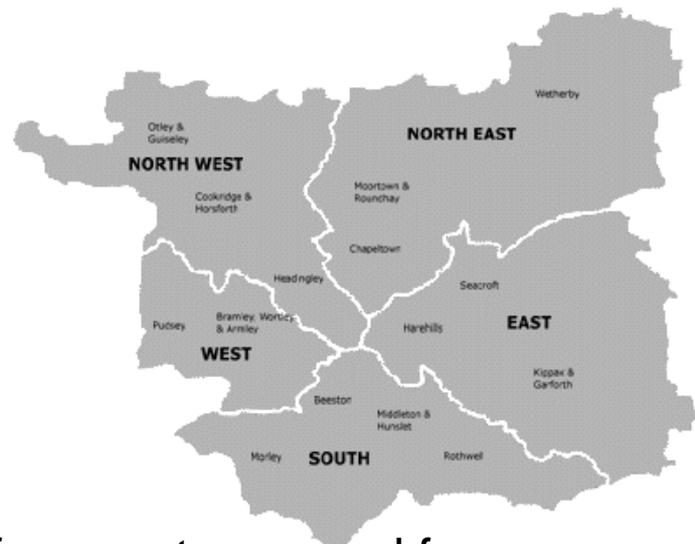




A Health Needs Assessment of Black and Minority Ethnic Children's Needs



Executive Summary of a report prepared for:
**Leeds Children & Families Modernisation Team and
Leeds Health Action Zone**

By:

Barnardo's,
the **Centre for Research in Primary Care,**
and the **Centre for Disability Studies**
(University of Leeds)

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This summary and the full report are available online at:
www.leeds.ac.uk/disability-studies/projects/leedshna.htm

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The aims of this initial study were:

- to carry out a health needs assessment of children and young people (0-19 years) from minority ethnic communities in Leeds, in order to provide an evidence base for future development and improvement of services
- to obtain a baseline profile of the health needs of ethnic minority children in Leeds, in order to ensure that the services planned for them in future are appropriate and culturally acceptable.

The key objectives in addressing these aims were to:

- report on the nature of the population of ethnic minority children in Leeds
- provide a review of literature and shared learning
- obtain the views of parents, children and concerned professionals
- obtain an overview of services for children
- establish key priorities for addressing unmet needs and service developments

Context

- This health needs assessment should be considered as the starting point for an ongoing process of information gathering and analysis, in order to target future interventions and investments to improve the health of minority ethnic children in Leeds.
- Health needs assessment demands a broad definition of health and its determinants that includes individual, social, economic, cultural, environmental, and service factors.
- Health needs assessment for minority ethnic children in Leeds should be set in the context of a wider knowledge and appreciation of national health inequalities.
- Health needs assessment for minority ethnic children should acknowledge the potential impact of personal or institutional racism on health and health care experiences.
- NHS services are not well-focussed on providing services to young people in transitions to adult services and young people from minority ethnic communities may be particularly disadvantaged in this respect.
- It is important to look at the qualitative experience of service use in order to appreciate many of the specific health needs of minority ethnic children. There has been an increasing amount of work in this area. The examples of recent work in the area of haemoglobin disorders and learning difficulties suggest some key areas of concern. These include the assumptions of service providers, the cultural competence of services, the significance of services outside the traditional realms of 'health' care, and the role of community based self-help groups.
- The task of local health needs assessment for minority ethnic children in Leeds is considerably hampered by a lack of reliable ethnic monitoring data on the usage of relevant services. However, the development of new systems for monitoring in both primary care and hospital admissions offer the potential for further more detailed investigation. This should be considered as a next step in the needs assessment process.

National and local populations

- The number of minority ethnic children is increasing nationally and there are more children from ethnic minorities in younger age groups. Pakistani and Indian children form the largest sub-groups, while children of 'mixed' or 'other' parentage are the fastest growing groups. More research into the latter groups is required.
- The overall population of minority ethnic children in Leeds mirrors some of the national trends. The largest minority group of school age children are of Pakistani origin with significant numbers of children from Black and minority White groups. Bangladeshi and Pakistani children show the lowest age profile, with an apparent decline in younger children of Indian origin (although there may be an error of recording here).
- There is considerable ethnic diversity within and between the various wards, with larger concentrations of minority ethnic children in Chapel Allerton, Harehills and University wards. The availability of 2001 Census data will provide a more detailed current picture. However, liaison with Education Leeds over the collection and analysis of pupil ethnicity data would also offer a source of dynamic and up to date information.

