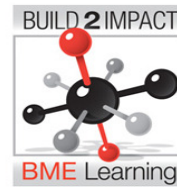


Factsheet



AREA: Leeds

Population: 723,000 in 2005 (Office of National Statistics).

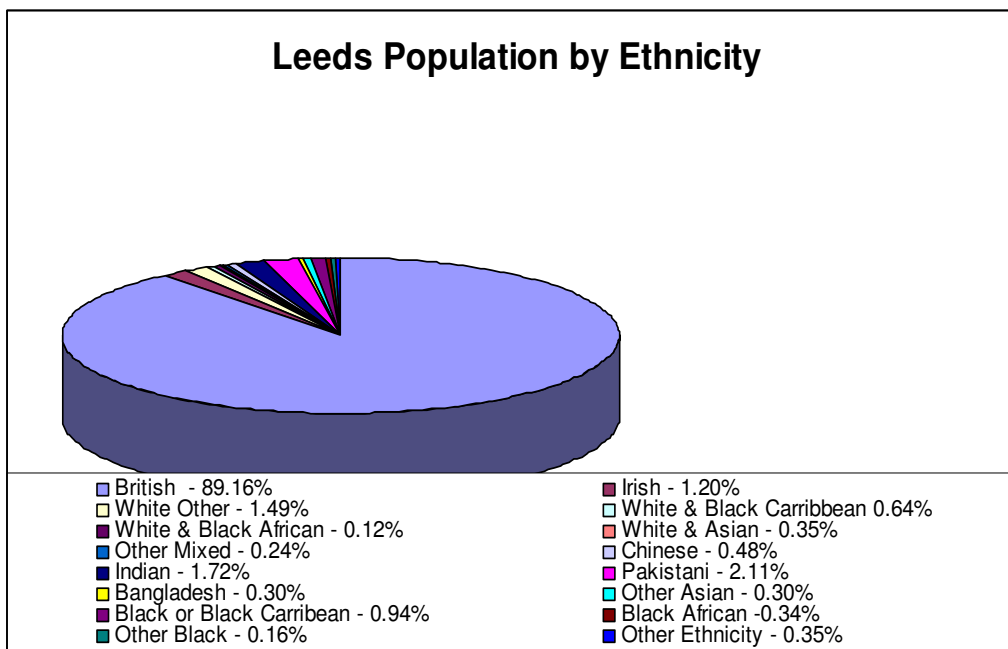
The population is expected to rise to over 760,000 by 2030. However the profile will shift towards a greater percentage of older people.

Population by Ethnicity:

People from Black and Minority Ethnic groups accounted for 8.15% of the resident population in 2001, are estimated at 10.2% in 2005 and are expected to rise to 15% by 2030.

Thus the proportion of the White population is expected to drop by 4.7% to 85% by 2030, compared to 89.8% in 2005 although migration patterns may well be affected by development in the European Union.

The age structure of black and ethnic minority communities will also contain higher proportions of people in older age groups.



Overview: Leeds covers 552 square kilometres and is the second largest Metropolitan District in England

Leeds is a confident and ambitious city with a strong economy which, over the last 20 years, has created more jobs than in any major city outside London. The employment rate continues to rise – from 75.1 in Q3 2005 to 76.2% in Q3 2006. Over this same period the England average fell from 75.1% to 74.8%.

But despite this:

- The poorest part of Leeds has only 42% of the gross income of the richest part. A significant proportion of households with children are estimated to be in child poverty (gross income below 60% of the median: e.g. Leeds Central constituency 28%; Leeds East 26% and Leeds West 22%)
- There are over 65,000 residents not in employment and 1 in 4 households in receipt of benefit.
- 1/5th of all children aged 0-16 live in households in receipt of a local authority administered benefit.

Indices of Deprivation:

ID2004

The ID2004 are measures of deprivation for every Super Output Area in England (lower layer) and local authority area.

