

JSNA Health and Wellbeing Profile 2024/25

Race and Health data headlines

Introduction

The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify current and future health and care needs for our population. It aims to inform decisions about how we design, commission and deliver services to improve and protect health and wellbeing of our residents, and address inequalities in health.

A Health and Wellbeing data profile for Bristol is produced and published on the councils [JSNA website](#) and is maintained and updated throughout the year as new data become available for each of the 80+ health related sections. Each section aims to include equalities data wherever possible and all findings relating to race and health have been extracted (as at 1st December 2024) and amalgamated into the following report, organised by theme.

Theme - Children and Young People's Health

Breastfeeding: In Bristol the breastfeeding initiation rate (any breastfeeding at 48 hours) in 2023/24 was 81.4%. By broad ethnicity group rates were lowest for White women (78.5%) and highest for Black women (91.5%) – Figure 1.

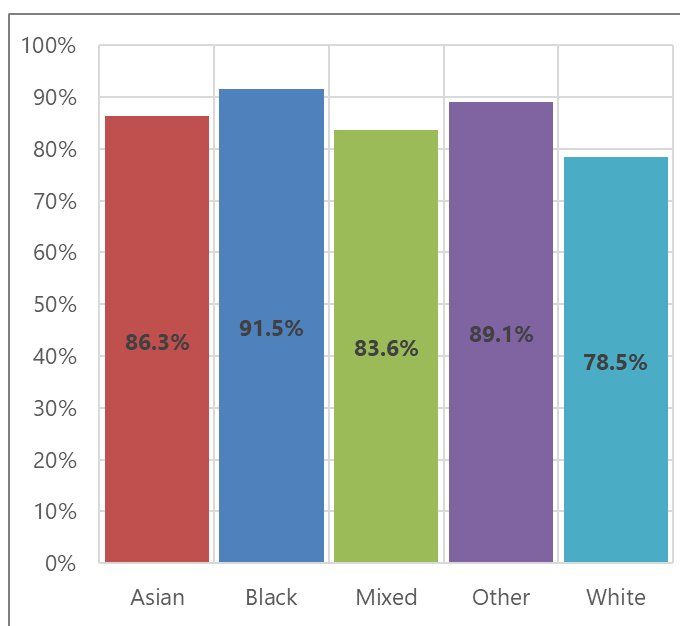


Fig. 1: Any breastfeeding at 48 hours by broad ethnicity, during latest 3 year period 2021/22-2023/24. (Source: Locally collated maternity dataset, NBT & UHBW).

Dental Health: National data for 2021/22 shows that 62.3% of Asian Chinese children (aged 5 years) were free from dental decay, compared to the average of 76.3%. Older data from 2018/19 shows that 5-year-old children from Asian, Chinese, and Other ethnic minorities have more decayed, filled, or missing teeth than children from White and mixed ethnic groups (Source: [Fingertips | Department of Health and Social Care](#)).

Healthy weight: Figure 2 overleaf shows that the variation in the prevalence of excess weight amongst year 6 pupils by ethnicity is greater for male pupils than female pupils in Bristol. In all the ethnic groups included in the analysis, the prevalence of excess weight was greater for male pupils than female pupils, to a statistically significant extent for a proportion of them; White – other (typically Eastern European), White (broad category), White - British, Asian/Asian British (broad category) and those of Asian - Indian ethnicity.

Amongst the female year 6 pupils only, just the female pupils in the Black and Black British (broad ethnic category) and those of Black African ethnicity were on average more likely to a statistically significant extent to be overweight or obese than the Bristol schools average for female pupils in year 6.

More variation in the prevalence of excess weight amongst year 6 male pupils meant that more ethnic groups were significantly different to the Bristol schools average for male pupils in year 6. Male pupils of white ethnicity (broad category) and White British ethnicity were significantly less likely to be overweight or obese than the Bristol schools average for male pupils. A much larger selection of non-white ethnic groups were identified where the male pupils in year 6 were significantly more likely to be overweight or obese than the Bristol schools average for male pupils; Asian/Asian British (broad category), Black/Black British (broad category), plus those of Asian – Indian, Asian – Pakistani, Black – African and Mixed (white & black Caribbean) ethnicities.

