City of Doncaster Council

Report

Health Needs Assessment: People from an ethnic minority background

November 2023

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Executive Summary

Introduction

This Health Needs Assessment (HNA) takes advantage of the recently published 2021 census data, along with data from local partners and engagement with local communities, to reassess the health needs of people from an ethnic minority background in Doncaster.

Background

National evidence shows ethnic minority communities experience a range of health inequalities. A previous HNA was undertaken in Doncaster 2016 and 2017. Since then, a range of activity has been undertaken to support ethnic minority groups, overseen by Minority Partnership Board. There have been areas of success, including improved data sharing during the COVID-19 pandemic, targeted engagement to promote vaccinations, and the establishment of Gypsy Roma and Traveller (GRT) link worker posts, but challenges remain.

Demographic Information

The 2021 census showed 13.4% of Doncaster residents were from an ethnic minority background, equating to over 41,000 people. There has been a steady increase in the size of Doncaster's ethnic minority communities over the last two decades. Polish and Romanian are the two biggest groups, but there is a large diversity of ethnic backgrounds. The majority live in central areas and are, on average, younger than White British residents. Two thirds of residents from an ethnic minority background were born outside of the UK and over half moved to the UK within the previous decade.

Health and Wellbeing Data

The 2021 census includes data on self-reported health and disability status, which we have analysed by ethnicity, and adjusted for age. Partners within the healthcare system have provided data on long-term conditions, access and use of secondary care and mental health services, as well as COVID-19 admissions and vaccination uptake. This shows known differences, for example in rates of diabetes and vaccinations, but data on service usage is more difficult to interpret due to small sample sizes and it not being age standardised.

Data on children and young people shows differences in rates of low birth weight and childhood obesity, although both are closely associated with socioeconomic deprivation. The pupil lifestyle survey also highlights differences in dental access, and rates of smoking, alcohol consumption and drug use.

Finally, data on some of the wider determinants of health was explored where this was available by ethnicity at a local level. This included employment, language, education and housing. Key differences could be seen among rates of unemployment, overcrowding and educational attainment. While 50% of residents from an ethnic minority background speak English as their main language, 12% cannot speak English well or at all, highlighting a particular need for translations and translators to support healthcare information and access.

Community Engagement Findings

A series of focus groups were carried out during the first half of 2023 with representatives from a number of ethnic minority communities in Doncaster. They key themes from the groups were:

- Access to healthcare services: cross-cutting themes including language and translators, navigating services, waiting times, cultural awareness, workforce diversity, and the transport and location of services.
- Access to specific healthcare services: primary care, dentistry, mental health, and dementia services.
- Wider determinants of health: public transport, housing and accommodation, community groups and activities, education and training, and the accessibility and cultural awareness of other public services.

Recommendations

1. Develop a refreshed ethnic minorities action plan that addresses the key themes arising from this HNA, with clear owners, timescales and indicators for each action.
2. Continue to improve the collection, quality, reporting, sharing and linkage of ethnicity data relating to health and wellbeing, building on the learning and good practice developed during the COVID-19 pandemic.
3. Embed regular communication and engagement with local ethnic minority communities to ensure services are accessible, needs can be identified on an ongoing basis, and solutions can be co-produced.
4. Ensure the needs of ethnic minority communities are taken into account when developing the new Health and Wellbeing Strategy and Doncaster 5 Year Plan.

Introduction

The last Health Needs Assessment (HNA) for people from an ethnic minority background in Doncaster was completed in 2016 and 2017.[1,2] In line with the recommendation from the HNA, a BAME Advisory Group was established, and later replaced by the Doncaster Minority Partnership Board in 2019. One year later saw the beginning of the COVID-19 pandemic, which nationally had a disproportionate impact on ethnic minority communities, exacerbating pre-existing inequalities. The publication of the 2021 census results (in 2023) therefore provides a timely opportunity to revisit and update the HNA for ethnic minority communities in Doncaster.

Aims and Objectives

Aims

- To identify unmet health needs among ethnic minority populations in Doncaster.
- To understand how needs may have changed since the previous HNA, taking into account the impact of the COVID-19 pandemic.
- To inform the planning and provision of services and activities to address these needs and reduce health inequalities.

Objectives

- Summarise national and local developments since the previous HNA.
- Provide an updated demographic analysis of ethnic minority populations in Doncaster.
- Collate and review available health and wellbeing data.
- Collect and analyse qualitative data from engagement with different ethnic minority groups in Doncaster.
- Develop recommendations in partnership with the Minority Partnership Board to prioritise and address the needs identified.

Scope and Limitations

The scope is consistent with the previous HNA, taking a pragmatic, mixed-methods approach to identifying unmet needs and health inequalities. While our access to local data has improved, data availability and quality remains a significant limitation in our ability to provide a comprehensive overview of health outcomes by ethnicity in Doncaster. For many topic areas, the underlying raw data could not be accessed, so confidence intervals could not be constructed. Findings must therefore be interpreted with caution, particularly where groups sizes are likely to be small.

It was not possible to consult with representatives from all ethnic minority communities as part of this HNA. However, it is important to highlight that engagement has become embedded within the public health team's work since the COVID-19 pandemic, with dedicated engagement staff and close working with the Minority Partnership Board.

Definition of Terms

Ethnicity is a notably difficult concept to define[3], but the briefing developed by the Evidence and Ethnicity in Commissioning Research project (Appendix 1) provides a helpful summary.[4] As it explains, although there is much heterogeneity within and between ethnic groups, ethnicity can still be an important indicator of health needs.[5,6]

In line with the government's recommended wording, this HNA uses 'ethnic minorities' to refer to all ethnic groups which are not the majority ethnic group in the UK.[7] This is defined by the self-identified census classification of 'White: English, Welsh, Scottish, Northern Irish or British', shortened to 'White British' in this HNA to improve readability.[8]

Background

Evidence from the literature and national data: an update

A targeted evidence review was undertaken as part of the previous HNA, with a small number of tailored forays into the literature on ethnicity and health in the UK. This review will not be duplicated here, but the key themes are provided as context for the sections that follow, along with a summary of national developments and data. The key themes were:

- **Migrant health** - challenges in accessing services and adaptations to address these.
- **Mental health** - varying patterns of suicidal thoughts, and depression and anxiety.
- **Housing** - higher rates of housing deprivation, overcrowding, and older, fuel poor homes.
- **Harassment** - prevalence of ethnic and racial harassment and its impact on health.

These themes remain pertinent to understanding and contextualising the needs of people from ethnic minority backgrounds. Although limitations in data quality and availability remain, the linkage and interrogation of data sources at a national level has improved, providing a more detailed picture of differences in health by ethnicity.[9]

New analysis from the Office for National Statistics suggests ethnic minority groups have a lower age-standardised mortality rate from all causes, and a higher life expectancy at birth.[10] It is thought this may partly be explained by the “healthy migrant effect”, and lower levels of health-related behaviours, such as smoking and alcohol consumption.[11]

However, there are variations in patterns of disease and outcomes between different ethnicities.[9] People from certain communities (White Gypsy or Irish Traveller, Bangladeshi and Pakistani) tend to experience poorer outcomes across a range of indicators, while other groups experience inequalities in specific areas.[11]

The causes of these inequalities are multifaceted. They are often closely linked to deprivation, with ethnicity minorities over-represented in more deprived communities, and higher than average levels of deprivation among most (but not all) ethnic minority groups.[11] The effects of structural racism within healthcare and on the wider determinants of health must also be recognised.[9,11]

Key health inequalities that have been highlighted nationally include:

- Maternal mortality, still births and infant mortality rates among Black and Asian groups.[11]
- Prevalence of and mortality from cardiovascular disease (CVD):
    - Stroke and hypertension among Black groups, with lower-than-expected rates of access to CVD care.[11]
    - Heart disease and stroke among South Asian groups, although there have been recent improvements in relative mortality risks and survival rates from CVD care.[11]
- Prevalence of and mortality from diabetes among Black and South Asian groups.[11]
- Incidence and mortality from specific cancers (although overall rates are lower compared to White groups), notably prostate cancer among Black males.[11]
- Rates of common elective procedures compared to White British groups.[12]
- Access to and outcomes from Improving Access to Psychological Therapies (IAPT) services.[13]

COVID-19

The COVID-19 pandemic brought ethnic inequalities in health to the forefront, with ethnic minority groups (in particular people from Black, Pakistani and Bangladeshi groups) experiencing higher infection and mortality rates over the 2020-2022 pandemic period.[11] Research suggests this was primarily due to higher exposure to infection, driven by different socioeconomic patterns, such higher rates of public facing jobs.[14]

In 2020, this effect was large enough to reverse usual all-cause mortality rates and exceed White British groups.[15] Ethnic differences in mortality did decline over the course of the pandemic: by 2022 there was no excess COVID-19 mortality among ethnic minority groups, and White British groups had returned to their comparatively higher all-cause mortality rates.[16]

Other adverse effects from the pandemic include disproportionately larger reductions in elective procedures among Asian groups compared to White British groups.[12] Evidence is currently mixed as to the relationship between Long COVID and ethnicity, but research is ongoing.[17,18]

Findings from the previous HNA

The previous HNA for ethnic minorities in Doncaster was carried out in two stages. The first, published in March 2017, was a primarily data driven exercise. The second, published in February 2018, was focused on community engagement, informed by a series of focus groups.

Key findings included: the need for improved accessibility and cultural sensitivity of healthcare services; gaps in mental health services, support for socially isolated people, and those with

alcohol dependence; discrimination being felt to cause inequalities in employment and education; and the impact of housing on health needs.

Twenty-four recommendations were made across the two reports, aimed at a range organisations and services in Doncaster. An action plan was developed and overseen by the Health and Wellbeing Board and the Inclusion and Fairness Forum. Implementation of ongoing recommendations is monitored by the Minority Partnership Board.

Progress since the previous HNA

In April 2023, the Minority Partnership Board produced their first annual report on ethnic minority health in Doncaster, evaluating the work overseen by the board to date against local and national recommendations. This section draws upon the report, highlighting key areas of progress and ongoing challenges.

Data collection and availability

The improved collection and availability of ethnicity data relating to COVID-19 infection rates, hospital admissions and vaccination uptake, both locally and nationally, was a notable positive outcome of the pandemic. Data sharing between partner organisations, such as the South Yorkshire Integrated Care Board (ICB) has continued and supported the production of this HNA. The 2021 census has enhanced the quality of local data, with more detailed ethnicity categories and a ‘write-in’ option. The Minority Partnership Board, Gypsy Roma and Traveller (GRT) link workers, and dedicated engagement staff within the public health team have also improved information and intelligence sharing with local ethnic minority communities.

Nevertheless, as highlighted in the limitations section above, the availability of good quality data at a local level is still lacking for most areas of health. There are well-known data quality issues, with missing, incomplete or inaccurate entries. Where data is collected, there is often limited reporting or sharing with partner organisations.

Improving access to health services, experiences and outcomes

A range of initiatives have been carried out in partnership healthcare providers and ethnic minority communities. These include: communications materials to address concerns and tackle misinformation around COVID-19 vaccinations; targeted pop-up vaccine clinics; translated screening invitations; GRT link workers and health fairs; mental health outreach sessions; cultural competency training delivered to primary care and reproductive health staff; and race equality training to front line staff in secondary care services.

Wider challenges remain, including the impact of socio-economic deprivation, which can manifest itself in different ways. For example, the cost of transport to access services, or digital

exclusion through low digital literacy or access. Other barriers include language, health literacy and understanding of services, and stigma and shame associated with certain areas of health. The cultural competency training has yet to be rolled out among most NHS and Team Doncaster organisations, and translation support is not consistently offered across health and social care services.

