



BACKGROUND AND EVIDENCE EQUALITY OUTCOME AND MAINSTREAMING FRAMEWORK

Background - General overview/evidence on protected characteristics and inequalities in Scotland and Aberdeen

The evidence gathered to help develop the ACHSCP Equality Outcomes for 2021-2025 includes both national and local data available regarding people who share protected characteristics and the inequalities they face. Grampian Regional Equality Council (GREC) undertook a literature review in late 2020 which include quantitative and qualitative information from government and third sector organisations' research.

In an effort to understand the specific and key inequalities and challenges in Aberdeen, GREC also conducted an inclusive community engagement process aiming for participation of people from all protected characteristics. This included a series of conversations with diverse community groups and a survey promoted throughout the community with support from diverse organisations in which almost 200 people participated. The discussion groups, held in partnership with Aberdeen City Council (ACC) and GREC, included conversations with communities from diverse ethnic and religious backgrounds (African, Muslim, Jewish and European communities), LGBTQ+ communities, older and younger people. GREC also attended and gathered data from various meeting and events in which community members were asked about the impact of the COVID-19 pandemic in their lives.

It is acknowledged that both the national and local information available is still limited, especially regarding some protected characteristics (i.e. gender reassignment or the trans community). It is also recognised that intersecting protected characteristics (i.e. an LGBTQ+ woman with a disability or an older man from an ethnic minority background with a disability) impact a person's experience of, and access to services. In parallel, the COVID-19 pandemic has had an impact on inequalities and general health and well-being which is still developing and will need to be explored for years to come. This situation demands that we continue improving our efforts to explore inequalities at a local level to efficiently plan and address the specific challenges in our community and consider innovative ways to address them.

As an overview of inequality in Scotland, in its 2018 report the Equality and Human Rights Commission stated that the available evidence shows that women, disabled people, LGBT people, people from ethnic minority groups, and younger and older people experience the starkest inequalities across many areas of life and that poverty is closely connected as the worst results are for people living in the most deprived areas in the country.ⁱ

Part of the process of understanding our local communities in relation to equalities was to collate the demographic data available. The most up-to-date sources available have been used, but in some instances, data from the 2011 census was relied on, which is not ideal.



Demographic information on groups with protected characteristics in Aberdeen:

Age

Population estimates for Aberdeen City Council area indicate 228,670 inhabitants in the following age ranges: -

Age Range	Percentage of population
0-15	15.5%
16-24	11.8%
25-44	33.0%
45-64	24.0%
65-74	8.7%
75 and over	7.2%

The average age of the population of Aberdeen City is projected to increase as the baby boomer generation ages and more people are expected to live longer. Aberdeen's over 65s population will increase by almost 56% by 2037.ⁱⁱ

Gender

In 2019 there were more females (50.2%) than males (49.8%) living in Aberdeen City.ⁱⁱⁱ

Disability

16% of the population in Aberdeen has a limiting long-term health condition or disability.

Unpaid Carers

7% of the population in Aberdeen provides unpaid care. 60% of this group provides 1 to 19 hours of unpaid care, 17% 20 to 49 hours of unpaid care and 23% provides over 50 hours of unpaid care.^{iv}

Race

The Equality Duty refers to the protected characteristic of race, and specifies that this refers to colour, nationality (including citizenship), ethnicity or national origins. Race also covers ethnic and racial groups. This means a group of people that shares the same protected characteristic of ethnicity or race. People may be discriminated against because of one or more aspects of their race or ethnicity.^v The race or ethnicity of an individual is related to a person's country of birth, nationality, colour, language and culture, among other characteristics that can intersect in different ways. Race and ethnicity are therefore complex concepts and



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that is why when considering demographic information and evidence regarding inequalities faced by ethnic minorities in Aberdeen, we do so considering these array of characteristics from a broad perspective to prevent excluding ethnic minorities that could be facing inequalities.

