MAPPING OF RACE AND POVERTY IN BIRMINGHAM

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Executive Summary

This paper looks at the relationship between poverty and ethnic background of the population living in Birmingham wards. The aim is to draw a picture based on the existing statistical evidence and describe the different dimensions of deprivation at local level and across ethnic groups. The extent to which the local government’s spending meets the needs of deprived areas and communities is also addressed.

The paper’s geographical focus is on areas with a large concentration of ethnic minority groups and especially on deprived wards in south-central Birmingham. The analysis has been hindered by some data shortage. Information on socio-economic outcomes of different ethnic groups is not available after the Census, and this is a major challenge to public policy development, especially in situations of rapid demographic change as in the case of Birmingham.

The territorial mapping of poverty in Birmingham shows that most wards in the south-central part of the city and some western wards are seriously deprived. In some neighbourhoods – mainly Sparkbrook, Aston and Handsworth – most ethnic groups experience a higher disadvantage in comparison to the members of the same communities residing in other wards. This could suggest that people living in these areas are more likely to find themselves in a poverty ‘trap’ in which the different dimensions of exclusion are mutually related. On the other hand, some wards seem to be considerably disadvantaged in relation to particular domains (e.g. labour market in Soho).

Different ethnic groups experience different levels and patterns of deprivation. Pakistanis and Bangladeshis are generally the most deprived groups. The disadvantage of these communities is apparent in multiple domains – especially access to the labour market, working conditions, health, and quality of their accommodation. In contrast, Indians are relatively better off and experience only moderate – if any – disadvantage across most aspects of their socio-economic life – with the exception of health conditions. Black Caribbeans are deprived especially in youth employment and health and face additional barriers because of disadvantaged household structures (high share of lone-parent and lone-pensioner households).

A strong correlation between poverty and concentration of ethnic minorities in the wards is found, especially in terms of employment, income, health conditions and deprivation of the elderly population. However, this has not to be interpreted necessarily as the result of an ‘ethnic penalty’ because our analysis was only descriptive and unsuitable to separate out the actual impact of ethnicity as opposed to other factors.

The reasons for the strong ethnic-based segregation revealed by the data – shown by a rather clear-cut division of the wards into those highly deprived with significant ethnic minority population and those relatively less deprived with a vast majority of white British – have to be found in past economic and demographic trends. While the white population as well as the most successful minority groups moved from the inner city to relatively less deprived areas, disadvantaged communities remained ‘trapped’ in the least desirable neighbourhoods. However, the city is split along ethnic and socio-economic lines in a complex way. Poverty is not an issue just for ‘black ghettos’. Several predominantly ‘white’ wards – such as Shard End, Longbridge and Kingstanding – are still considerably deprived.

Demographic factors are likely to play an important role in the patterns of deprivation across the city. Current population trends are leading to an increase of both the size and weight of some disadvantaged ethnic minority groups – e.g. Black African, Pakistani and ‘other white’ – which is paralleled by a reduction of the relatively wealthier white population. In terms of policy planning, this process is very important for two main reasons. First, if discrimination or other
barriers specific to ethnic minorities (e.g. cultural background) are responsible for an ‘ethnic penalty’ which remains after controlling other causes of deprivation, then larger Black and Minority Ethnic (BME) communities imply more people at high risk of poverty. Second, since migration is responsible for the high growth rates of some communities — e.g. Somali, Chinese and Eastern Europeans — policies might be required to cope with the specific needs of new migrants, especially in terms of employment and housing opportunities.

Besides the impact of demographic dynamics, different population structures shape the demand for services, benefits or other forms of support. Elderly services are particularly necessary within the Irish community; education and other forms of childhood support are still a major issue for the young Pakistani and Bangladeshi populations; policies for improving access to the labour market and working conditions can be central to ethnic groups with a very high concentration in the active ages (e.g. ‘other white’ and Black African).

The extent to which the allocation of public resources is meeting the needs of the most deprived communities could not be fully analysed through the available information. Data on benefit recipients in the wards suggest that the number of people claiming unemployment, incapacity and lone-parent benefits seems to be consistent with the geography and type of disadvantage. However, the lack of statistics by ethnicity did not allow the impact of benefits on the income of different communities to be comprehensively addressed.

Also, given the unavailability of data on expenditure for service provision and infrastructure at ward level, it was not possible to assess whether resources allocated to the different areas of the city are consistent with the local patterns of deprivation and commensurate to the needs of ethnic groups. A more systematic collection of data on territorial distribution on spending in the wards would be an asset for the city’s strategic planning.

The allocation of resources in the city’s budget shows that education is a major target of social policies in Birmingham. Overall, the recent improvement of the school outcomes of some BME groups would suggest that this policy focus is having a positive impact, although some disadvantage of ethnic minorities in terms of educational attainments persists. A growing awareness of the needs of the ethnic minority population has also characterised the City Council’s Housing Strategy. Overall housing conditions have certainly improved in the past few years, but the extent to which ethnic minorities have profited from this is unclear. The impact of labour market and health policies in the city calls for further investigation. The effectiveness of current labour market strategies in tackling serious employment disadvantage should be questioned because unemployment levels are increasing in most deprived areas. Also, the higher prevalence of ill health in deprived areas could not be fully addressed and many factors seem to point to the need for specific interventions targeting disadvantaged groups.
1. Introduction

Up until the 1960s Birmingham was one of the fastest growing economies in the UK. Since the postwar period, the city has experienced large migrant inflows from the former British colonies resulting in the settlement of a growing ethnic minority population. A strong manufacturing sector assured wide employment opportunities. During the 1970s and 1980s, however, Birmingham suffered from serious industrial decline. De-industrialisation implied a significant loss of jobs that was not balanced by the creation of new employment prospects in the service sector. Some wards in the inner city were particularly affected by this economic breakdown and became highly deprived areas.

This paper looks at the relationships between poverty and ethnic background of the population living in Birmingham wards\(^1\). The aim is to draw a picture based on existing statistical evidence and describe the different dimensions of deprivation at local level and across ethnic groups\(^2\). Also, the extent to which the local government’s spending meets the needs of deprived areas and communities will be addressed. The paper’s geographical focus is on neighbourhoods with a large concentration of ethnic minority groups and especially on deprived wards in south-central Birmingham.

The analysis has combined several kinds of data sources – Census statistics, deprivation indices, benefit data and public spending figures. The results are presented in a series of charts in the annex. As the following paragraphs make clear, the available statistical evidence is not always adequate to provide an up-to-date and detailed picture accounting for the complex relationships between race and deprivation in the city’s different neighbourhoods. Some data is not available by ethnicity. Census statistics refer to 2001 and do not allow the capture of some dramatic changes occurring in Birmingham since the beginning of the decade\(^3\) – e.g. the rapid increase of some ethnic groups or the considerable regeneration of some wards. Moreover, official statistics largely fail to take account of the informal economy. Given these data constraints, some caution is necessary in the interpretation of results. Thus, the report’s approach has been mainly descriptive. In the final discussion, however, it attempts to set the context in which its findings should be considered.

