational outcomes (Treanor, 2012). In fact, child poverty and unequal educational opportunities have been linked, as children who experience disadvantages growing up (e.g. children in poorer families, who live in more deprived areas, or live in inadequate housing) are less likely to gain qualifications in school and have worse educational performance and prospects (JRF, 2007; Hirsch, 2007). This difference in educational outcomes between socio-economically disadvantaged children and others is often referred to as the ‘poverty gap’, ‘attainment gap’, or simply ‘the gap’.

## The attainment gap

3.3 Eligibility for free school meals (FSM) is often used as a proxy indicator for poverty and has been linked to poorer educational attainment (Welsh Government, 2019a). In Wales, in 2019 a total of 63.8 per cent of children eligible for FSM achieved the expected level at the end of the Foundation Phase<sup>8</sup> compared to 84.2 per cent of children not eligible for FSM (StatsWales, 2019). For older children, 29.5 per cent of those eligible for FSM achieved the Level 2 threshold at Key Stage 4<sup>9</sup>, compared to 53.8 per cent of children not eligible for FSM (Welsh Government, 2019c). GCSE results also show worse grades for students eligible for FSM compared to those who are not eligible (Welsh Government, 2020h).

**Figure 3.1: Achievement based on free school meal eligibility (2019)**



Source: StatsWales

<sup>8</sup> The Foundation Phase is the statutory curriculum for all 3 to 7 year olds in Wales

<sup>9</sup> The Level 2 threshold at Key Stage 4 is a volume of qualifications at Level 2 equivalent to the volume of five GCSEs at grade A\*-C

- 3.4 In addition to different outcomes for school qualifications, children eligible for FSM in Year 11 have decreased chances of achieving sustained employment and increased likelihood of receiving out-of-work benefits as adults (Department for Education, 2018).
- 3.5 Research conducted using the Millennium Cohort Study has found that the attainment gap is apparent as early as 5-years-old in the areas of vocabulary and school readiness, and is only compounded throughout the school years. Furthermore, the chance of having affected development is higher if a child has a lone parent, parent(s) with lower amounts of education, or if they come from a Black, Asian or Minority Ethnic background (Hansen & Joshi, 2007).
- 3.6 Furthermore, the proportion of students from lower socio-economic backgrounds attending university, especially universities in the top of the league tables, has historically been disproportionately low, with those from the highest socio-economic backgrounds more likely to attend university (Department for Business Innovation and Skills, 2015). This gap in higher education attendance may lead to an inequality of future outcomes, as university graduates on the whole tend to go on to work in higher-paying occupations. However, the gap in higher education participation between students from higher and lower socio-economic backgrounds has been narrowing over time and increased tuition fees introduced in 2012 do not seem to be deterring enrolment (Institute for Fiscal Studies, 2012). Tuition fees are devolved and so fee increases have not affected Wales to as great an extent, as fees are reduced for Welsh-domiciled students.

### **Intersectionality**

- 3.7 Girls generally achieve better exam results than boys, and Black, Asian and Minority Ethnic groups also score better than white students, according to the most recent examination results bulletin (Welsh Government, 2020h). Data from the Universities and Colleges Admission Services (2021) show that Minority Ethnic learners are attending university in higher numbers over time and White pupils have had the lowest entry rates, proportionately, from 2006 to 2020.

- 3.8 There are compounding factors involved in economic deprivation and educational outcomes. Being eligible for free school meals is the most appropriate proxy indicator available for statistical analysis to investigate how poverty affects school results, but other factors are at play too. For example, grouping schools by disadvantage also shows an attainment gap for pupils not eligible for FSM, showing that school-level deprivation (on the larger geographic scale, rather than an individual's circumstances) also has an effect on future outcomes (Department for Education, 2018).
- 3.9 Housing, health inequalities, and labour market disadvantages (discussed in the below section on Work) exacerbate the disadvantages already present due to coming from a poorer background (Hirsch, 2007). For example, an inadequate environment in which to do homework can make it harder to engage with the educational process (JRF, 2020). Ethnicity also plays a role, and some schemes, such as the Childcare Offer in Wales, may not always reach all disadvantaged children due to things such as cultural barriers in the case of some Minority Ethnic groups (Craig et al., 2007; Hughes & Jones, 2021).
- 3.10 These factors emphasise the cyclical and intersectional nature of poverty and highlight the importance of breaking the poverty cycle as soon as possible, before disadvantaged children experience further disadvantages as adults and become unable to provide a good start in life for their own children. Research has shown that wealthier parents tend to have wealthier children, and that the main driver for this is the difference that children receive in investments in their childhood education (Ayyar et al., 2021). This intergenerational transmission of these inequalities is highlighted in the Welsh Government's Annual Equality Reports<sup>10</sup> and their Strategic Equality Plans<sup>11</sup>. Figure 3.2 draws on this evidence on the cyclical and intersectional nature of poverty, highlighting the links and connections between different factors that are involved in the 'attainment gap' and showing that differences in achievement can arise not just from economic factors (e.g. deprivation)

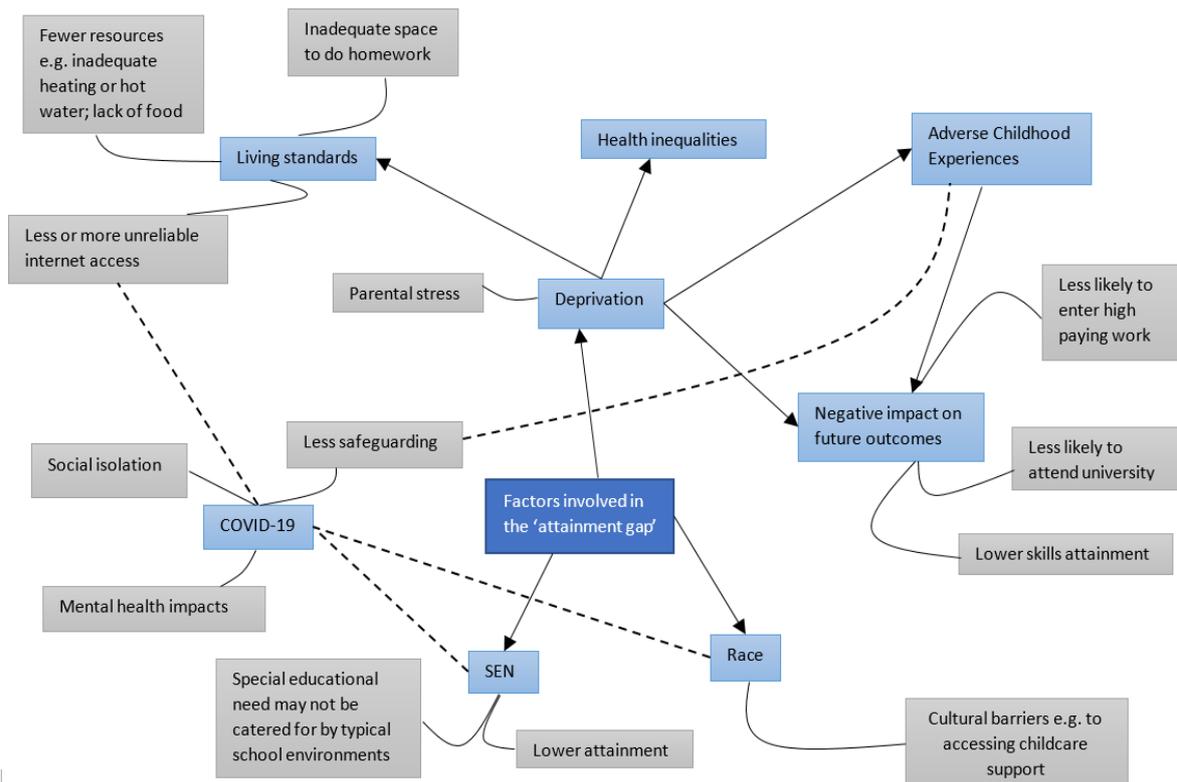
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<sup>10</sup> [Welsh Government Annual Equality Reports](#)

<sup>11</sup> [Welsh Government equality plan and objectives](#)

but also other social factors too (living standards, race, or adverse childhood experiences). The connections between these factors exemplify the poverty 'web' and cyclical nature of socio-economic deprivation.

**Figure 3.2 Factors involved in the 'attainment gap'.**



### Further reading on education and socio-economic disadvantage

[Chicken and egg: child poverty and educational inequalities](#)

[Education attainment: Responding to the Coronavirus pandemic](#)

[Entry rates into higher education](#)

[Evaluation of the Childcare Offer: Year 3](#)

[Examination results in schools in Wales, 2019/20](#)

[JRF: Education in Wales](#)

[National Evaluation of Flying Start](#)

[Parent beliefs, behaviours and barriers: childcare and early education](#)

[Review of Adverse Childhood Experience \(ACE\) policy: Report](#)

## 4. Work

### Key inequalities of outcome due to socio-economic disadvantage – Work

- Race, disability and gender pay disparities are still present in Wales;
- Women are more likely to work part-time and earn less than men;
- Lower-paid work is more likely to be stressful or hazardous;
- Lower income means more struggle to afford basic necessities and;
- Diversity, including neurodiversity, needs to be celebrated and barriers to entering the workforce must be addressed.

