

## 6.4 ETHNICITY AND MINORITY ETHNIC POPULATIONS (draft)

Cardiff has the most richly diverse population in Wales as it contains the largest concentration of non-white population both in terms of actual numbers and percentages of any Local Authority in Wales. More than 40% of Wales' non-white population are resident in Cardiff. More significantly some 55% of black groups resident in Wales are living in Cardiff.

According to the Census, the proportion of black and minority ethnic groups in Cardiff has increased from 6.2% in 1991 to over 8% by 2001. However, it is widely accepted that this is an underestimation. Some of the reasons for this underestimation include: a number of established communities perceiving themselves to be Welsh/British, a reluctance to complete forms by some communities, an inability to understand and write English in other communities while some communities would not necessarily identify with any of the categories presented. The actual figure for Cardiff is likely to be nearer 10%, giving a minority ethnic population of some 30,000. Cardiff has many different communities including African-Caribbean, Bangladeshi, Chinese, Somali, Indian, Pakistani, Gujarati, Yemeni and Greek<sup>1</sup>. The number of languages spoken across Cardiff is vast, for example, practitioners in South Riverside estimate that thirty two languages are spoken within the area.

<b>Cardiff's Minority Ethnic Population as Recorded by the 2001 Census of Population &amp; Housing</b>			
<b>Ethnic Group</b>	<b>Total Number of Cardiff Residents by Broad Ethnic Group</b>	<b>% Share of Cardiff Total Population</b>	<b>% Share of Wales Total Population Resident in Cardiff</b>
<b>White</b>	279,624	91.6	9.8
<b>Black Groups</b>	3,898	1.3	55.1
<b>Indian/Pakistani/Bangladeshi</b>	12,080	4.0	47.5
<b>Chinese &amp; Others</b>	3,667	1.2	32.2
<b>Mixed Ethnicity</b>	6,084	2.0	34.4
<b>Total Non-White</b>	25,729	8.4	41.8

Source: 2001 Census of Population & Housing: Key Statistics Table 8

### **Minority Ethnic Populations by Electoral Division in Cardiff**

The various minority ethnic groups in the table<sup>2</sup> form a higher proportion of the population in Grangetown, Riverside, Plasnewydd and Butetown than elsewhere. The highest proportion of black people is found in Butetown, with similar absolute numbers in Grangetown. The highest population proportions and absolute numbers of people of Asian origin are found in Grangetown, Riverside and Plasnewydd. The Chinese and those of mixed race are more evenly distributed across the city. In overall population terms, people of Asian origin are the largest single minority ethnic group numbering nearly as many as those who identify themselves as black, Chinese and mixed race people combined.

<sup>1</sup> Cardiff Council (2003): Commissioning Strategy for Older Peoples Services (Draft Version)

