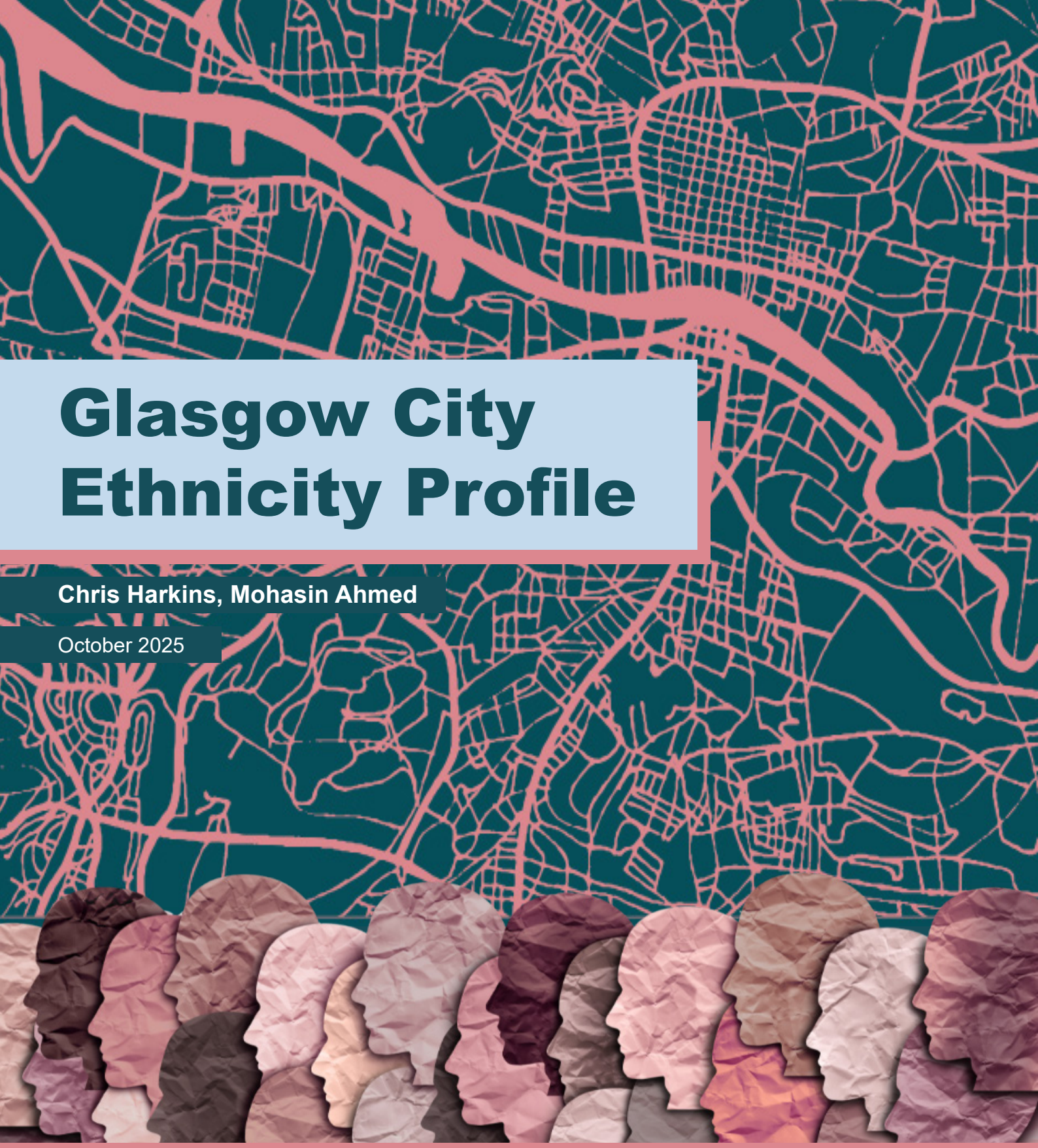

Glasgow City Ethnicity Profile

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NIHR | Health Determinants Research Collaboration Glasgow