### Background and the Welsh context

- 4.1 Working does not preclude experiencing poverty. In the UK, in-work poverty has risen over the last 5 years and a total of 12.7 per cent of workers live in poverty due to low pay or limited hours (JRF, 2020). Working households represent 56 per cent of people living in poverty in Wales, compared to 39 per cent measured 20 years ago (JRF, 2020). Most children living in poverty live in working households at a rate of around seven in ten (Welsh Government, 2019d) and families with children are most at risk of in-work poverty, especially lone parents.
- 4.2 Low-paid work is the biggest contributor to in-work poverty as it makes it very difficult to escape poverty when you are not paid enough or there are not many well-paying jobs in your area (JRF, 2020). In Wales, 26 per cent of employees earned less than the Real Living Wage in 2017/18 (JRF, 2020). The Real Living Wage is a voluntary wage that is, according to the organisation, closer to what people need for day-to-day costs. It currently stands at £9.50 per hour compared to the UK National Living Wage which is £8.91 per hour for workers over 23 years old. Salary levels in Wales were found to be slightly lower than the UK as a whole. Median gross weekly earnings for full-time adults working in Wales were £537.80 in April 2020,

compared to the UK average which was £585.50<sup>12</sup> (Welsh Government, 2020d). Statistics from May 2021 related to work in Wales show the unemployment rate was 4.4 per cent, close to the UK average (Welsh Government, 2021d).

- 4.3 Some sectors are particularly prone to contributing to in-work poverty such as accommodation (e.g. hotels), catering, retail, and residential care, which also tend to employ higher proportions of women (EHRC, 2018). Section 4.7 discusses the gender pay gap in more detail.
- 4.4 Being in economic deprivation while employed means that despite being employed, you still may not have the required amount of money to meet basic needs or deal with unexpected emergencies. Another aspect to consider is that often the poorest households end up paying the most for basic goods and services such as public transport and household bills – this is known as the ‘poverty premium’ (Heykoop, 2018). For example, this can result from using pre-payment meters for fuel or not switching to the cheapest fuel tariff (due to perhaps not knowing how to or that you should or risk aversion), or accessing high-cost credit. There are many factors that go into the poverty premium and research has suggested that the cost of the poverty premium may be around £490 per year per household. Table 4 lists some of these contributing factors (Davies et al., 2016).

**Figure 4.1: Factors implicated in the poverty premium.**

**Factors implicated in the poverty premium<sup>13</sup>**

- Not switched to the cheapest fuel tariff
- Factors related to where people live
- Using higher-cost credit
- Using pre-payment meters
- Not paying by cheapest billing method
- Insuring specific items
- Paying to receive paper bills
- Paying to access money

Source: Davies et al, 2016

<sup>12</sup> This figure includes weighting to account for higher salaries in London and the South East compared to the UK as a whole.

<sup>13</sup> Note: Factors are listed in ascending order based on how much they cost people

4.5 Working part time or with insecure hours, or working in the 'gig economy' (e.g. food delivery, courier or working for a ride hailing service), means that someone may work at times that are not conducive to arranging adequate childcare. On the other hand, having children can restrict your flexibility and the hours you want to work. Despite perhaps desiring more hours, workers may be unable to get them; in fact, 18 per cent of low-paid workers say they would like to work more hours, compared to 8 per cent of all workers who are not low paid (JRF, 2020). Insecure employment, such as temporary, agency or self-employed work, constituted 10 per cent of all employment in 2016/17 and those in insecure employment may not receive the same key rights and protections at work and may experience impacts on their pay (EHRC, 2018).

### **Intersectionality**

4.6 Pay gaps and in-work poverty affect certain groups much more than others. The risk of in-work poverty is greater for disabled and Minority Ethnic workers. Black, Asian and Minority Ethnic workers are more likely to be in relative income poverty and households including someone who is disabled are more likely to struggle financially (EHRC, 2018). Furthermore, disabled people are less likely to work in high-pay occupations, compared to non-disabled people, and disabled people are twice as likely to be unemployed as those without an impairment (EHRC, 2018). The Well-being of Wales 2020 report shows that pay gaps exist for women, disabled people, and Minority Ethnic in Wales. The pay gaps for these groups are the smallest on record, as, for example, the pay gap for women in full-time work which has been closing through rising educational attainment and occupational diversity (Connolly & Gregory, 2008). Wales has a smaller gender pay gap (4.3 per cent) than the UK average (7.3 per cent), measured on a median hourly full-time basis (Welsh Government, 2020d). However, gaps still persist in several areas and the reasons behind them are complex.

- 4.7 The employment participation of women has been extensively analysed and the research suggests that cultural expectations around having children and providing childcare have a negative impact on the wages and careers of women, contributing to the gender pay gap (Boeckmann et al., 2014). Women are also more likely to work part-time (often to balance caring responsibilities) or in low-pay occupations (EHRC, 2018), where there are fewer opportunities for training and development. In fact, part-time work is directly linked to decreased future earnings for women (Connolly & Gregory, 2008), which again contributes to the gender pay gap. Cultural expectations can lead to further inequalities of outcome for ethnic minorities (Dale et al., 2008). For example, some cultures, such as South East Asian cultures, may place a greater emphasis on parenthood, leading to increased childcare responsibilities for women that limit them taking part in certain aspects of employment such as travelling far from home (Ibid). This restriction on participation in the labour market for women in some cultures is a key inequality of outcome that furthers the ethnicity and gender pay gaps in Britain.
- 4.8 Women may also have negative or possibly discriminatory experiences during pregnancy, maternity leave or on their return from maternity leave. Research commissioned by The Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission found that 48 per cent of women in Wales suffered negative impacts in work due to having children (Adams et al., 2016). These experiences with parenthood and work (the 'parenthood pay gap') also show inequalities of outcome, as the research highlighted that mothers who are not socio-economically deprived or who have fewer children are less likely to suffer these negative aspects of motherhood and work.
- 4.9 A recent report (Welsh Government, 2021c) showed that the disability pay gap in Wales is 9.9 per cent, which means that disabled people in Wales earn 9.9 per cent less per hour than non-disabled people. Although this is lower than the UK as a whole, where the gap is 12.2 per cent, it is still important to address. A JRF Report from 2018 showed that 39 per cent of

disabled people in Wales are in poverty compared to 22 per cent of non-disabled people, and that this rate is the highest in Wales compared to the rest of the UK (JRF, 2018). The same report from 2020 discusses how the coronavirus pandemic will affect poverty levels, exacerbating difficulties in work, income, and other areas for those who were already struggling (JRF, 2020).

- 4.10 The Disability Confident Scheme is a UK-wide initiative to encourage employers to think differently about employing disabled people, bearing in mind the social model of disability, which aims to remove the barriers in society and in employment which disabled people with impairments face. Awareness of neurodiversity (natural variations in brain function, e.g. autism, dyslexia, or ADHD) is also increasing worldwide. The benefits of having a neurodiverse workforce are becoming apparent, as employers draw on the different strengths and talents of their neurodiverse employees to think differently from others in their team (CIPD, 2018). The Welsh Government, for example, follows the Disability Confident Scheme as well as implementing the Social Model of Disability.
- 4.11 Working conditions and inequalities in work can also contribute to other inequalities of outcome, such as health (see the Health section for more information). Insecure work as well as low or uncertain income contributes to economic and material deprivation, which is a stressful experience and has negative effects on wellbeing. Insecure or low-paid work can also directly affect how much people can afford to eat (see the Living Standards section for more on food insecurity). Low-income workers are more likely to experience stressful or dangerous working conditions, involving physical or chemical hazards, long or irregular hours, shift work, or physically demanding manual labour, impacting both mental and physical health (Siegrist et al., 2009).

## **Further reading on work and socio-economic disadvantage**

[Coronavirus and the impact on disabled people](#)

[Future Generations Report 2020: A More Equal Wales](#)

[JRF Report: Poverty in Wales 2020](#)

[Neurodiversity at Work](#)

[Paying to be poor: Uncovering the scale and nature of the poverty premium](#)

[Pregnancy and maternity discrimination research findings](#)

[Welsh Government Annual Employer Equality Report from 2019-20](#)

## 5. Living standards

### Background

- 5.1 Having a safe, warm, and adequate place to live, with access to enough nutritious food, are key components of a healthy, happy lifestyle. Good quality housing improves physical, mental and emotional wellbeing, but people experiencing socio-economic deprivation are more likely to live in poor-quality homes which are linked to worse future outcomes. Although research shows that housing conditions in Wales have improved over the last 10 years (Welsh Government, 2019f), there are still several issues that disproportionately affect those experiencing social or economic disadvantage, including homelessness, fuel poverty, unaffordable housing, and lack of safety and green spaces.