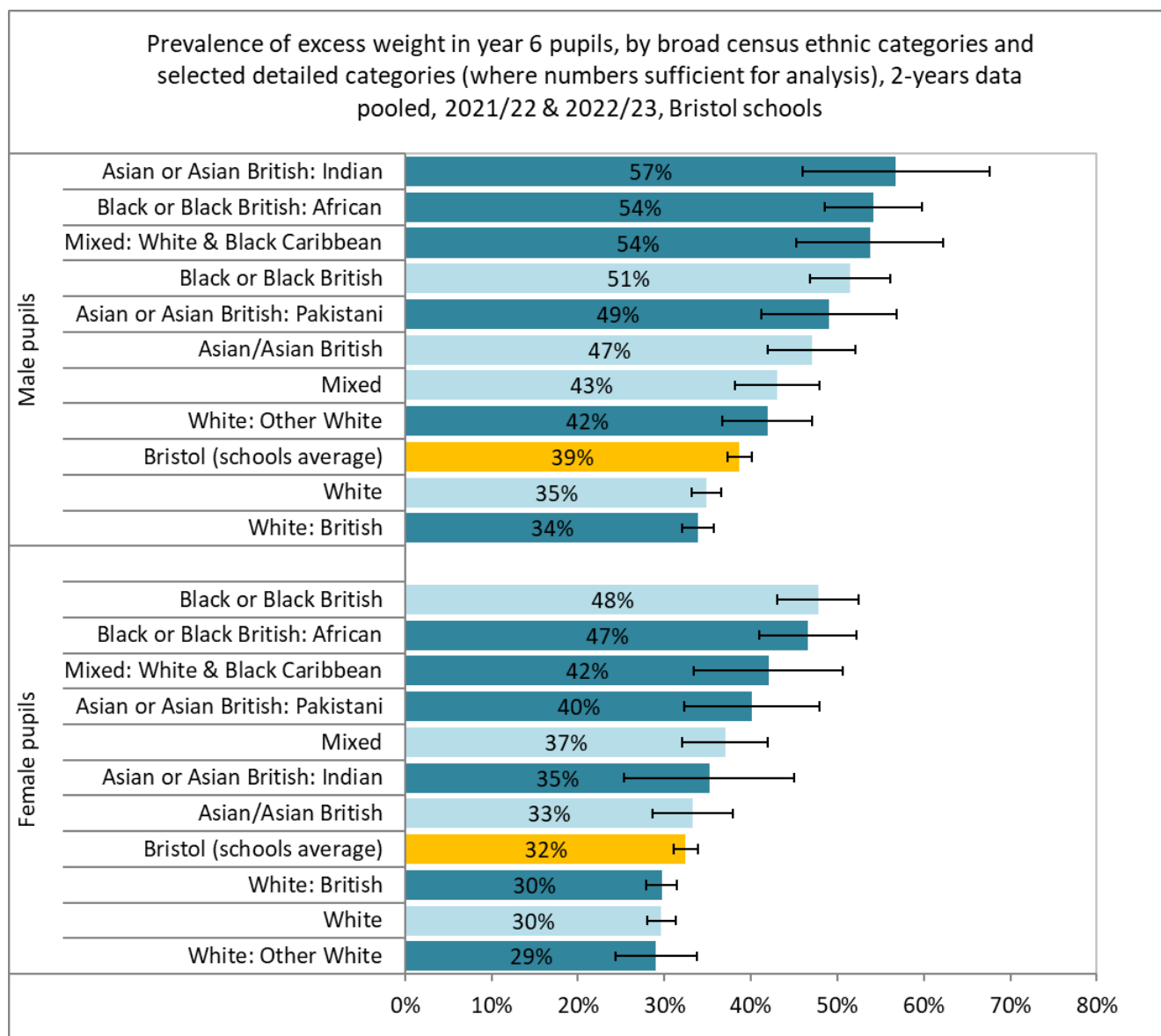


Figure 2: Local collation of NCMP data, Bristol City Council (Public Health)

Lifestyle behaviours of young people: The Bristol Pupil Voice 2022 findings indicated that 52% of primary pupils and 41% of secondary pupils were active (enough to breathe harder and faster or feel hot and sweaty for at least half an hour) on five or more days, in the week before the survey. Pupils of an ethnicity other than White British were on average significantly less likely to be active everyday than their peers.

Low Birth Weight: In Bristol during 2021-23, mothers of Asian ethnicity were on average significantly more likely to deliver a low birth weight baby (all live births), compared to the equivalent statistics for mothers of white ethnicity – Figures 3 and 4 (Source: Locally collated maternity dataset, NBT & UHBW).

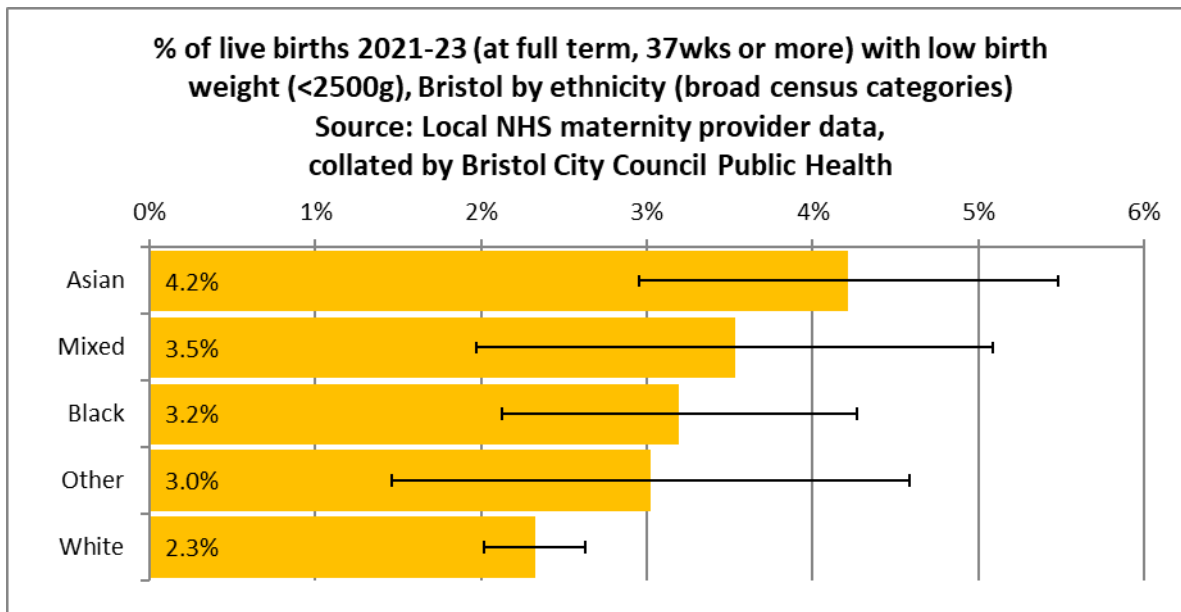


Figure 3: % of babies born with low birth weight 2021-23 (term deliveries only) by ethnicity (broad categories), Bristol residents.