2. Population characteristics and demographic dynamics

Birmingham’s population is significantly diverse in terms of ethnic composition. In 2004 – the last year for which population estimates by ethnic group are available – people with an ethnic minority background accounted for almost one-third of the city’s population (fig. 1). Pakistanis were the largest ethnic minority group (10.6%), followed by Indians (5.8%) and Black Caribbean (4.4%).

According to the ONS experimental statistics in the 4-year period 2001-05, the city’s population has increased by 16,600 people. Most of this growth (8,800 people) has occurred in 2005 alone. Since the beginning of the decade this trend has been consistent with that of

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\(^1\) Since most data available at ward level still refer to the pre-2004 revision of the wards’ names and boundaries, we also use throughout the paper the former classification. Maps of old and new wards are reported in the annex (figures A1 and A2).

\(^2\) We refer to the classification in ethnic groups adopted in the official statistics. More information on ethnic categories can be found in the ONS guide for the collection and classification of ethnicity data – see [http://www.statistics.gov.uk/about/ethnic_group_statistics/](http://www.statistics.gov.uk/about/ethnic_group_statistics/).

\(^3\) In addition, censuses are affected by problems of under-coverage. National Statistics estimated that 91% of the population in Birmingham had been recorded by the census survey. Groups more likely to be under-enumerated are irregular migrants, refugees, asylum seekers and homeless people.
the whole UK population (with an average annual growth rate of around 0.4%). This was not the case in the former two decades, when the UK population was growing – though at a slower rate – while Birmingham’s population was declining.

Data available by ethnicity for the period 2001-04 shows that the recorded increase of 7,800 people was the result of different trends in different ethnic groups (fig. 2): a decrease of the white British (-15,000), Irish (-3,700) and Black Caribbean (-1,900) populations was paralleled by an increase in all other groups. Communities particularly increasing their size were Black Africans (+6,600) and Chinese (+4,300). These two groups were also those displaying the largest growth rates (fig. 2.2). Trends for the different ethnic groups were consistent with those observed between the 1991 and 2001 Censuses – although average annual growth rates over the period 2001-04 were much higher for the Black African and Chinese groups. The significant emigration of the white population is a phenomenon which dates back to the previous decades (Abbas, 2005).

Since demographic dynamics are the result of both natural change (i.e. the balance between births and deaths) and migration, it is useful to consider these trends looking also at the migratory background of different communities (fig. 3). Interestingly, the Black African and Chinese groups were also those with a higher proportion of migrants in the population in 2001 – 71% and 76% respectively, in comparison with a share of 40-45% for the largest ethnic groups. However, Census data does not capture the recent immigration trends which have significantly influenced Birmingham’s – as well as the whole country’s – demographic dynamics. In the past few years the city has been receiving a considerable inflow of migrants, mainly from Africa and Eastern Europe. In particular, approximately 8,000 Somali refugees came to Birmingham via stays in Holland, Denmark and Sweden (Abbas, 2005) and an unknown number of Central and Eastern Europeans arrived, especially after the EU-enlargement (1 May 2004). In all probability the suddenly higher population growth estimated for 2005 is, at least partly, due to the sizeable inflow of migrants from the new EU-member states4.

Besides the impact of migration flows, the different growth rates can be explained in terms of different age structures5. Age structure is, on its own, a fundamental demographic characteristic since it suggests whether and to what extent different groups might have different social needs. The decrease of the white British and Irish populations is indeed mirrored by the old age structures of the two groups (fig. 4.1 and 4.2). The Irish group in particular displays a disproportionately high concentration in the older ages (e.g. over 40% of the population are 60 or over) which underlies a significant need for social and health services. The ‘other white’ group displays the typical structure of a population significantly affected by migration – with a strong concentration around the young working ages but also an enlargement of the base of the pyramid which is usually observed in correspondence with family reunifications (fig. 4.3).

Mixed groups have still an extremely young age structure which has not yet realised its reproductive potential – over half the population has not yet reached the reproductive age (fig. 4.4). Indians have the profile of a rapidly ageing population, with decreasing numbers in the new generations (fig. 4.5). In contrast Pakistani and Bangladeshi populations are young (fig. 4.6 and 4.7) and their age structures are clearly affected by high birth rates. For these two

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4 Over 35,000 National Insurance numbers were issued in the West Midlands to nationals of the first round Accession Countries between May 2004 and September 2006 (Home Office, 2006). Even if published data do not say how many of them moved to Birmingham – nor is there information about those who left – it can easily be assumed that the number of Central and Eastern Europeans currently living in the city has increased by several thousands.

5 As a matter of fact, reproductive levels being equal, populations with age distribution more concentrated in reproductive ages grow faster than very old or very young populations.
groups, social policies have still to cope with a large demand of services for the youth. The asymmetrical age distribution of men and women observed among the Bangladeshi population (e.g. women more concentrated in the 20-29 age range and men more concentrated in the 30-44) is the result of changing migration patterns – male labour migration followed after some time by marriage migration or family reunification. The unusual age profile of the Black Caribbean group probably arises as a consequence of different migration waves (fig. 4.8). Black Africans display the age structure of a population with a migration past and declining size of new generations – but the significant number of Somali refugees arrived in the past few years is not (fully) captured in the 2001 Census (fig. 4.9). Finally, the Chinese community’s demographic structure reflects a more recent migration history shown by the extremely high concentration in the ages between 15 and 34 years old when migrants usually move for work or study purposes (fig. 4.9).

As shown by the geographical distribution of the main ethnic groups across wards, there is a significant level of residential concentration of ethnic groups in Birmingham (fig. 5). Most of the white British population live in the three northern wards of Sutton, in Longbridge and spread over a ‘belt’ enclosing the south-central and western wards (fig. 5.1). In contrast, ethnic minorities are concentrated in various inner city areas, forming the so-called ‘middle ring’. The Pakistani community is especially concentrated in the neighbouring wards of Small Heath, Sparkbrook, Sparkhill, Washwood Heath and – to a lesser extent – Nechells (fig. 5.2). Indians live mainly in some western wards – Sandwell, Handsworth and Soho (fig. 5.3). The Black Caribbean population is also concentrated in the western part of the city – especially in Handsworth and Soho – but is also large in Aston and spread over its neighbouring wards (fig. 5.4).

As a result of this different residential distribution of ethnic groups across the city there is significant diversity in the wards’ population structures by ethnic background. Some examples are shown in figure 6. In wards like Aston or Handsworth, the population is extremely diverse, with no ethnic communities largely prevailing. Kingstanding – like most wards outside the inner city – hosts essentially a white population. Indians are over one third of Sandwell’s inhabitants. An even larger proportion is found for the Pakistani group in Sparkbrook (40.5%) and Small Heath (50.6%).