Glasgow Centre for Population Health

Profile Overview

- Glasgow is Scotland's most ethnically diverse city, with almost one in five residents (19.3%) from a non-White minority ethnic group – far higher than any other Scottish local authority.
- The city is home to a rich tapestry of cultures, languages and traditions, which strengthen its identity as an open, inclusive and vibrant place to live.
- Glasgow hosts the highest number of asylum seekers in Scotland, with nearly two-thirds of all supported asylum seekers in Scotland living in the city.
- Glasgow also has the highest proportion of residents with no English skills (around 25,000 people) – groups who face increased barriers in accessing basic services.
- The Coalition for Racial Equality and Rights (CRER) reports that ethnic minority groups are 60% more likely to live in Scotland's most deprived areas than their White Scottish counterparts.
- Official statistics underplay the scale of diversity and unmet need in Glasgow, as some groups – such as asylum seekers, undocumented migrants and Roma people – are underrepresented in official statistics.
    - For example, while the 2022 Census records 950 Roma people in Govanhill, local knowledge estimates the true figure to be closer to 4,000. Roma people experience profound health inequalities and significant unmet needs, which the city has long been working to address.
- The interplay of ethnicity, socioeconomic status and health is complex: in some measures, ethnic minorities report better health than White groups, but overall, evidence points to racialised health inequalities and greater vulnerability to long-term conditions.
- Racism and discrimination – both structural and interpersonal – are evidenced as key drivers of disadvantage, shaping socioeconomic inequalities and leading to poorer health outcomes for some Black and minority groups.
- Ethnic minority communities, asylum seekers and refugees often face multiple disadvantages, including higher poverty rates, precarious and unregulated employment, overcrowded housing, and barriers to culturally appropriate healthcare.
- Despite these challenges, Glasgow's diversity is also a source of resilience, innovation and strength, enriching the city socially, economically and culturally.
- Glasgow's ethnicity profile is unique in Scotland – but is likely to be under-represented in official statistics, masking significant unmet need and health inequalities. To promote fairness and equity across all communities, the city requires additional support and prioritisation for investment to address these challenges and enable all its communities to thrive.

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Acknowledgements

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Purpose

The purpose of this paper is to provide members of the National Institute for Health and Care Research Health Determinants Research Collaboration Glasgow (NIHR HDRCG[B]) with a concise profile of Glasgow City's ethnicity, alongside some important considerations in interpreting profile data. It also introduces some key evidence themes relating to ethnicity, disadvantage and health, and racialised health inequalities overall. This is an initial step in supporting the HDRCG in developing a programme of work examining the role that the high levels of ethnic diversity play within the health of the population of Glasgow City.

We also anticipate that this profile will be useful to a range of public sector, third sector and community partners within Glasgow City, and beyond.

Introduction

Glasgow City is home to a vibrant and growing tapestry of cultures, languages, and traditions, making it Scotland's most ethnically diverse area. This diversity is a source of strength, creativity, and innovation – enriching the city's communities and shaping its identity as an open, inclusive and dynamic place to live. As Glasgow's population has become more varied in recent years, it has brought new opportunities for connection and cultural exchange, and a chance to learn from the wealth of experiences and perspectives that people from different backgrounds bring.

At the same time, Glasgow has long faced a range of health inequalities compared with other parts of Scotland, and understanding, and responding to, these patterns remains an important

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[A] The NIHR funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing and promotes economic growth.

[B] NIHR Health Determinants Research Collaborations enable local authorities to become more research-active, embedding a culture of evidence-based decision making.

The NIHR has awarded £150 million to 30 HDRCs across the UK, to provide the capacity and capability for local authorities to undertake public health research to address the wider determinants of health and health inequalities.

public health goal. With ethnicity now recorded more comprehensively and accurately in health data, there is an opportunity to explore how this growing diversity interacts with the health outcomes of Glasgow's population– not because ethnicity itself is the cause of poorer health, but because people from different communities may experience different barriers, needs, and circumstances that can affect health and access to relevant services. That said, within Glasgow's context, even the improved quality of ethnicity data may not fully capture the scale and needs of some of Glasgow's minority ethnic communities. Investigating these factors in a robust, respectful and inclusive way can help decision makers in the city work towards ensuring that Glasgow's diversity is matched by equity in health, enabling all communities to thrive.