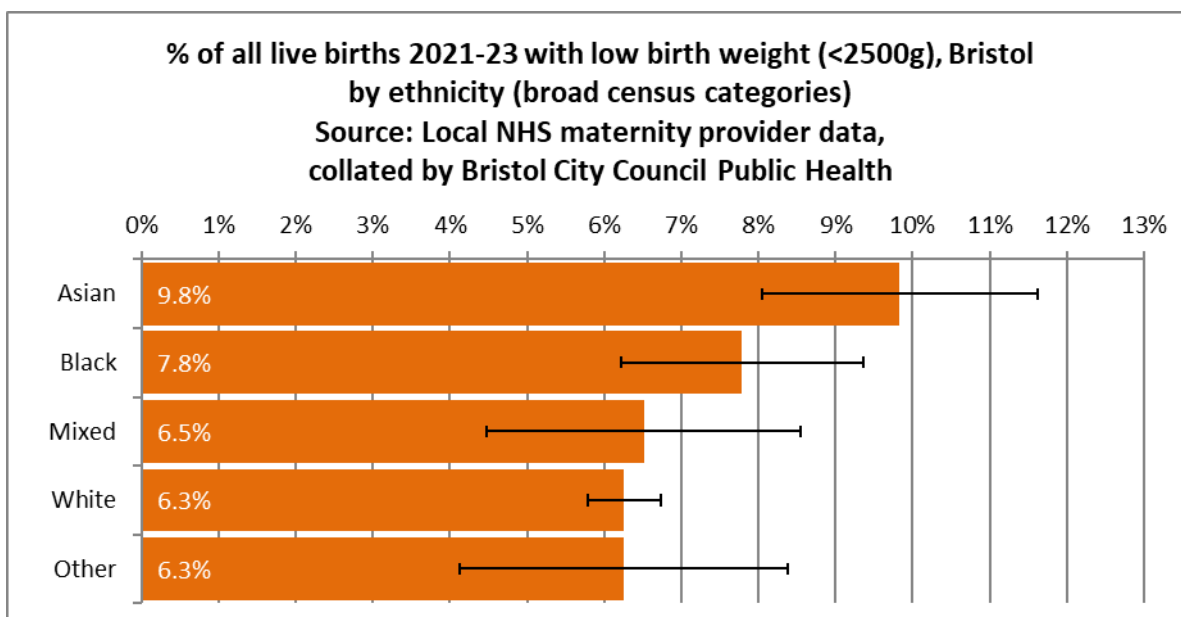
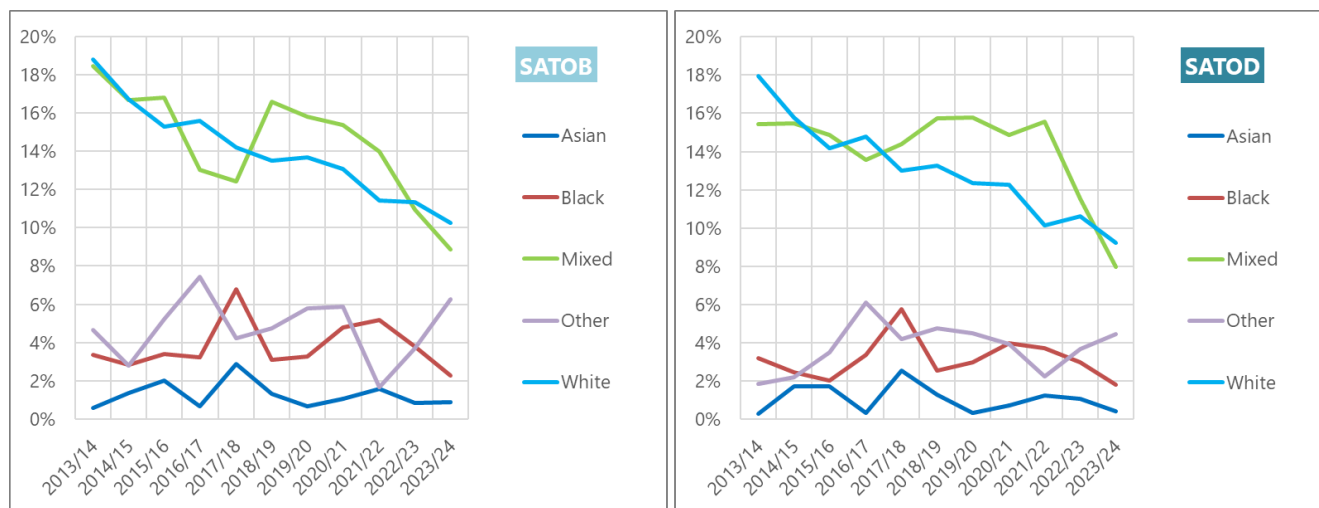


Figure 4: % of babies born with low birth weight 2021-23 (all births) by ethnicity (broad categories), Bristol residents.

Smoking during pregnancy: An analysis of the local maternity data for the latest three years (2021/22 to 2023/24) by broad ethnicity has shown that women of white ethnicity and mixed ethnic heritage are most likely on average to smoke at both booking (11% and at delivery (11% mixed, 10% white) Figure 5 and 6. Women from an Asian ethnic background are the least likely to smoke in Bristol, with 1.1% prevalence at booking and 0.9% at delivery. Smoking in pregnancy prevalence has reduced most notably for mothers of white and/or mixed ethnicity since 2013/14, while changing little overall for other ethnic groups where smoking rates during pregnancy were already much lower and remain so.



Figures 5 and 6: % of mothers reported to be smokers at the time of booking (SATOB) and delivery (SATOD), by maternal ethnicity (broad categories), Bristol maternities, 2013/14 to 2023/24. Source: Local maternity provider dataset collated by Public Health, Bristol City Council.

Theme – Health Protection

COVID-19: Ethnicity was a risk factor associated with higher hospitalisation (2021/22) and mortality rates (March 2020-December 2023) due to covid-19. There is a large variation in vaccination uptake associated with ethnicity in Bristol, average uptake tends to be lowest for residents of Black & Black British ethnicity, ‘white other’ ethnicity (incl. eastern Europeans) and residents of some mixed heritage backgrounds. More recent data from the UK Health Security Agency (UKHSA) identified Bristol city take-up of the Autumn 2023 booster in the 65+ age group as 73.1% - Figure 7. By ethnic group it was possible to identify that only 29.6% of residents of Black or Black British ethnicity received the vaccination, significantly lower than residents of White ethnicity (77.2% take up).

Age-group	65 - 79yrs			80yrs+			65yrs+		
	All	Female	Male	All	Female	Male	All	Female	Male
Asian or Asian British	46.6%	45.1%	48.3%	50.1%	43.3%	58.1%	47.3%	44.7%	50.3%
Black or Black British	27.2%	26.1%	28.4%	34.7%	32.3%	38.8%	29.6%	28.3%	31.2%
Mixed	47.4%	47.5%	47.3%	50.4%	50.0%	51.2%	48.0%	48.0%	48.0%
Not Stated	49.1%	55.0%	45.5%	61.2%	65.9%	56.3%	51.4%	57.4%	47.3%
Other Ethnic Groups	49.9%	51.5%	48.3%	64.8%	57.9%	75.5%	52.5%	52.8%	52.2%
White	75.6%	74.9%	76.3%	81.6%	80.8%	82.9%	77.2%	76.6%	77.9%
Bristol average	71.2%	70.9%	71.6%	78.2%	77.4%	79.5%	73.1%	72.8%	73.5%

Figure 7: Autumn 2023 Booster vaccination take up in Bristol. Source: UKHSA

Tuberculosis: The UKHSA ‘Tuberculosis in the South West: 2021’ report provides data on health inequalities within the South West region. Most TB cases in 2020 were of White ethnicity (49.7%), the next most common ethnicities were Indian (16.4%) and Black-African (15.2%). The proportion of cases in the Indian and Black African population increased in 2020 compared to 2019.

Theme – Healthy Lifestyles

Healthy Eating: Quality of Life survey responses (2023/24) indicate that the following are significantly less likely to be eating 5-a-day fruit and veg than the city average (48.8%):

- Young people aged 16 to 24 years old (41.6%)
- Black residents (34.3%)
- Asian residents (30.7%)
- Disabled residents (41.0%.)

Healthy Weight: Excess weight ranged from 41.3% for people of White Minority ethnicity to 59.6% for people of Black ethnicity, significantly different to the city average (47.2%). (Source: QoL 2023/24).

Physical Activity: Asian / Asian British residents (47.3%) and Black / Black British residents (48.4%) are significantly less likely to be physically active than the city average (66.6%) whilst White Minority Ethnic (WME) groups (75.1%) are significantly more likely to be physically active (Source: QoL 2023/24).

Smoking – 26.2% of people of Black / Black British ethnicity live in a household with a smoker, higher than the city average (15.2%) and the highest prevalence across all ethnic groups (Source: QoL 2023/24).

Theme – Long-term conditions

Diabetes: People of South Asian ethnicity are subject to a much higher risk of developing Type 2 diabetes, around 6 times higher than those of white European ethnicity. People of African and African-Caribbean ethnicity have an elevated risk around 3 times higher than those of white European ethnicity (Source: Department of Health: [National Service Framework for Diabetes](#)).