Although Leeds as a whole is ranked as 68th most deprived, 100 out of the 476 SOAs in Leeds are ranked in the most deprived 10% in England on the Index of Multiple Deprivation. The majority of these are located in the inner city. Around 20% of the population live in these SOAs.

- Income Deprivation: Leeds contains the 3rd most deprived SOA in the country
- Health Deprivation and Disability: 67 Leeds SOAs are among the most deprived 10% nationally
- Living Environment: 170 SOAs are among the most deprived 10% nationally, and Leeds has 4 SOAs ranked in the 10 most deprived in the country

ID2007

An analysis of the Index of Multiple Deprivation 2007 shows that Leeds now has:

- 22 SOAs (4.6%) in the most deprived 3% on the national scale (covering an approximate population of 33,000)
- 95 SOAs (20%) in the most deprived 10% on the national scale (covering an approximate population of 143,000)
- 131 SOAs (27.5%) in the most deprived 20% on the national scale (covering an approximate population of 197,000)
- The most deprived SOA in the city is ranked 113 on the national scale (Scott Hall Road / Sholebrokes)
- The least deprived is ranked 32,338 (Ainsty Road / Nidd Approach)
- Gipton & Harehills is the only ward with 100% of its SOAs ranked in the most deprived 20%
- 8 wards have 50% or more of their SOAs ranked in the most deprived 20%

Ethnicity Breakdown for 100 Most Deprived SOA

	Total Persons	Rate for 100 SOA	Leeds MD	Rest of Leeds
White	127561	84.62%	91.85%	93.73%
British	123115	81.67%	89.16%	91.17%
Irish	2372	1.57%	1.20%	1.09%
White Other	2074	1.38%	1.49%	1.53%
Mixed	3630	2.41%	1.36%	1.08%
White & Black Caribbean	2155	1.43%	0.64%	0.43%
White & Black African	348	0.23%	0.12%	0.39%
White & Asian	669	0.44%	0.35%	0.33%
Other Mixed	458	0.30%	0.24%	0.22%
Chinese	648	0.43%	0.48%	0.50%
Asian or Asian British	12504	8.29%	4.51%	3.50%

Indian	2141	1.42%	1.72%	1.80%
Pakistani	7536	5.00%	2.11%	1.33%
Bangladesh	2184	1.45%	0.30%	0.06%
Other Asian	643	0.43%	0.30%	0.31%
Black or Black British	5592	3.71%	1.44%	0.84%
Black or Black Caribbean	3725	2.47%	0.94%	0.53%
Black African	1112	0.74%	0.34%	0.23%
Other Black	755	0.50%	0.16%	0.07%
Other Ethnicity	808	0.54%	0.35%	0.30%

Breakdown of school population:

20,000 children (18%) are of Black and Minority Ethnic heritage. This proportion has increased steadily over the last few years; especially in the context of falling pupil number overall. It is higher in primary schools and also higher than seen nationally. The single largest group are children of non Kashmiri Pakistani heritage (3.6%).

Attainment:

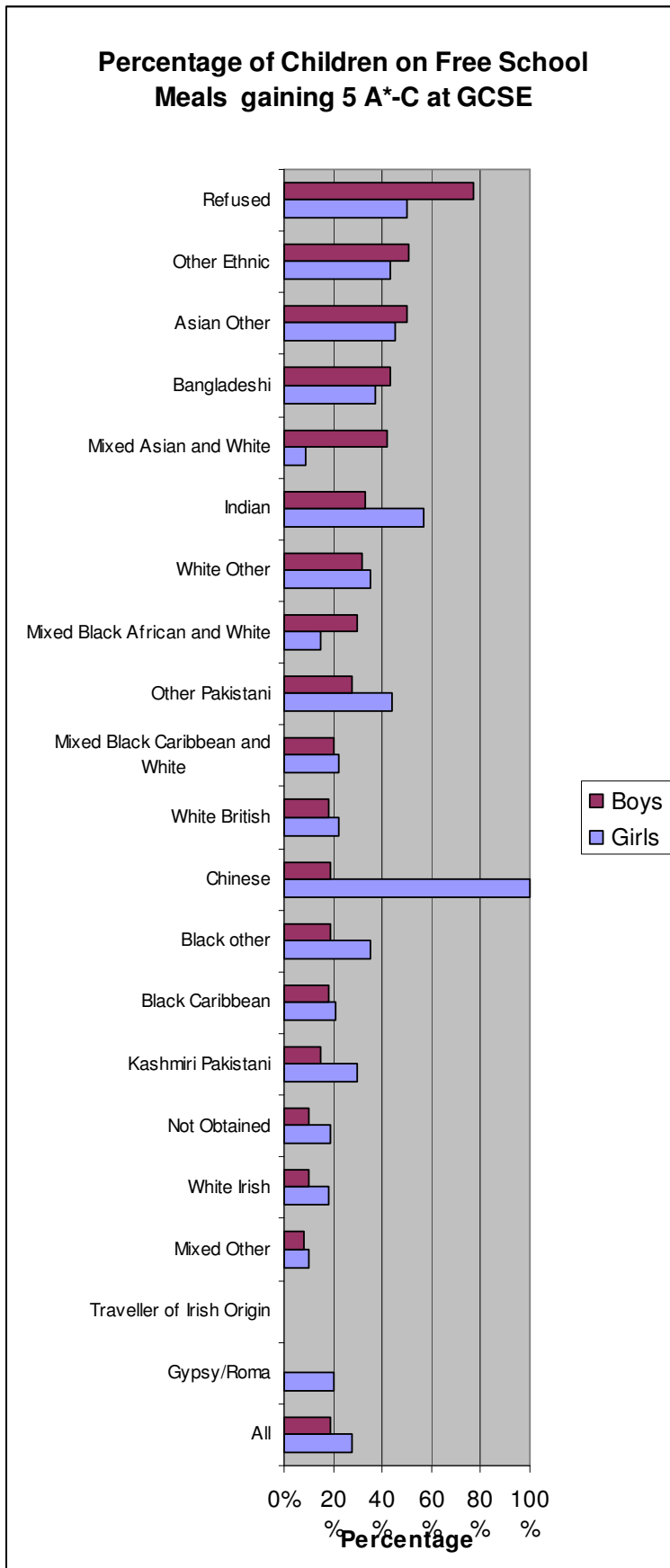
The below table is the achievement of young people across Leeds for the past three years by ethnic group. As there are not a lot of young people in some of the ethnic groups, the data has been shown as <5 to protect their identities.

	2006	2007	2008
	%	%	%
Bangladeshi	59.0	39.6	40.0
Indian	66.9	67.4	73.5
Kashmiri Pakistani	36.8	36.4	45.3
Other Pakistani	41.0	50.8	47.3
Other Asian background	55.6	63.9	58.3
Black Caribbean	28.0	48.4	54.3
Black African	49.6	50.9	54.2
Mixed Black African and White	33.3	50.0	55.6
Mixed Black Caribbean and White	32.3	39.0	51.8
Mixed Asian and White	63.8	52.2	68.6
Other Mixed Background	40.0	37.9	50.0
Chinese	75.8	85.3	87.8
Other Ethnic group	56.6	51.1	66.7
White British	53.1	57.4	62.2
White Irish	51.4	55.9	59.0
Traveller Irish Heritage	<5	<5	<5
Gypsy\Roma	<5	<5	26.3
Other White Background	60.9	60.2	77.3
Info Not Obtained	25.5	41.5	50.0
Refused	68.4	81.0	75.0
Leeds	52.0	56.1	61.2

At GCSE, children of Black Caribbean and Black Other heritage perform 23% worse than average. However children of Bangladeshi and Indian heritage have shown considerable improvement. In 2006 the Bangladeshi children who were 20% below average at Key Stage 3 were 7% above average in GCSE (5+ A*-C grades).

Pupils of ethnic minority heritage have higher rates of free school meal eligibility and are more likely to live in deprived neighbourhoods.