3. Geographical patterns of deprivation across the city

In recent years local area deprivation in England has been measured through the Index of Multiple Deprivation (IMD). The idea behind the IMD is that poverty is a multidimensional phenomenon so that a comprehensive measure has to take account of different domains of deprivation\(^6\). The Birmingham map of multiple deprivation (fig. 7.1) shows that there is a large area of deprivation which includes most wards\(^7\) in the south-central part of the city – Sparkbrook, Sparkhill, Small Heath, Nechells (excluding the area surrounding the Aston University) and Washwood Heath – and some western wards – Aston, Ladywood, Soho and Handsworth. Kingstanding and Shard End are also highly deprived wards. Other pockets of serious poverty are found in Kingsbury, Yardley, Stockland Green, Fox Hollies and scattered

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\(^6\) The IMD is a weighted aggregation of 7 indices referring to different dimensions of deprivation (income, employment, health and disability, education, housing, crime and living environment). Each of these indices builds on several elementary indicators (e.g. the employment deprivation index combines measures of unemployment, reception of benefit and participation in the New Deal). The IMD 2004 was constructed at Super Output Areas (SOA) level. These are geographical units much smaller than wards and enable very highly deprived pockets to be identified – particularly in cities with large ward sizes such as Birmingham. See http://www.communities.gov.uk/index.asp?id=1128440 for more detailed information on deprivation indices.

\(^7\) Ward boundaries drawn on the maps prepared by the Birmingham City Council (fig. 7.1-7.8) refer to the new ward classification in place after May 2004. However, in the text we refer to the old classification in order to keep the consistency with the rest of the paper.
across the south-western wards. At the opposite end of the scale, the three Sutton wards are
the least deprived areas of the city.

The maps displaying the single dimensions of deprivation provide a better picture of the
factors responsible for poverty in the different areas of the city\(^8\). The territorial distributions of
income and employment deprivation (fig. 7.2 and 7.3) do not differ substantially from that of
multiple deprivation\(^9\). As far as health and disability are concerned, the geography of
depprivation is also similar, but the area affected by severe health gaps is less wide (fig. 7.4).
For instance the wards of Shard End, Kingstanding, Washwood Heath and Handsworth seem
to experience better health conditions in comparison with other deprived wards of the centre
and south of the city.

Educational attainments and opportunities (fig. 7.5) also show some similarities in
geographical patterns as compared to the IMD, with the exception of some western wards
(Handsworth, Soho and Ladywood) that seem less deprived in this respect.

Housing deprivation displays considerably different territorial patterns (fig. 7.6). The largest
severely deprived areas are found in Edgbaston, Ladywood, Perry Bar and Longbridge. In
general, areas affected by housing deprivation are much more equally distributed across the
city – e.g. a wide part of the wealthy ward of Sutton Four Oaks has a substantial part of its
population living in poor residential conditions.

As far as the incidence of crime is concerned, geographical concentration is not so high (fig.
7.7). The most deprived wards are not entirely affected by high levels of criminality but rather
include sub-areas where crime is an important problem – e.g. southern Nechells and northern
Sparkbrook or a contiguous area spreading across Shard End and Yardley.

Living environment\(^10\) deprivation (fig. 7.8) coexists with other domains of poverty in most
deprieved wards – e.g. Washwood Heath, Sparkhill, Small Heath and Soho – while it seems not
to be a major issue in other wards affected by other dimensions of poverty – e.g. Nechells,
Aston and Ladywood. Interestingly, some wards which are in overall relatively well off – such
as Fox Hollies and Stockland Green – seem to experience a high disadvantage in this domain.

In order to relate the different dimensions of deprivation to the ethnic composition of the
population, figures 8.1 to 8.10 display the level of deprivation in Birmingham wards as
opposed to the percentage of ethnic minority people among the inhabitants recorded at the
2001 Census. As a measure of the strength of this relationship, the correlation coefficient (R)\(^11\)
between the BME concentration (displayed in the X-axis) and deprivation indices (Y-axis) is
reported.

Generally speaking, a major characteristic of the relationship between multiple deprivation and
concentration of ethnic minorities across the city is the marked polarisation of wards into two
major groups (fig. 8.1): the wards with high levels of deprivation and significant prevalence of

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\(^8\) However, since (possibly high) correlations are likely to exist among some poverty dimensions (e.g.
education, employment and income), this has to be taken into consideration when geographical
distributions are compared.

\(^9\) However, this result occurs also because these two domains are given the highest weight (22.5%) in
the weighted average used to build the IMD.

\(^10\) Living environment deprivation covers access to social housing as well as measures about air quality
and road traffic accidents.

\(^11\) The correlation coefficient is a statistical measure of the interdependence of two or more variables.
Fundamentally, the value indicates how much of a change in one variable is related to a change in
another. It must be stressed that the existence of an association between the variables does not
necessarily imply a cause-effect relationship between them because other non-measurable factors can
be responsible for this. The coefficient varies between -1 and +1 so that values close to 0 mean that
there is no or weak association while values close to +1 (-1) show a strong positive (negative)
association.
minority groups, and the relatively wealthy wards where the vast majority of white people live. The former group, which is particularly relevant for this paper, includes the wards of Aston, Handsworth, Ladywood, Nechells, Small Heath, Soho, Sparkbrook, Sparkhill and Washwood Heath. The positive value of the correlation coefficient (R=0.66) also confirms that, as a general trend, the higher the residential concentration of ethnic minority groups the more deprived the wards. However, looking more closely at the placement of wards across the chart, there are some wards clearly escaping this simplistic classification: some important exceptions are, for instance, Sandwell (high concentration of ethnic minorities and moderate deprivation), Shard End and Kingstanding (vast white majority population and high deprivation levels).

A similar polarisation of wards into two main groups is also observed when the percentage of the BME population in the wards is related to the indices measuring deprivation in the single domains – though with different levels of association between the variables. As far as income deprivation is concerned (fig. 8.2), the contrast between deprived ‘ethnic’ wards and relatively wealthy ‘white’ wards is particularly evident – only Sandwell and Ladywood are placed around the middle of the chart. The correlation coefficient is also highly positive (R=0.74), showing that the association between income deprivation and concentration of ethnic minorities in these wards is particularly strong. Similar considerations apply to the relationship of BME concentration with employment (fig. 8.3), health (fig. 8.4) and living environment deprivation (fig. 8.8). However, a larger number of ‘white’ wards are found in the area of deprived health conditions and living environment – as compared with the income or employment domains. In contrast, association between deprivation and the share of ethnic minorities in the population seems to be very weak (R=0.32) for education (fig. 8.5) and even negligible (R=0.18) when considering crime (fig. 8.7). In relation to these two domains of poverty in particular, ‘white’ wards are scattered across a large area with levels of deprivation ranging from low to high. The relationship between housing deprivation and the concentration of ethnic minorities also follows a different pattern (fig. 8.6): if the group of wards with a higher share of BME population are considered; it turns out that housing deprivation is less of an issue for the wards with the highest prevalence of ethnic minorities.

Finally, the relationship between income deprivation and the incidence of BME population at local level can be separately analysed for children and older people – who are obviously amongst the most vulnerable groups – by looking at the variation across wards of two specific measures: the Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI). Territorial patterns for children (fig. 8.9) do not differ significantly from those describing the general relationship between income deprivation and minority concentration, except for a few wards with relatively high percentage of BME children (between 30% and 50%) that are found in the area of low income deprivation – e.g. Edgbaston, Moseley and Hall Green.

Looking at income deprivation of older people (fig. 8.10), a polarisation of the wards in two groups is less evident – mainly because of the significant variation of the incidence of minority groups among elderly people in the wards where ethnic minorities are mostly settled (from 24% in Washwood Heath to 60% in Handsworth). However, the very high value of the correlation coefficient (R=0.87) suggests that the link between poverty and concentration of minorities in the wards is likely to be particularly significant when the elderly population is considered.