Musculo-Skeletal Health: National data on health inequalities suggests that over 20% of people from White British, White Irish and White Gypsy or Irish Traveller reported a musculoskeletal problem in 2022, higher than all the other ethnicities with the exception of Black Caribbean (21%), and higher than the national average (Source: [Fingertips | Department of Health and Social Care](#)).

Theme – Mental Health

Depression: According to the Adult Psychiatric Morbidity survey (APMS) data the common mental health disorders (CMD), such as depression and anxiety, are more prevalent in certain groups of the population. These included Black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes. The highest prevalence of depressive episode was recorded among Black / Black British women: 6.8% and Asian / Asian British men: 5.3%. However, due to small sample sizes, differences between ethnic groups in rates were not statistically significant (Source: [Adult Psychiatric Morbidity survey: Survey of Mental Health and Wellbeing, England, 2014](#)).

Emotional health and wellbeing of children and young people: Racism and discrimination, including systemic exclusionary processes, and social and economic inequalities, are frequently identified as significant factors contributing to disproportionate levels of mental ill health among Black, Asian and minoritized communities. Black, Asian and minoritized children and young people make up approximately 39.3% of the school aged population in Bristol, including nursery settings. This equates to approximately 19,000 children and young people. The highest percentages of these communities are in wards in the East Central locality. The highest is Lawrence Hill, where 59.6% of residents belong to Black, Asian and minoritized communities and 25% of the population is aged 0-15. Neighbouring wards also have high populations of these communities, including Easton (37.9%), Eastville (34.6%) and Ashley (33.5%). Lockleaze, in the north locality, also has a high population of Black, Asian and minoritized residents, at 30.1%. In addition, these wards have some of the highest levels of deprivation and child poverty in Bristol. Recent studies have shown that COVID 19 has had an additional disproportionate impact on the mental health of Black, Asian and minoritized groups, including young people in Bristol.

Mental wellbeing: Just over half of people of mixed ethnicity (50.6%) were satisfied with life in Bristol, lower than the city average of 66% and second lowest of all equality groups. Disabled people reported the highest proportion of poor mental wellbeing (46.2%), followed by 32.5% of people of mixed ethnicity. (Source: QoL Survey 2023/24).

Perinatal mental health: Mothers or birthing people of mixed ethnic heritage were the most likely to have Whooley scores that could be indicative of depression. The proportion of this group with a positive result (13.1%) was significantly higher than the result for the Asian ethnic group (7.3%) and white ethnic group (8.8%) (Figure 8). The proportions of mothers and birthing people referred to mental health support at their booking appointment were broadly similar across the different ethnic categories, except for mothers and birthing people of Asian ethnicity

who were the group least likely to be (Figure 9). The proportion referred from this group was significantly lower than for those of white ethnicity (0.8% vs 2.2%).

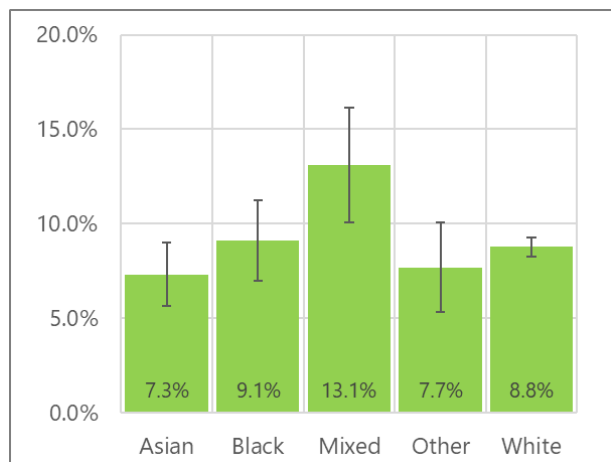


Figure 8: % of maternities, by ethnicity (broad categories), with a Whooley score (at booking appointment) indicative of depression. NBT only, BNSSG residents, deliveries Jan 2021 – Dec 2023.

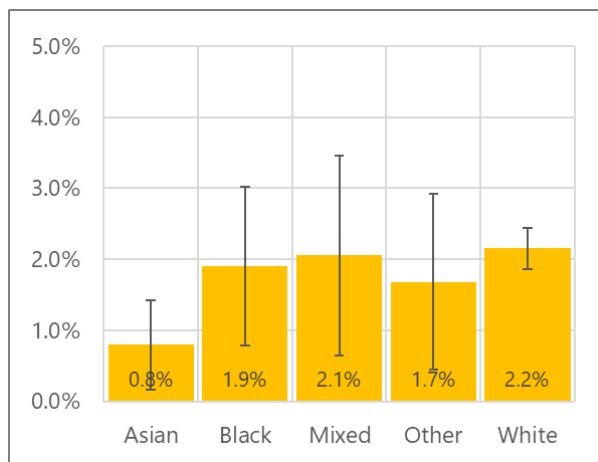


Figure 9: % of maternities, by ethnicity (broad categories), referred to the mental health team (at booking) - NBT only, BNSSG residents, deliveries Jan 2021 – Jun 2023.

Theme – Older People

Adult Social Care: At the end of 2023/24, 4,074 adults had received Community Support Services in Bristol. Across all age groups, 71% of clients were of White ethnicity, 11.4% were of Black/Black British ethnicity and 4.9% were of Asian ethnicity.

At a snapshot taken on the 31st of March 2024 there were 1,435 clients in care homes. By ethnicity the largest recipient group were White (83.7%), followed by Black / Black British (6.2%) and mixed / multiple ethnicity (2.5%). Just under 1,400 home care packages were funded in 2023/24 of which 69% of recipients were White British, 12% were Black / Black British and 4% were Asian. There were 442 ECH packages received by people aged 55 and over, of which 58% were provided to support physical impairments and 20% to support mental health issues. 81% of recipients were White, 3.8% were of mixed / multiple ethnicity and 3.2% were Black / Black British.

In 2023/24, 862 clients received direct payments in Bristol, of which 627 were aged 18 to 64 and 235 clients were aged 65 and over. Physical impairment was the main need met by a payment accounting for over half of older clients’ requests and 39% of payments received by 18- to 64-year-olds. 61% of clients receiving direct payments were female and 39% were male. In terms of ethnicity the largest recipient group were White (61%), followed by Black / Black British (19%) and Asian (9.6%).

Dementia: The number of people from Black and minority ethnic communities with dementia is expected to increase significantly faster than the national average. This increase is mostly due to immigration patterns that have resulted in an ageing Black and minority ethnic population, though there is some evidence to suggest that more people from these communities have dementia compared to white British people. Vascular dementia (caused by problems with the supply of blood to the brain) is thought to be more common among Asian and Black

Caribbean people because they are more prone to important risk factors for vascular dementia such as cardiovascular disease, hypertension and diabetes (Source: All-Party Parliamentary Group on Dementia (2013)).