For GCSE, despite some recent improvements, over twice the percentage of pupils subject to deprivation leave school with no passes at GCSE than the Leeds average. The performance of white boys on free school meals is no better than most ethnic minority groups.



Other Educational Statistics:

Children of BME heritage are more likely to be absent from or excluded from school although there are important variations between groups.

Pupils of Chinese, Black African and Indian heritage have low levels of absence.

“Looked After” Children:

Due to the low numbers of “Looked after Children,” it is impossible to get this information sorted by ethnicity as it may identify the children involved. Below is a table of the results gained by the children in the 2008 round of GCSE’s in Leeds.

2008 Key Stage 4 outcomes for Looked After Children

Number of pupils in OC2 Key Stage 4 cohort: 126				
KS4 Outcome	Number of pupils		Percentage of pupils	
	A*-C	A*-G	A*-C	A*-G
Sat at least one but achieved none	33	<5	26.2	<5
1+	42	74	33.3	58.7
3+	25	61	19.8	48.4
4+	20	55	15.9	43.7
5+	16	50	12.7	39.7
9+	8	26	6.3	20.6
12+	<5	5	<5	4.0
not entered	15	15	11.9	11.9
missing data	34	34	27.0	27.0

Young Offenders:

NEET:

Below is a table showing the destinations of school leavers from the 2007 cohort of students in Leeds, by ethnicity. Again, where there are small numbers of young people, these are marked as <5 to protect identities.

		Current Situation Not Known	Employment	Further Education	Government Supported Training	NEET	Others not counted as EET or NEET	Grand Total
		%	%	%	%	%	%	Number
	not known	21.85	8.40	35.29	6.30	22.27	5.88	238
ASIAN or ASIAN BRITISH	Bangladeshi	<5	<5	80.00	<5	<5	<5	55
	Indian	<5	<5	93.22	<5	3.39	<5	177
	Kashmiri Other	<5	0.00	100.00	<5	<5	<5	5
	Kashmiri Pakistani	<5	4.58	87.02	<5	3.82	<5	131
	Other Pakistani	<5	<5	92.11	<5	4.21	<5	190
	Other Asian background	<5	<5	97.06	<5	<5	<5	34
BLACK	Black African	<5	<5	94.44	<5	<5	<5	108

OR BLACK BRITISH	Black Caribbean	<5	3.91	79.69	3.91	8.59	<5	128
	Other Black Background	<5	<5	87.76	<5	<5	<5	49
MIXED	Mixed Black African and White	<5	0.00	79.31	<5	17.24	<5	29
	Mixed Black Caribbean and White	<5	6.30	73.23	7.09	12.60	<5	127
	Mixed Asian and White	<5	11.36	75.00	<5	13.64	<5	44
	Other Mixed Background	<5	<5	88.33	<5	<5	<5	60
CHINESE OR OTHER ETHNIC GROUP	Chinese	<5	<5	96.97	<5	<5	<5	33
	Other Ethnic group	<5	<5	82.93	<5	<5	<5	41
WHITE	White British	2.26	12.78	74.38	2.59	7.87	0.00	7292
	White Irish	<5	<5	80.00	<5	<5	<5	35
	Traveller Irish Heritage	<5	<5	<5	<5	<5	<5	8
	Gypsy\Roma	<5	<5	<5	<5	<5	<5	11
	Other White Background	<5	<5	89.87	<5	<5	<5	79
	UNKNO WN	Info Not Obtained	<5	9.09	70.91	<5	14.55	<5
	Refused	<5	<5	95.24	<5	<5	<5	21
Total		2.72	11.25	75.12	2.59	8.03	0.29	8950

General Skills:

Unemployment:

Though the employment in Leeds has been steadily rising in recent years, the current economic situation has put it at risk. In a recent report the Work Foundation conducted, unemployment in Leeds, Bradford and Kirklees has risen in the 12 months until February 2009. They found that the number of benefit claimants in Leeds rose from 12,628 to 21,558, from 2.5% to 4.3%.