Wider determinants and reducing inequalities

There are a range of public health projects and services to reduce inequalities and address the wider determinants of health, such as those coordinated by Get Doncaster Moving, which are open to people of all ethnic backgrounds and delivered across different community settings. In terms of targeted support for ethnic minorities, engagement staff within the public health team have secured coordinated English for Speakers of Other Languages (ESOL) and family learning classes for underserved ethnic groups (predominantly Roma). They have also organised an array of support for asylum seekers, who are dispersed throughout Doncaster, and facilitated dissemination of employment opportunities and support offers with ethnic minority communities.

Addressing health inequalities and wider determinants of health requires a partnership approach that extends significantly beyond the healthcare system. Specific challenges include housing and asylum seeker accommodation, safety and access to green spaces, and funding for community-based activities.

Communication and engagement with ethnic minority communities

The BAME Advisory Group was established in 2018, and later replaced by the Doncaster Minority Partnership Board in 2019. It has made a significant contribution to strengthening relationships with different communities in Doncaster. It acts as a ‘sounding board’ for engagement with minority communities, and provides input into policies, procedures and service delivery. The System Leaders Forum was established in 2022 to provide a ‘critical friend’ approach to the board’s activities and functions, while also providing a wider forum for community members and invited speakers to attend. Direct engagement and communications with ethnic minority communities increased notably during the pandemic, led by an expanded public health engagement team. In addition, GRT link workers and a dedicated Community Connector for ethnic minorities based in the People Focused Group are embedded in the community and have greatly enhanced engagement with different groups.

Unfortunately, poor communication and engagement persists in parts of the health system, which contributes to inequalities in access and care. Barriers to effective engagement include, language, cultural understanding, a lack of diversity among the health workforce, institutional racism, and historical mistreatment and cultural segregation.

Demographic Information

Ethnic minority residents in Doncaster

Residents from an ethnic minority background now comprise 13% of Doncaster's population, equating to over 41,000 people. There has been a steady increase in the size of Doncaster's ethnic minority communities over the last two decades.

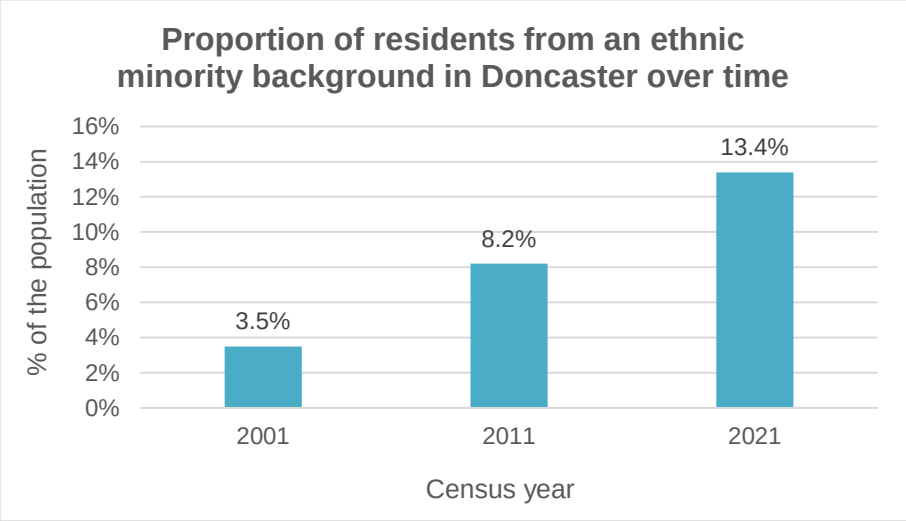

Figure 1. Proportion of residents from an ethnic minority background over time - Census data.

Relative to the size of the population, there are fewer people from an ethnic minority background in Doncaster (13%), compared to England as a whole (27%). There are also some differences in the distribution of different groups, with a smaller percentage of Asian and Black communities, but a larger percentage of White (excl. White British) groups.

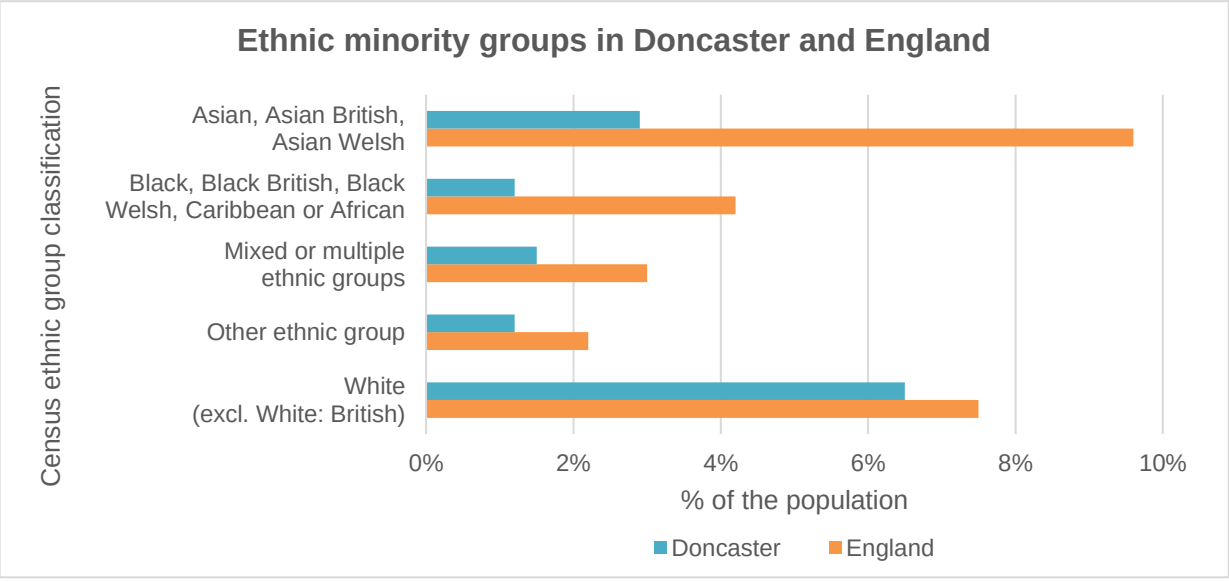

Figure 2. Comparing the percentage size of ethnic minority groups in Doncaster and England – Census 2021 data.

There is a large diversity of ethnic backgrounds in Doncaster. The graph below shows a breakdown of the census ethnic group classifications, with the addition of the White Polish and Romanian groups, as these are the two largest ethnic minority groups in Doncaster.

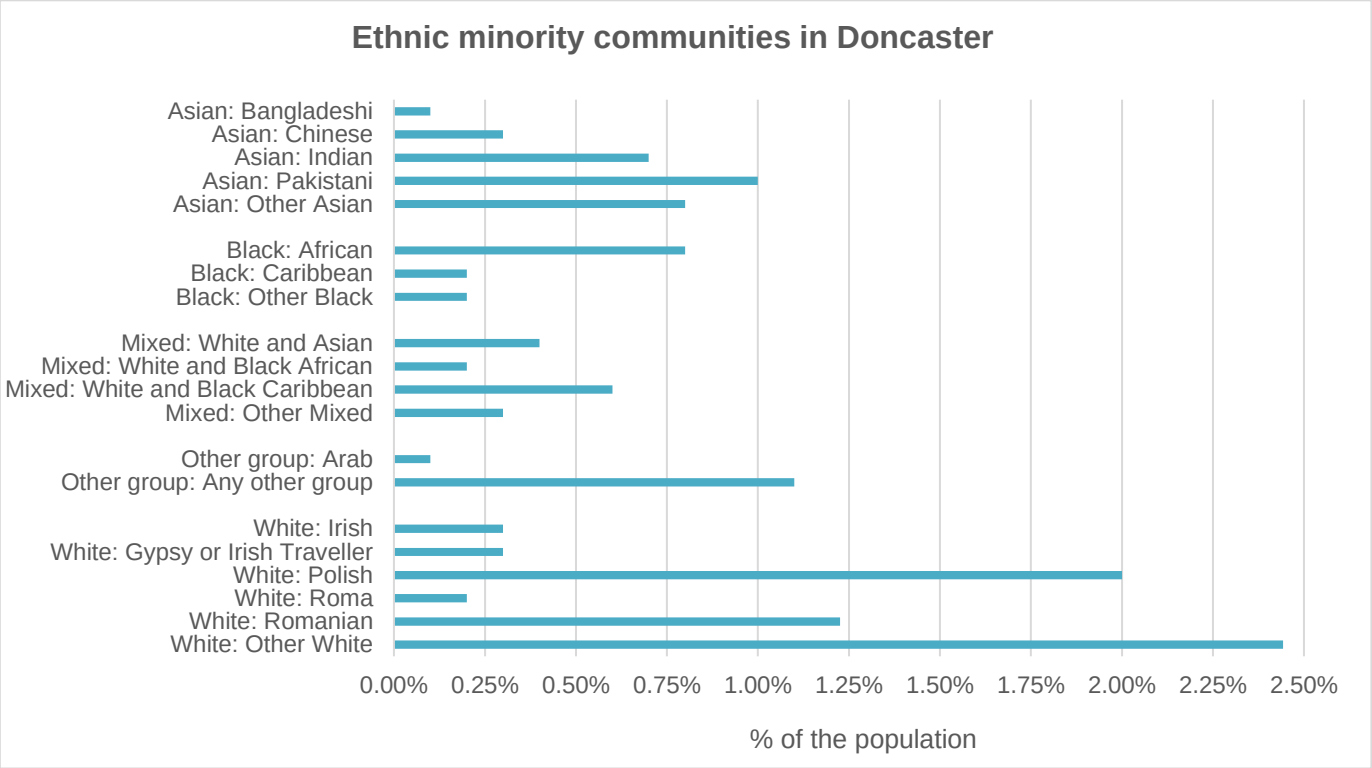

Figure 3. Ethnic minority communities in Doncaster - Census 2021 ethnic group classification 20b (excl. White British, with the addition of White: Polish and White: Romanian detailed ethnic groups).

The census also records ethnicity at a more detailed level. There were over 90 specified ethnicities recorded in Doncaster, although this will be an underestimate, as over 3000 residents recorded unspecified “mixed” or “other” ethnicities.

Figure 4. Word cloud of specified ethnicities in Doncaster - Census 2021 ethnic group detailed variable (excl. White British (or English, Welsh, Scottish, Northern Irish).

Age and sex of residents from an ethnic minority background

Residents from an ethnic minority background are, on average, notably younger than White British residents. The exception to this are the Black Caribbean and White Irish communities, who, due to different historical migration patterns, have a much older age profile.