Ethnic group	Percentage of population
White Scottish	75.3%
White Other British	7.6%
White Irish	1%
White Polish	3.2%
White Other	4.9%
Asian, Asian Scottish or Asian British.	4.3%
Other Ethnic Group	3.8%

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11.9% of households are inhabited by people in different ethnic groups.^{vii}

In 2019 the council area with the largest proportion of residents with a non-British nationality was Aberdeen City (18%), which was also the council area with the largest proportion of their population born outside the UK (22%).^{viii}

Religion

48% of the population in Aberdeen declares not having a religion, 41% is Christian, 2% Muslim, 2% Other and 7% does not declare it.^{ix}

Sexual orientation

National statistics show that around two per cent of all adults self-identified as lesbian, gay or bisexual in 2018. However, it should be noted that estimates on self-identified sexual orientation are likely to under-represent the LGB community.^x

Sexual orientation	Percentage of population
Heterosexual or straight	97.6%
Gay or lesbian	1.2%
Bisexual.	0.6%
Other.	0.1%
Did not disclose their orientation.	0.4%

Gender reassignment

Information from NHS Scotland estimates that approximately 0.6% of the population (32,428 people) in the country may identify as trans or transgender (the “gender reassignment” terminology of the Equality Act 2010, is generally considered to be outdated).^{xi}



Pregnancy and maternity

In 2019, there were 2,260 births in Aberdeen City.^{xii}

Number of births	Mothers' age
53 births	0-19
243	20-24
628	25-29
789	30-34
435	35-39
112	Over 40

Marriage and Civil Partnership

In 2019, 651 marriages were registered in Aberdeen City.^{xiii}



Evidence used to inform Equality Outcomes

Outcome 1: Improved accessibility and confidence in using health and social care services.

- In engagement activities with LGBTQ+ people in Aberdeen, some of the main concerns touched on the lack of appropriate information on specific health services available for them.^{xiv}
- In research from 2020 carers in Aberdeen mentioned that it would be helpful to increase the availability of information around health and social care services and diverse pathways for support, as well as making services more adaptable to different users' needs and their carers' capabilities and availability.^{xv}
- In 2019 Aberdeen City was the council area with the largest proportion of residents with a non-British nationality (18%) in Scotland^{xvi}, and consistent evidence shows that between 10-12% of people in Aberdeen speaks a language different to English (or Scots/Doric) at home.^{xvii}
- In research conducted in 2019 with ethnic minority communities in Aberdeen over one in four participants (26%) said their level of spoken English proficiency was very limited or limited.^{xviii}
- In engagement activities held in Aberdeen, ethnic minorities' communities suggested that access to language support is required to improve access and delivery of health services.^{xix}
- National data indicates that migrants (people with a background from a country outside of the UK) were generally found to be low-level users of health services, possibly due to a lack of knowledge around how the healthcare system works in Scotland.^{xx}
- Women who were asylum seekers, or had insecure immigration status, were at particular risk of poor health during pregnancy, birth and the post-natal period.^{xxi}
- At a national level women reported lower satisfaction levels than men with the information they received about Self-directed Support (SDS) and were also less likely than men to have had all four SDS options discussed with them during their needs assessment.^{xxii}
- In a national review about SDS most people with learning disabilities indicated they require more high-quality information at an earlier stage before deciding how their support would be arranged, and some had not been provided with accessible information or documentation, even after requesting such from social work departments.^{xxiii}
- National data shows that some lesbian, gay, bisexual, and transgender people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings.^{xxiv}
- National data also shows some transgender people, people who experienced homelessness and asylum-seeking women reported experiencing discrimination in accessing healthcare services.^{xxv}
- In a national study 29% of health and social care staff heard colleagues make negative remarks about LGBT people or use discriminatory language, and 61% of health and social



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care practitioners with direct responsibility for patient care said they did not consider sexual orientation to be relevant to an individual's health needs.^{xxvi}