Methods

To develop a profile of Glasgow's rich and varied ethnic composition, we drew on multiple sources, including Scottish Government Census data, UK Immigration System Statistics, NHS Greater Glasgow and Clyde's Health and Wellbeing Survey, insights from analysis already undertaken by expert organisations and relevant peer-reviewed publications.

These sources were synthesised to provide both statistical and contextual understanding of the city's diversity, which is a defining feature of its social and cultural life. Sections of the profile tend to begin with Scotland-wide statistics and insights before focussing on Glasgow City, where data availability allows. As part of this process, we critically appraise the quality and completeness of official statistics, recognising that reliance on these data alone may underestimate the true scale of diversity. This is particularly true of Glasgow City, which is home to substantial numbers of minority ethnic groups who may be less likely to be fully captured in official records, such as recent migrants, asylum seekers, and people with an insecure immigration status. Within the profile we have also included comparisons with other council areas in Scotland to provide insight and context.

Categorising ethnicity: limitations and challenges

The terminology and language used to describe ethnic minority groups is continually evolving, shaped by broader social and cultural change. Respecting the ways in which communities choose to define and identify themselves is essential to promoting inclusive and equitable practice[C].

When accessing and using ethnicity data, it is important to recognise the limitations and variations that may exist between sources. Ethnicity categories may differ across data sources and iterations of the same studies.

[C] Note on terminology used: the terms 'BME / minority ethnic groups' are used in this profile to maintain consistency with the terminology used in the evidence sources cited, such as the Census 2022. However, it should be noted that alternative terms are generally preferred by these groups to describe their identity. Terms such as Black and People of Colour (BPoC)/ communities of colour, racially minoritised communities and global majority communities are more commonly used in the current context/public zeitgeist. Internally, GCPH uses the term racially minoritised communities, which emphasises the structural and systemic nature of racial hierarchy, and alludes to race as a social construct rather than a biological fact

For example, in the 2022 Scottish Census, the overarching structure of categories 'White', 'Mixed or multiple', 'Asian, Asian Scottish or Asian British', 'African, African Scottish or African British', 'Caribbean or Black', and 'Other' remained the same as previous years. However, updated detailed response options and write-in prompts based on stakeholder engagement and testing included new options, such as the addition of 'Roma' and 'Showman/Showwoman' categories. Furthermore, in the 2022 Census there was one tick box available for African or Caribbean/Black ethnicities whereas in 2011 there were two (for African) and three (for Caribbean/Black). This has led to large increases in 'Other African' and 'Other Caribbean/Black' between 2011 and 2022, which may be misleading[D].

The interpretations and understanding of ethnicity classifications between groups must also be considered when working with ethnicity data. The categories used can often fail to capture the complexity of ethnicity, with ethnicity meaning different things to different people, including nationality, heritage, geographical region or religious group[D].

This can be seen in the example of the 'White: Roma' ethnicity category of the 2022 Census questionnaire. Around 36.5% of the Roma population reported their country of birth as Italy, whilst 19.1% reported being born in Romania. The distribution of Roma by local authority was also different to expectations, with 28.1% of the Roma population reported to be located in Glasgow City and 28.3% in City of Edinburgh. Analysts believe the box may have been wrongly selected by some individuals born in Rome, Italy[E].

Other communities that may be living in temporary accommodation such as students, and people experiencing homelessness may also be missed within the Census. Census data also excludes refugees and asylum seekers[F]. Additionally, the Census in Glasgow City had a response rate of 82.1%, and as such was the only council area to not achieve the response target of 85%, This further demonstrates the potential limits of the data presented[G].

When presenting ethnicity data, such limitations must be considered. Comparisons and analysis must be informed by contextual factors to avoid making assumptions about groups that are misrepresentative or harmful.