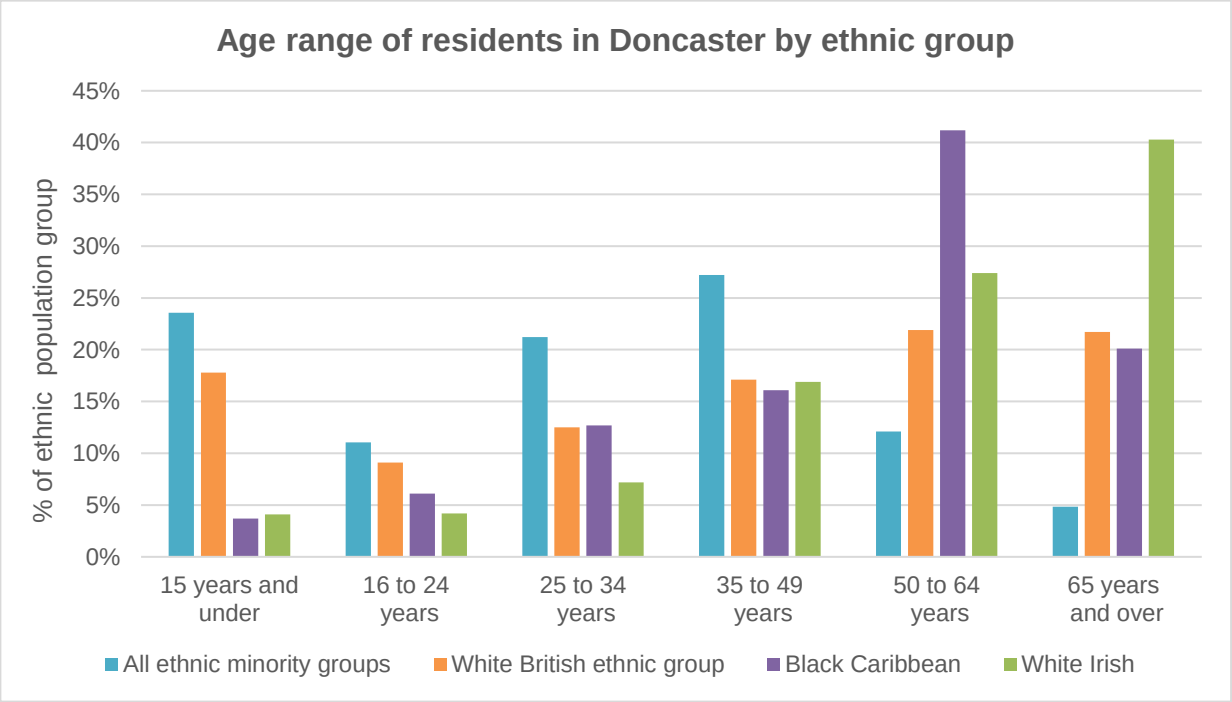

Figure 5. Age of all residents from an ethnic minority background compared to White British, Black Caribbean and White Irish residents in Doncaster - Census 2021 data.

Among people from an ethnic minority background, 52% are male, compared to 49% of people the White British group (*Census 2021*).

Location of residents from an ethnic minority background within Doncaster

Residents from ethnicity minority backgrounds live in all parts of Doncaster, but the majority live in central areas. This is shown in the maps below. There have been some changes since the last census in where residents from an ethnic minority background live, with the biggest percentage increases seen in Hexthorpe, Clay Lane and Lower Wheatley.

Due to limitations in the data available within the mapping software, the maps show the percentage of residents from the White British ethnic group living in different parts of Doncaster, from which the percentage of residents from an ethnic minority background can be inferred, rather than presenting the data the other way round.

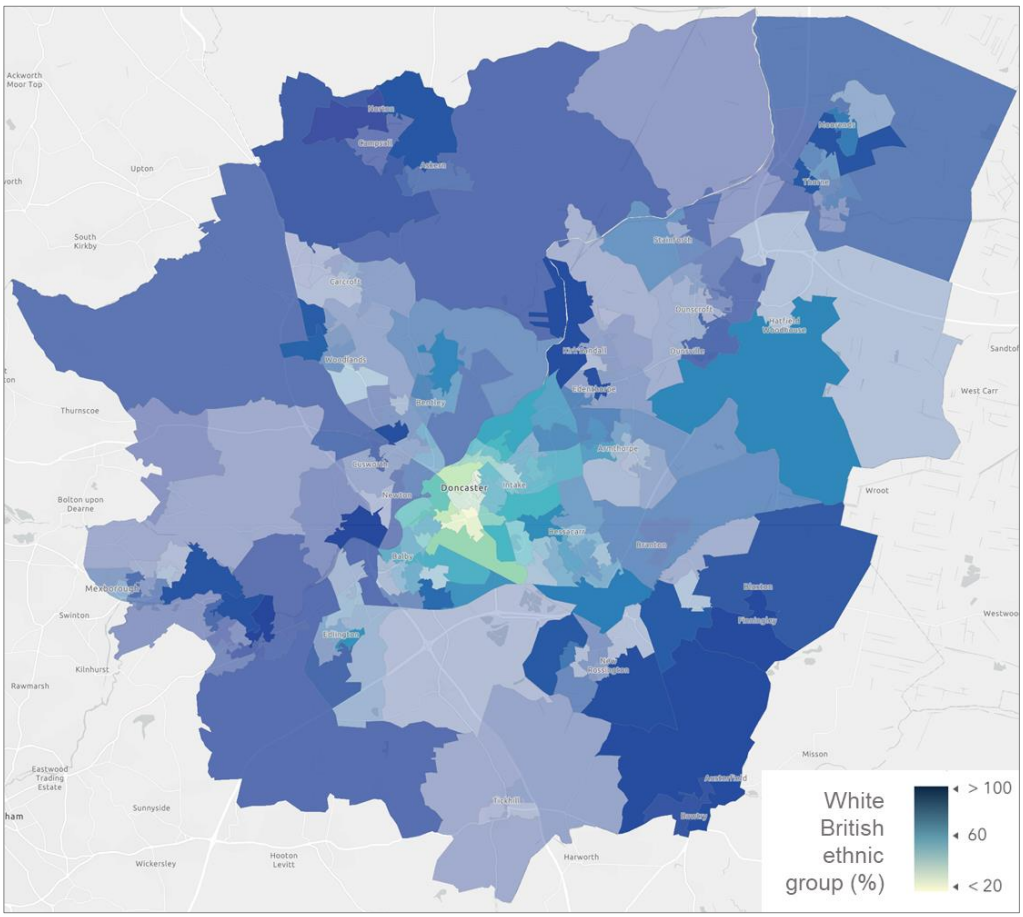

Figure 6. Map showing the % of residents from the White British ethnic group living in different areas of Doncaster - Census 2021 data, map created using ArcGIS Online.

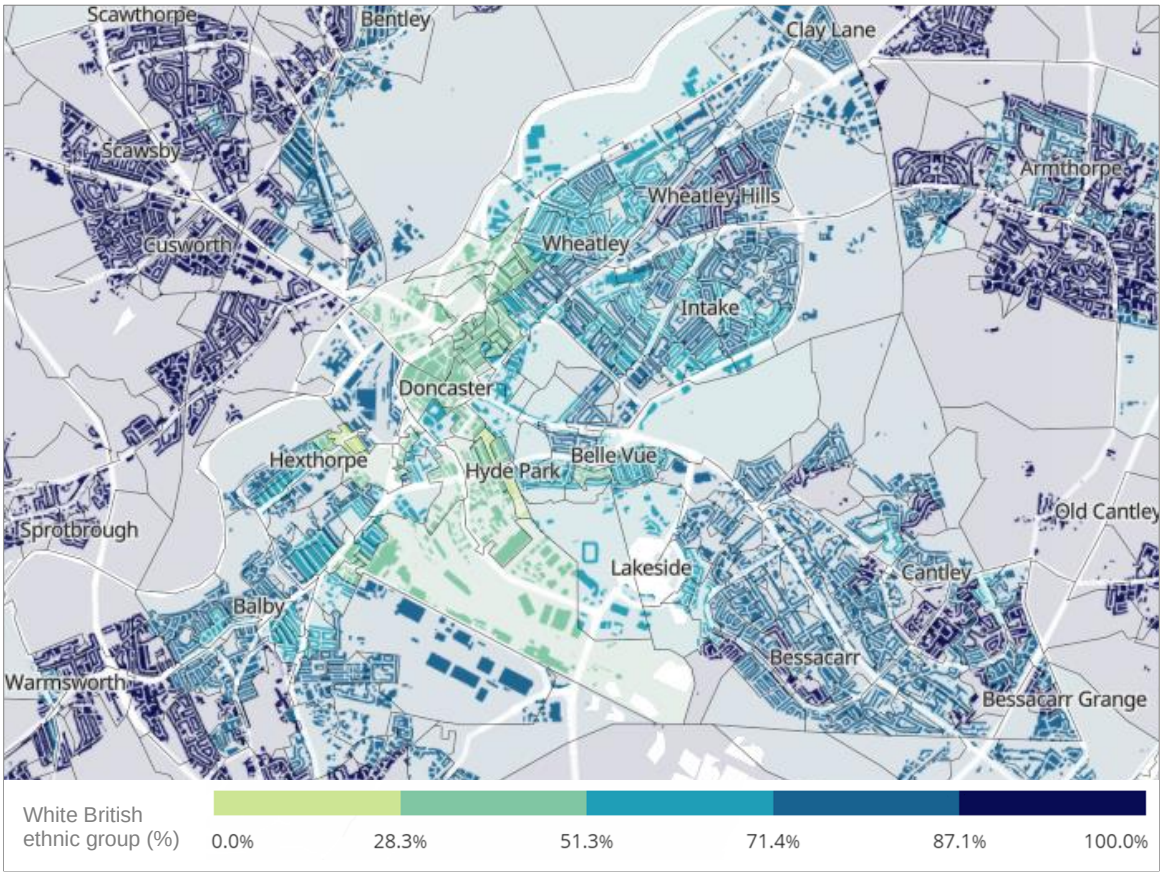

Figure 7. Map showing the % of residents from the White British ethnic group living in central areas of Doncaster - ONS Census 2021 Map

Migrants, asylum seekers and refugees

While distinct concepts, there is a high degree of crossover between residents from an ethnic minority community and those who have migrated from outside of the UK. At the time of the 2021 Census, two thirds of Doncaster residents from an ethnic minority background were born outside of the UK, and over half moved to the UK within the previous decade. In total, 85% of all migrants were from an ethnic minority background.

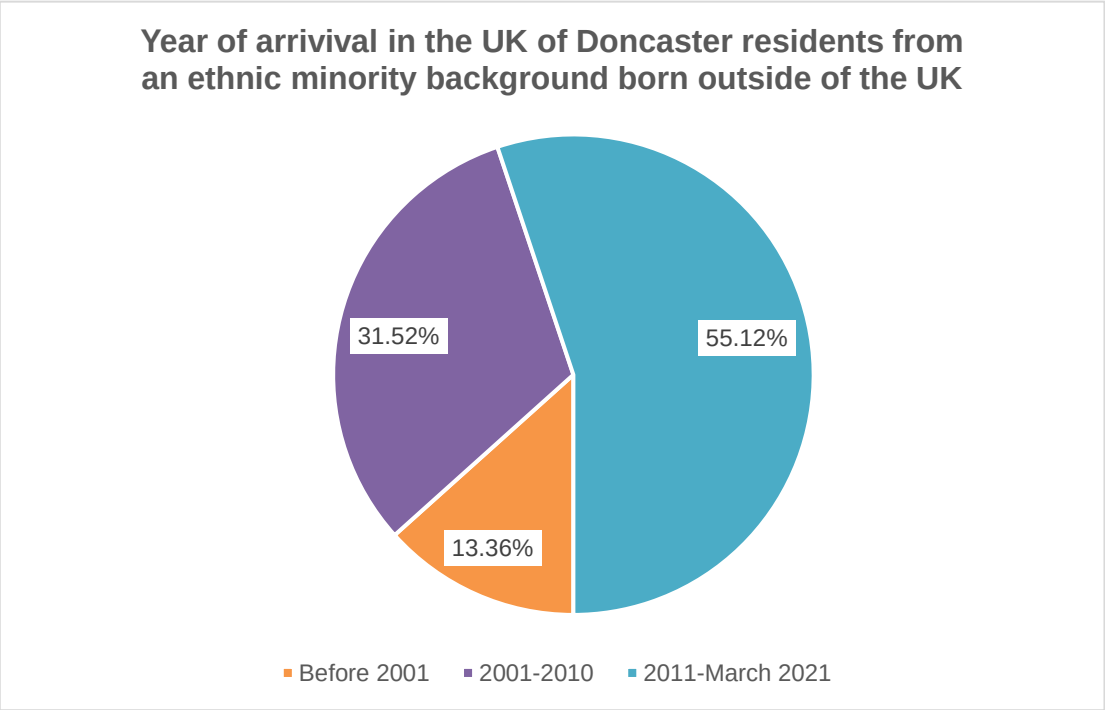

Figure 8. Year of arrival of Doncaster residents from an ethnic minority background born outside of the UK - Census 2021 data.