4. Socio-economic outcomes of different ethnic groups at ward level

4.1. Access to and outcomes in the labour market

In the former section, the relationship between poverty and the ethnic background of the population has been analysed by only looking at the overall concentration of minority population in the wards. Here the focus shifts towards the different socio-economic outcomes
of ethnic groups. Given the current availability of data\textsuperscript{12}, the analysis will be based on ‘basic’ indicators – i.e. referring to single aspects of poverty – and not on the deprivation indices used above, which combine several statistical measures. In addition, since data will be provided for 11 major ethnic categories the focus will be limited to eight wards. Six of them are characterised by significant levels of deprivation and very high concentration of ethnic minorities – Aston, Handsworth, Small Heath, Soho, Sparkbrook and Sparkhill. The remaining two have been selected because they seem to represent meaningful terms of comparison: Sandwell, which is a relatively less deprived ward where Indians are the major ethnic group, and Kingstanding, a largely deprived area inhabited by a vast white majority population.

Unemployment rates vary significantly across ethnic groups (fig. 9). Data for Birmingham as a whole show that the most disadvantaged communities are Bangladeshis (22%), Pakistanis (21%) and the ‘other black’ groups (20%). These rates contrast with the much lower levels observed for the white population (7%) and other minority groups – e.g. Indian (10%) and Chinese (9%)\textsuperscript{13}. However, there is also a considerable variation across wards observable for virtually all groups. The highest unemployment rates are typically reported in Aston (where the main ethnic minority groups are Pakistanis, Black Caribbean and Bangladeshis) and Sparkbrook (Pakistanis) while the lowest levels are found in Small Heath (Pakistani), Kingstanding (white British) and Sandwell (Indians). These differences at ward level are basically confirmed by the most recent estimates provided by the Birmingham Economic Department\textsuperscript{14} – but not reporting the breakdown by ethnicity. Data by ethnicity at ward level show that access to employment is particularly difficult for some ethnic groups in some wards – e.g. the ‘other black’ group in Sparkbrook, Black Africans in Aston and Sparkbrook, the ‘mixed’ group in Sandwell and, amongst the largest communities, Pakistanis in Sparkbrook.

Unemployment levels of the youth (fig. 10) basically provide a similar picture but with lower variability across ethnic groups. A relevant difference is perhaps the less marked disadvantage observed for young Bangladeshis – whose unemployment rate is lower than that of the whole active population. Young Pakistanis are affected by a particularly significant employment gap in Handsworth as well as in Sparkbrook. Other smaller communities facing a huge gap in terms of youth unemployment are the ‘other black’ group in Sparkbrook and Aston and the Black Africans and Black Caribbeans in Sparkhill.

Access to employment is not only affected by the actual opportunities faced by those who are looking for a job but also by the different propensity to find a placement in the formal labour market. Inactivity rates are indeed extremely high for women of some ethnic groups (fig. 11), especially Pakistani and Bangladeshi – almost 80% at the city level, double the amount compared with the white British and Black Caribbean groups. Variation across wards is much less pronounced than for unemployment levels. However, peaks of female inactivity are observed for most groups in Sparkbrook.

In addition to access to the labour market the ‘quality’ of the employment is also important to understand the economic performance of different ethnic groups – especially given the unavailability of direct information on income. At city level, the share of people at the bottom of

\textsuperscript{12} Data by ethnic group at ward level are available only from the Census. Since the last one was carried out in 2001, some of the data is not suitable to provide an up-to-date picture of the city given the significant developments which have occurred in the past few years. This will be taken into consideration as far as possible in the text trying to provide more recent information – with no breakdown by ethnicity – when this is available (e.g. unemployment figures).

\textsuperscript{13} The levels of unemployment reflect basically the employment structure of the different ethnic groups: white and Indian residents are especially employed in the more secure sector of manufacturing while Pakistanis are mainly in the wholesale/retail/repairs and Bangladeshis in hotels and restaurants – sectors with higher job instability.

\textsuperscript{14} These figures show that between 2001 and 2005 unemployment increased in all the wards considered in our analysis except Sparkhill. This trend contrasts with the overall decrease observed in non-deprived Birmingham’s neighbourhoods as well as in the rest of the UK.
the occupational ladder – doing elementary occupations (fig. 12) – is especially high among Bangladeshis (23%) and, to a lesser extent, among Pakistanis (18%). Percentages for all other groups range between 13% and 15%. Variation across wards is considerably higher among all groups. Peaks in terms of poor quality jobs are often observed in Soho. In this ward, special attention should be paid to the much higher figures – as compared to the city average – reported for the two largest groups: Indians (21%) and Pakistanis (33%). Despite their limited numerical relevance, it is interesting to note also the very disadvantaged occupational structure of the ‘mixed’ group in Kingstanding. This picture is basically confirmed by the results that arise when considering the professions at the top of the occupational ladder (managers and professionals).

Overall, differences among ethnic groups in terms of unemployment rates and occupational structures seem to be reflected by skill levels (fig. 13). Bangladeshis and Pakistanis are again the communities with lowest professional skills – 59% and 56% of their respective working age populations have no or unknown qualifications. Interestingly, some ethnic groups seem to perform better than the white majority population – e.g. the percentage with no or unknown qualifications is lower, especially for the Black African (22%), ‘other black’ (29%) and Chinese (29%) groups. The high share of unskilled ‘other white’ people does not imply higher unemployment levels for this group, probably because they are widely employed in sectors with lower occupational turnover (manufacturing). Variation across wards shows that peaks of unskilled labour force are usually found in Aston or Sparkbrook, but significantly high shares are often found in Handsworth (e.g. for Pakistanis and Bangladeshis) and Kingstanding (for the white population).

In summary, while the analysis of labour market outcomes shows that there is no simplistic black/white divide of disadvantage, an ethnic penalty is still apparent in the data. Unlike the general pattern observed in the UK – where Black or Black British people face the highest unemployment levels – in Birmingham Pakistanis and Bangladeshis are the most excluded from the labour market.

4.2. Social and health conditions

Economic deprivation does not arise only as a consequence of low income revenues but also because of disadvantaged social conditions that can increase the household financial needs. Categories typically identified among the most disadvantaged groups are lone parents with dependents, lone pensioners and people with disability or other health problems. The proportion of lone-parent households with dependent children varies hugely across ethnic groups (fig. 14). The communities mostly affected by this factor of exclusion are the ‘other black’ (33% of all households) and the ‘mixed’ groups (28%). The Black Caribbean and Black African groups also experience frequently this form of disadvantage. On the other hand, limited differences are observed for the other BME groups as compared to the white majority (8%). Data by ward shows that lone-parent households are particularly widespread in Soho, although for the Pakistani and Indian communities this risk seems to be higher in Sparkbrook. Consistent with the age profiles shown in figure 4, the risk of living in a one-person pensioner household is highest for the white British (17%) and ‘other white’ (20%) – especially Irish – populations (fig. 15). Among BME groups the percentage of lone-pensioner households is relatively high only for Black Caribbean (11%) and Chinese (10%) – while is below 5% for all other groups characterised by young age structures. Variation across wards again shows that Aston (for the white population) and Sparkbrook (for minority groups) are the most deprived areas.
Poor health might also be responsible for increased financial needs and for affecting people’s ability to earn their living. In the age range 50-64 the percentage of people with a Limiting Long-Term Illness (LLTI) varies widely with ethnicity (fig. 16) – from 30% (white British) to over 50% (Bangladeshis, Pakistanis). Virtually all BME groups (except Black Africans) suffer more from health problems than the white majority population. Differences across wards seem to be relevant for the white population but only for some minority groups, particularly Indians. The wards where people are especially affected by LLTI are – not surprisingly – Aston and Sparkbrook.