- In a 2020 survey in Aberdeen LGBTQ+ satisfaction with the health and social care services was the lowest compared to people with other protected characteristics.^{xxvii}
- In discussion groups with LGBTQ+ people in Aberdeen, some of the main concerns touched on staff not understanding the nuances of their needs (i.e. lack of knowledge about gender dysphoria or gender identities).^{xxviii}
- Participants of consultations from ethnic minority backgrounds in Aberdeen mentioned language as one of the relevant barriers to feeling listened to when accessing healthcare services.^{xxix}
- A 2020 survey showed that overall satisfaction with the health and social care services received was lower than average in people from ethnic minorities in Aberdeen.^{xxx}
- 73% of participants in a 2019 survey in Aberdeen were satisfied with the transport links in their local community.^{xxxi}

Outcome 2 Inclusive approach to enabling people to live as independently for as long as possible.

- Research shows that in 2015 disabled people were less likely than non-disabled people to participate in at least one exercise activity in the previous four weeks (55.9% compared with 87.0%)^{xxxii}.
- Half of all adults aged 75 and above (50%) had very low levels of activity (equivalent to less than half an hour a week of moderate exercise).^{xxxiii}
- 66-74 years old have the highest percentage of overweight individuals (76%) and obese individuals (36%).^{xxxiv}
- National evidence from 2015 shows that respondents who identified as having an 'other' sexual orientation were significantly less likely to meet the physical activity guidelines than the national average (29% and 38% respectively).^{xxxv}
- Women are less likely than men to meet guidelines for the recommended amount of physical activity (70% of men compared to 62% of women in 2018).^{xxxvi}
- In 2020, the Scottish Equality and Human Rights Commission arrived at the conclusion that people with intersectional identities, together with older and disabled people, have seen a disproportionate negative impact of COVID-19 due to its consequences in the social care provision they received.^{xxxvii}
- A 2018 national review found that disabled people were not getting the support that they need to live independently, and that the systems used to identify housing requirements were usually weak and relied on very limited data.^{xxxviii}
- Disabled people are among the groups that are more like to live in poverty or experience severe material deprivation.^{xxxix}



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- Research from 2017 shows that disabled people were less likely to use the Internet compared with non-disabled people (86.4% compared with 95.7%). Those who did not use the Internet were likely to have less active lifestyles, have poorer mental health, and feel less socially connected to their local area than those who did have this access.^{xi}
- Research shows that those with lower household incomes, those living in the most deprived areas and those living in social rented housing are all less likely to use the Internet.^{xli}
- A 2018 national review found that disabled people were not getting the support that they need to live independently, and that the systems used to identify housing requirements were usually weak and relied on very limited data.^{xlii}

Outcome 3: Health and support services are delivered in a compassionate way, respecting the dignity of the individual, and are co designed with people who experience poor mental health, to ensure they flourish and thrive, build resilience and continue in recovery.

- An estimated one in six adults in Scotland experiences a mental health problem at any one time. This figure is higher among disabled people and people living with long term conditions and is also higher among people living in Scottish Index of Multiple Deprivation (SIMD) communities.^{xliii}
- In 2018 disabled people in Scotland were three times more likely to report poor mental health and wellbeing compared with non-disabled people (28.4% compared with 9.4%).^{xliv}
- A 2020 survey measured that 38% of disabled people in Aberdeen said they were dissatisfied with their mental health compared to 9% of non-disabled participants.^{xlv}
- In 2020 a survey measured higher levels of loneliness than average for LGBTQ+ people, people from ethnic minorities and disabled people in Aberdeen (only 13% of LGBTQ+ people, 30% of ethnic minorities, and 32% of disabled people stated that they rarely or never feel lonely compared to an overall average of 38%).^{xlvi}
- In 2017, adults identifying as LGB & Other scored lower in mental wellbeing than those identifying as heterosexual in a study at a national level.^{xlvii}
- National research from 2015/2016 shows that LGBT people felt discriminated against when accessing mental health services, and their experience accessing other health services can have a detrimental effect on their mental health.^{xlviii}
- In our Equality Outcomes Survey (2020) 54% (12 participants) of LGB people in Aberdeen were dissatisfied with their mental health and wellbeing compared to an average of 17% (33 participants), while two out of three transgender/non-binary people said they were dissatisfied with their mental health.^{xlix}
- A 2020 survey showed that 40% of carers in Aberdeen said minding someone has had a negative impact on their health and wellbeing and out of this group all of them, except one, were women. A third of unpaid carers in Aberdeen also stated they do not feel supported to continue in their caring role.^l
- Women are more likely than men to carry out unpaid caring responsibilities with 62% of carers being women and 38% of them men in Scotland.^{li}