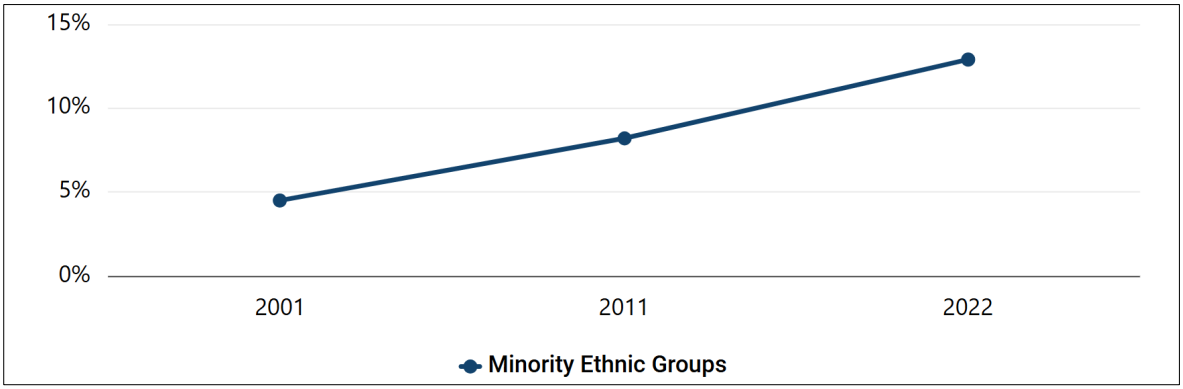
[D] https://wellcome.org/news/ethnicity-categories-uk-health-data
[E] https://www.scotlandscensus.gov.uk/metadata/ethnic-group/
[F] https://www.scotpho.org.uk/population-groups/ethnic-minorities/data/population-composition/
[G] https://www.scotlandscensus.gov.uk/about/2022-census/key-facts-and-figures/

Profile findings

National overview of ethnicity

According to the Scottish Census data, in 2022 12.9% of people in Scotland were of a minority ethnic background. This is a near threefold increase in the proportion of individuals from a minority ethnic background in 2001 (4.5%) as depicted in Figure 1 (below):

Figure 1: Percentage of population with a minority ethnic background 2001 – 2022, Scotland's Census 2022[H]



Scotland's Census asked people to choose the option that best described their ethnic group or background. The majority of people in Scotland chose 'Scottish' (77.7%) or 'Other British' (9.4%) within the White category. In 2022 these groups together made up 87.1% of the population.

The Census defines 'minority ethnic group' as all other ethnic groups – these groups are detailed in Appendix A. This includes some ethnic groups within the White category on the Census form such as Irish, Polish, Gypsy/Traveller, Roma and Showman/Showwoman. This definition has been used for some of the bespoke analysis undertaken in this profile using Census data, further clarity will be provided.

The overall increase in people from minority ethnic backgrounds within Scotland was driven by increases across almost all different ethnicity groups when comparing 2011 data to 2022 data: as depicted in Figure 2.

[H] https://www.scotlandscensus.gov.uk/2022-reports/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/

Figure 2: Percentage of population by minority ethnic group, 2011 – 2022, Scotland's Census 2022[F]