Asylum seekers and refugees

Cumulative data on the number of refugees and asylum seekers is not available, but as a snapshot, between April and June 2023 Doncaster supported:

- 234 people through the Homes for Ukraine programme[19]
- 221 people through Afghan resettlement programme[19]
- 703 people seeking asylum[19]
- 54 people through a number of pre-existing refugee resettlement programmes[20]

Health and Wellbeing Data

Health status

General health

The census asks residents to rate their general health (very bad, bad, fair, good or very good). The graph below demonstrates that most ethnic minority groups have lower rates of bad or very bad health than the White British group. The only exception is the Gypsy or Irish Traveller community; the Black Caribbean or White Irish communities may also lower rates, but we cannot be certain of this from the data.

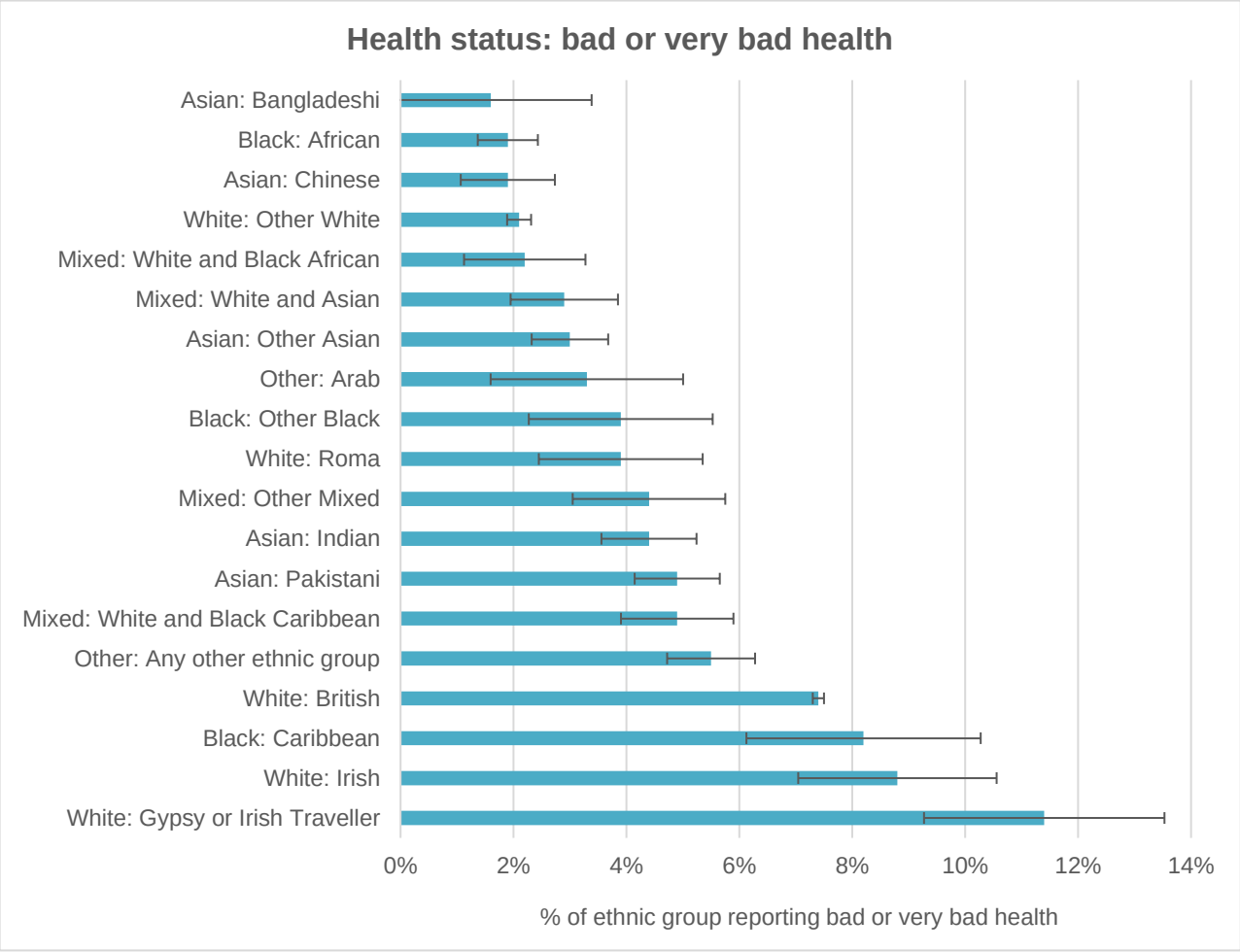

Figure 9. Self-reported health status: bad or very bad health as of March 2021 - Census 2021 data.

However, the data above does not reflect the differing age profiles of Doncaster's ethnic communities, which we would expect to impact on health. Due to ONS confidentiality restrictions, health data cannot be age-standardised at a local level for the more detailed breakdown of ethnicity provided above. Using the broader classification below, it can be seen that rates of bad and very bad health are generally higher in Doncaster, compared to England and Wales. Within Doncaster, people from other, mixed or multiple ethnic groups, and potentially those from an Asian background, have higher rates than the Doncaster average.

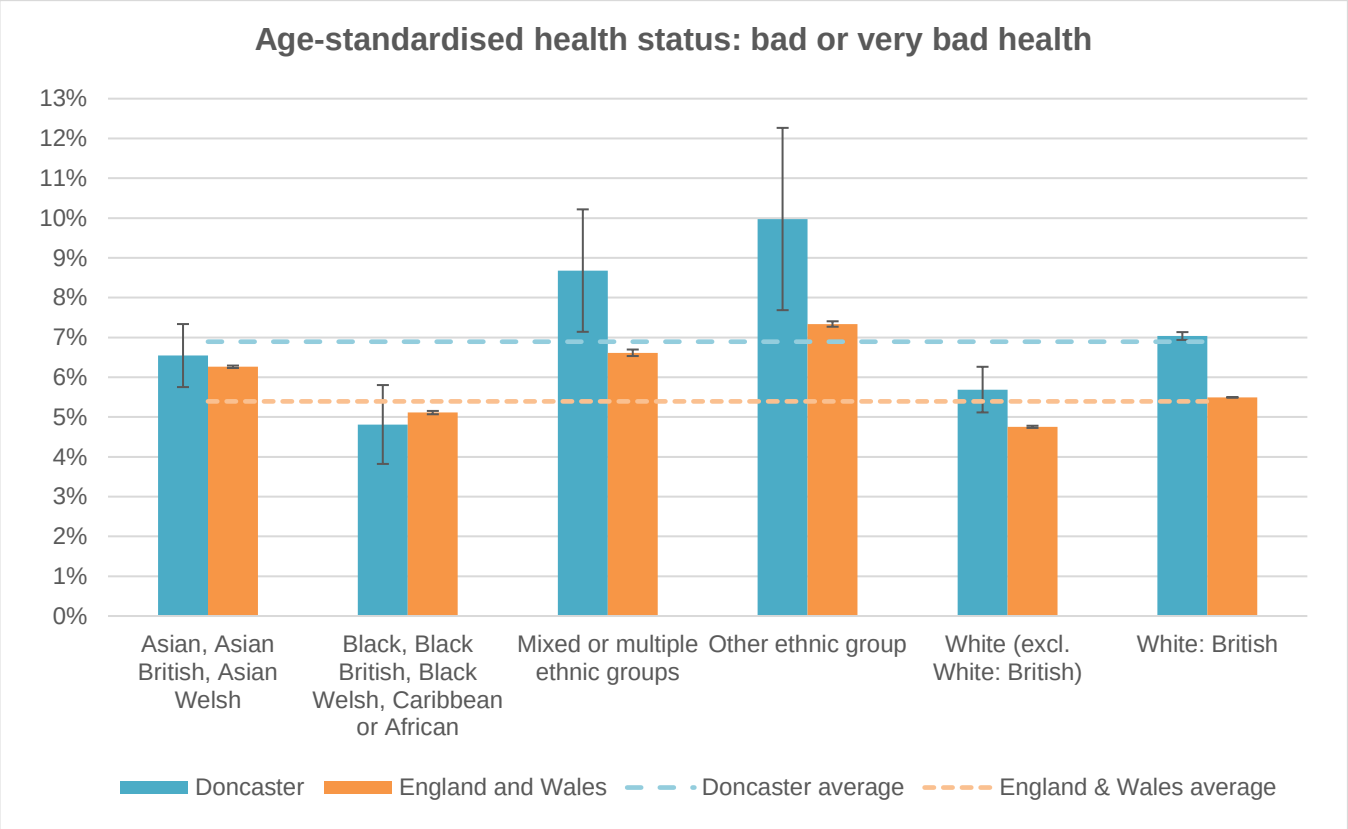

Figure 10. Age-standardised health status: bad or very bad health as of March 2021 - Census 2021 data.

Disability

The census also asks residents whether their day-to-day activities are limited by long-term physical or mental health conditions or illnesses. This is the definition of a disabled person under the Equality Act (2010). Rates of disability are generally much higher than rates of bad or very bad health among all ethnic communities, although the scale of the difference varies. This suggests that the relationship between health and disability is nuanced, with individual and cultural differences in perception and interpretation likely.

As with health, disability is also affected by age: the age-standardised rates are shown in Fig. 12 below. They show that rates of disability among the ethnic minority groups are lower than the Doncaster average in all groups except people from mixed or multiple ethnic groups. Rates are generally comparable to that of England & Wales within each ethnic group, apart from the White British group and those from mixed or multiple ethnic groups, where rates are significantly higher.