- A 2020 report from the Scottish Human Rights Commission stated that the pandemic and consequent reduction of social care support has had an impact on the mental health of carers, adding stress and social isolation.^{lii}
- Emerging evidence on the impact of the COVID-19 pandemic shows that younger people appear to have taken the hardest hit to their mental health, which will be probably worsened by unemployment and missed education.^{liii}
- The majority of mental health problems will develop before age 24 with 50% of mental health difficulties established by age 14. Adverse childhood experiences (ACEs) have been found to have a lifelong impact on mental health and children born into poverty are more likely to experience mental health problems.^{liv}
- Intersectionality with other protected characteristics (such as being from an ethnic minority, having refugee status, identifying as LGBTQ+, having a chronic health problem or a learning disability, among others) makes a child or young person more vulnerable to experiencing difficulties with their mental health.^{lv}
- In 2018, national data showed that a higher proportion of younger people scored GHQ-12 score of 4 or more (indicative of a possible psychiatric disorder) compared to older people: 24% for those aged 16-24 years old compared to 13% for those aged over 75 years old.^{lvi}
- A 2017 national survey on mental health of LGBT people aged 11-19 showed that 96% of transgender young people had deliberately harmed themselves at some point, and 43% had attempted to take their own life. 58% of lesbian, gay and bisexual young people had self-harmed, and 24% had attempted to take their own life.^{lvii}
- In 2020 people aged under 30 years old in Aberdeen had lower satisfaction with their mental health and wellbeing. In a 2020 report on Self-directed Support (SDS) and Social Care, around one third of respondents with lived experience of mental health problems reported outstanding concerns that were not addressed at their last assessment or review. The main issues highlighted included budgets, delays in implementing care and a lack of information about SDS.^{lviii} being than the average and when compared to people over 60 years old.^{lix}
- At a national level, there were significant gaps in service provision for children and young people with a mental health condition and/or learning disability; and services for adults were often prioritised for those who were receiving compulsory care or treatment.^{lx}
- National evidence shows that there are persistent issues with a lack of specialist inpatient mental health services for children and young people.^{lxi} Evidence on inequalities often focuses on one characteristic, such as inequalities between men and women or LGBTQ+ and heterosexual people, but many will be disadvantaged by more than one protected characteristic.^{lxii}
- Emerging evidence strongly suggests that COVID-19 is exacerbating pre-existing inequalities, therefore it is vital that the COVID-19 response, recovery and renewal efforts take account of overlapping disadvantages.^{lxiii}
- There are concerning gaps in SDS data gathering and analysis – both generally and around the experiences of people with mental health issues.^{lxiv}



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- In engagement activities members of ethnic minority communities in Aberdeen mentioned that cultural differences need to be considered when evaluating mental health conditions and treatment.^{lxv}

Outcome 4: Community engagement, empowerment, and cohesion work across the City is inclusive, strong and effective.