Indicators of perceived health provide a similar picture. The percentage of people 50-64 who declared they were not in good health (fig. 17) is the highest among the ‘other black’ (42%), Bangladeshis (35%) and Pakistanis (33%) communities and the lowest for the Chinese (13%), Black Africans (14%) and white British (18%). Variation across wards is quite remarkable for all ethnic groups but in this respect there seems to be no systematic pattern.

The geography of health disadvantage is consistent with the levels of mortality observed across Birmingham wards. Life expectancy and infant mortality rates are higher in white wards than in those with high proportions of ethnic minorities. Life expectancy – which in Birmingham is below the national average – is especially low in Ladywood (73.7 years). Infant mortality is on the whole more than 60% above the national average and Soho, Springfield and Washwood Heath have particularly high rates (Birmingham City Council, 2006). Existing research shows that the main reasons for the worse health conditions of ethnic minorities have to be found in the higher rates of heart disease, diabetes and tuberculosis among South Asians; in the increasing ‘marketisation’ of the health services which is likely to impact negatively people with higher income deprivation; and in the possible impact of discrimination in the access to health services – e.g. ethnic minorities have been found to wait longer for certain treatment (Abbas, 2005).

4.3. Housing

Housing deprivation is another key dimension of poverty which can be measured according to different criteria. Census data provide information on both house ownership (fig. 18) and the quality of accommodation (fig. 19 and 20). In comparison with the white British – 64% of whom are house owners – many BME groups are less likely to own their accommodation; e.g. Bangladeshis (48%), Black Caribbean and Chinese (46%) and Black Africans (only 29%). However, the two largest ethnic groups display higher levels of house ownership than the white majority – Indians 82% and Pakistanis 71%. Especially for Pakistanis, this high propensity to buy a house is a significant aspect given the high levels of deprivation that this community experience in other domains. Among the wards included in the analysis, those where house ownership is usually more widespread are Sandwell (e.g. for the white British and Indians), Kingstanding (e.g. for Black Caribbean and Chinese) and Sparkhill (for Pakistanis).

Overcrowding reflects more the levels of deprivation experienced by the different ethnic groups in other domains (fig. 19). Over 30% of Bangladeshis and between 20% and 30% of

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15 Since health conditions are obviously strongly related to age, health and disability indicators considered here refer to the age range 50-64 when chronic diseases and disabilities still affect a limited – though large – part of the population. The rationale of this choice is to emphasize the differences in health conditions of ethnic groups – which in fact tend to disappear at older ages. In addition to this, bad health conditions in the active ages are even more likely to be a factor of deprivation because of the reduced ability to work.

16 The occupancy rating provides a measure of under-occupancy and overcrowding. It assumes that every household, including one-person households, requires a minimum of two common rooms (excluding bathrooms). A value of -1, considered to build this indicator, implies that there is one room too few and that there is overcrowding in the household.
Black African, ‘other Asian’, Chinese and Pakistani households live in overcrowded accommodation – as compared with only 6% of the white majority. For many groups Sparkbrook is the area where the problem of overcrowding is most serious.

Another indicator of a poor housing quality is the percentage of households living in accommodation without central heating (fig. 20). For Pakistanis and Bangladeshis figures for this measure are considerably higher than for most other groups – 33% and 29% respectively as compared with 15% for the white British. At ward level, percentages significantly higher than the city average were found among Pakistanis in Soho, Aston and Handworth. For most other ethnic groups Soho (Bangladeshis, Indians) and Kingstanding (white British and Black Africans) are the wards where central heating is lacking in many houses.

Although there have been some improvements in the housing conditions of BME groups in the last two decades, ethnic minorities are still more likely to live in poor housing. As will be seen below, the general shortage of affordable housing (social rents, shared ownership or other forms of housing subsidies) is among the priorities of the Birmingham strategic planning. The need to address the ethnic minorities’ disadvantage has also been recognised.

5. Public spending for benefits, services and infrastructures

5.1. Benefit recipients

Data on benefit recipients provides information useful to our purposes. On the one hand, the number of benefit recipients represents itself a measure of deprivation because only deprived people/households are entitled to claim them. On the other, it provides some information on the level of public transfers that households receive through the welfare state. However, interpretation of this data is not easy and should not be oversimplified. The first problem is that access to different categories of benefits depends on specific rules of eligibility – which makes comparison difficult. In addition, the number of beneficiaries alone does not tell anything about their economic impact on the recipients’ income – or on the public budget – and unfortunately data on amounts is not available at ward or district level.

In the wards considered in the analysis, the number of recipients of Job Seekers’ Allowance (JSA) basically reflects the levels of unemployment reported above – e.g. the number of people claiming unemployment benefits is higher in Aston and Sparkbrook and lower in Kingstanding and Sandwell (fig. 21). Similarly, data on incapacity benefits seem to be consistent with the geography of health deprivation – again highest levels in Sparkbrook and Aston – and figures on lone-parent benefits match overall those on the presence of lone-parent households. However, if we try to relate the number of beneficiaries to the number of people potentially entitled to the three main categories of benefits (JSA, Incapacity and Lone Parent), we find that in the most deprived wards (Sparkbrook, Aston, Handsworth) a larger share of people gain access to benefits (fig. 22). The reasons for this result could be found in the highest levels of income deprivation which are likely to increase the eligibility of potential claimants. From a different perspective, this could be interpreted as a major propensity to rely on benefits in these wards.

DWP data on benefit claimants at ward level does not provide the breakdown by ethnicity. However, previous studies pointed out ethnicity-based differences in terms of access to benefits (b:RAP, 2004). For instance, the proportion of residents in receipt of benefits is highest for the ‘mixed’ groups and lowest for Indians. Among Pakistanis and Bangladeshis the use of means-tested benefits is particularly extensive, but receipt of housing benefits is lower – which seems to reflect the higher levels of housing-tenure.

5.2. Strategic planning
In the strategic planning of the Birmingham City Council the need to allow for local and targeted interventions taking into account the ethnic diversity of the city’s population is clearly stated\textsuperscript{17}. Unfortunately data on public spending in Birmingham seem not to be available at sub-local level. This is a major knowledge gap for our purposes because information on spending by ward would have been extremely useful to understand the extent to which the different ethnic groups benefit from public intervention. According to the City Council’s statistical department the huge number of sources and destinations of the public funds – i.e. where the money comes from and how/where it is spent – makes it difficult to collect this information in a systematic way. For this reason, estimates of expenditure levels by ward are not processed. Aggregate figures are not very useful to understand whether the different patterns of deprivation of wards/ethnic groups are addressed by the public spending for services and infrastructures. However, they provide at least a general idea about the different domains to which public funds are allocated.