Theme - Population

Births: Changes in total fertility rate are driven mainly by women born in the UK as they make up the majority of the population of childbearing age (Figure 10). However, non-UK born women make up an increasing share of the population, which also acts to push fertility rates upwards. The percentage of births in Bristol to non-UK born mothers has increased from 13% in 2001 to 31.7% in 2022. In 2021, the Total Fertility Rate for non-UK born women in England and Wales was estimated to be 2.03 children per woman, compared to 1.54 for women born in the UK.

Live births by mother's country of birth Bristol 2001-22

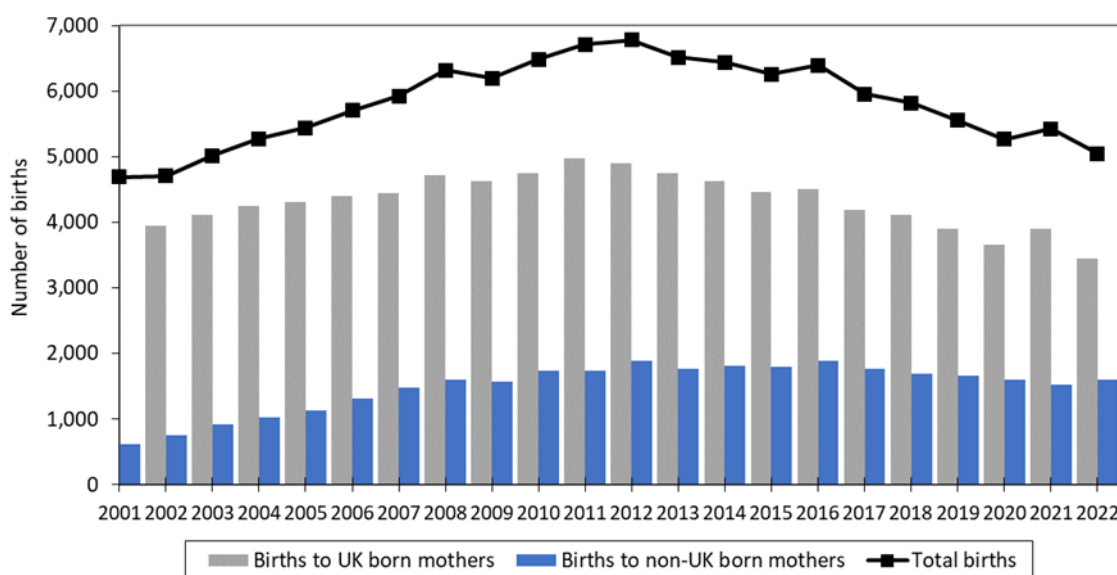


Figure 10: Live births by mother's country of birth Bristol 2001-22. Source: ONS Annual District Birth data by calendar year

Physical and Sensory Impairment: The Census 2021 data tells us that there are more females (18.9%) than males (15.5%) in Bristol who could be considered disabled under the Equality Act. This is mainly due to women living longer. In terms of ethnicity by gender, over a quarter of Caribbean females (25.7%) and White Gypsy / Irish Traveller females (25.9%) could be considered disabled under the Equality Act compared to 5.0% of White Other females and 7.6% of Chinese females. For males the highest prevalence is also in the White Gypsy / Irish Traveller ethnic group (29.5%) followed by the Caribbean ethnic group (19.8%) and lowest in the White Other ethnic group (5.6%) and the Chinese ethnic group (5.9%)

Population diversity: Across the 19 ethnic groups in Bristol, the largest percentage point increase over the last decade was seen in the number of people identifying as 'Other White' – 8.3% in 2021 (E&W 6.2%), up from 5.1% (E&W 4.4%) in 2011. The write-in functionality has enabled ONS to produce a detailed ethnic group classification providing insight into 287 individual ethnic groups. In Bristol the largest ethnic minority groups in 2021 were Somali 9,167 (1.9%), Pakistani 9,103 (1.9%) and Indian 8,371 (1.8%). Inner City and East has the largest

ethnic minority population of the three ICS localities with 43.5% of the total resident population belonging to an ethnic minority group, this is higher than the Bristol average 28.4% - Figure 11. In Inner City sub-locality more than half (52.6%) of the usual residents belong to an ethnic minority group. Lower ethnic minority populations are in North and West 26.1% and South Bristol 17.8%

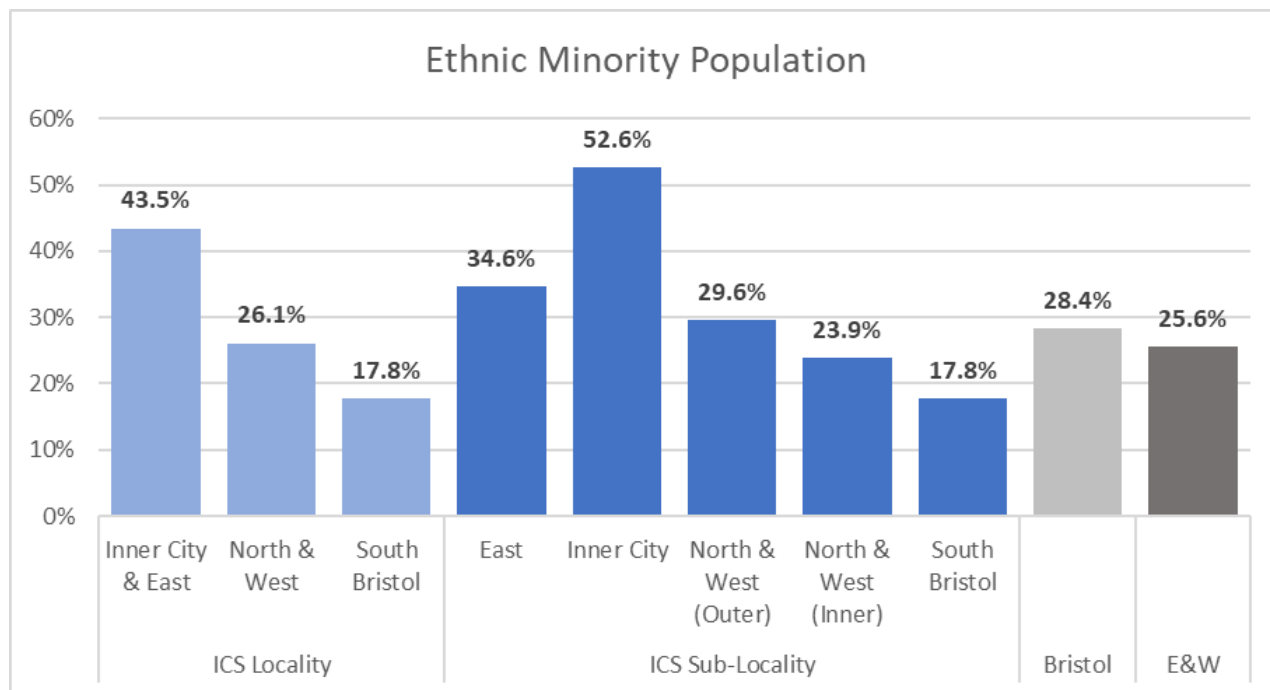


Figure 11 Ethnic Minority Population by ICS Locality and Sub-locality. Source: ONS Census 2021 from NOMIS

The non-UK born population in Bristol has more than doubled over the last two decades, increasing from 8.2% in 2001 to 18.8% in 2021, a higher proportion than the England and Wales average where 16.8% of the population were born outside the UK (Census 2021). This affects changing health needs of the local community and communicating best routes to access appropriate health services.