### **Key inequalities of outcome due to socio-economic disadvantage – Living Standards.**

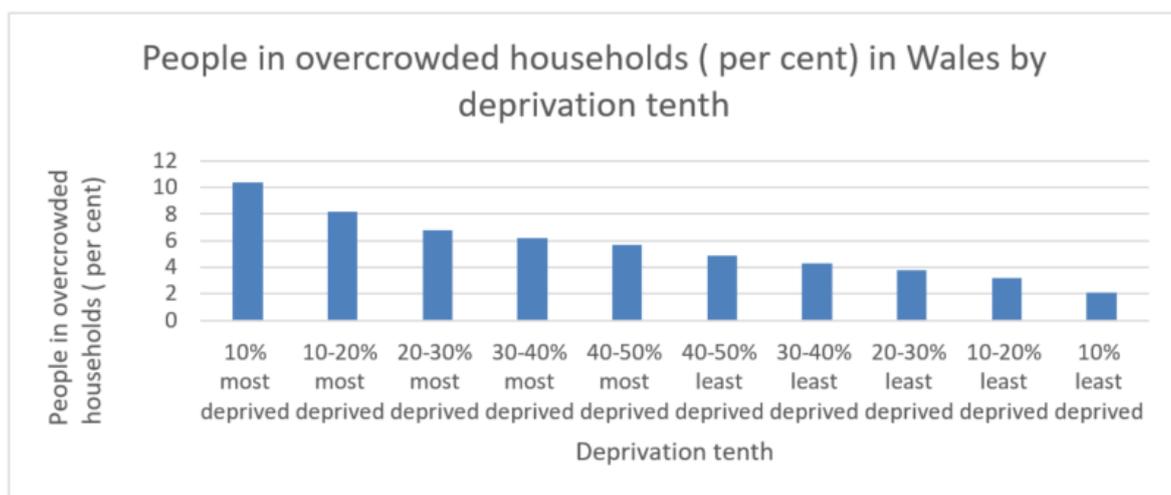
- Living in inadequate housing affects mental and physical health;
- People experiencing socio-economic disadvantage are more likely to live in overcrowded conditions and have higher chance of experiencing homelessness and rough sleeping;
- It is difficult to own a home for some, especially lower-paid workers;
- Deprived areas tend to have lower levels of access to green space;
- Some households in Wales are still experiencing fuel poverty (where they do not have adequate heating or hot water);
- Socio-economic disadvantage means you are more likely to experience food insecurity and have less access to a range of affordable healthy foods;
- Those from Black, Asian and Minority Ethnic communities are more likely to live in rented accommodation and;
- Rented accommodation generally of poorer quality.

## **Housing accessibility and quality**

- 5.2 Research commissioned by Shelter Cymru, Tai Pawb, and the Chartered Institute of Housing Cymru shows that demand for housing in Wales is currently outstripping supply (Hoffman, 2019). Other issues in housing in Wales include: rough sleeping and homelessness, waiting lists for social housing, affordability for renters, accessibility for disabled people, lack of security of tenure, and inadequate housing conditions (Hoffman, 2019).
- 5.3 Housing costs are one of the biggest factors involved in socio-economic deprivation in the UK, especially in areas with the highest housing costs (e.g. London). Notably, measures that look at incomes before taking housing costs into account often mask poverty, demonstrating the impact that housing costs have on people's finances and budgets (Hirsch & Stone, 2020). Rising housing costs, stricter affordability requirements, and high deposit requirements especially exclude first-time buyers from the market, leading to what many are terming a 'housing crisis' (McMullan et al., 2021). Rurality can also compound housing supply issues, due to tourism, agriculture, or residents buying second homes, making it difficult for people in rural areas to buy housing (FGC, 2020).
- 5.4 Private and social renters in Wales have one of the highest poverty rates in the UK (JRF, 2020). Renting is particularly costly for those on low wages, young people, or those working part-time (FGC, 2020), showing how housing interacts with and exacerbates other areas of potential socio-economic disadvantage, such as work. High private sector rents make affording a home difficult, because it reduces people's ability to save; furthermore, the cost of buying a home has risen faster than wages, making entering the housing market difficult for many across the UK (McMullan et al., 2021). Affording a home is more difficult for certain groups, such as those working reduced hours, low earners, single people, or young people, and further compounds the cycle of unaffordable renting (Ibid). However, due to government schemes (e.g. Help to Buy), the proportion of 25- to 34-year-olds who own their own home has been increasing (Partridge, 2020).

5.5 Social housing is generally more energy efficient due to being newer and because of improvements made to social housing for Welsh Housing Quality Standard. Wales has older housing stock in comparison to the rest of the UK and the private rented sector generally also has the oldest housing stock and a higher proportion of poor-quality housing (Welsh Government, 2019g). Notably, half of the Black, Asian and Minority Ethnic population in Wales live in rented properties compared to under a third of the White population (Clifford, 2020). Deprived areas also tend to have more overcrowding, which negatively impacts well-being. This is highlighted in figure 5.2.

**Figure 5.1: Overcrowding in Wales by deprivation**



Source: Welsh Index of Multiple Deprivation 2019

5.6 Rough sleeping and homelessness are concerns across the UK and Wales due to social security reforms and reductions in local authority budgets to tackle homelessness (EHRC, 2018). Homelessness and rough sleeping exposes people to harsh conditions and is related to poor mental and physical health as well as drug and alcohol misuse and offending behaviours (Fitzpatrick et al., 2015). Becoming homeless or being at risk of homelessness is associated with increased days missing school for children in these households (Welsh Government, 2021a). Additionally, in the UK, Black, Asian and Ethnic Minority people are disproportionately affected by homelessness (Shelter England, 2020). Evidence supporting this in Wales has also been found (Shelter Cymru, 2013), but requires more up-to-date

examination. Evidence also shows that young LGBTQ+ people are disproportionately represented in the wider homelessness population, with the predominant risk of homelessness being family breakdown and/or abuse at home after coming out (Llamau, 2019).

### **Fuel poverty**

5.7 Effective and efficient heating and hot water facilities are key in the provision of adequate housing. Fuel poverty affects many people in Wales and is defined by the Welsh Government as spending more than 10 per cent of your household income on heating your home. Fuel poverty is a complex problem which is affected by many factors, including household income, the cost of energy, and the energy efficiency of people's homes (Welsh Government, 2020i). Fuel poverty is more likely to impact vulnerable people, including those in communities or places of interest (e.g. lone parents, older people, disabled people, or those in rural areas) (Welsh Government, 2010).

5.8 Living in a cold home has significant impacts on physical and mental wellbeing (Welsh Government, 2010). Effects on health include increased respiratory illnesses and stress, as well as excess winter deaths. Lack of an adequately heated room in which to study can impact on educational achievement and increase absenteeism from school (Welsh Government, 2010). High fuel bills also impact the amount of money available for food, social activities or other material necessities, interacting with other areas of social and economic disadvantage. On the macro level, fuel poverty increases strain on the NHS and has the potential to impact negatively on the economy due to higher levels of sickness.

### **Green spaces**

5.9 Access to green spaces is directly linked to improved health and wellbeing, including better mental and physical health and improved mortality (Public Health England, 2020). However, research shows that those in economically deprived areas have less available good quality public green space (Schule et al., 2019). Those living those in deprived areas may live in more environmentally polluted areas, exacerbating health-related inequalities of

outcome. This shows a direct connection to how health, living standards, and poverty intersect. In fact, evidence shows that the greatest benefits of green spaces (such as improved heart rate or incidence of type 2 diabetes) are felt by those living in the most deprived areas (Twohig-Bennett & Jones, 2018). Furthermore, children in socio-economically disadvantaged circumstances may also be exposed to more environmental hazards, such as smoking or air pollution, which may impact the health and development of children through conception, childhood and into adulthood (WHO, 2021).

- 5.10 Communities of interest and those with protected characteristics may disproportionately feel the impacts that derive from a lack of green space, as infrequent users of green spaces tend to be female, older, those from Black, Asian and Ethnic Minority communities, disabled people and those in poor health, people of lower socio-economic status and people living in deprived areas (Boyd et al., 2018). Research in England found that Black people are four times as likely as white people to have no outdoor space at home (ONS, 2020).
- 5.11 In Wales, green spaces are generally accessible with 71 per cent of people surveyed finding it very easy to walk to local green space and 15 per cent finding it fairly easy, as well as 84 per cent of people being either very or fairly satisfied with the quality of the local green space (Welsh Government, 2021e). However, the Green Space Index shows that over 200,000 people in Wales<sup>14</sup> still do not live within a 10-minute walk of green space (Fields in Trust, 2020). Notably, households in material deprivation are less likely to have access to a garden, as are social housing or private rented homes (Welsh Government, 2021e).