The allocation of gross revenue expenditure\textsuperscript{18} in 2006-07 (£2,969m) shows that over half of the city’s budget is spent on education (36%) or health and social care services\textsuperscript{19} (16%) (fig. 23). The other major domain of public spending is housing, which is spread across several budget items: three types of benefits (rent rebates, rent allowances and Council Tax benefits), the Housing Revenue Account\textsuperscript{20} (HRA, 7%) and the General Fund (3%). Transportation and street services take another 5% of the budget. In terms of specific initiatives targeting particularly deprived areas and communities it is worth mentioning the Neighbourhood Renewal Fund – which absorbs most of the expenditure for local services & community safety.

A smaller part of the city’s budget (£381m) is also spent on initiatives implying capital accumulation – e.g. investments in lands and buildings. The largest capital scheme is the Housing Capital Programme – 42% of Birmingham City Council’s capital programme\textsuperscript{21} (fig. 24). The budget item ‘Children, Young People & Families’ is also allocated an important part of the capital expenditure (16%), especially because of the grants allocated to schools which can be spent on urgent capital works, computers and other essential capital projects identified in the Asset Management Plan. The major project financed through the capital expenditure for transportation and street services is the new Selly Oak road scheme which is expected to support the regeneration strategy for South Birmingham.

Some additional information on the public spending strategy can be obtained looking at how the allocation of expenditure to the main budget items has changed over time (fig. 25). Overall the revenue expenditure has increased by 24% since 2002\textsuperscript{22}, but trends for the single items have been diverse. A larger increase is especially found for the housing benefits – which more than doubled – and for the fund allocated to regeneration (+55%)\textsuperscript{23}. Also the money spent for the two main items of the budget – education and care – has increased more than the average (+33%). This process of redistribution has taken place to the detriment of the other

\textsuperscript{17} See for instance the BME Housing Strategy or the Birmingham Community Strategy – Strategic Assessment 2006 (both available at http://www.birmingham.gov.uk).
\textsuperscript{18} Expenditure on the day-to-day running costs of services e.g. employees, premises, supplies and services.
\textsuperscript{19} This refers only to the local authority budget and excludes the NHS.
\textsuperscript{20} The Housing Revenue Account (HRA) deals with all the expenditure and income attributable to the provision and maintenance of council housing. In particular, the largest cost is repair to a council’s home. The account is required to be kept separate from those for other housing activities.
\textsuperscript{21} The main sub-scheme is the £73m Decent Homes programme.
\textsuperscript{22} This is a gross variation which includes the effect of inflation.
\textsuperscript{23} In October 2003, more than £359m was allocated for housing regeneration in the West Midlands. The aim of the funding injection was to regenerate deprived areas and deal with poor quality housing. One of the targets of this expenditure is to provide the ethnic minority population with homes which meet their housing needs and to deal with issues related to ‘asylum seekers and refugees’.
items – e.g. money allocated to the Housing Revenue Account and General Fund has decreased by 19%.
Also looking at the ratios between the expenditure and the number of potential beneficiaries (fig. 26)²⁴, education clearly stands out as a major priority in the city planning. In 2006-07 the City Council will spend in schools over £3,000 for each potential student, £1,000 per capita in services for old and disabled people and £300 for each child in early years. However, this comparison needs to be taken with some caution since these rough measures of per capita expenditure do not say to what extent resources allocated to the different groups meet their different financial needs.

Finally, in order to make up for the lack of information on expenditure at ward level and its impact it might be useful to recall some results of an important national study looking at the impact of public spending on wards with different levels of deprivation in seven cities (ODPM, 2005). The overall picture drawn by the study shows that per capita expenditure increases significantly moving from the least deprived to the most deprived wards – with the wards at the top and bottom of the deprivation ladder standing out more starkly than the wards in the middle of the range. In terms of spending by sector, the main findings show that:

- expenditure on education is significantly higher than average in the most deprived wards while being significantly lower than average in the least deprived ones. However, different sectors have quite different profiles. Primary education spending appears quite skewed towards poor areas, while for secondary education this tendency is more moderate and expenditure on higher education is dominant in the affluent areas;
- housing is the most highly skewed of all services – i.e. there is a very strong association of social housing investment with deprived wards. In addition, spending is typically higher in areas having a concentration of existing social rented housing, in more urban (dense) wards and in most – but not all – areas with relatively more BME population. Investment clearly reflects policies for targeting regeneration areas;
- health services are by their nature targeted and selective towards a minority of individuals or households in the relevant demographic group – e.g. with a strong bias towards older people. Thus, a pro-deprived nature of health spending at ward level arises only when population age distribution is taken into account. Hospital services are rather more pro-deprived than primary health care. However, the higher prevalence of ill health in deprived areas could not be fully matched by the expenditure’s territorial distribution;
- increases in public spending appear to favour deprived wards more than less deprived for most services. However, this is not apparently the case for higher education, social care of older people and public transport. In health, the magnitude of the relative gain by poorest wards is small.

6. Summary and discussion

This paper attempted to map the main relationships between poverty and ethnicity across Birmingham wards. A major challenge was to reconcile the differences in the patterns of deprivation across ethnic groups with the sub-local dimension of poverty related to the ‘quality’ of neighbourhoods where communities live. As widely expected, we found a great diversity of situations which is hard to summarise without incurring the risk of oversimplification. Nevertheless, in this final paragraph we shall try to provide an overall view on our results, adding some elements of discussion.

6.1. Data gaps

²⁴ Potential beneficiaries are identified as the children 0-4 years old for early years services, those 5-19 years old for education, the population aged 65 and over for old people services and people with a Limiting Long-Term Illness for disabled people services.
Our analysis, based on the main official sources, was affected by some constraints due to the unavailability of recent data or to the impossibility to cross the ethnic and sub-local dimensions of the phenomena in question. The unavailability of up-to-date statistical information is a major challenge to public policy development, especially in situations of rapid demographic change such as that in Birmingham.

Also, given the unavailability of data on service provision at ward level, it was not possible to assess whether resources allocated to the different areas of the city are consistent with the local patterns of deprivation and commensurate to the needs of different groups. For instance, new data on impact of housing regeneration policies would be useful to monitor the outcomes of some recent initiatives carried out in the city. A more systematic collection of data on resources allocated by ward would be an asset for the city’s strategic planning.

6.2. Deprivation across Birmingham wards

In comparison with the rest of England Birmingham is not a heavily deprived city in all domains of poverty. Economic (income, employment) and health deprivations are more severe, while for instance housing quality is very poor only in limited areas and levels of crime are generally falling.

The mapping of deprivation in Birmingham shows that a number of wards are rated in the 10% most deprived in England. These include most wards in the south-central part of the city and some western wards. In our analysis a ‘ward penalty’ was found in Sparkbrook, Aston and Handsworth. In these neighbourhoods most ethnic groups experience a higher disadvantage in comparison with the members of the same communities residing in other wards, suggesting that a deprived socio-economic environment can trigger a poverty ‘trap’ in which the different dimensions of exclusion are mutually related. While it is difficult to find direct evidence of causative links, interplays need to be carefully addressed by policy-makers because of their relevance with regard to service provision.