- At a national and local level there is lack of consistent equalities data beyond age and sex. Without this data it is harder to comprehensively identify the scale and nature of the equality issues and promote actions to tackle them efficiently.^{lxvi}
- A 2019 survey in Aberdeen indicated that 73% of respondents between 60-69 years old did not take part in any community activity, a higher percentage than average (53%).^{lxvii}
- In 2015, three in five people (61.4%) said that most people in their neighbourhood could be trusted, but young people aged 16–24, disabled people, people from ethnic minority groups, people from religious minority groups, people from urban areas and single people were all less likely to say this.^{lxviii}
- A 2020 survey in Aberdeen showed that disabled people reported lower numbers in terms of finding Aberdeen welcoming and feeling included in their local communities compared to people with other protected characteristics (including ethnic minorities and older people).^{lxix}

Outcome 5: All staff delivering health and social care service, fully understand their legal duties and other responsibilities in keeping people living, working or visiting Aberdeen City safe and free from harm

- Research conducted in 2020 showed that current service provision in Aberdeen to address domestic abuse does not cater for the intersectional needs of people with disabilities, those from ethnic minority communities, LGBTQ+ communities, men, and perpetrators.^{lxx}
- A 2020 study found that disabled people in Aberdeen experience a lack of accessible information regarding domestic abuse support, and that services, offices and meeting spaces are not housed within accessible environments (no wheelchair ramp or lift).^{lxxi}
- The same 2020 review found that people over 60 years old are routinely diverted away from domestic abuse support pathways and that professionals in this area lack specialised training and knowledge to support older people.^{lxxii}
- Research also shows that support for victims of domestic abuse for black and other ethnic minority people is affected negatively by services and practitioners 'simplistic and essentialist notions of culture and religion which can result in inadequate, discriminatory and racist practice'.^{lxxiii}
- A 2020 survey on inequalities in Aberdeen recorded that 43% of participants had experienced prejudice or hate crime at some point, and 8% were unsure if they had.^{lxxiv}



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- More than half of the prejudice and hate crime incidents reported in a 2020 survey in Aberdeen were related to ethnicity, while 13-19% were related to disability, gender, religion, sexual orientation or age. In the same survey, only around a quarter (26%) of incidents were reported.^{lxxv}
- Reasons for not reporting included that it did not seem worth reporting, people did not feel they would be taken seriously, lack of knowledge on how to report, and being afraid of retribution, among other motives.^{lxxvi}
- There are no clear and robust figures for the prevalence of Female Genital Mutilation (FGM) in Scotland because of the hidden nature of the crime. However, a 2014 report on the matter mentioned that there are communities potentially affected by FGM living in every Scottish local authority area, with the largest being in Glasgow, Aberdeen, Edinburgh and Dundee respectively.^{lxxvii}
- Each year since 2013, the number of trafficking victims identified in Scotland has increased. In 2018, 228 potential victims of trafficking and exploitation were identified rising to 512 in the year to 31 December 2019 – an increase of 125%.^{lxxviii}

Outcome 6: We have a workforce that is reflective and representative of the communities we care for

- ACHSCP members of staff are 76% female and 24% male. The age profile of the workforce over 40 years old is 62.8% and below 25 is 5%.^{lxxix}
- Participants in equalities research conducted in 2020 in Aberdeen suggested that institutions need to be more proactive to communicate what they are doing to combat discrimination as well as publishing the data related to complaints and the response to them.^{lxxx}
- In discussion groups with LGBTQ+ people in Aberdeen, some of the main concerns touched on staff not understanding the nuances of their needs (i.e. lack of knowledge about gender dysphoria or gender identities).^{lxxxii}
- In research conducted in 2020 around SDS, ethnic minorities' participants reported that a lack of cultural awareness was an important concern. Issues were highlighted in relation to social and care workers' lack of understanding of people's cultural contexts and assumptions based on people's ethnicity.^{lxxxii}

Outcome 7: We have a workplace where all staff feel valued and respected and have their needs met appropriately

- Participants in equalities research conducted in 2020 in Aberdeen suggested that institutions need to be more proactive to communicate what they are doing to combat discrimination as well as publishing the data related to complaints and the response to them.^{lxxxiii}



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