### **Food insecurity**

- 5.12 Access to food is another area where poverty, health, and living standards intersect. Food banks and food bank usage are increasing despite the abundance of food in the UK, according to the South Wales Food Poverty

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<sup>14</sup> A previous version of this report contained an error indicating that this statistic applied to the UK as opposed to Wales. This error has now been corrected.

Alliance (2019). Food insecurity is not driven by lack of food, but other factors, including: inability to pay for food due to permanent or temporary low income; lack of nutritional and cooking knowledge; lack of access to affordable and healthy food; and lack of cooking facilities or inability to use them (South Wales Food Poverty Alliance, 2019). This multifaceted picture of food insecurity shows the complexity of tackling the issue, with support needing to come from several intersecting areas.

- 5.13 People on lower incomes have a lower intake of fruits and vegetables and increased likelihoods of suffering from diet-related diseases and food insecurity has a negative impact on children's health, affecting physical and mental development (see the Health section for more information). Rurality can impact access to healthy food as there are fewer supermarkets or other stores selling food, and there is less variety of types of stores, leading to what are termed 'food deserts'. In fact, 8 per cent of deprived areas in England and Wales can be classed as food deserts, i.e. areas where it is difficult to access a wide range of healthy foods (Social Market Foundation, 2018). This barrier is more difficult to overcome for disabled people and those without a car. As previously mentioned, being in work does not preclude experiencing socio-economic deprivation, and the same is true for food, as one in six people referred to Trussell Trusts food banks are in work (Alston, 2018). The pandemic has also highlighted inequalities in the UK food system and the increasing need for government to safeguard the economy to reduce food insecurity (Power et al., 2020).

### **Intersectionality**

- 5.14 This section has highlighted throughout the differences that emerge when looking at the living standards of different groups, as, for example, those from Black, Asia and Ethnic Minority communities are more likely to live in rented accommodation which is more likely to be of poor quality. Disabled people have higher costs of living than others, with research finding that disabled adults face extra costs of £583 per month (Scope, 2019). One in five disabled adults face extra costs of over £1000 a month even after receiving welfare designed to meet these costs. Costs include specialist

goods and services (e.g. adaptations to the home), private transport (e.g. having to use taxis rather than public transport), energy costs (e.g. higher heating bills to stay warm), and insurance (e.g. being charged more for life insurance due to a declared condition) (Scope, 2019). It is important to note that these costs are not caused by being disabled, but by the systemic inequality in society.

### **Further reading on living standards and socio-economic disadvantage**

[Food Poverty in South Wales: A Call to Action](#)

[Out on the Streets: LGBTQ+ Youth Homelessness in Wales](#)

[Scope: Disability Price Tag](#)

[Tackling Fuel Poverty 2021-2035](#)

[The right to adequate housing in Wales](#)

## 6. Health

### Key inequalities of outcome due to socio-economic disadvantage – Health

- Poorer physical health and lower life expectancies in more deprived areas;
- More likely to suffer from non-communicable disease in more deprived areas;
- People in areas of higher deprivation more likely to have poorer mental health, increased risk of suicide, and are less likely to request help for mental health;
- Reduced access to adequate healthcare for certain communities of interest and in rural areas;
- People from Black, Asian and Ethnic Minority communities are more likely to suffer health inequalities and experience barriers to accessing healthcare and exercise/sport;
- Women more likely to be unpaid carers;
- LGBTQ+ people more likely to suffer from psychological distress;
- Disabled people face more unmet needs in healthcare.

### Background

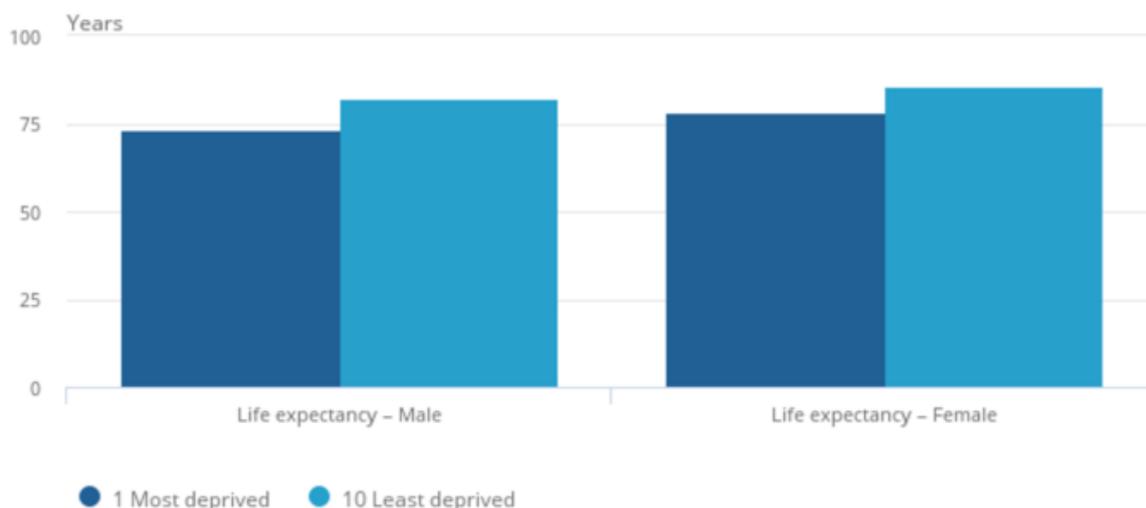
- 6.1 Social and economic deprivation has well-established links with health outcomes (Walsh et al., 2010; Foster et al., 2018). As the Marmot Review, the largest review of health equity in England, states: “Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources [which are] the social determinants of health” (Marmot et al., 2020). The Future Generations Commissioner’s Report (2020) states the importance of recognising the “wider determinants of health” to encourage governments to take actions to address these, pledging that in Wales in the future, “the place that people are born in or where they live will not dictate their standard of living”.
- 6.2 The World Health Organisation’s Health Equity report defines the wider determinants of health and the essential conditions to sustain health as:

income security and social protection (i.e. ability to afford the necessary things to thrive), decent living conditions, social and human capital (e.g. educational outcomes), access to adequate health services, and decent employment and working conditions. These social determinants for health can influence health outcomes and lifestyle choices (WHO, 2008). They also discuss the importance of a person's wider environment on health, with neighbourhoods which foster higher levels of social capital creating opportunities for improved mental health, more-health promoting behaviours, and greater likelihood of physical activity (WHO, 2016). This highlights the importance of thinking about health and deprivation in the context of every other area of this report in relation to socio-economic disadvantage.

### **Welsh context**

- 6.3 Despite the importance of health and its links to deprivation being recognised, the Marmot Review (2020) states that health inequalities have only widened overall over the past decade, and health inequity is evident in Wales. Adults in the most deprived areas of the country (such as the South Wales valleys and some North Wales coastal and border towns) have lower life expectancies (ONS, 2021a; Welsh Index of Multiple Deprivation, 2019) and adults and children in poorer areas have worse health outcomes than those in the least deprived areas (EHRC, 2018). In fact, adults living in deprived areas are almost 4 times more likely to die from an avoidable cause compared to those in the least deprived areas (Welsh Government, 2019f). Figure 6.1 shows the difference in life expectancy for males and females living in the most or least deprived areas of Wales (where 1 is those living in the most deprived quintile and 10 the least deprived) with those living in the most deprived areas having lower life expectancies, based on data from the Welsh Index of Multiple Deprivation 2019 (ONS, 2021a).

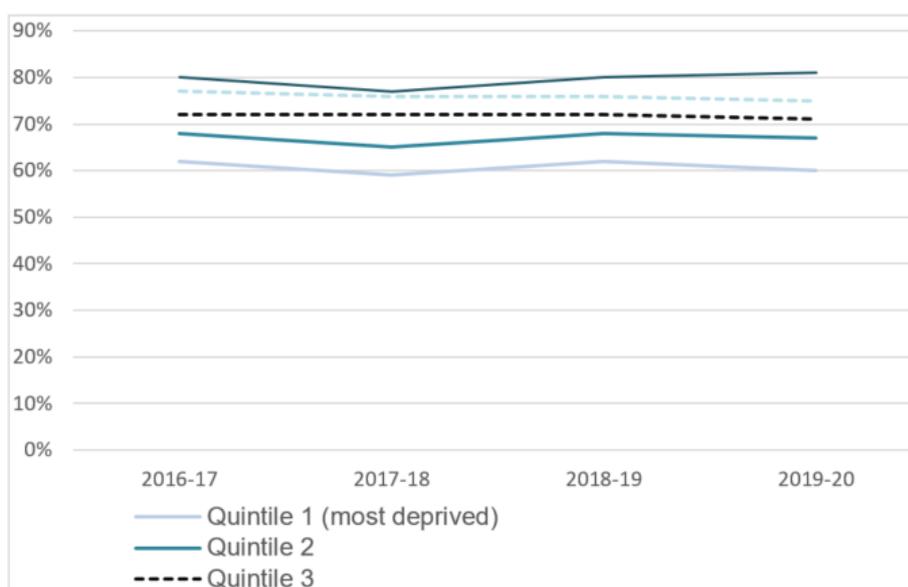
**Figure 6.1: Life expectancy for males and females in the most deprived and least deprived areas of Wales**



Source: Office for National Statistics, 2021a

6.4 According to the National Survey for Wales (2020), in 2020 a total of 71 per cent of adults in Wales reported good or very good general health, with 48 per cent reporting a longstanding illness and 35 per cent reporting a limiting longstanding illness. These figures are for all adults (16 years old and over) in Wales. When broken down into deprivation quintiles, fewer adults living in more deprived areas report good health (Figure 6.2).