However, there is big variation in the quality of life across the city. Different types of deprivation affect unevenly deprived neighbourhoods. Some wards are affected by considerable disadvantage only in some domains of deprivation. For instance, Soho stands out for highly deprived conditions in the labour market, for the highest share of lone-parent households with dependents, and for the multi-dimensional disadvantage which seems to affect the Black Caribbeans – who are amongst the most numerous groups in the ward. Kingstanding is deprived especially in terms of skills and occupational structure. In Sparkhill, many communities experience very high youth unemployment rates and poor health and housing conditions. Housing deprivation is also a problem in Edgbaston and Ladywood – which usually are not amongst the most deprived wards. Diversity and inequalities are in some cases even greater when areas smaller than wards (Super Output Areas) are considered – e.g. within south-eastern wards.

6.3. Deprivation across ethnic groups

Different ethnic groups experience different levels and patterns of deprivation. Pakistanis and Bangladeshis are generally the most deprived groups. Disadvantage of these communities is apparent in multiple domains – especially access to the labour market, working conditions, health and quality of their accommodation. In contrast, Indians are relatively better off and experience only moderate – if any – disadvantage across most aspects of the socio-economic life – perhaps with the exception of health conditions. Black Caribbeans are deprived especially in youth employment and health and face additional barriers because of disadvantaged household structures (high share of lone-parent and lone-pensioner households). Other smaller communities also experience deprivation across a number of domains, with some peculiarities: very low levels of house ownership and overcrowding affect Black Africans; ‘mixed’ groups have a huge proportion of lone-parent households with dependent children; this is also a major issue for the ‘other black’ community, who experience
in addition very poor health conditions. In comparison to the white British population the Chinese and the ‘other white’ communities experience only slightly worse socio-economic outcomes, but these groups have been affected by significant inflows of new migrants in the past few years and Census data are unlikely to capture the current situation.

6.4. Relationship between poverty and ethnicity

A strong association between multiple deprivation and the concentration of ethnic minorities at ward level has been emphasised throughout this paper. However, not all domains of deprivation in the wards are necessarily related to ethnic diversity. For instance, correlation is higher for economic deprivation and weaker for education and especially incidences of crime. In addition, even a strong correlation may not imply causality. More complex analyses are needed to separate out the actual impact of an ‘ethnic penalty’ as opposed to other factors – e.g. religion, with particular reference to a ‘Muslim penalty’.

Although some caution is needed in the interpretation of the reasons for the ethnic minorities’ disadvantage, empirical evidence clearly shows that ethnicity plays a role that cannot be neglected for a full understanding of poverty in Birmingham. Data on spatial distribution of the population reveal a strong ethnic-based segregation – i.e. the wards that are the most socially excluded are those with the highest proportion of BME residents. The reasons for this outcome have to be found in the significant changes affecting the city in the past decades. Areas where most migrants initially settled became more impoverished with new employment created elsewhere – and in other economic sectors (services and retail). As a consequence, the white population as well as of the most successful minority groups moved from the inner city to relatively less deprived areas. In contrast, the new economic opportunities have largely evaded some ethnic groups (particularly Pakistanis and Bangladeshis) and may have even entrenched some of the barriers they face. These disadvantaged communities remained ‘trapped’ in the least desirable neighbourhoods.

However, the city is split along ethnic and socio-economic lines in a complex way. Poverty is not an issue just for ‘black ghettos’. Several predominantly ‘white’ wards – such as Shard End, Longbridge and Kingstanding – are still considerably deprived. In addition to the need of targeting ethnic minority disadvantage, policies should improve the access to the well-being of all groups who are experiencing inequality in the city. Poverty among the white population is also very relevant to the well-being of BME groups as white resentment is likely to increase discrimination.

6.5. Consequences of demographic trends

Demographic dynamics and structures affect the patterns of deprivation in a number of ways. In Birmingham, two main factors seem to play a role. The first is the increasing size and weight of some disadvantaged ethnic minority groups – e.g. Black African and Pakistani – which are paralleled by a reduction of the relatively wealthier white population. Despite the lack of reliable and comprehensive data, evidence suggests that migration is responsible for the high growth rates of some ethnic groups – e.g. Black African, Chinese and ‘other white’ – especially as a consequence of the recent arrival of Eastern Europeans after the EU enlargement and of the increasing number of refugees (e.g. Somalis) living in the city. On the other hand, marriage migration and high birth rates are probably responsible for the growth of the more established Pakistani and Bangladeshi communities. The rapid increase of the proportion of the ethnic minority population is determined not only by its numerical growth but also – if not more – by the persisting process of white out-migration from the city.

In terms of policy planning, these processes need to be monitored for two main reasons. First, if – other things being equal – ethnicity is a factor of deprivation on its own because of discrimination or other specific barriers (e.g. cultural background) faced by ethnic minorities, then larger BME communities imply more people at high risk of poverty. Second, since
migration is largely responsible for the growth of the ethnic minority (including the ‘other white’) population, policies might be required to cope with specific needs of new migrants, especially in terms of employment and housing opportunities.

The second demographic factor which seems extremely relevant for the understanding of the deprivation patterns and consequences across ethnic groups is that age structures are significantly different. From a quantitative perspective the demand for services, benefits or other forms of support coming from the different categories of vulnerable people (children, elderly, unemployed, etc.) is mainly driven by the proportion of the population in the respective age group. So, for instance, support for the elderly is particularly necessary within the Irish community; education and other forms of childhood support are still a major issue for the young Pakistani and Bangladeshi populations; policies for improving access to labour market and working conditions can be central to ethnic groups with a very high concentration in the active ages (e.g. ‘other White’ and Black African).

6.6. Impact of benefits and local government’s spending

Data on benefit recipients in the wards suggest that the number of people claiming unemployment, incapacity and lone-parent benefits seem to be consistent with the geography and type of disadvantage. More specific issues like the possible presence of barriers limiting the access to benefits of specific ethnic groups or an over-reliance on benefits discouraging economic activity and leading to a welfare ‘trap’ could not be addressed with the statistical information available and through our descriptive approach. More investigation focusing on causative factors underlying the receipt of benefits would be an asset.

Data on spending in Birmingham wards was not made available. Evidence on distribution of public spending by level of deprivation across England suggests that neighbourhoods more affected by social exclusion are likely to be allocated proportionally higher resources, but the extent of this pro-deprived nature of expenditure varies according to the type of policies.

The allocation of resources in the city’s budget shows that education is a major target of social policies in Birmingham. Rough estimates of per capita expenditure suggest that resources allocated towards the education of each potential student are much higher than per capita spending on services for elderly and disabled people. Despite some persisting disadvantage of ethnic minorities in terms of educational attainments, the recent improvement of the school outcomes of some BME groups would suggest that this policy focus is having a positive impact. However, national evidence shows that policies aiming at increasing higher educational attainments are not reaching disadvantaged neighbourhoods.