Health Inequalities

- Household income, unemployment and poverty are key issues in those areas of the city where most minority ethnic children live. They are also identified as key factors in the ill-health of minority ethnic children nationally. Action to tackle poverty and poor family housing in inner city wards such as Harehills, University and Headingley would have a positive impact on the health of minority ethnic children.
- Existing research data indicates significant health differences between children of different ethnic groups (due to environmental factors, reporting, cultural behaviours, and sometimes genetic factors). These differences suggest a need for greater monitoring, and intervention in key areas of the city. Such intervention might be targeted at children's knowledge of their own health, at psychological and emotional well-being, at promoting healthy lifestyles, reporting of accidents involving children, and at recording the incidence of chronic conditions and impairments (including the prevalence of young Asian and African Caribbean people with learning difficulties).
- National and local data may suggest a case for targeted smoking cessation or prevention work with Black children and Irish girls in the city. Similarly, there has been increasing concern about the health impacts of illegal substance use amongst young people in Britain, such as the increasingly prevalent and regular use of cannabis and dance drugs. However, given the equal prevalence amongst white children, targeting ethnic minority children may not be the most productive strategy on these issues.
- There is clear evidence of differences between children of different ethnic groups in attendance at GP and dental services, in the incidence of dental problems, and in the prescription of medicines. This merits further investigation, through increased ethnic monitoring, and suggests in particular that Bangladeshi and Pakistani communities in Harehills, Chapel Allerton, City and Beeston might be targeted for health promotion work on dental care. There is also a case for targeting refugee and asylum seeker families to increase attendance. There should be some concern about the apparently high level of prescribed medication for African Caribbean boys suggested by the national health data.
- Existing data on children's patterns of hospital attendance shows variation between

different ethnic groups, including significant gender differences. South and South East Asian children appear less likely than the general population to have visited a hospital as outpatients but there are fewer differences in inpatient admissions. The biggest gender differences are in day patient attendance, where there is a striking under-attendance (or under-reporting) in the case of Indian and other South Asian girls. A more detailed investigation of ethnicity data for Leeds hospital admissions is required to investigate the local implications of these trends.

The Views of Professionals, Parents and Young People

- Initial data from the questionnaires suggests that the majority of existing organisations and providers are currently working with minority ethnic children but that many do not have a detailed knowledge or monitoring of this contact. However, there is evidence that some minority communities continue to be under-served, and increased monitoring would assist in confirming this. Organisations are generally able to identify their own needs for additional input and to develop contacts with other, more specialist, agencies. Building this kind of inter-agency knowledge and partnership will be increasingly important in responding to ethnic diversity. There may be a case for the greater co-ordination or collation of citywide information on existing organisational expertise to facilitate this.
- Staff working across a wide range of agencies identified communication and access to services as key issues of concern. Cultural competence was also identified and there was a strong view the ethnic composition of staff in health services should more closely reflect that of the communities they serve. The importance of sharing information across agencies was highlighted. Social exclusion, particularly poor housing, poor environments and poverty in general were identified as the prime determinants of ill-health.
- Minority ethnic parents had a range of service experiences in relation to their children's health, focussed largely on encounters with family doctors, dentists and health visitors. A significant number also used more specialist services, such as speech and language therapy, child development centres, allergy clinics, opticians, physiotherapy and so on. On the whole, their experiences were positive and they felt able to make appropriate choices for their children from the available supports. However, a considerable number experienced difficulties with language barriers, perceptions of cultural incompetence and occasionally actual racism.
- The issues concerning young people from minority ethnic groups were similar to those concerning young people generally. If they perceived discrimination it was just as likely to be on the grounds of them being young than of them being from an ethnic minority group. It is important to point out that it is impossible to draw more than tentative conclusions from such a small sample and that different compositions of groups may have generated different findings e.g. young people who are less confident in the use of English or young people who are regular users of health services. Nevertheless, it is an interesting (and possibly quite heartening) observation that racism is not widely perceived by young people to be a major issue in health services.

The full report is available online. For more information, or to discuss action on any of these issues, please contact:
Susan Rautenberg at East Leeds PCT ☎(0113) 305 9577