**Figure 6.2: Percentage of adults (aged 16+) reporting good or very good health by WIMD deprivation quintile. (2016/17 – 2019/20)**



Source: StatsWales

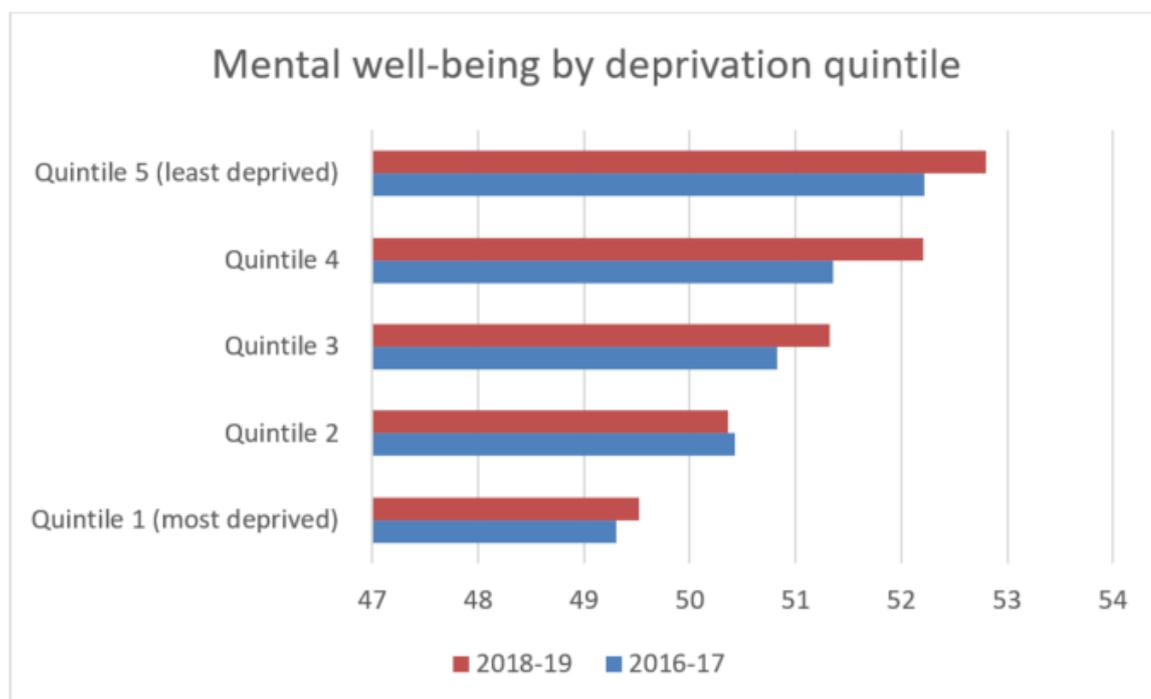
6.5 National Survey data for Wales shows that adults in the more deprived areas of Wales tend to eat fewer fruits and vegetables, have higher BMIs, lower physical activity levels and smoke more (Welsh Government, 2021e). Similarly, reporting of healthy lifestyle behaviours tends to be lower in children and young people from more deprived areas. Recent research shows that in Wales fruit consumption increases with family affluence and around one in ten young people from less affluent families meet the recommended daily physical activity guidelines compared to one in five from more affluent families (Page et al, 2021). Furthermore, adults and children experiencing socio-economic deprivation are less likely to participate in sporting activities, as are ethnic minorities and disabled people (Sport Wales, 2019). These behaviours translate into poorer health outcomes as unhealthy behaviours are risk factors for non-communicable diseases and increased morbidity and mortality (Foster et al., 2018; Stringhini et al., 2011). Deprived areas do however report lower levels of adults reporting they drink above the weekly guidelines of alcohol compared to those from less deprived areas (Welsh Government, 2020b). Although life expectancies and health outcomes are worse for those in deprived areas, there is no current evidence the gap is increasing (Welsh Government, 2019f).

### **Mental health**

6.6 Mental health is an important issue for future generations and can be linked to inequalities. In 2015, 26.8 per cent of adults in Wales reported poor mental health and wellbeing, and mental health problems among children and young people are on the rise (EHRC, 2018). Mental health is worse in the most deprived areas of Wales compared to the least deprived areas (Public Health Wales, 2019). For example, an average of 30.5 per cent of people in the most deprived decile of areas in Wales have a GP-recorded mental health condition compared to 19.3 per cent of people in the least deprived decile (Welsh Index of Multiple Deprivation, 2019). Research shows that deprivation is linked to increased stress, mental health problems, and suicide (Samaritans, 2017; Skapinakis, 2005). Suicide rates can be two to three times higher in the most deprived areas compared to the least

deprived, showing an association between area-level deprivation and suicidal behaviour (Samaritans, 2017). Figure 6.4 shows mental well-being for the years 2016-17 and 2018-19, measured by the Warwick-Edinburgh Mental Well-being Scale compared to deprivation quintile and highlights the lower levels of reported mental wellbeing in more deprived areas in Wales. These scores were collected as part of the National Survey for Wales (Welsh Government, 2020b). A higher score indicates better mental well-being. A similar relationship exists in young people in Wales, with reported mental wellbeing being lower in young people from less affluent families as well as being more likely to report elevated mental health symptoms and report feeling lonely (Page et al, 2021)

**Figure 6.3: Mental well-being by deprivation quintile in Wales.**



Source: National Survey for Wales

6.7 These links between mental health and deprivation are due to a number of interrelated factors. People who have never worked or who are in long-term unemployment report poor mental health more often than those in employment (EHRC, 2018), An increased risk of suicide is linked to job

insecurity, unemployment, and debt and stress further contributes to suicidality, which means that socio-economically disadvantaged individuals who are experiencing more stress thus have an increased risk of suicidal behaviour, and are also less likely to seek help for mental health problems (Samaritans, 2017). Loneliness and social isolation, which can result from social inequalities or particularly affect those in certain groups (e.g. older people, LGBTQ+ people, lone parents), can also worsen mental health outcomes (Owens & Sirois, 2019).

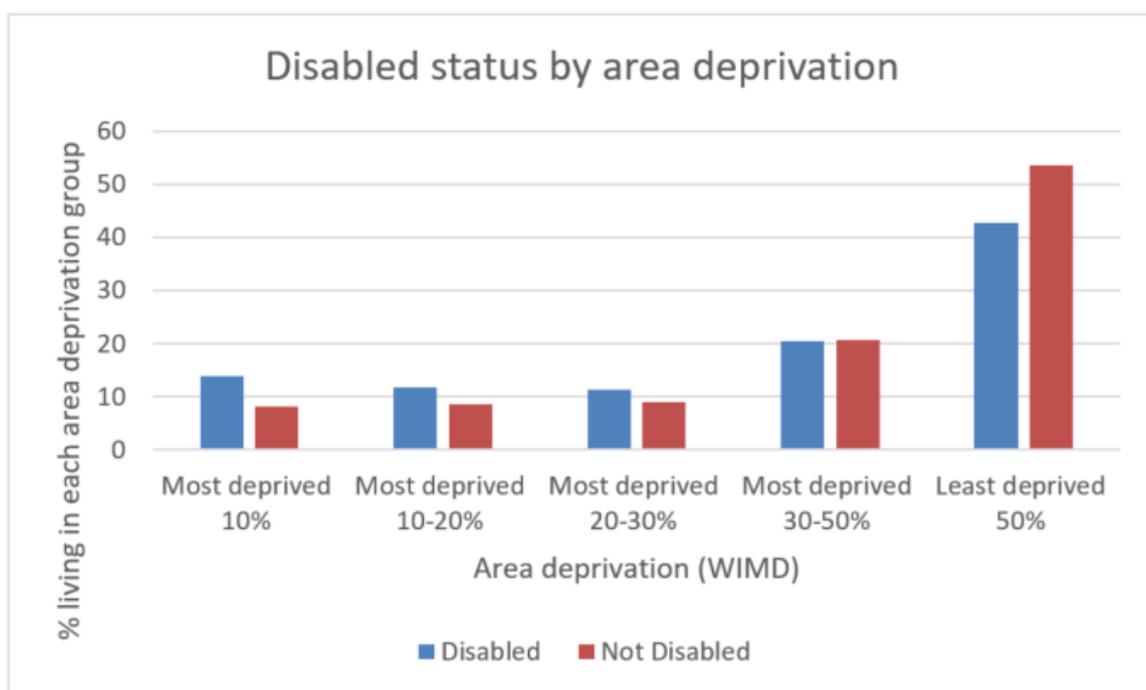
- 6.8 Research has also shown that LGBTQ+ people may be more likely to suffer from higher rates of psychological distress (King et al., 2003). The Transgender Mental Health study (McNeil et al., 2012) found that 66 per cent of respondents had accessed mental health services and over half (56 per cent) had been so distressed at some point that they had to seek urgent support. A total of 53 per cent of respondents had self-harmed at some point. Levels of satisfaction with health services (both physical and mental health) were mixed and were worse than in Wales, with negative experiences being common, such as hurtful language, using the wrong pronouns, or lacking knowledge about trans-related issues. Many respondents felt they themselves had to educate health professionals.
- 6.9 Women are also more likely to report poor mental health in Wales (EHRC, 2018). More women than men are treated for mental health conditions, which may in part be because they are more likely to disclose a mental health problem than men.