In Bristol, the 3 most common non-UK countries of birth in 2021 were the same as in 2011:

- Poland, which increased from 6,415 in 2011 to 8,770 in 2021
- Somalia, which fell from 4,947 in 2011 to 4,654 in 2021
- India, which increased from 3,809 in 2011 to 4,381 in 2021

Theme – Sexual Health:

HIV: HIV affects all sectors of the community, but there are some groups that are disproportionately affected, including men who have sex with men and the black African population. HIV late diagnosis by demographic groups is only published at a national level. Data for 2021-2023 shows that Black African ethnicities are at a higher risk of late diagnosis in England:

- White 40.9%
- Black-African 49.5%

- Black-Caribbean 39.5%
- Black other 44.1%
- Asian 46.2%
- Other/mixed 43.8%
- Not reported 36.4%

Source: [OHID Sexual and Reproductive Health Profiles](#),

Sexual health: Sexual ill health contributes to health inequalities in Bristol. Strong links exist between deprivation and Sexually Transmitted Infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), the trans community, young people, certain black and minority ethnic groups, people involved in sex work, people with learning difficulties and homeless people. Young people in care and care leavers are also at increased risk. Many of the groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

In the South West region and England, the highest rates of new STI diagnoses are among Black and Mixed ethnic groups – Figure 12. Our local (unpublished) data does not appear to reflect this difference so clearly and this may be due to under representation of people of Black ethnicity attending our services.

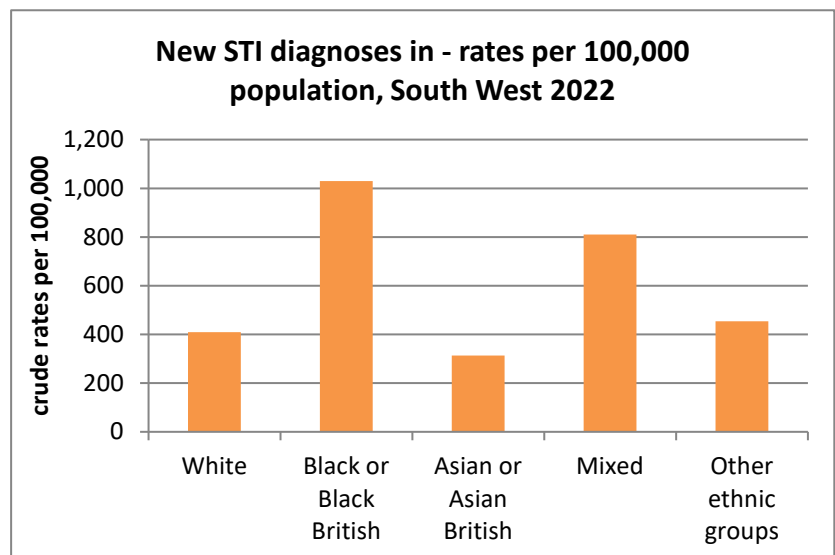


Figure 12: New STI diagnoses crude rates per 100,000 population by ethnic group, UK Health Security Agency: New STI diagnosis numbers and rates in England and regions by gender, sexual orientation, age group and ethnic group, 2012 to 2022 <https://www.gov.uk/sexually-transmitted-infections-stis-annual-data-tables>

Theme – Wider Determinants

Air Quality: Black, Asian and Minority Ethnic people make up a larger proportion of the population living in the more polluted areas – the Air Quality Management Areas - than the city as a whole and therefore it is reasonable to assume that they experience greater exposure to air pollution. Successful interventions to improve air quality should contribute to improving the citywide health of Black, Asian and minority ethnic people. An equalities impact assessment in the [final business case](#) for the scheme summarised the equalities impact for the Clean Air Zone.

Children in care: At the end of March 2024, just under two-thirds of children in care (63%) were of white ethnicity. 68% of the children subject to protection plans were of white ethnicity, 12% were of mixed ethnicity and 10% were of Black/Black British ethnicity.

For Children in Need, 61% were of white ethnicity, 15% were of mixed ethnicity and 9% were of Black/Black British ethnicity – Figure 13.

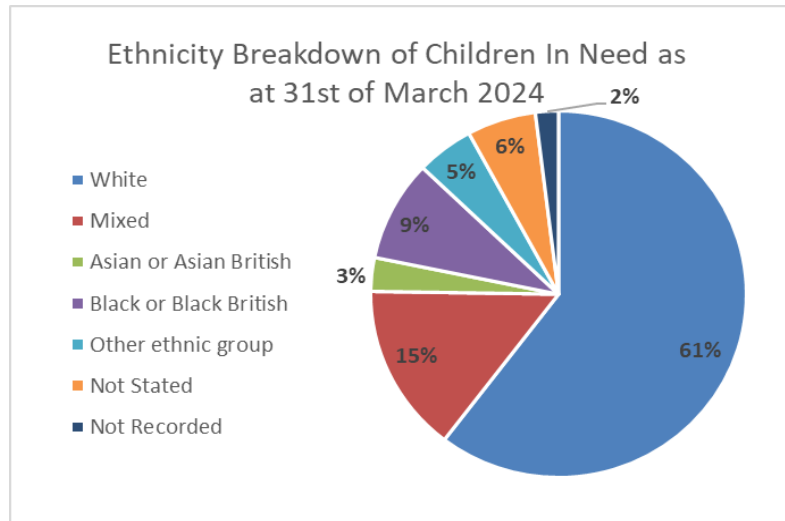


Figure 13: Ethnicity breakdown of Bristol Children in Need at end of March 2024. Source: Bristol City Council, Insight, Performance and Intelligence Team

Children in the Youth Justice System: Over the period April 2021 to March 2024, 70.3% of youth offenders were of white ethnicity, 13.6% of black ethnicity, 11.2% of mixed ethnicity, 0.7% of Chinese ethnicity and 2.3% were of unknown ethnicity.