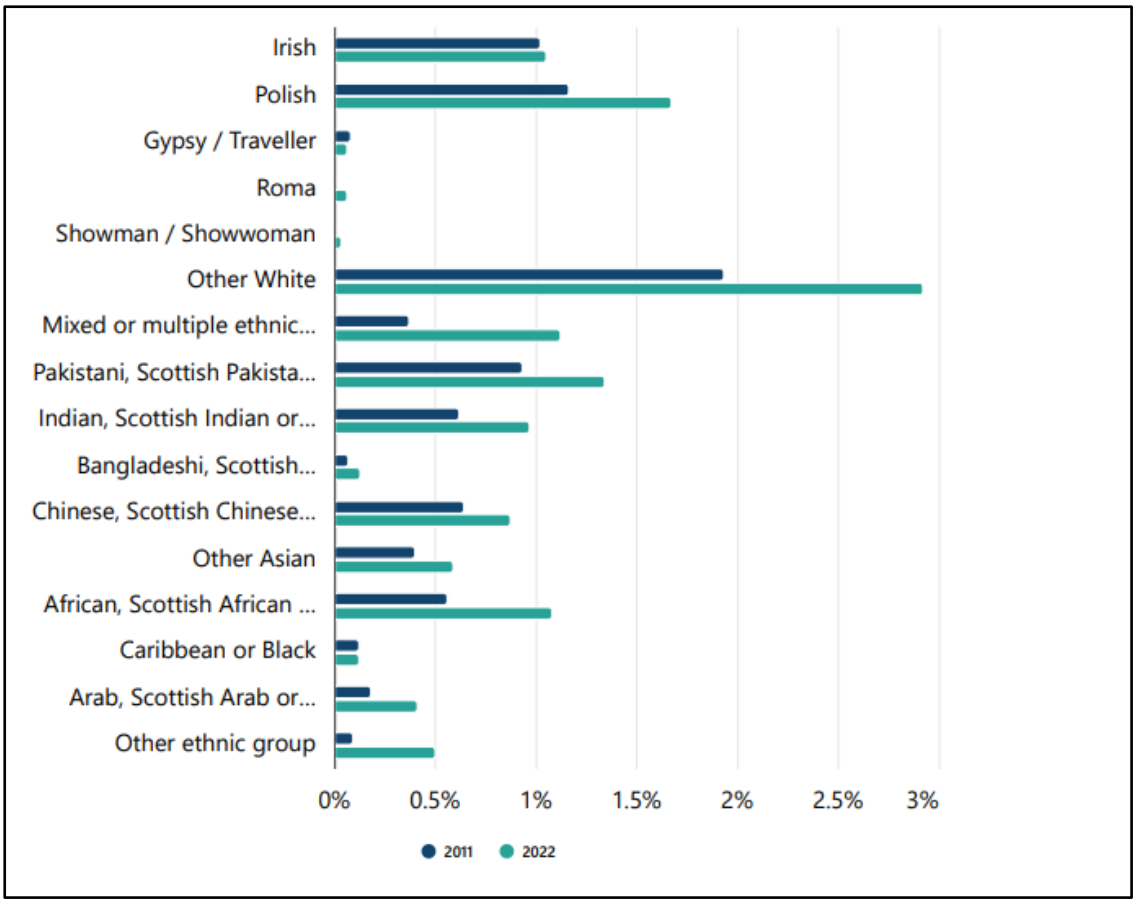


Figure 2 details significant increases in Polish, Other White, Mixed or multiple ethnicities, Pakistani, Indian, Chinese, African, Other Asian groups, Arab and Other ethnic groups across Scotland from 2011 to 2022.

Glasgow City's ethnicity profile: official statistics

Census data

By disaggregating 2022 Census ethnicity across Scotland's local authority areas, we can see that in terms of the proportion of Non-White minority groups, Glasgow City is the most diverse council area in Scotland by a considerable margin (Table 1).

Glasgow City is comprised of 19.3% of people from Non-White minority groups; this group is often referred to as Black and Minority Ethnic (BME) populations. This represents 119,730 people from Non-White minority groups out of a citywide total population of 620,756. Please see Appendix A for a full breakdown of what groups are included in "Non-White minority groups" (column 2 in Table 1) and "Total minority groups" (column 3 in Table 1).

Notably the Census also reveals that 32.6% of Glasgow's under-18-year-olds are from BME backgrounds, highlighting the potential projected growth of diversity in the city in future years, and implications for future service delivery, if barriers to access are not addressed.

The second highest council area, in terms of ethnic diversity, is the City of Edinburgh, with 15.1% (77,801 people in total) of the population being a Non-White minority group. Glasgow

City is approaching six times (5.51) the average level of Non-White minority groups seen in the remaining 27 council areas in Scotland.