### **Intersectionality**

- 6.10 There are many other examples of the intersectionality between health and factors such as race, socio-economic status, gender, and age. Health inequities due to socio-economic status begin from a young age, and thus children in disadvantaged communities are more likely to experience ill health which affects their childhood development and educational outcomes (Hirsch, 2007). Living in a household with a disabled person makes relative income poverty more likely and material deprivation is twice as likely for

disabled people or those with limiting long-term illnesses, compared to those who are not disabled (Welsh Government, 2019f). Disabled people across the UK are also more likely to struggle to access healthcare and have more unmet needs in healthcare due to waiting lists or costs (Sakellariou & Rotarou, 2017). Figure 6.4 demonstrates how more deprived areas have higher numbers of people reporting an impairment.

**Figure 6.4: Disabled status by area deprivation**



Source: Welsh Index of Multiple Deprivation

6.11 Physical and mental health are affected by housing or employment, as problems in these areas can increase stress, and lower income jobs are more likely to be hazardous (EHRC, 2018). Housing and living conditions are linked directly with increased risks of accidents, spread of disease and physical effects of overcrowding as well as indirectly through effects on relationships, feelings of security, social stations and a sense of inclusion (Hagell et al, 2018). Housing tenure is also important with insecure housing and homelessness impacting adversely on educational and employment outcomes, higher levels of substance misuse and an increased likelihood of

nutritional and infectious diseases (ibid). Access to green spaces can improve wellbeing and health, but rurality can worsen outcomes if people cannot easily access healthcare. More cohesive communities can reduce social isolation and loneliness, improving health as people build stronger relationships and more 'social capital' (Healthy People, 2020). Deprived areas are more likely to be 'food deserts', with fewer supermarkets and less access to healthy foods, leading to more food poverty and reliance on food banks or unhealthy foods, increasing rates of diet-related diseases<sup>15</sup> (The Social Market Foundation, 2018).

- 6.12 The COVID-19 pandemic has highlighted underlying inequalities of outcome in healthcare and has exposed vulnerabilities in the healthcare system (Public Health Wales, 2021). Black, Asian and Minority Ethnic populations have been disproportionately affected by COVID both directly and indirectly (Razai et al., 2021). These inequalities have always been present in healthcare systems in the UK (Byrne et al., 2020), but the coronavirus pandemic particularly shed light on these structural inequalities and led to the establishment of the Black, Asian and Minority Ethnic COVID-19 Socio-economic Sub Group which carried out a full report on the situation in Wales in 2020. They found that the Black, Asian and Minority Ethnic population in Wales has been disproportionately affected both through unequal health outcomes and structural inequalities by COVID-19 even after adjusting for region, population density, and socio-demographic and household characteristics (Clifford, 2020).
- 6.13 Furthermore, data for England from the Office for National Statistics (2021b) showed that 59.5 per cent of people who died with coronavirus in England were disabled (defined as self-reported disability through the 2011 Census). This disparity still arose when looking at age-standardised data. They conclude by stating that no single factor explains the considerably raised risk of death from coronavirus among disabled people, and the factors include socio-economic and geographical circumstances as well as pre-existing health conditions. Disabled people in Wales have also been affected by

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<sup>15</sup> See [Living standards](#) for more information on food deserts and food banks.

structural inequalities. They have disproportionately fallen behind with household bills during the pandemic, with disadvantaged positions in the labour market, poorer quality housing and increased costs associated with being disabled contributing to unequal outcomes (Welsh Government, 2021i).

- 6.14 Covid-19 also highlighted structural health inequalities among children and young people in Wales. Children in households without access to outside or indoor space where they can exercise can be vulnerable in the short term to poor mental health and have the potential to form poor exercise habits, and reductions in physical activity were greatest among children from poorer socioeconomic backgrounds (Sport Wales, 2020). School closures and income reductions also increased food insecurity, with demand for foodbank services increasing (Trussel Trust, 2020)
- 6.15 However, it is important to note that more research needs to be carried out to fully establish why there are disparities in health outcomes for different groups, as these disparities most likely arise from a complex combination of genetic, biological, and social causes. The first Welsh Health Equity Status Report initiative, focused on a sustainable response to COVID-19 in Wales, provides further details on the key population groups that have been most affected by the pandemic and highlights that the pandemic provides an opportunity for transformative recovery to ensure the wellbeing of current and future generations (Public Health Wales, 2021).

### **Accessibility to healthcare and wellbeing facilities**

- 6.16 Access to appropriate health- and wellness-related facilities (such as GP surgeries, gyms or leisure centres) is a key issue when considering health-related inequalities of outcome. Particular groups struggle to access healthcare of the same consistency and quality as those who experience less socio-economic disadvantage. These groups include homeless people, people with learning difficulties, migrants/refugees, prisoners, Black, Asian and Minority Ethnic Populations, transgender people, and those living in rural areas (EHRC, 2018).

- 6.17 Research shows that residents in the most deprived areas of Wales have lower levels of physical activity (Welsh Government, 2020c). This could be due in part to the accessibility of sports facilities (although the cost of gyms is not necessarily higher) (Evans et al., 2013), as poorer areas are less likely to have adequate leisure, gym or sports facilities, especially in more rural areas (Higgs et al., 2015).
- 6.18 Another barrier to accessing sports and other facilities related to health is racism. Racism was highlighted by Sports Wales (2019) as a factor that makes people less likely to participate in sports, along with lack of facilities, social isolation, and cultural expectations. The interactions between sport and race, social justice, social class, and gender are complex and research has highlighted the need for acknowledgment of intersectionality in this area when enacting policies (Dagkas, 2019). This reflects the wider need to consider health and its interactions with all protected characteristics and aspects of socio-economic inequality when thinking about health and health outcomes.

### **Unpaid caring**

- 6.19 Unpaid caring responsibilities impact the physical and mental health of both the carers and the ones being cared for. Several factors are associated with caring for someone for more than 5 hours a week, including: being female, being aged 45 and over, living in social housing, living in one of the 20 per cent most deprived areas of Wales, feeling low levels of life satisfaction, having a limiting long-term illness, and being unemployed (Welsh Government, 2021b). Informal caring responsibilities largely fall on women until late in life when men form a larger proportion of informal carers (Dahlberg et al., 2007).
- 6.20 Being an informal, unpaid caregiver leads to inequalities of outcomes, as carers cannot devote as much time to their own wellbeing or development, they may suffer from their own physical or mental health problems, and they may experience loss of earnings or impact on work (Carers UK, 2019; Welsh Government, 2021b, 2021h). However, these outcomes are not always

straightforward and some research suggests caregivers may have increased physical or mental wellbeing (Brown & Brown, 2014). Carers can be considered 'hidden patients' as they may struggle but not be offered appropriate support and this can particularly affect those from Black, Asian and Ethnic Minority groups, who may experience inequity in service provision and may face barriers such as language or lack of cultural understanding from service providers (Merrell et al., 2006).

### **Further reading on health and socio-economic disadvantage**

[Adult general health and illness \(National Survey for Wales\): April 2019 to March 2020](#)

[Adult lifestyle \(National Survey for Wales\): April 2019 to March 2020](#)

[Dying from Inequality: Socio-economic disadvantage and suicidal behaviour](#)

[Future Generations Report 2020: A Healthier Wales](#)

[Trans Mental Health Study 2012](#)

[Welsh Health Equity Status Report initiative \(WHESRI\): Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales](#)

[Welsh Index of Multiple Deprivation \(WIMD\) 2019: Results report](#)

[Public Health Wales 2018: Health and its determinants in Wales](#)

[School Health Research Network, National Report, 2019/20](#)

## 7. Justice

### Background

- 7.1 The right to feel safe and protected by the law is paramount in all modern democratic societies. Everyone has a right to feel safe in their community and people interacting with the justice system have the right to be treated fairly. However, socio-economic deprivation is linked to greater chances of interacting with the justice system, being a victim of a crime, or not feeling safe in a community.
- 7.2 In Wales, many areas related to crime are not devolved, such as policing, criminal justice, and media and internet regulation. Therefore, as justice is controlled by the UK Government, there is no integrated approach to the justice system and “the impact of [budget cuts] on Wales has been significant” (Commission on Justice in Wales, 2019:8). The Welsh Government has responsibility for contributing to safety and cohesion of its communities and has attempted to bridge these gaps in some areas through several key policies (e.g. aiming to reduce youth offending by focusing on adverse childhood experiences<sup>16</sup>).