Community Assets: According to the Bristol Quality of Life (QoL) survey for 2023/24, 73.2% of residents said they are satisfied with their local area, but this varies across the city. In terms of ethnicity the least satisfied group of people are Black / Black British (61.8%) and the most satisfied are White British (75.2%)

The feeling of belonging to their neighbourhood is lowest in White Minority Ethnic residents (54.4%) (Bristol average 63.8%).

People from Asian / Asian British groups (54.5%) are more likely to volunteer regularly than people from White Minority Ethnic groups (40.4%).

Deprivation: On average, 10.4% of people in Bristol said they were struggling financially (QoL 2023/24), similar to the previous year (10.2%). By Equality groups, the highest levels of people struggling financially were reported amongst single parents (30.0%), people of Black ethnicity (24.0%), and disabled people (21.5%).

Domestic abuse: Domestic abuse affects women from all ethnic groups, and there is no evidence to suggest that women from some ethnic or cultural communities are any more at risk than others. However, the form the abuse takes may vary; in some communities, for example, domestic abuse may be perpetrated by extended family members, or it may include forced marriage, or female genital mutilation (FGM). Whatever their experiences, women and men from Black, Asian or minoritised communities are likely to face additional barriers to receiving the help that they need.

Over twice as many Black people (17.8%) perceive domestic abuse as a private matter compared to the city average (7.4%) (QoL 2023/24).

Education: In 2023, 66% of children (under 5) in Bristol were assessed as having a good level of development at the end of the Early Years Foundation Stage, just below the England average (67%). Attainment was highest amongst those of 'White and Asian' ethnicity, where 75% of pupils were assessed as having a good level of development. This compares to 73% for Chinese pupils, 71% for White British pupils and 51% for Black African pupils. Attainment was lowest for Traveller of Irish heritage pupils (25%).

In Bristol, 56 % of Key Stage 2 pupils (assessed in Year 6) reached the expected standard in Reading, Writing and Maths combined for 2023, just below the England average of 60%. 59% of 'White British' pupils reached the expected standard in reading, writing and maths. Attainment was highest in the White and Asian ethnicity group (70%) and lowest in the Black Caribbean ethnicity group (34%) and the Gypsy/Roma ethnicity group (8%).

Key stage 4 - The Progress 8 Score in 2023 for Bristol was -0.03, and the average Attainment 8 score was 45.3. By major ethnic group, pupils of Asian ethnicity had the highest average Attainment 8 score (49.8) and the highest percentage of pupils achieving a strong pass in English and Maths GCSEs (49.5%) in Bristol in 2023. Pupils of White ethnicity performed just above the City averages for Attainment 8 (45.6) and GCSEs in English and Maths (strong pass) (43.1%), although their Progress 8 score of -0.13 was below the city average (-0.03). Pupils of Black ethnicity performed below the Bristol average for Attainment 8 (41.2) and GCSE English and Maths (strong pass) (34.6%) but higher than the Bristol average for Progress 8 (0.09).

Food Insecurity: People from black and minority ethnic groups were twice as likely to experience moderate to severe food insecurity than the Bristol average (16.2% v 8.3%) and more likely to experience severe food insecurity, with 11.4% of these households reporting severe food insecurity compared to the Bristol average of 4.3% - Figure 14. People who identified as from Black and minority ethnic groups were also much more likely to be in receipt of emergency food and/or groceries than the average Bristol household (5.5% compared to 2.1%). (QoL 2023/24)

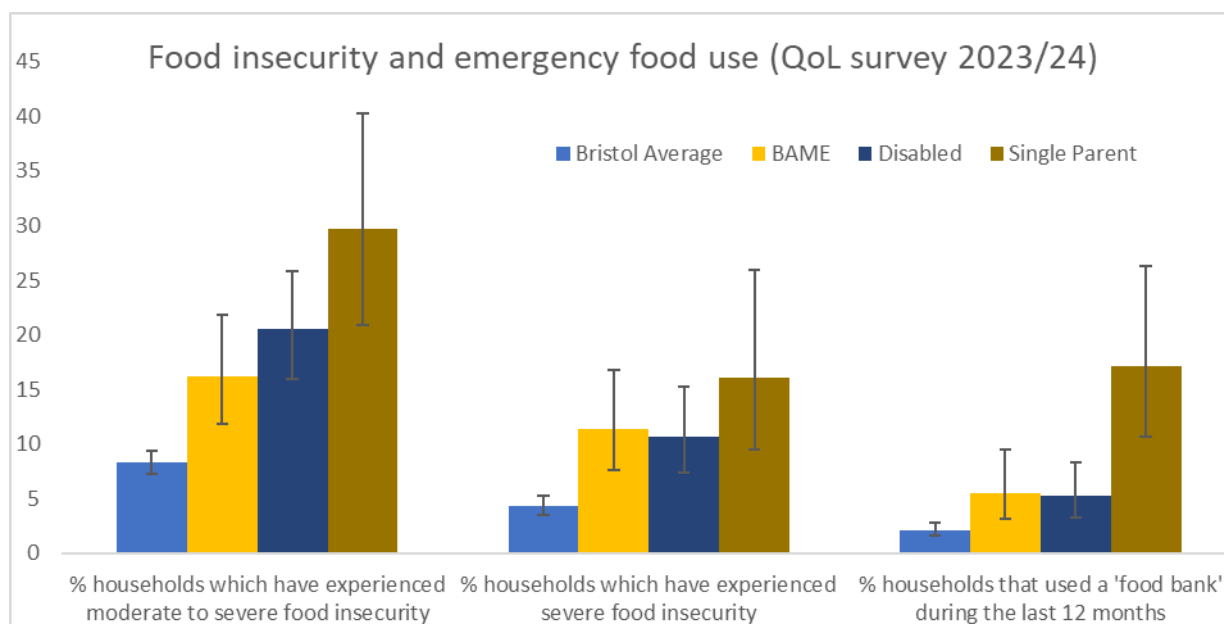


Figure 14: Food insecurity and emergency food use rates among QoL Survey respondents who identified as BAME, disabled or single parents, compared to the Bristol average (QoL survey 2023/24).

Homelessness: Proportionately there is an over-representation of households facing homelessness from Black Asian and Minority Ethnic groups, with numbers representing 18.9% of the population, but 31.1% of relief duty acceptances in 2024. Poverty is a key risk factor for homelessness: by equality groups, in 2023-24, the highest levels of people struggling financially were reported amongst people of Black ethnicity (27.0%), single parents (23.0%) and disabled people (25.7%).

Not in Education, Employment or Training (NEET): There are 5% of 16-17 year olds in Bristol (2022/23) who are recorded as being “not in education, employment or training” or their current situation is not known, which equates to approximately 460 16-17 year olds. Local data shows that the ethnicity breakdown for the cohort of NEET is as follows: White British (68.5%), Caribbean (5.1%) and Somali (3.1%) - all other groups are below 3%.