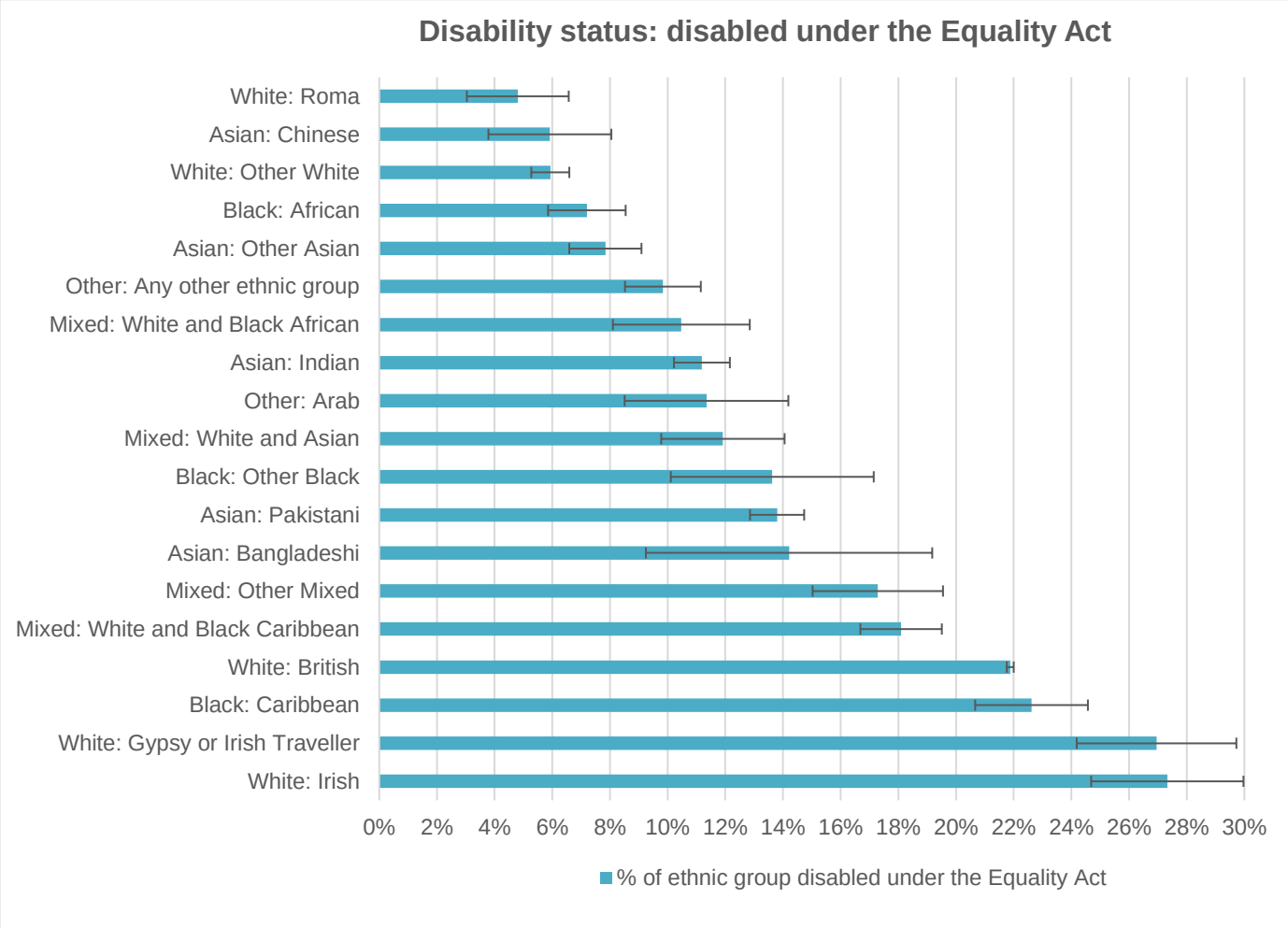

Figure 11. Disability status: disabled under the Equality Act (2010) as of March 2021 - Census 2021 data.

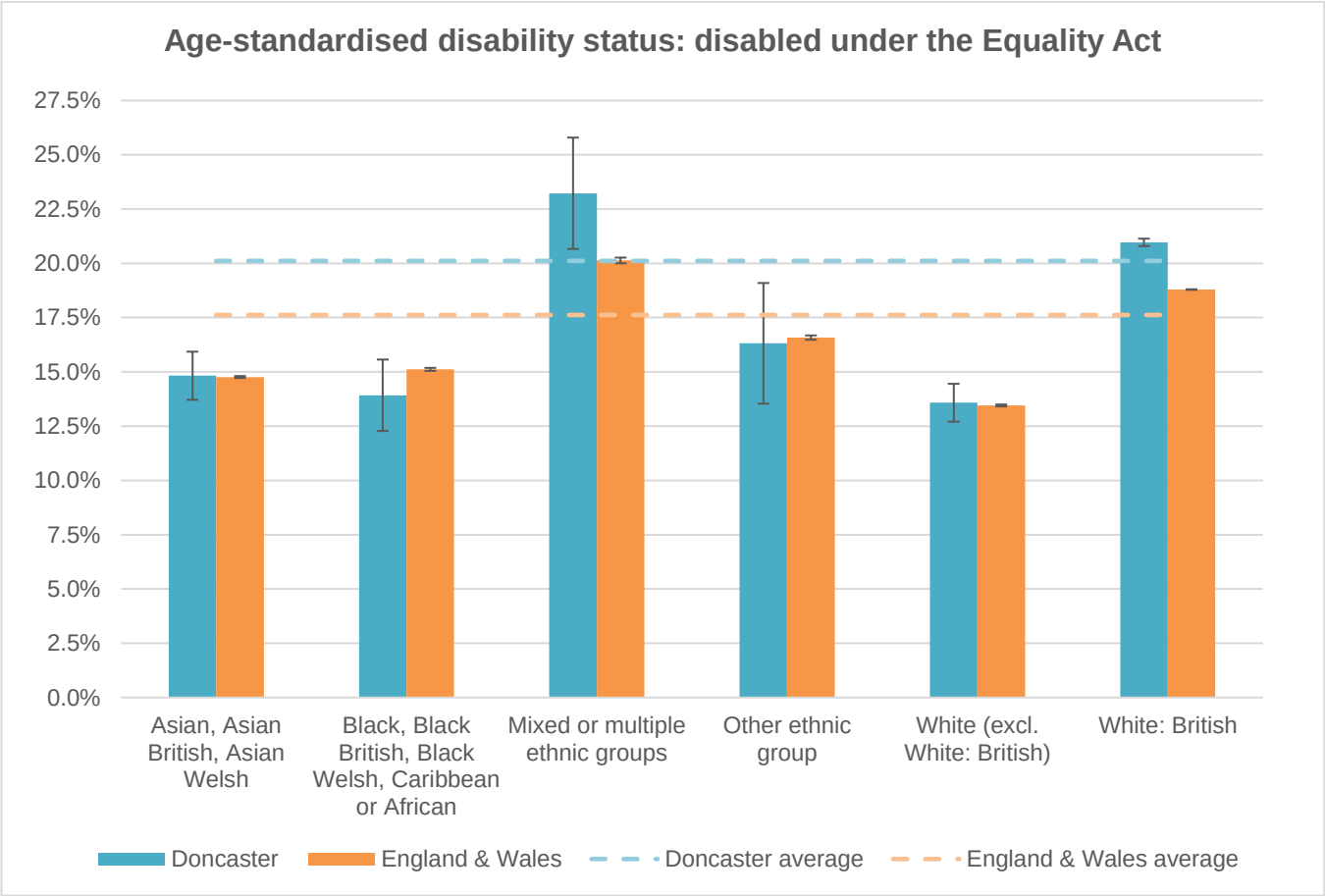

Figure 12. Age-standardised disability status: disabled under the Equality Act (2010) as of March 2021 - Census 2021 data

Long term conditions

Data provided by the ICB shows the prevalence of selected long term conditions among different ethnic groups. It is not age standardised, so does not reflect the different age profile among ethnic communities in Doncaster, but it broadly mirrors national disease patterns described in the background section above. It also does not separate White British from White ethnic minority groups, so any differences between these groups cannot be observed.

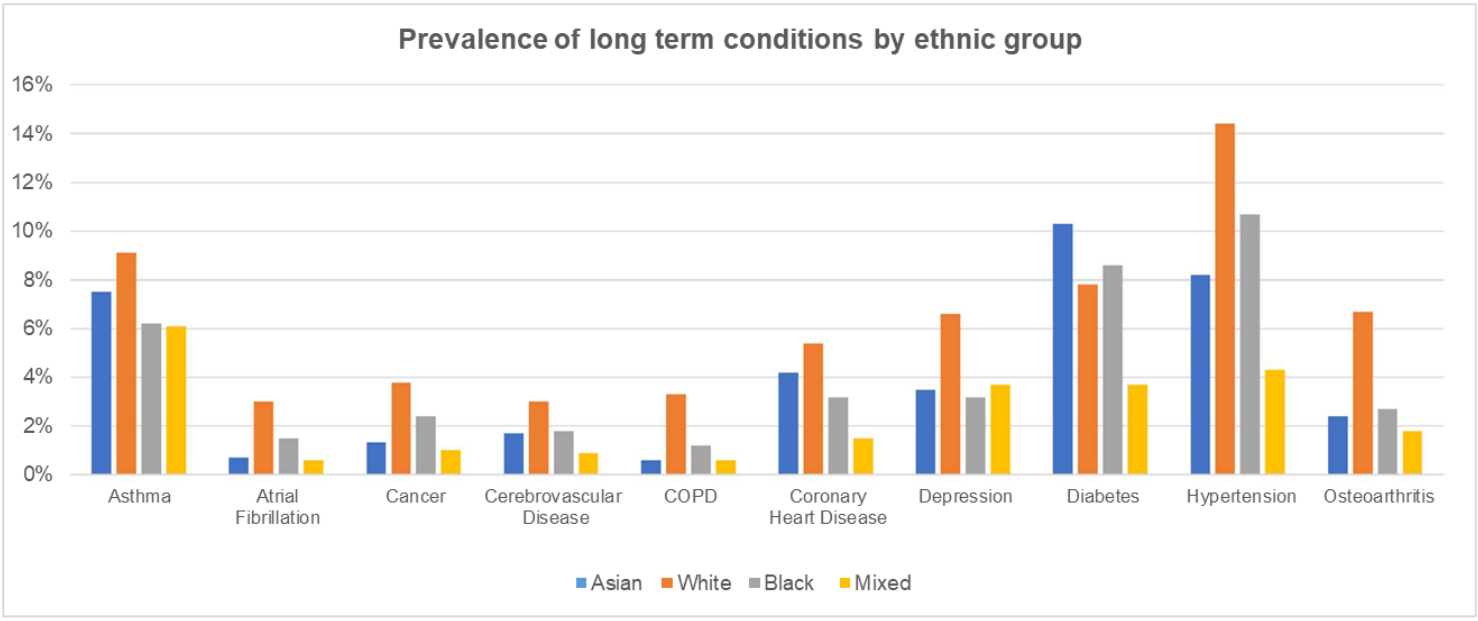

Figure 14. Prevalence of long term conditions within Doncaster, September 2023 - South Yorkshire ICB data.

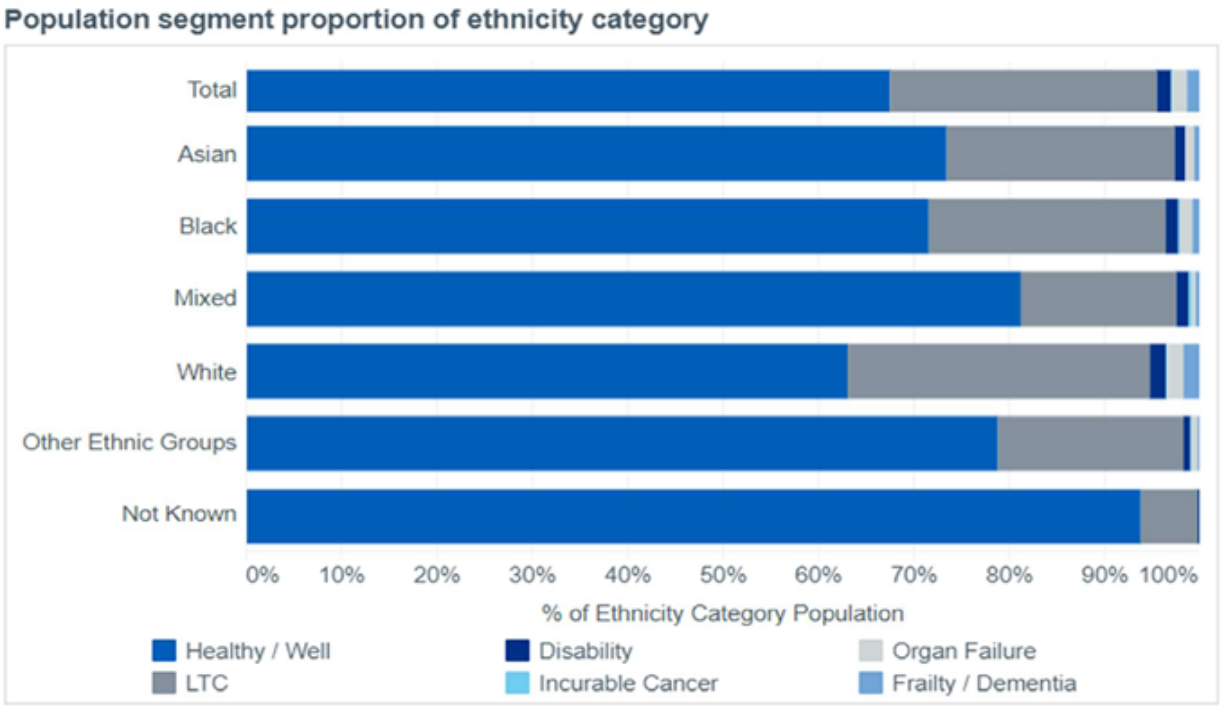

Figure 13. Health status and selected conditions within Doncaster, September 2023 - South Yorkshire ICB data.