<sup>2</sup> 2001 Census of Population

<b>Ethnic Minorities</b>	<b>Total Population</b>	<b>White</b>		<b>Black</b>		<b>Asian</b>		<b>Chinese or other</b>		<b>Mixed Ethnicity</b>	
		<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Adamsdown</b>	<b>6,850</b>	<b>5,886</b>	<b>85.9</b>	<b>233</b>	<b>3.4</b>	<b>394</b>	<b>5.8</b>	<b>97</b>	<b>1.4</b>	<b>240</b>	<b>3.5</b>
<b>Butetown</b>	<b>4,487</b>	<b>3,035</b>	<b>67.6</b>	<b>601</b>	<b>13.4</b>	<b>364</b>	<b>8.1</b>	<b>115</b>	<b>2.6</b>	<b>372</b>	<b>8.3</b>
<b>Caerau</b>	10,189	9,697	95.2	74	0.7	151	1.5	58	0.6	209	2.1
<b>Canton</b>	13,086	12,071	92.2	99	0.8	609	4.7	67	0.5	240	1.8
<b>Cathays</b>	13,940	12,211	87.6	204	1.5	879	6.3	424	3.0	222	1.6
<b>Creigiau/St. Fagans</b>	4,242	4,143	97.7	15	0.4	34	0.8	19	0.4	31	0.7
<b>Cyncoed</b>	10,312	9,499	92.1	58	0.6	442	4.3	173	1.7	140	1.4
<b>Ely</b>	14,751	14,000	94.9	134	0.9	139	0.9	55	0.4	423	2.9
<b>Fairwater</b>	12,366	11,887	96.1	90	0.7	89	0.7	56	0.5	244	2.0
<b>Gabalfa</b>	7,619	6,819	89.5	69	0.9	395	5.2	177	2.3	159	2.1
<b>Grangetown</b>	<b>14,367</b>	<b>11,077</b>	<b>77.1</b>	<b>603</b>	<b>4.2</b>	<b>1897</b>	<b>13.2</b>	<b>250</b>	<b>1.7</b>	<b>540</b>	<b>3.8</b>
<b>Heath</b>	11,772	11,089	94.2	58	0.5	361	3.1	128	1.1	136	1.2
<b>Lisvane</b>	3,320	3,145	94.7	6	0.2	97	2.9	47	1.4	25	0.8
<b>Llandaff</b>	8,988	8,513	94.7	45	0.5	181	2.0	132	1.5	117	1.3
<b>Llandaff North</b>	8,257	7,824	94.8	57	0.7	167	2.0	47	0.6	162	2.0
<b>Llanishen</b>	16,019	15,340	95.8	70	0.4	244	1.5	149	0.9	216	1.3
<b>Llanrumney</b>	<b>11,226</b>	<b>10,705</b>	<b>95.4</b>	<b>100</b>	<b>0.9</b>	<b>132</b>	<b>1.2</b>	<b>34</b>	<b>0.3</b>	<b>255</b>	<b>2.3</b>
<b>Pentwyn</b>	<b>14,643</b>	<b>13,713</b>	<b>93.6</b>	<b>155</b>	<b>1.1</b>	<b>320</b>	<b>2.2</b>	<b>126</b>	<b>0.9</b>	<b>329</b>	<b>2.2</b>
<b>Pentyrch</b>	3,535	3,461	97.9	11	0.3	24	0.7	14	0.4	25	0.7
<b>Penylan</b>	11,672	10,630	91.1	112	1.0	593	5.1	157	1.3	180	1.5
<b>Plasnewydd</b>	<b>16,339</b>	<b>13,995</b>	<b>85.7</b>	<b>240</b>	<b>1.5</b>	<b>1552</b>	<b>9.5</b>	<b>280</b>	<b>1.7</b>	<b>272</b>	<b>1.7</b>
<b>Pontprennau/Old St. Mellons</b>	8,037	7,404	92.1	54	0.7	183	2.3	258	3.2	138	1.7
<b>Radyr</b>	4,658	4,472	96.0	9	0.2	82	1.8	47	1.0	48	1.0
<b>Rhiwbina</b>	11,252	11,047	98.2	12	0.1	79	0.7	37	0.3	77	0.7
<b>Riverside</b>	<b>12,021</b>	<b>9,216</b>	<b>76.7</b>	<b>342</b>	<b>2.8</b>	<b>1873</b>	<b>15.6</b>	<b>300</b>	<b>2.5</b>	<b>290</b>	<b>2.4</b>
<b>Rumney</b>	<b>8,962</b>	<b>8,675</b>	<b>96.8</b>	<b>41</b>	<b>0.5</b>	<b>72</b>	<b>0.8</b>	<b>49</b>	<b>0.5</b>	<b>125</b>	<b>1.4</b>
<b>Splott</b>	<b>12,074</b>	<b>11,082</b>	<b>91.8</b>	<b>214</b>	<b>1.8</b>	<b>397</b>	<b>3.3</b>	<b>85</b>	<b>0.7</b>	<b>296</b>	<b>2.5</b>
<b>Trowbridge</b>	<b>14,801</b>	<b>13,796</b>	<b>93.2</b>	<b>159</b>	<b>1.1</b>	<b>229</b>	<b>1.5</b>	<b>186</b>	<b>1.3</b>	<b>431</b>	<b>2.9</b>
<b>Whitchurch and Tongwynlais</b>	15,574	15,192	97.5	39	0.3	102	0.7	99	0.6	142	0.9
<b>Cardiff UA/LHB</b>	305,359	279,624	91.6	3,904	1.3	12,081	4.0	3,666	1.2	6,084	2.0

The proportions of different black and minority ethnic communities are shown below. This and the data on religion are all from Census 2001.

<b>Group</b>	<b>% popn</b>	<b>Number</b>
<i>Ethnicity</i>		
White	91.57	279,599
Black	1.28	3,908
Asian	3.95	12,060
Chinese or other	1.2	3,644
Mixed ethnicity	2.00	6,106
<i>Religion</i>		
Sikh	0.3	916
Muslim	3.7	11,297
Jewish	0.3	916
Hindu	0.8	2,442
Buddhist	0.3	916

On a UK level, a report by the government's Social Exclusion Unit indicates that 70% of all people from minority ethnic groups live in the eight most deprived districts of the UK, compared with 40% of the general population<sup>3</sup>. Given that Wales has some of the most economically deprived areas in Europe and the link between poverty and ill health is well documented, there is evidence to suggest that Wales' minority ethnic communities face similar if not increased levels of deprivation and social exclusion.