Health Information:

BME groups generally have worse health (including mental health), with higher rates of limiting long term conditions (e.g. diabetes), than the general population. Although the higher rate of deprivation among BME groups is the most significant factor contributing to ethnic health inequalities, there is also a complex synergy of contributing factors including the long term impact of migration, racism, and discrimination; poor uptake and delivery of services; differences in culture and lifestyles; and biological susceptibility.

CANCER - Although the proportionate number of deaths in BME communities is lower because their age structure is generally younger, there is evidence nationally that people from BME communities "come later to diagnosis, are under-represented in clinical trials and are less likely to access palliative care services." Also there is variation between groups in the incidence of cancer with prostate cancer higher among African-Caribbean men, mouth cancer higher among South Asians and Liver cancer higher among Bangladeshi and Chinese people.

MENTAL HEALTH - In Leeds around 40% of the 13500 people on incapacity benefit are classed as having mental health problems. Despite the generally poor statistical information around mental health, one thing is clear: that the experience of Black and Ethnic Minority groups is often much worse than that of the general population. Although this manifests itself differently for different ethnic groups, mental health problems too often go unrecognised and untreated. In addition to issues relating to migration and racism, many of these groups also have to grapple with low income and poor housing. Where mental health problems are manifest they often result in stigma – within communities as well as externally. In the latest national census 22% of in patients were from BME groups and 6% reported that English was not their first language. Rates of admission were lower than the national average among the White British, Indian and Chinese groups and were average for other South Asian groups. There was an increase year on year among the Other White group. However the rates for people in the various Black, African and Caribbean census groups were 3 – 10 times higher. Patients from these groups were less likely to be referred through GP or community channels and more likely to have been detained under the Mental Health Act on admission. Patients from the Black groups and Other White group were more likely to be secluded and to have longer stays. One group which is often overlooked is the Irish population. "Irish people living in the United Kingdom have much higher hospital admission rates for mental health problems compared with other ethnic groups. In particular they have higher rates of depression and alcohol problems and are more likely to commit suicide." (Mental Health Foundation). For people with learning disabilities about 12% nationally were from BME groups. The Leeds Partnerships Foundation Trust contributes to the Count me in survey and is improving its own data collection.

Poor mental health is associated with poor physical health and worse access to services. A report from the Disability Rights Commission (Equal Treatment: Closing the Gap Oct 2006) found that people with particular mental illnesses or with learning disabilities had higher rates of major diseases, were diagnosed later, and died earlier. For example people with schizophrenia have double the risk of death from bowel cancer over people without mental health problems. People with mental health problems or learning disability are less likely to be screened, receive less preventive intervention and advice, and often have less access to healthier lifestyles.

Obesity - In 2005, 22.1% of men and 24.3% of women were obese and almost two thirds of all adults overweight. In 2003, nearly a quarter of males in Yorkshire and Humber (24.6%) were estimated to be obese, the highest prevalence of any region in England. The region also has the highest obesity prevalence among young adult males (aged 16-24) of any region in England (based on 2002 data).

There is a much higher prevalence of obesity amongst Asian people than the rest of the population.

General Health Facts –

- The average life expectancy for Gypsy and Travellers in Leeds is 50
- Perinatal (new born and early births) mortality among babies of Pakistani and Caribbean born mothers is almost double the national average
- Smoking prevalence is high among Bangladeshi (44%) and Irish (39%) men.
- Mental Health treatment rates show that African Caribbean people have a diagnosed prevalence of psychotic illness several times higher than the general population.
- Suicide rates in young Asian women are more than double those for young white women
- Surveys commonly show that Pakistani, Bangladeshi and Black Caribbean populations report the poorest health

- There is growing concern about the increasing number of destitute failed asylum seekers in Leeds

Sources: Leeds Council, Leeds PCT, Education Leeds, Measuring the Gap: Tackling health Inequalities.