Secondary care services

Data provided by the ICB shows the proportion of A&E attendances, and elective and emergency admissions by ethnic group, compared to size of that group as proportion of Doncaster's population. It shows that the White group is over-represented in all three measures. However, data is not age standardised, so it does not reflect the different age profile among ethnic communities in Doncaster, and therefore does not take age into account of on use of secondary care services. It also does not separate White British from White ethnic minority groups, so any differences between these groups cannot be observed.

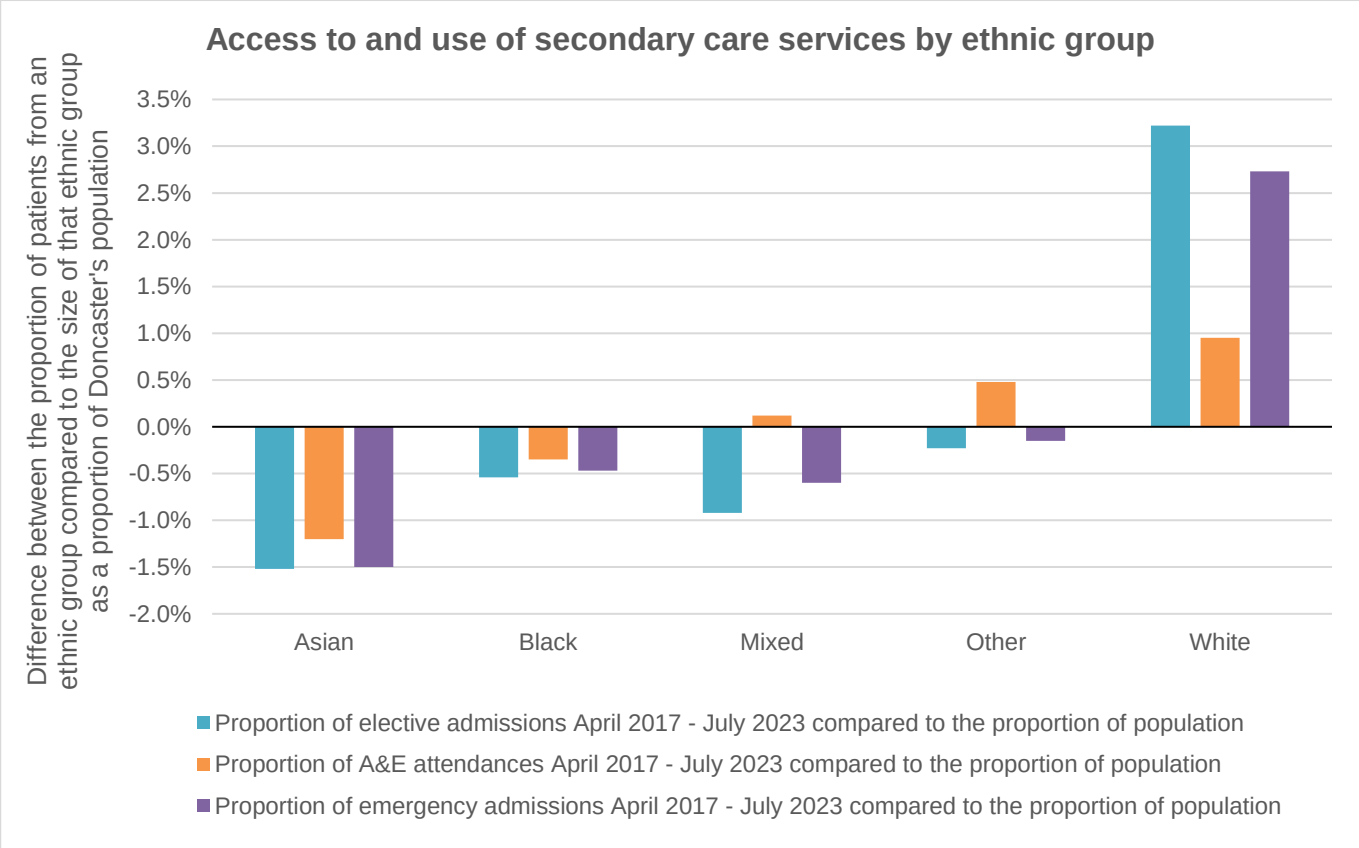

Figure 15. Access to and use of secondary care services April 2017-July 2023 - South Yorkshire ICB data.

Mental health services

The main adult mental health service, Improving Access to Psychological Therapies (IAPT) is provided by RDaSH (Rotherham, Doncaster and South Humber NHS Foundation Trust). In 2023 it was renamed NHS Talking Therapies, but the data below refers to 2022-23.

Referrals

- Referrals to IAPT services broadly reflect the local population, although people from 'Any other white background' (which excludes White British, Irish, Roma, and Gypsy or Irish Traveller groups) are under-represented.

Waiting times

- There was some variation in waiting times by ethnicity, although very small numbers in some groups is likely to affect the validity of the data.

Outcomes

- There was variation in outcomes by ethnicity (the IAPT indicators below show patients who have improved, recovered, and deteriorated), although as above, this is likely to be impacted by very small numbers is some groups.

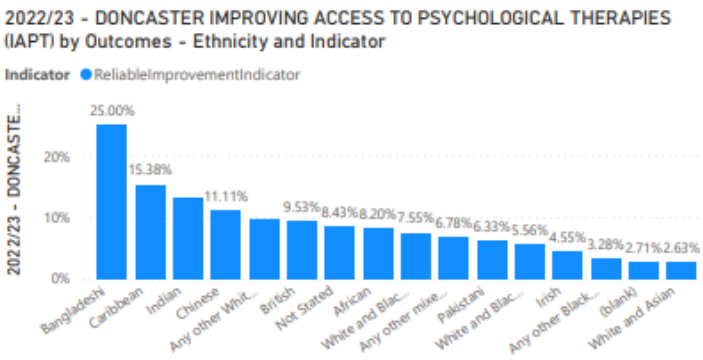

Figure 18. Proportion of patients who met the IAPT criteria for improvement - Doncaster IAPT data and graph.

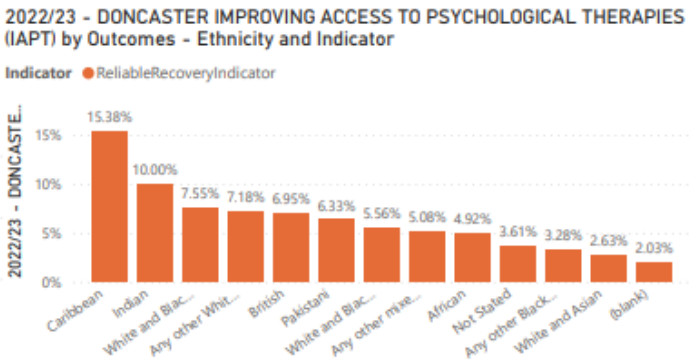

Figure 18. Proportion of patients who met the IAPT criteria for recovery - Doncaster IAPT data and graph.

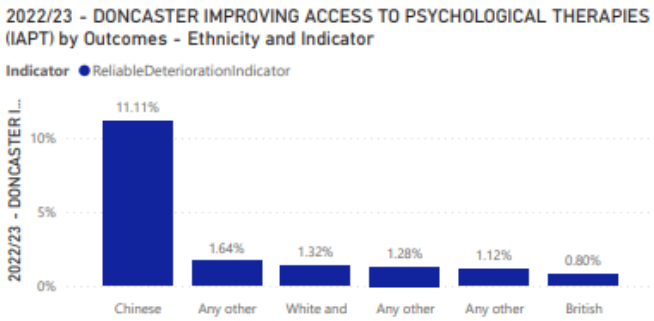

Figure 18. Proportion of patients who met the IAPT criteria for deterioration - Doncaster IAPT data and graph.

COVID-19 and seasonal respiratory infections

During the early part of the pandemic some ethnic minority groups (as in the rest of the UK) experienced disproportionately higher rates of COVID-19 infections and admissions. However, differences were not as marked as UK-wide figures, likely due to the younger age profile of most ethnic minorities in Doncaster.

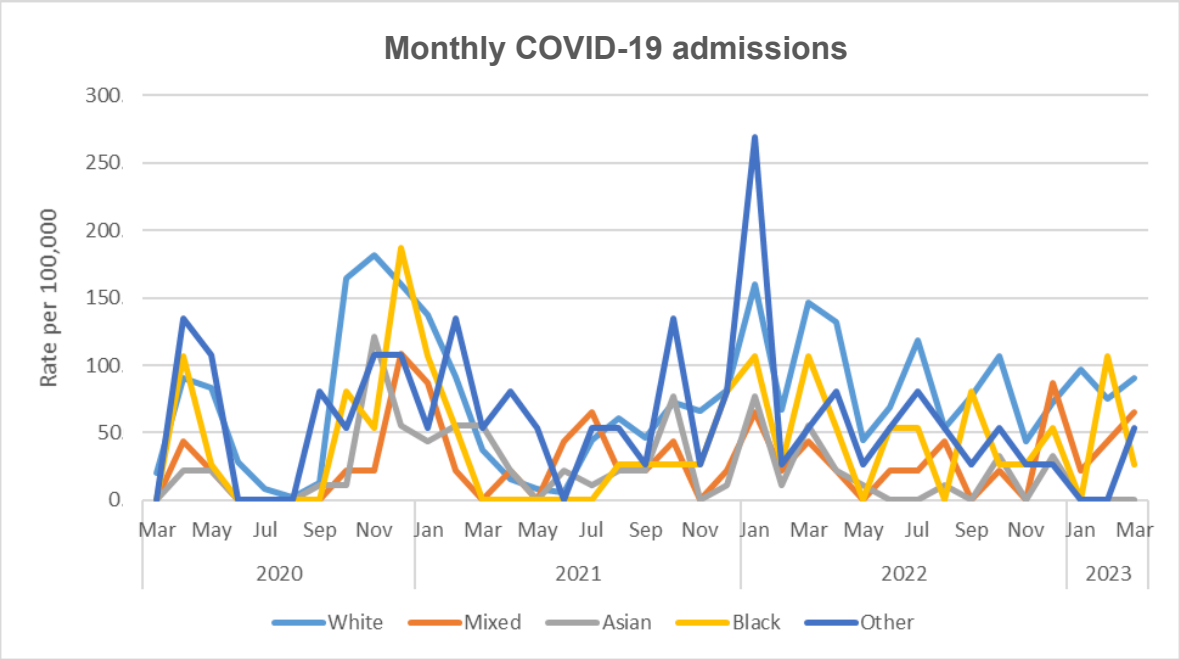

Figure 19. Monthly COVID-19 admissions by ethnicity - South Yorkshire ICB data

Vaccinations

Uptake of the primary COVID-19 vaccinations was lower than the Doncaster average in all ethnic minority groups, other than the Irish and Chinese groups.