### Key inequalities of outcome due to socio-economic disadvantage – Justice

- People in deprived areas are more likely to be a victim of a crime and more likely to feel unsafe in their community;
- Disabled people, Black, Asian and Ethnic Minority populations, and LGBTQ+ people are more likely to experience hate crime;
- Over-representation of Black, Asian and Ethnic Minority populations entering the justice system as offenders and under-representation in police and justice staff numbers;
- More must be done to address issues of systemic racism and create an anti-racist Wales (see [Race Equality Action Plan](#)).

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<sup>16</sup> [Adverse Childhood Experiences Policy Review, Welsh Government](#)

## **The Welsh justice system**

- 7.3 A review of the justice system in Wales conducted in 2019 concluded that the people of Wales are being ‘let down by the system in its current state’, highlighting several key issues such as cuts to legal aid, the disparity between UK Government decisions and the actual needs of the people of Wales, no alignment between policy and spending, and complex issues in prisons, courts, and offender management (Commission on Justice in Wales, 2019). Public confidence in the justice system in Wales has increased over recent years, but still only 53 per cent feel the criminal justice system is effective and 68 per cent are confident that it is fair (EHRC, 2018).
- 7.4 Legal aid reforms made in 2012 and UK Government budget reductions have negatively affected the provision of legal aid in Wales, resulting in increasing numbers of people representing themselves in courts and tribunals (Commission on Justice in Wales, 2019). Lack of legal aid is particularly a problem in rural and post-industrial areas (Commission on Justice in Wales, 2019).
- 7.5 Wales has one of the highest prison populations per head in Western Europe but, historically, ‘Welsh-only’ data on prisons and prisoners has been difficult to find as it is generally aggregated with data on prisons in England. Prison conditions in Wales have come under scrutiny in recent years as prisons in Wales have performed less well than prisons in England on a range of safety measures, such as self-harm incidents, disturbances, overcrowding, and prison assaults (Jones, 2018). Many Welsh prisoners are also held in English prisons, including a large proportion of children, which reduces familial and other support for these prisoners held far from home, and facilities for women in Wales are also lacking (Commission on Justice in Wales, 2019; Jones, 2018). Further research is needed in this area, with more emphasis on collecting and analysing Welsh-only data.

## **Intersectionality**

- 7.6 Certain communities are more likely to experience crime, harassment, and discrimination, such as LGBTQ+ people, disabled people, or people with mental health conditions (Clement et al., 2011). For all protected characteristics, there have been increases in the number of recorded hate crimes in Wales in recent years (EHRC, 2018). There was a 10 per cent increase in reported race hate crimes from 2016-17 to 2017-18 in Wales (Welsh Government, 2019f), and race was a motivating factor in 7 out of 10 hate crimes. Sexual orientation was a factor in 670 recorded hate crimes in 2017-18, for a total of one fifth of all recorded hate crimes (Welsh Government, 2019f). Hate crimes are also affected by socio-economic status: in one study, low-income LGBTQ+ people of colour were found to experience more physical violence than middle-class White respondents (Meyer, 2010). Despite increases in reported hate crimes, many still go unreported (Stonewall Cymru, 2017). Reasons for not reporting hate crimes are varied, from fear of further persecution to people normalising abuse as just something 'you have to put up with' (Stonewall Cymru, 2017; Browne et al., 2011). Furthermore, police may struggle to know how to classify hate crimes based on gender or sexual orientation. In fact, research has found that police consistently fail to record data on victims or perpetrators, including ethnicity, disability and sexual orientation (Justice Inspectorates, 2018). As such, training police forces to collect adequate disaggregated crime data is key to improve the statistics of and thus our understanding of hate crimes in Wales. It is important to highlight that there have also been changes in reporting standards and improvements in crime recording and understanding of what constitutes a hate crime may be driving increased numbers (Home Office, 2020). Some statistics show a drop in hate crime numbers, such as the Crime Survey for England and Wales, but differences may be due to the different data collection methods, as the latter is not driven by police recording (Home Office, 2020).

- 7.7 Reported hate crimes are not the only factor that we have to consider when thinking about the intersection between personal safety and protected characteristics. For example, LGBTQ+ people are more often subjected to more insidious forms of harassment, such as verbal harassment. Some argue for broader and more appropriate support (such as informal and formal safe spaces to share and receive support) to address all forms of abuse, not just focusing on hate crimes, and suggest that LGBTQ+ safety is an issue for society as a whole, not just the police or LGBTQ+ people themselves (Browne et al., 2011). There has also been an increase in the number of disability-related hate crimes (EHRC, 2018), but, again, we cannot view these incidents as isolated or focus purely on the extreme cases of disability hate crime, which are rare compared to the low-level harassment, fear, and social exclusion that disabled people may experience more often (Hall, 2019). Furthermore, most people who experience domestic abuse are women, and those in LGBTQ+ relationships and disabled people are more likely to experience domestic violence and abuse (EHRC, 2018). Although reported incidents have increased over the last few years, domestic violence still continues to be under-reported, similar to hate crimes and harassment.
- 7.8 Feelings of personal safety and security are important for maintaining safe, cohesive communities and are regularly monitored by the Welsh Government. The National Survey for Wales looks at how many people feel safe and the factors affecting people feeling safe (Welsh Government, 2021e). Results from 2018-19 showed that overall, 71 per cent of people felt safe in their local area, but that people feel less safe in deprived areas. Women, older people, people experiencing material deprivation, and people who did not feel a sense of cohesion in their community were all more likely to feel unsafe in their local area. Women were much less likely to feel safe after dark (58 per cent vs. 83 per cent of men feeling safe after dark). People who do not identify as heterosexual are also less likely to feel safe in their community.

7.9 The justice system also presents inequalities for certain groups. For example, in the general adult prison population in England and Wales, 27 per cent of people identified as an Ethnic Minority compared to 13 per cent in the general population (Sturge, 2020). In Wales specifically, 9 per cent of the prison population identified as Black, Asian and Minority Ethnic in 2018 compared to 5 per cent of the general population (Commission on Justice in Wales, 2019). These figures demonstrate the over-representation of those from Black, Asian and Minority Ethnic populations in prison. A review of the youth justice system in England and Wales found that there were high numbers of Black, Muslim and White working class boys in the justice system, and that many suffer from mental or other health problems, as well as learning difficulties (Taylor, 2016). The percentage of Black, Asian and Minority Ethnic police officers in Wales is low at only 1.9 per cent, compared to 5 per cent of the population (Commission on Justice in Wales, 2019). The causes for these discrepancies are complex and lie outside of the justice system itself, but are directly related to broader systemic issues such as socio-economic deprivation, education, and employment, and represent the inequalities of outcome for certain communities in relation to the justice system.

#### **Further reading on justice and socio-economic disadvantage**

[Hate crime, England and Wales, 2019 to 2020](#)

[Race Equality Action Plan: An Anti-Racist Wales](#)

[Stonewall Cymru: LGBT in Wales – Hate Crime and Discrimination](#)

[The Commission on Justice in Wales Report: Justice in Wales for the People of Wales](#)

[What factors are linked to people feeling safe in their local area?](#)

## 8. Participation

### Background

- 8.1 Participation can generally be defined as people being involved in making decisions that affect them, and having choices and a voice in public life. Participation also includes involvement in communities and having the freedom to access services and interact with people with autonomy. Everyone should have equal opportunity to participate in decision making in their community and to be involved in decisions that affect them. Participation has links to other areas, such as personal security, voting, privacy, accessibility, and community cohesion, which are all key areas related to participation in public life (EHRC, 2018).

### Key inequalities of outcome due to socio-economic disadvantage – Participation

- Poorer participation in public life for those experiencing socio-economic disadvantage;
- Fewer women, disabled people and those from Black, Asian and Minority Ethnic groups represented in senior roles in The Senedd or local elections;
- Rural areas have weaker digital infrastructure and 1 in 5 people in Wales have no basic digital skills;
- Problems with accessibility of public transport for older and disabled people;
- Socio-economic differences in attending and participating in the arts, with those from higher socio-economic backgrounds more likely to participate.

### The Welsh context

- 8.2 In general, satisfaction with people's local area is high in Wales, with 85 per cent of people feeling satisfied with their local area as a place to live and 81 per cent of people were satisfied that they could access services they need (Welsh Government, 2021e). However, research suggests there are several areas that could be addressed to ensure that Wales continues to embody the values of an open, fair country where everyone can access and participate in the aspects of community life that they desire (FGC, 2020).