As far as housing policies are concerned, important initiatives have been carried out since the beginning of the decade. The disadvantage of Pakistanis and Bangladeshis in terms of overcrowding and housing facilities shown by the 2001 Census statistics has been addressed in the City Council’s Housing Strategy. These policies are typically skewed towards deprived areas. Although overall housing conditions have certainly improved in the past few years, the extent to which ethnic minorities have profited from this is unclear.

Finally, the impact of labour market and health polices in the city calls for further investigation. Since unemployment levels are generally steady or decreasing in affluent wards while they are increasing in most deprived areas, the effectiveness of current labour market strategies in tackling serious employment disadvantage should be questioned. For instance, a major challenge for employment policies is the inability to work of women within the Pakistani and Bangladeshi communities, either because of a lack of opportunities or because of the unwillingness to work outside the home.
The Impact of health care provision in reducing the ethnic minority disadvantage is also uncertain. These services are typically driven by a universalistic approach and the higher prevalence of ill health in deprived areas may not be fully addressed by an appropriate allocation of resources. Many factors seem indeed to call for specific interventions targeting disadvantaged groups. Among these are the strong correlation found between poverty in the older ages and the residential concentration of elderly ethnic minorities; the relatively bad health conditions of some ethnic groups – like Indians – who do not experience significant deprivation in relation to other dimensions of social exclusion; the possibly strong association between income and health deprivation in a situation of increasing market liberalisation of health services.

References


b:RAP (2004), Fact and Friction – Ethnicity Baseline data Project


Figure 1 – Population by ethnic group, Birmingham mid-2004 (%)

Source: Office for National Statistics

Figure 2.1 – Population change, Birmingham 2001-2004 (thousand)

Source: Office for National Statistics
Figure 2.2 – Population change, Birmingham 2001-2004 (Index number, 2001=100)

Source: Office for National Statistics

Figure 3 – Foreign-born population by ethnic group, Birmingham 2001 (%)

Source: 2001 Census data
Figure 4 – Age pyramids of the main ethnic groups in Birmingham, 2001 (%)

1. White British

2. Irish
Figure 4 – Age pyramids of the main ethnic groups in Birmingham, 2001 (%)
(continued)

3. Other white

Men

Women

4. Mixed

Men

Women
Figure 4 – Age pyramids of the main ethnic groups in Birmingham, 2001 (%)
(continued)

5. Indian

6. Pakistani

Men

Women
Figure 4 – Age pyramids of the main ethnic groups in Birmingham, 2001 (%)

(continued)

7. Bangladeshi

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8. Black Caribbean

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<td>70-74</td>
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<td>75-79</td>
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<td>85-89</td>
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<td>90+</td>
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Figure 4 – Age pyramids of the main ethnic groups in Birmingham, 2001 (%)
(continued)

9. Black African

10. Chinese

Source: 2001 Census data
Figure 5 – Distribution of the major ethnic groups across Birmingham wards, 2001 (absolute numbers)

1. White British

2. Pakistani
Figure 5 – Distribution of the major ethnic groups across Birmingham wards, 2001 (abs. num.) (continued)

3. Indian

4. Black Caribbean

Source: 2001 Census data
Figure 6 – Population by ethnic group in selected Birmingham wards, 2001 (%)

Source: 2001 Census data
Figure 7 – Indices of Deprivation, Birmingham 2004

1. Multiple deprivation
2. Income
3. Employment
4. Health & Disability

Key: darker colours indicate more deprived areas
Figure 7 – Indices of Deprivation, Birmingham 2004 (continued)

Key: darker colours indicate more deprived areas
Source: Birmingham City Council Website
Note: Data calculated at Super Output Area lower level
Figure 8.1 – Relationship between multiple deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

![Graph showing the relationship between multiple deprivation and proportion of ethnic minorities in suburban Birmingham, 2004.](image)

Corr. = 0.66

Source: Own elaborations on Department for Communities and Local Government and Census data

Figure 8.2 – Relationship between income deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

![Graph showing the relationship between income deprivation and proportion of ethnic minorities in suburban Birmingham, 2004.](image)

Corr. = 0.74

Source: Own elaborations on Department for Communities and Local Government and Census data
Figure 8.3 – Relationship between employment deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data

Figure 8.4 – Relationship between health and disability deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data
Figure 8.5 – Relationship between education deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data

Figure 8.6 – Relationship between housing deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data
Figure 8.7 – Relationship between incidence of crime and proportion of ethnic minorities in the wards’ population, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data

Figure 8.8 – Relationship between living environment deprivation and proportion of ethnic minorities in the wards’ population, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data
Figure 8.9 – Relationship between income deprivation of children and proportion of ethnic minorities among children in the wards, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data

Figure 8.10 – Relationship between income deprivation of older people and proportion of ethnic minorities among older people in the wards, Birmingham 2004

Source: Own elaborations on Department for Communities and Local Government and Census data
Figure 9 – Unemployment rate by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 10 – Youth unemployment rate (16-24) by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 11 – Female inactivity rate by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 12 – % of employees in elementary occupations by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 13 – % of working age population with no or unknown qualifications by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 14 – Lone-parent households with dependent children by ethnic group in Birmingham wards, 2001 (% of all households)

Source: own elaborations on Census data
Figure 15 – Lone-pensioner households by ethnic group in Birmingham wards, 2001 (% of all households)

Source: own elaborations on Census data
Figure 16 – % of people 50-64 with Limiting Long-Term Illness by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 17 – % of people 50-64 not in good health by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 18 – % of house owners by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 19 – % of overcrowded accommodation by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 20 – % of accommodation without central heating by ethnic group in Birmingham wards, 2001

Source: own elaborations on Census data
Figure 21 – Working age benefit recipients by type of benefit in Birmingham wards, February 2006

Source: Department for Work and Pensions

Figure 22 – Working age benefit recipients per 100 potential claimants\(^{(a)}\) by type of benefit in Birmingham wards, February 2006

Source: Department for Work and Pensions and Census data

Note (a): Potential claimants are unemployed people, people with a Limiting Long-Term Illness and lone parents recorded at the census. Since data used come from different sources and refer to different dates benefit recipients are nor necessarily a subset of potential claimants and the ratio can be higher than 100.
Figure 23 – Gross revenue expenditure by budget item in Birmingham, 2006-07

Source: Birmingham City Council

Figure 24 – Capital expenditure by budget item in Birmingham, 2006-07

Source: Birmingham City Council
Figure 25 – Revenue gross expenditure for selected budget items in Birmingham, Index number 2002-06 (2002=100)

Source: Birmingham City Council
* Total of Rent and Council Tax benefits, Index number 2003-06 (2003=100)

Figure 26 – Indicators of per capita net expenditure for selected categories of people in Birmingham, 2006

Source: Birmingham City Council and Census data
Figure A1 – Map of Birmingham old ward boundaries

Figure A2 – Map of Birmingham new ward boundaries

NOTE: THE BOUNDARIES ON THIS VERSION HAVE BEEN GENERALISED FROM THE ORIGINAL. THEY MUST ONLY BE USED IN CONNECTION WITH SMALL SCALE MAPPING, e.g. GEOGRAPHER'S A-Z STREET PLAN.