Table 1: Ethnicity profile of Scotland's council areas, 2022 Census

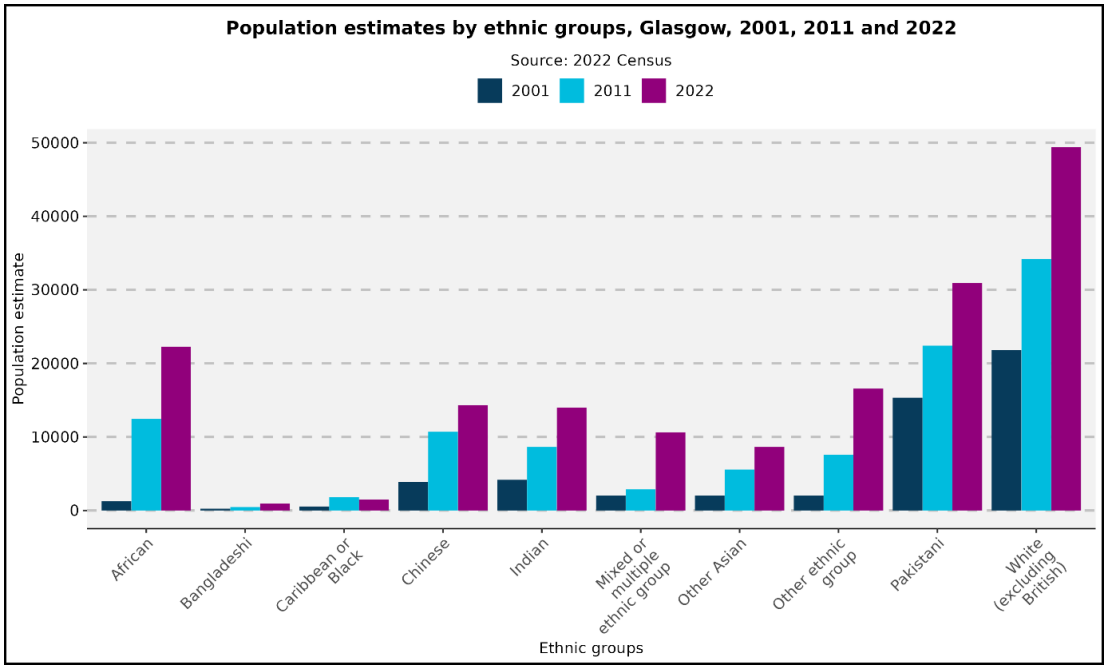
Council areas	Non-White minority groups	Total minority groups
Glasgow City	19.3%	27.2%
City of Edinburgh	15.1%	28.4%
Aberdeen City	13.4%	24.8%
East Renfrewshire	12.5%	16.1%
Dundee City	10.1%	16.7%
Average of remaining council areas	3.5%	7.6%

When considering total minority groups (the third column in Table 1, above), the ranking of council areas changes, with City of Edinburgh now being the most diverse overall with 28.4% of the population compared to Glasgow City's 27.2%, and Aberdeen City having 24.8%. This means that Edinburgh has a higher proportion of White minority ethnic groups than Glasgow City.

Using this definition of ethnicity, Glasgow City is approaching four times (3.6) the level of total minority groups compared to the average of the remaining 27 council areas.

We now consider the composition of Glasgow's minority ethnic population in more detail, Figure 3 (below) summarises changes to this over the census reporting periods 2001, 2011 and 2022:

Figure 3: Population estimates by ethnic groups, Glasgow, Census 2001, 2011 and 2022[I]



[I] https://www.understandingglasgow.com/glasgow-indicators/population/ethnicity/trends

Glasgow's Non-White minority population has more than tripled from 53,000 people in 2001 to just under 170,000 in the 2022 Census. Notable increases have also been observed across African, Chinese, Indian and Pakistani populations as well as Other, mixed or multiple ethnic groups, Other Asian and Other White (excluding British).

This wide representation of different ethnic groups also translates into a variety of language skills and cultures in the city. The Census measures English skills in several ways but an overarching indicator of greatest need, and minority groups who face multiple barriers, is those with no skills in English at all. Table 2 (below) demonstrates that Glasgow City has the highest proportion (0.4%) of residents who have no reported skills (reading, writing or speaking) in English, within Scotland:

Table 2: No skills in English rates by council areas, Scotland's Census 2022[J]

Council areas	No skills in English (reading, writing or speaking)
Glasgow City	0.4%
Aberdeen City	0.3%
City of Edinburgh	0.2%
West Lothian	0.2%
Dundee City	0.2%
Average of remaining council areas	0.1%

This equates to some 2,483 Glasgow residents with no skills in English. Whilst just higher than Aberdeen City proportionally (0.3%) this is approaching four times the number of people in the second highest council area – Aberdeen City, where 0.3% of the population (672 people) have no skills in English.

National statistics indicate that after English and Scots, the most commonly-used languages at home, in Scotland are, in order of use: Polish, Chinese languages, Urdu, Punjabi languages and French[K].