Across Cardiff, the Welsh Index of Multiple Deprivation<sup>4</sup> ranks the wards of Butetown, Ely and Caerau as the most deprived; Butetown was identified as the most deprived in Cardiff and ranked 37<sup>th</sup> out of 865 wards across Wales. Grangetown, Riverside and Plasnewydd were ranked 8<sup>th</sup>, 11<sup>th</sup> and 15<sup>th</sup>, respectively, in the list of most deprived Electoral Division across Cardiff. The previous tables highlight that minority ethnic communities reside mainly in the most deprived wards in Cardiff. Many of these communities live in the poorest inner city areas and rank amongst the most impoverished of the city's inhabitants.

There is evidence that demonstrates the poor health experienced by these populations, for example, low birthweight babies, high incidence of diabetes and complications of same, high level of iron deficiency amongst infants, high levels of coronary heart disease and high blood pressure. Health status and access to health and social care is generally diminished in most minority ethnic populations because of poverty, language barriers, limited access due to lack of cultural understanding by the service provider, lack of appropriate information and services. The difficulties of language and cultural barriers are most evident when individual patients require health and social care consultations. In addition, the prevalence of

<sup>3</sup> Social Exclusion Unit (2001) : A New Commitment to Neighbourhood Renewal

<sup>4</sup> Welsh Index of Multiple Deprivation (2001) NAFW

genetic conditions associated with particular minority ethnic groups, such as sickle cell disease in the African-Caribbean community, are going to be concentrated in Cardiff.

## **NEEDS OF BLACK & MINORITY ETHNIC COMMUNITIES**

An understanding of the changing structure of black and minority ethnic communities is necessary to enable effective planning to meet the needs of the communities and to ensure equitable access to health and social care.

Until recently there was little nationally collated information on local health and social care needs of minority ethnic communities. As reported by Williams et al “Neither the Welsh Health Survey carried out in the mid 90s nor the Atlas of Health Inequalities in Wales give any information on minorities”.<sup>5</sup> However, this situation is changing following the commitment of the Welsh Assembly Government in its documents *Wellbeing in Wales (2002)* and *Better Health Better Wales (1998)*. Nationally funded projects including the Primary Care Race and Health Project, the Communities First Programme, the Inequalities in Health Fund and the research programme to enhance the evidence base on health promotion issues among ethnic minorities, refugees and travellers in Wales, are beginning to identify the issues. The lack of local ethnic monitoring data in both health and social care services remains problematic and results in the task of quantifying the needs of communities much harder.

### **Health Needs**

Locally, there have been a number of projects undertaken over the last decade that have begun to raise the issue. They are as follows:-

- ‘Barefoot’ Health Workers Project – this is an action research project funded by the SHARP (Sustainable Health Action Research Programme) and the Inequalities in Health Fund of the Welsh Assembly Government. Funding has been secured until February 2005. The Project employs local people to work with the African Caribbean, Bangladeshi, Pakistani, Somali and Yemeni Communities to identify health needs and facilitate activities/services to begin to address these needs. The Project, to date, has identified the following issues<sup>6</sup>
  - language barriers
  - lack of access to facilities and community activities
  - isolation of women within south Asian communities
  - lack of confidence of communities
  - lack of awareness and understanding of the role and organisation of health services by communities
  - women are disadvantaged by projects/services/agencies organising mixed gender sessions or meetings
  - community participation is essential in planning and implementing action
  - qat chewing in the Somali and Yemeni communities
  - mental health issues in the Somali community as a result of the civil war and problems faced by refugees
- HeartLink – this project is funded the Inequalities in Health Fund of the Welsh Assembly Government. Funding has been secured until March 2005. The overall aim of the HeartLink project is to build a comprehensive primary care led service following the guidelines of the Coronary Heart Disease (CHD) National Service Framework (NSF) that is both proactive and responsive. The project works with 12 general practice surgeries across Riverside, Grangetown and Butetown to provide the following: training and accreditation for general practitioners and practice nurses in heart disease and diabetes; provision of dietetic and podiatry clinical services; nurse facilitator support to establish chronic disease registers; culturally specific health education advice to practice staff and patients from minority ethnic communities; and the provision of linkworker support during heart disease and diabetic clinics. The Project, to date, has identified the following issues<sup>7</sup>
  - practice nurses are poorly equipped to give culturally specific health education