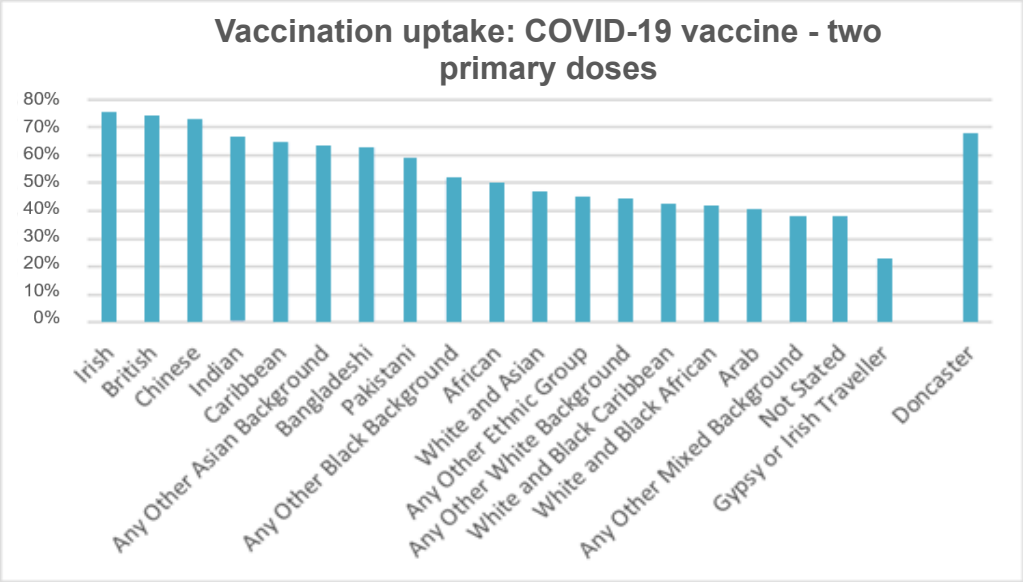

Figure 20. COVID-19 vaccine, uptake of two primary doses - National Immunisation Management System data.

In 2022, uptake of COVID boosters and flu vaccines continued to be lower among ethnic minority groups. However, uptake among these communities was noticeably higher compared to the rest of South Yorkshire, reflecting the targeted engagement work undertaken during the pandemic.

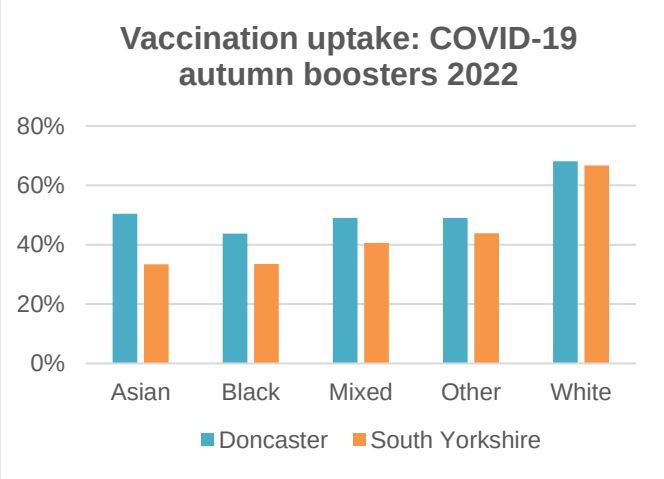

Figure 21. 2022 COVID-19 autumn booster vaccination uptake - National Immunisation Management System data.

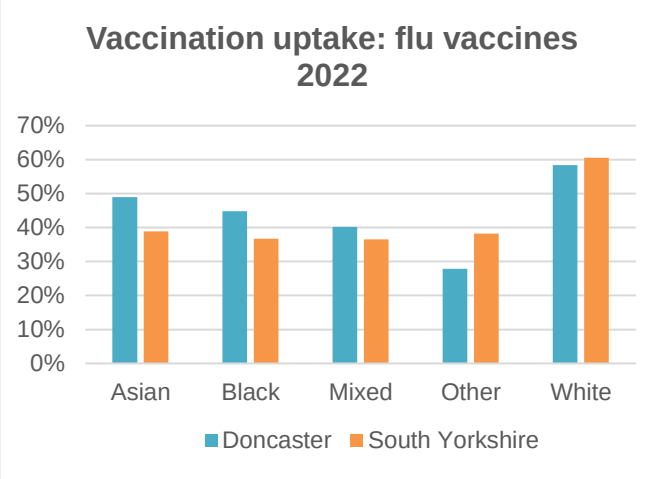

Figure 22. 2022 flu vaccination uptake - National Immunisation Management System data.

Children and young people

Low birth weight

Low birth weight (under 2.5kg) is associated with a higher risk of infant mortality, developmental problems in childhood, and poorer health as an adult.[21] There are some differences between ethnic groups in the percentage of babies with a low birth weight. At a population level this is related to poorer maternal health and antenatal healthcare, and is closely associated with socioeconomic deprivation.[22,23]

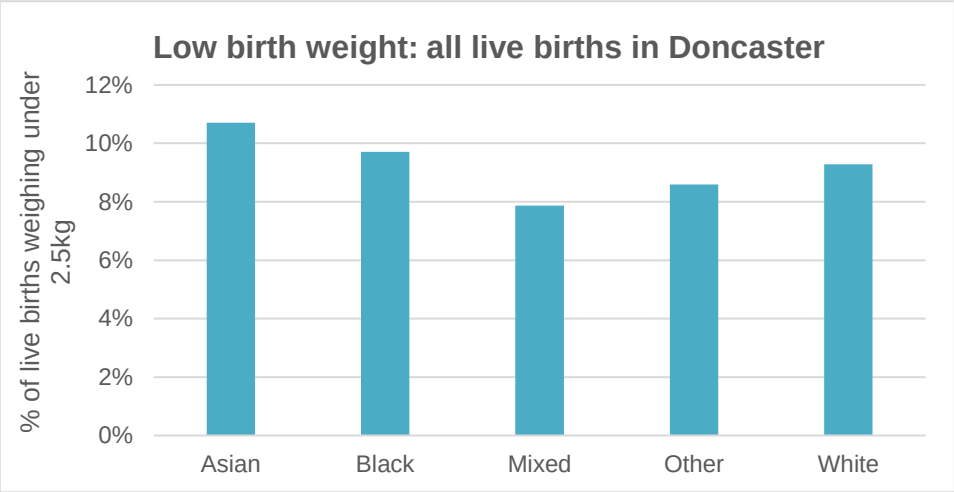

Figure 23. All live births under 2.5kg in Doncaster, April 2017-July 2023 - South Yorkshire ICB data.

Childhood obesity

In line with national findings[24], analysis of local data suggests deprivation (which is correlated with ethnicity) is strongly associated with childhood obesity in Doncaster, and is likely to be the most important factor influencing weight. It is likely this also explains the higher average rates in Doncaster compared to England. However, there are differences between ethnic groups, particularly among older pupils.

Note: ethnicity classifications are those used by the National Child Measurement Programme. Small sample sizes, particularly among the Chinese and mixed ethnic groups, affect confidence in the findings (as shown by the confidence intervals on the graphs), and are less likely to be representative of other year groups.

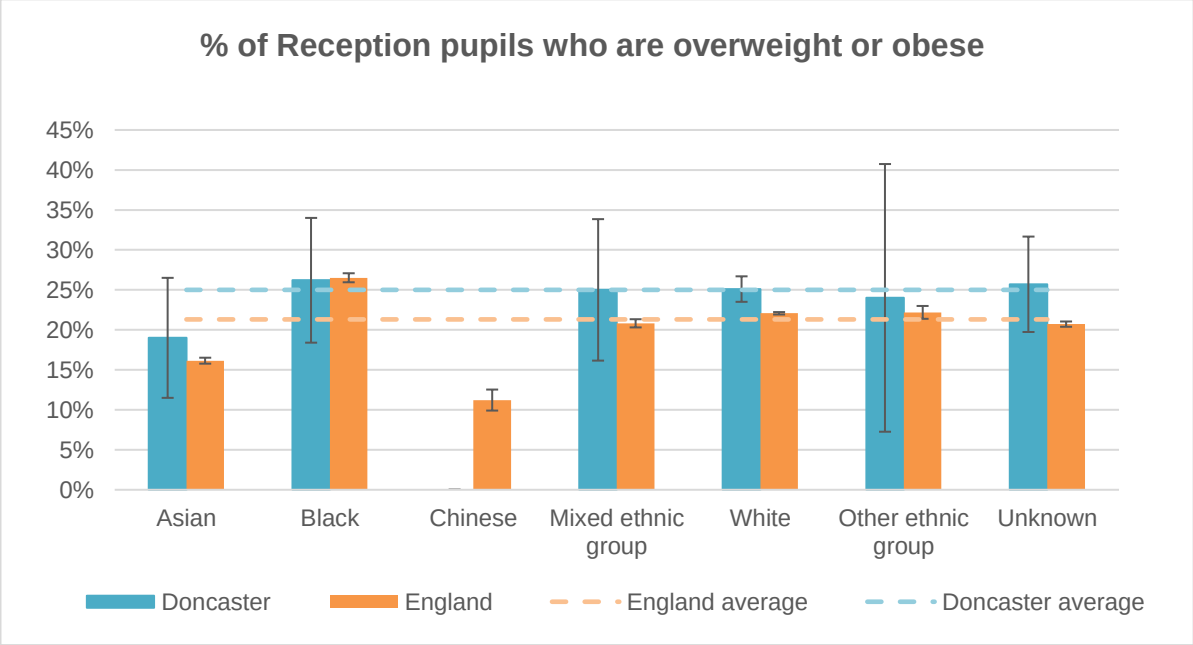

Figure 24. Percentage of Reception pupils who are overweight or obese, 2022/23 - National Child Measurement Programme data.

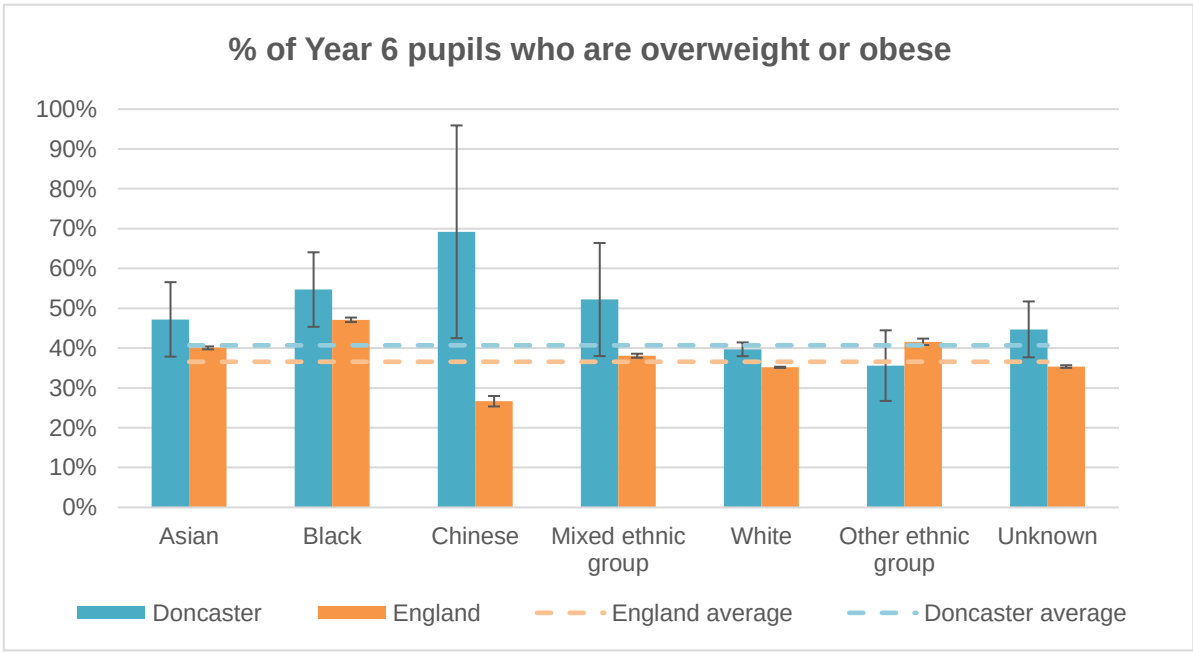

Figure 25. Percentage of Year 6 pupils who are overweight or obese, 2022/23 - National Child Measurement Programme data.