A snapshot of the languages represented in Glasgow's population is estimated by NHS Greater Glasgow and Clyde, who report use of over 100 languages spoken by people accessing their services. The top 10 most commonly used languages (outside of English and Scots) are: Arabic, Urdu, Polish, Mandarin, Romanian, Farsi, Punjabi, Kurdish Sorani, Cantonese and Slovakian[L].

This language profile varies from neighbourhood, and population type within Glasgow City. For example, a 2020 survey, by local Thriving Places initiative, looking at language skills in Govanhill – arguably the City's most diverse neighbourhood - found that 32 languages were used within just 13 tenement buildings. 82% of respondents to the survey spoke at least two languages, and many were comfortable using four or five languages[M]. These language statistics highlight an important consideration in terms of the accessibility of public services, education providers, community integration and employment.

[J] Table 2 presents a bespoke analysis from the Census "table builder" available at https://www.scotlandscensus.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml

[K] https://www.scotlandscensus.gov.uk/census-results/at-a-glance/languages/

[L] https://rightdecisions.scot.nhs.uk/bme-meeting-the-needs-of-black-and-minority-ethnic-bme-people/know-your-population/

[M] https://govanhill.info/survey-reveals-breadth-of-languages-in-govanhill/

UK Immigration System Statistics

According to UK Immigrations Statistics published on the 21st August 2025, Glasgow City is host to the majority of Scotland's supported asylum seekers[N].

Table 3 details the top five council areas in terms of highest numbers of people seeking asylum. The columns include total population in Supported Asylum, total population under the Homes for Ukraine (please note this figure does not include Scottish Government Homes for Ukraine "super sponsors", who cannot be disaggregated by council area from this data source) and total population in Afghan Resettlement Programme. Following UK immigration systems convention, these three asylum roots are then totalled as "All 3 pathways (total)" – the table ranks the council areas by this measure, and finally the percentage population within each council area is provided.

Table 3: Supported Asylum, Homes for Ukraine and Afghan Resettlement numbers by council area, UK Immigration System Statistics, 2025.

	Supported Asylum (total population)	Homes for Ukraine - not including Scottish Gov super sponsors	Afghan Resettlement Programme (total population)	All 3 pathways (total)	Percentage of population (%)
Glasgow City	3,844	545	164	4,553	0.72%
City of Edinburgh	189	958	556	1,703	0.33%
Aberdeen City	438	295	96	829	0.36%
Aberdeenshire	345	446	16	807	0.31%
Perth and Kinross	195	472	37	704	0.46%
Average of remaining council areas	41	167	37	245	0.18%

At this reporting period (August 2025), Glasgow City hosts 3,844 people in Supported Asylum, which represents 62.9% of Scotland's total Supported Asylum population (6,107 people). This is nine times the number of the highest other concentration of Supported Asylum population in Scotland, who reside in Aberdeen City with 438 people, and 94 times higher than the average of the remaining 27 council areas (average of 41 people). The City of Edinburgh has 189 people in Supported Asylum, which is approaching 5% of Glasgow City's total. The City of Edinburgh does have higher numbers of Homes for Ukraine and Afghan Resettlement people than Glasgow City (958 and 556, respectively).

As a percentage of total population, 0.72% of Glasgow City's population are from these three asylum pathways. This represents double the rate from City of Edinburgh (33%) and Aberdeen City (36%) and four times the average rate seen across the remaining Council Areas (18%).