- language needs of patients are not identified and language support is not provided during patient/practitioner sessions
  - individuals from black and minority ethnic communities are not receiving adequate information about services available
  - community health promotion events/initiatives are most likely to be successful if they are sensitive to culture, context, gender, language needs and minority ethnic group
- Development of a Language and Communication Strategy for Cardiff<sup>8</sup> – this strategy is being developed on behalf of the Cardiff Health Alliance following the identification of the need for language and communication support and the lack of co-ordination of interpretation services across agencies. A strategic framework sets out strategic principles to which organisations which commission and provide services can subscribe in order to establish a consistency of approach that can eventually lead to more integrated, effective and efficient communication support. The overall aims of the framework are to facilitate:
  - better collaboration in the area of language and communication support between public sector agencies;
  - improvement of services for minority ethnic groups through better communication between service providers, service users and carers;
  - development of a better ‘cultural’ understanding of and sensitivity to minority ethnic communities by service providers;
  - establishment of recognised levels of commitment and support to appropriate levels of service provision in the area of language and communication support;
  - wide spread acceptance of the concept that communicating properly with people who require or prefer to use other languages is their fundamental right.
- Eastern Cardiff Services Review<sup>9</sup> – this report from Cardiff Local Health Group identified the needs in Eastern Cardiff to be as follows
  - literacy support/language support, including special needs support
  - interpretation facilities
  - better access to information
  - social and medical support / co-ordination
  - medical services, including asylum seekers assessments, Thallassaemia clinics and TB clinics
  - culturally appropriate and sensitive services
  - a meeting centre in Cardiff

The following additional reports provide further local evidence:

- Aspinall P (2003) A systematic review of the literature on health status, health needs and use of services in the minority ethnic group population and of appropriate health and social care interventions. Centre for Health Services Studies, University of Kent (draft)
- Leedham I and Akhtar L (2002) Diabetes health promotion in minority ethnic communities: Report of a research and development programme in Wales. A Diabetes UK Report. Cardiff: Diabetes UK Cymru
- Coyle E, Harvey I and Shah L (1993) The Health and Social Care Needs of Ethnic Minorities in South Glamorgan. South Glamorgan Health Authority, Cardiff
- *The Goal Project, Towards a good Old Age* south Glamorgan Race Equality Council and Social Services Department 1994
- PRIAE, *Hope and Care, Black and Minority Elders in Wales*, October 2000.
- M Nyoni, *From the Margins to the Centre, Assessing the need for a black and minority ethnic housing strategy for Wales*

Among the themes that emerge from the research are the high levels of hidden and unmet need, low levels of knowledge of existing services, communication barriers, difficulties in accessing culturally appropriate care services information and knowledge barriers, cultural barriers and culturally insensitive service delivery.

**Current initiatives instigated by the Health Alliance**

Language and Communication Strategy – see above

**Current Services provided by the Council include :-**

- Domiciliary Care Services – the provision of a specialist Day Care service for
- BME communities is currently being investigated
- Interpretation Service
- Housing Services
- Support and advice to BME carers

A report/ audit is currently being prepared on the provision of services for black and minority ethnic communities by the statutory, voluntary and independent health and social care sector. Initial results indicate very few services are able to cater for the needs of minority ethnic communities.

**Current initiatives within social care include:**

- An Interpretation service has been set up over the last year accessible by all front line staff working in social care. A current flexibilities project is looking at a joint service between both health and social care
- Working towards culturally appropriate day care services in partnership with the community and health colleagues.
- An investigation into the housing needs of minority communities through the Homeless Strategy<sup>10</sup> and the BME Housing Strategy.
- A report into current social care provision across sectors for minority communities including carers from these backgrounds
- Community based initiatives in the field of drugs and alcohol dependency

**Current Initiatives within Health include:**

- ‘Barefoot’ Health Workers Project – see above
- HeartLink Project – see above

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<sup>5</sup> Williams, Evans and O’Leary (2003) A Tolerant Nation, Exploring Ethnic Diversity in Wales

<sup>6</sup> Cardiff Local Health Group (2002) ‘Barefoot’ Health Workers Project. Phase 1 Report. Cardiff LHG

<sup>7</sup> Cardiff Local Health Board (2003) HeartLink Project. Progress report of the first year (April 2002 – April 2003). Cardiff LHB

<sup>8</sup> Cardiff Health Alliance (2003) Development of a Language and Communication Strategy for Cardiff. Cardiff Health Alliance.

<sup>9</sup> Cardiff Local Health Group (2000) Health Services for Eastern Cardiff. Cardiff LHG

<sup>10</sup> Cardiff Council (2003): Cardiff Homelessness Strategy 2003 –2008 (Draft Version)