Promoting Healthy Urban Environments: 71.1% of people are satisfied with the quality of parks and green spaces in Bristol (QoL 2023/24). Only 61% of Black people are satisfied with parks and green spaces compared to 71% of Asian people, 71.8% of White people and 64.2% of people from mixed ethnic backgrounds.

Pupil Absence: The absence rate in 2022/23 for Bristol was 8.6% across all phases. The absence rates amongst certain ethnic groups are disproportionately high especially amongst children and young people identified as Gypsy Roma Traveller (Figure 15). Work continues to understand the factors that underpin absence rates amongst the different groups to ensure the development policies and practices to address these issues.

Year: 2022/23, Absence, All Phases

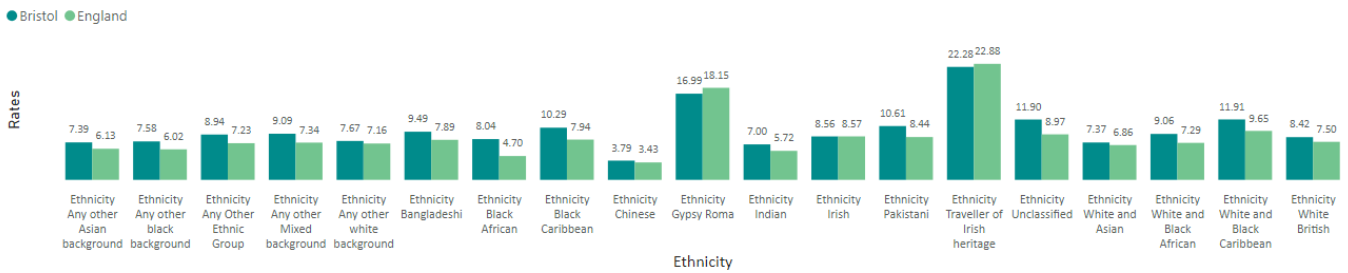


Figure 15: Absence rates by ethnicity 2022/23

Social Isolation: According to the 2023/24 Bristol Quality of Life survey, 5.2% of respondents feel lonely because they don't see family and friends enough, and 80.1% of respondents see friends and family as much as they want to. By ethnicity, loneliness was highest amongst Black / Black British residents (15.7%) and lowest amongst White British residents (3.8%).

Special Educational Needs and Disability (SEND): There are just over 14,500 pupils in Bristol schools with Special Educational Needs (SEN), which is 20.6% of all pupils (January 2024). This is broken down as 16.0% of pupils receiving SEN support and 4.6% have an Education, Health and Care Plan (EHCP). SEN support is most prevalent in the Traveller of Irish heritage ethnic group in Bristol and EHC plans are most prevalent in the White and Black Caribbean ethnic group – Figure 16. Bristol has a significantly higher rate of Black Caribbean pupils receiving SEN Support than the national average (26.7% compared to 17.2%). The lowest rates for SEN are for children and young people from Chinese and Indian communities.

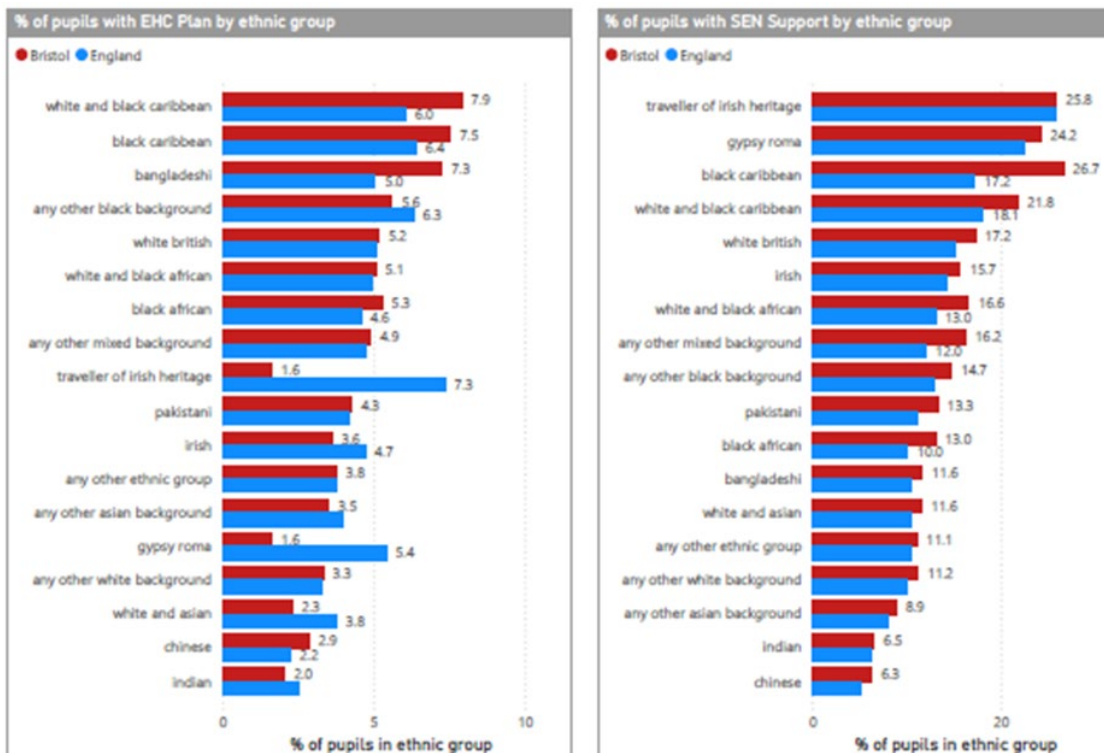


Figure 16: Source: School Census January 2024

Further information:

Further context for all of the findings in this report can be accessed by visiting the [JSNA web page](#) and selecting the relevant theme and section. There are also a number of useful local resources which allow for more detailed analysis by ethnicity including:

- [Quality of life in Bristol](#)
- [Bristol Census webpage and dashboards](#)
- [Ward profile data \(bristol.gov.uk\)](#)

This report has clearly highlighted that there are many gaps in data recording which prevent analysis by ethnicity, some of which results from national practice, and some is due to lack of accessibility, all of which is being explored by the Race and Health Data Project. The project was proposed and agreed by Bristol's Race and Health Equity Group in order to address the need for a central location to compile a variety of health-related data reports, tools, and dashboards that include information pertaining to ethnicity in Bristol and the larger BNSSG (Bristol, North Somerset, South Gloucestershire) area. This library is now accessible on a new [Race & Health Data Project web page](#), hosted by Bristol One City, which will continuously develop as new sources and documents are identified and added.

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Date of next update: December 2025