Pupil Lifestyle Survey

The 2023 Doncaster Pupil Lifestyle Survey found some statistically significant differences between pupils from a non-White ethnic minority background (the survey does not differentiate between White British and White ethnic minority backgrounds).

- Primary and secondary school pupils from a non-White ethnic minority background were less likely to have seen a dentist in the previous year compared to all pupils (35% vs 43%, and 51% vs 62%).
- Secondary school pupils from a non-White ethnic minority background were more likely to consume alcohol (24% vs 14%), have tried smoking (23% vs 14%) or have taken drugs (18% vs 6%), and were more likely to smoke (11% vs 4%) or consume alcohol (11% vs 5%) as a coping mechanism when stressed or worried.
- Primary and secondary school pupils from a non-White ethnic minority background were less likely to be exposed to smoking in the home (26% vs 35%, and 28% vs 36%).
- No significant differences by ethnicity for levels of physical activity, happiness with life or being worried about mental health.

Wider determinants of health

Health is shaped by a wide range of factors. Ethnicity data at a local level for these factors is limited, but the census provides a snapshot of some of the building blocks of good health. Data below refers to the census 2021 20b ethnic group classification (shown in Figure 3 above) unless stated otherwise.

Employment

- There were higher rates of unemployment (for people seeking work in March 2021) among many ethnic minority communities. Bangladeshi, African, White and Black Caribbean, and Arab groups had more than the double the average rate for Doncaster.

Language

Excluding children aged 2 or under, among residents from an ethnic minority background:

- 50% speak English as their main language.
- 10% cannot speak English well, and 2% cannot speak English.
- Polish (6,500 people) and Romanian (5,400 people) are the two most common main languages after English.

Education

- Some groups (particularly Roma and Gypsy or Irish Traveller) have higher rates of adults with no qualifications than the White British group.
- However, the majority of groups have higher rates of degree level and above qualifications than the White British group.

Looking at current performance data for state-funded schools in Doncaster:

- Pupils from almost all ethnic minority backgrounds achieve better results than those from the White British group, in line with patterns seen nationally.[25,26]
- However, pupils from a Gypsy, Irish Traveller or Roma background have notably lower results than other pupils.

Housing

Comparing households where the person completing the census was from an ethnic minority background, to where the person was from the White British group, there was:

- Three times the rate of overcrowding (based on the Bedroom Standard).[27]
- Double the rate of households without central heating.

Community Engagement Findings

A series of focus groups were carried out during the first half of 2023 with representatives from a number of ethnic minority communities in Doncaster. Engagement took place with:

- Asylum Seekers (housed in two hotels and with The Conversation Club)
- The African community
- The Caribbean community
- The Chinese community
- The Muslim Ladies Group
- The Polish community
- The Roma community

The groups were asked about the main issues in their community relating to health and wellbeing, what could be done to improve these issues, and (excluding the asylum seekers groups) how things have changed in their community over the last five years.

The key issues and themes arising from the focus groups are discussed below. Many issues were common to more than one community, although it has been highlighted where issues were particularly pertinent for a specific group.

Access to healthcare services: cross-cutting themes

- **Language and translators**
  Language (and in the case of the Roma community, low literacy) was the most common barrier raised. Translated or easy read letters and information, and easy access to translators for arranging and attending healthcare appointments, would make a significant difference to people from multiple ethnic communities.

- **Navigating services**
  Even for people without a language barrier, it can be hard to understand the healthcare system, what services are available, and how to navigate them. It would be helpful if all services, particularly primary care, signposted people to additional or alternative support.

- **Waiting times**
  While long waiting times are currently widespread in the NHS, specific issues raised were the extra delays caused by requesting a translator, the impact of delayed appointments for ongoing treatment for long term conditions, and the time it take for asylum seekers to first access care for long term conditions.

- **Cultural awareness**
  Some groups reported a lack of cultural awareness among clinical and support staff, and felt there should be more training so staff understand how to better support people from different cultures or faiths. The asylum seeker groups suggested this training should also include trauma-informed practice.

- **Workforce diversity**
  Some groups raised the lack of diversity within parts of the health and care workforce, and how this can limit the cultural competency of a service. The Muslim Ladies Group also raised the importance for their community of being able to access female clinicians.

- **Transport and location of services**
  Public transport in areas away from the city centre was highlighted as a barrier to accessing services, which are often centrally located. Groups felt more community-based services would support those unable to travel into the city centre. Accessing primary care was also a challenge for asylum seekers housed in hotels, due to their isolated location and the cost of public transport.

Access to specific healthcare services

- **Primary care**
  Challenges in accessing GP appointments were raised by almost all groups. Barriers included the lack of appointments, complicated or frustrating appointment booking systems, discomfort discussing medical issues with receptionists, inconsistency between practices, and the lack of continuity of care from a specific GP.

- **Dentistry**
  The lack of access to NHS dentistry for adults and children, combined with the prohibitive cost of private dentistry, means people from across ethnic groups cannot access dental care unless it is an emergency.

- **Mental health**
  Mental health was the most significant concern raised by the asylum seeker groups. This included the prevalence of mental health conditions, the exacerbation that long-term isolation in hotel accommodation causes, and the lack of access to support.

- **Dementia services**
  The Chinese community highlighted that a lack of awareness around dementia support services for patients and carers was a barrier to access for their community.

Wider determinants of health

- **Public transport**
  Multiple groups raised the need for better public transport, and the impact this can have on access to public services, as well as leisure and recreational activities. The lack of transport for school pupils attending after-school activities was also a concern among the Polish community.

- **Housing and accommodation**
  Delays in addressing mould and damp issues in social housing can cause serious health issues, but it was felt that these are not adequately prioritised. Asylum seeker groups raised the detrimental impact that being housed in hotels for long time periods, or in dispersed rural accommodation, has on residents' mental and physical health.

- **Community groups and activities**
  Many of the groups would like more opportunities for community events, spaces and groups, both to support people within a given community, and to promote cohesion with the wider community, celebrating diversity and improving understanding of different cultures. Providing and promoting funding opportunities for community groups and activities is important; it was felt this had declined over recent years.

- **Employment and training**
  There was a desire for training in digital skills, and for local employers to undergo cultural awareness training and promote diversity in their workforce and recruitment. Asylum seeker groups face particular barriers: in the absence of being able to legally work they would like to be able to volunteer. They would also value support in getting their qualifications transferred to the UK and accessing training such as ESOL.

- **Accessibility and cultural awareness of other public services**
  Similar to the barriers in accessing healthcare services, many groups find it hard to interact with council systems, the education sector and other public services. Language barriers and the need for translated communications, as well as a lack of cultural understanding, were highlighted as particular challenges.

Recommendations

1. **Develop a refreshed ethnic minorities action plan that addresses the key themes arising from this HNA, with clear owners, timescales and indicators for each action.**

   Areas to address should include:
   - Access to services, including cultural competency, translations and support in navigating services.
   - Children and young people, including obesity, smoking, alcohol and drugs.
   - Targeted support for Gypsy, Roma and Irish Traveller communities and asylum seekers.

   Aimed at: Doncaster Council Public Health Team, overseen by the Minority Partnership Board and Health and Wellbeing Board.

2. **Continue to improve the collection, quality, reporting, sharing and linkage of ethnicity data relating to health and wellbeing, building on the learning and good practice developed during the COVID-19 pandemic.**

   Aimed at: all partners that provide or commission health and wellbeing services, including South Yorkshire ICB, RDaSH, DBHT, Primary Care Doncaster, NHS England, Child Health Information Services (CHIS), Doncaster Council Policy, Insight and Change team.

3. **Embed regular communication and engagement with local ethnic minority communities to ensure services are accessible, needs can be identified on an ongoing basis, and solutions can be co-produced.**

   Aimed at: South Yorkshire ICB, RDaSH, DBHT, Primary Care Doncaster, NHS England, Doncaster Council Public Health and Communities teams, Minority Partnership Board.

4. **Ensure the needs of ethnic minority communities are taken into account when developing the new Health and Wellbeing Strategy and Doncaster 5 Year Plan.**

   Aimed at: Doncaster Council Public Health Team, South Yorkshire ICB, Health and Wellbeing Board.

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Appendix 1. EEiC: What is ethnicity?

EEiC
Thinking Clearly

What is ethnicity?

A complex term with many meanings

Though the terms 'ethnicity' and 'ethnic group' are used frequently in Britain today, their meaning is not always clear. Indeed, 'ethnicity' can be used to mean a range of different things, and is measured in a variety of ways, making it a confusing and contentious concept.

A form of 'bio-social' identity

Ethnic identity draws on a range of social and biological characteristics often linked to notions of ancestry, heritage, culture and appearance – 'where you come from', 'what you believe', 'what you do' and 'what you look like'.

Flexible not fixed

Ethnic identities are not natural or fixed. The meaning and importance of ethnicity varies across space and time.

A product of social relations

Ethnic identities are a product of the societies in which we live. In each social context particular bio-social characteristics become important markers of individual and group identity. Societal structures and ideologies reinforce feelings of 'belonging to' and 'difference from' particular groups or communities. Ethnic identities are hierarchical and shape access to resources within society. Minority ethnic identities are commonly constructed as inferior and minority ethnic people may face significant discrimination and exclusion.

A proxy for factors affecting health

Because ethnicity is operationalised in society along the lines of physical features, ancestry, religion and so on, ethnicity can often be a useful proxy for factors that affect health including: access to health-promoting resources; exposure to health risks; and health-seeking behaviours.

Ethnic groups and categories

There is a popular misconception that groups categorised using ethnicity are homogenous with innate genetic differences or distinct cultures. In fact, there is much heterogeneity within ethnic groups. Nevertheless, such categories are not meaningless and can be useful when they identify groups of people who are at risk of particular disadvantage. The categories used by government agencies – such as the Census 2011 categories – undergo extensive testing for acceptability and relevance, and are revised over time to reflect changes in this fluid concept. Nevertheless, these categories will not always be useful and meaningful.

An important measure of need and access

Because social relations influence the provision of healthcare, and because biological and social characteristics influence health need, we often find significant inequalities between ethnic groups in health outcomes and healthcare access and experience. Ethnicity is therefore an important variable to consider in planning health and social care services.

Now see Thinking Clearly! What are the links between ethnicity and health?

This project was part funded by the National Institute for Health Services and Delivery Research (NIHR HS&DR) programme (project number 09/1002/14). Visit the HS&DR programme website for more information. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR programme, NIHR, NHS or the Department of Health. This project was also part funded by NIHR CLAHRC South Yorkshire.