These include promotion of the Welsh language, engaging more under-represented groups in public life, ensuring the cohesion of communities, and reducing inaccessibility in areas such as digital skills and public transport (FGC, 2020).

- 8.3 Promoting the Welsh language is a cornerstone of Welsh Government policies as it aims towards a future with a vibrant culture and thriving Welsh language. The Welsh Government has a goal of a million Welsh speakers by 2050. As of 2020, the Annual Population Survey reported that 29.1 per cent of people in Wales aged three or over are able to speak Welsh.
- 8.4 The political landscape in Wales is generally fair according to the Equality and Human Rights Commission, but they discuss some areas that need improvement. Voting in Wales is discussed by the Commission as being reasonably accessible and voter turnout has been increasing over the last elections, with increasing numbers of women voting too (EHRC, 2018). From 2021, voting reform in Wales commenced, with 16- and 17-year-olds being able to vote for the first time in the 2021 Senedd elections. In terms of public appointments, women continue to be under-represented in senior roles in some areas (e.g. public chair appointments, judiciary roles), as do disabled people and those from Black, Asian and Minority Ethnic groups (EHRC, 2018). For example, Black, Asian and Minority Ethnic populations are under-represented in local government in Wales, despite public appointments made by the Welsh Government from Black, Asian and Minority Ethnic populations rising over the last years (Welsh Government, 2019f). Women also remain under-represented in local elections (EHRC, 2018). As of the most recent 2021 Senedd elections, women formed 43% of all members, and the first woman of colour has been elected to the Senedd (Senedd Research, 2021).
- 8.5 Across the Welsh Civil Service, the gender split is 59 per cent women and 41 per cent men by the most recent statistics of the Annual Employer Equality Report 2020. Women also form a larger proportion of NHS chiefs and head teachers (Welsh Government, 2020c).

8.6 According to the Well-being of Wales Report 2018-19, in terms of provision of services, people in Wales are least satisfied with accessing services such as community centres, libraries, and youth or sports clubs (Welsh Government, 2019f). This reflects a reduction of public places that bring communities together, with “many of the public places and institutions that previously brought communities together, such as libraries, community and recreation centres, and public parks [having been] steadily dismantled or undermined” (Alston, 2018, p23) despite these services having a positive impact on wellbeing and community cohesion (Alston, 2018).

### **Intersectionality**

8.7 Participation in public life and the ability to access particular services are affected by intersectional qualities. Access to services can be limited by many factors, from the adequate provision of services to difficulty fully participating in cultural life due to discrimination, with full participation in social and cultural life in Wales being linked to race, gender identity and disability. For example, transgender people are more likely to avoid social situations due to fear of harassment (McNeil et al., 2012). The most recent Race Equality and Racism in Wales report from the Race Council Cymru found that 90 per cent of respondents felt racism still existed in Wales and 75 per cent of all belonging to a Minority Ethnic group had experienced racism within the past 5 years in Wales (Offord, 2016).

8.8 Access to services for disabled people and for those in rural areas is a problem, with one inquiry highlighting that those in rural areas are more likely to feel loneliness and isolation (Health, Social Care and Sport Committee, 2017). Disabled people may struggle accessing public transport, especially trains and train stations, as well as taxis (Petitions Committee, 2017). In fact, a report by the Equality and Human Rights Commission (2020) found that older and disabled people felt the public transport system in Wales was largely inaccessible. This inaccessibility has severe impacts on people’s wellbeing, as it limits access to services, socialisation, work, or leisure activities.

## **Internet, arts, and culture**

- 8.9 A total of 88 per cent of households in Wales had access to the internet in 2019/20 (Welsh Government, 2019e). While households in the most deprived areas are still more likely to have no internet access compared to households in the least deprived areas, internet access has increased for both since 2012 (Welsh Government, 2019e). Those living in rural areas, disabled people, economically inactive people and older populations face barriers to internet access due to lack of access to or understanding of digital services (EHRC, 2018; Sanders, 2020). In fact, even though access is high, one in five people in Wales have no basic digital skills (ONS, 2019).
- 8.10 This digital exclusion is an inequality of outcome that can leave people isolated if they cannot access services which may be 'digital-only'. Another term used to describe the inequalities in the digital realm is 'digital poverty', related to limited resources (financial costs or lack of connectivity) required to access online services (Welsh Government, 2020g). These inequalities have been compounded by the COVID-19 pandemic as many services moved online, and, notably, there is overlap between those most affected by the pandemic and those affected by digital exclusion (Sounderajah et al., 2021).
- 8.11 Attending arts and cultural events is linked to increased wellbeing. In 2019, a total of 86.8 per cent of adults in Wales had participated in arts, culture or heritage events at least once in the past year (Arts Council of Wales, 2019). For both adults and children, there are socio-economic differences in attending and participating in the arts, with those from higher socio-economic backgrounds more likely to participate (Welsh Government, 2019f).

## **Further reading on participation and socio-economic disadvantage**

[Arts Council of Wales: Adult General Attendance and Participation](#)

[Arts Council of Wales: Children's General Attendance and Participation](#)

[Cymraeg 2050: A million Welsh speakers](#)

[Future Generations Report 2020: Cohesive Communities](#)

[Future Generations Report 2020: Culture](#)

[Office for National Statistics: Exploring the UK's Digital Divide](#)

[Vision for Sport in Wales](#)

## 9. Conclusions

- 9.1 This report has summarised the inequalities of outcome related to socio-economic deprivation in Wales in six key areas. It has focused on those with protected characteristics and specific communities of interest and place. This document provides a review of the evidence and literature related to key inequalities that these groups face in Wales, drawing on government and academic sources. It will be useful for policymakers and public bodies as they consider the Socio-economic Duty in future policies and strategic decisions.
- 9.2 Progress has been made in many areas related to equality and socio-economic disadvantage in recent years, and the implementation of the Socio-economic Duty means that these issues should receive closer attention in the future. However, the inequalities that are already present cannot be ignored. Those experiencing socio-economic disadvantage are more likely to have worse outcomes in the areas of education, work, living standards, health, justice, and participation in public life. These areas all affect one another and problems in one often lead to a 'knock-on' effect on other areas.
- 9.3 Children living in poverty experience worse educational outcomes and may suffer poorer physical and mental health. If parents do not or cannot earn enough money to comfortably afford basic necessities, then children's wellbeing is affected by food insecurity or sub-standard living conditions. These factors hinder children's development, impacting their future work prospects and perpetuating a cycle of poverty. Furthermore, higher rates of adverse childhood experiences in those experiencing socio-economic deprivation are also linked to worse future outcomes, such as criminality or suicide. Adults working in low-paid jobs may suffer worse health outcomes due to stress or physically hazardous or taxing environments, and may not have the money or time to participate in cultural events that improve wellbeing. Living in a deprived area, with fewer green spaces, can further impact health and impact on other areas of wellbeing:

“People I spoke with told me they have to choose between eating and heating their homes, or eating and feeding their children. One person said, “I would rather

feed my kids than pay my rent, but that could get us all kicked out.” Children are showing up at school with empty stomachs, and schools are collecting food on an ad hoc basis and sending it home because teachers know that their students will otherwise go hungry. Many families are living pay check to pay check. And 2.5 million people in the UK survive with incomes no more than 10 per cent above the poverty line. They are thus just one crisis away from of falling into poverty through no fault of their own.” – Alston, 2018

- 9.4 This report has also highlighted how socio-economic deprivation is highly intersectional. Deprivation interacts with protected characteristics, and certain communities of interest and communities of place may also experience worse outcomes in many areas. This intersectionality between deprivation and other characteristics can be thought of as a web, where different areas connect, compounding and exacerbating each other. This makes it no surprise that poverty can quickly become cyclical, or thought of as a trap that is difficult to escape. Unfortunately, disentangling this web is a complex, multifaceted issue that demands work from a wide range of stakeholders.
- 9.5 The COVID-19 pandemic has had an immeasurable impact on all areas of life across the UK. Unfortunately, emerging evidence seems to be showing that the crisis has only worsened things for those already struggling and has highlighted inequalities that were already present but have been made worse by the economic and societal impacts of the pandemic. Work to collate and present this evidence is ongoing but some published work includes ‘Examples of inequalities of outcome due to socio-economic disadvantage and COVID-19’ (Welsh Government, 2020)<sup>17</sup>. Monitoring of the impacts and outcomes of the pandemic will be key in the coming months and years so that negative impacts can, hopefully, be somewhat mitigated.
- 9.6 Finally, it is important to note that while this report presents an overview of the literature relating to socio-economic disadvantage and deprivation, and its impacts on those with protected characteristics or other communities, it does not and should not replace consulting those with lived experiences. When implementing any policy

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<sup>17</sup> [Examples of inequalities of outcome due to socioeconomic disadvantage and Covid-19 \(2020\)](#)

that affects certain groups, it is vital to talk with them, as they are the true experts and will be able to provide insights that pure statistics cannot.

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