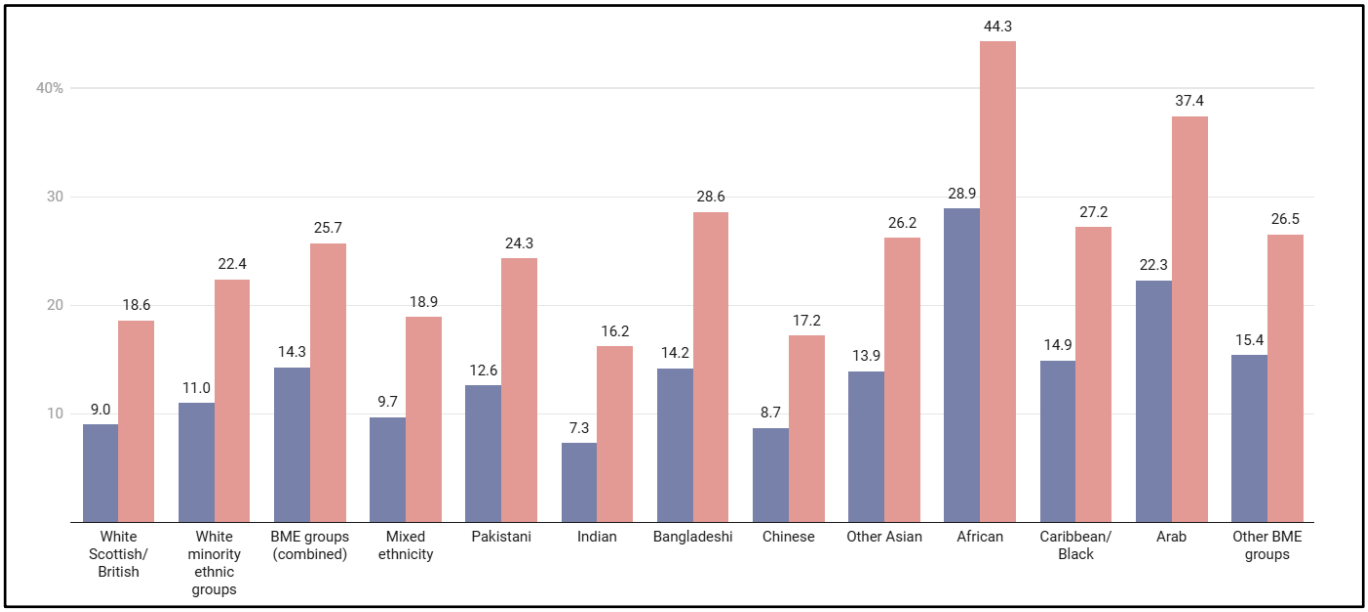
[N] Table 3 presents a bespoke analysis of immigration statistics available from: Regional and local authority data on immigration groups - GOV.UK

Ethnicity and socioeconomic statistics

The interaction between ethnicity and socioeconomic status is a vital lens for understanding and improving the health and wellbeing of Glasgow's ethnic minority communities. Using the 2022 Census data, the Coalition for Racial Equalities and Rights (CRER) reported that people from Black and minority ethnic backgrounds are 60% more likely to live in the most-deprived areas of Scotland than their White Scottish/British counterparts[O].

CRER's analysis found significant differences in how sub-groups of the BME population are distributed across areas of socioeconomic deprivation. Figure 4 (below) charts in blue the proportion of each population group living in the 10% most-deprived areas and in orange the proportions living in the 20% most-deprived areas.

Figure 4: Proportion of ethnic group living in Scotland's most-deprived areas, Scotland's Census 2022, CRER 2024[O]



CRER's analysis reports that African and Arab groups were more than twice as likely to live in the most-deprived quintile of Scotland than their White Scottish/British counterparts. In contrast, the proportion of mixed and Indian groups living in deprived areas was much more similar to those from a White ethnic background. When accounting for BME groups collectively, CRER found that a quarter of Scotland's BME population lived in the most-deprived 20% of the country.

When looking at the top 10% of deprived areas, these racialised socioeconomic inequalities become even starker. CRER's analysis found that BME groups were 60% more likely to live in the most-deprived decile of the SIMD than White Scottish/British people. In comparison, White minority ethnic groups, such as people of Irish, Polish or Gypsy/Traveller heritage, were 20% more likely than their White Scottish/British counterparts to live in the top 10% of most-deprived areas.

[O] https://www.crer.org.uk/blog/ethnicity-and-deprivation

Again, African and Arab groups were much more likely to live in the most-deprived decile than all other ethnicities, with African groups being over three times as likely to live in the most-deprived decile than White Scottish/British people; and Arab groups 2.5 times as likely. People of Bangladeshi, Caribbean or Black, and Pakistani heritage were also more likely to live in the most-deprived decile than their White counterparts.

Figure 5 below is taken from the GCPH website Understanding Glasgow and details the relative child poverty for different priority groups (as identified by the Scottish Government) in Scotland over varied recording periods from 2011 to 2023[P].

Figure 5: Relative child poverty for different priority groups, Scotland 2011-2014 to 2020-2023

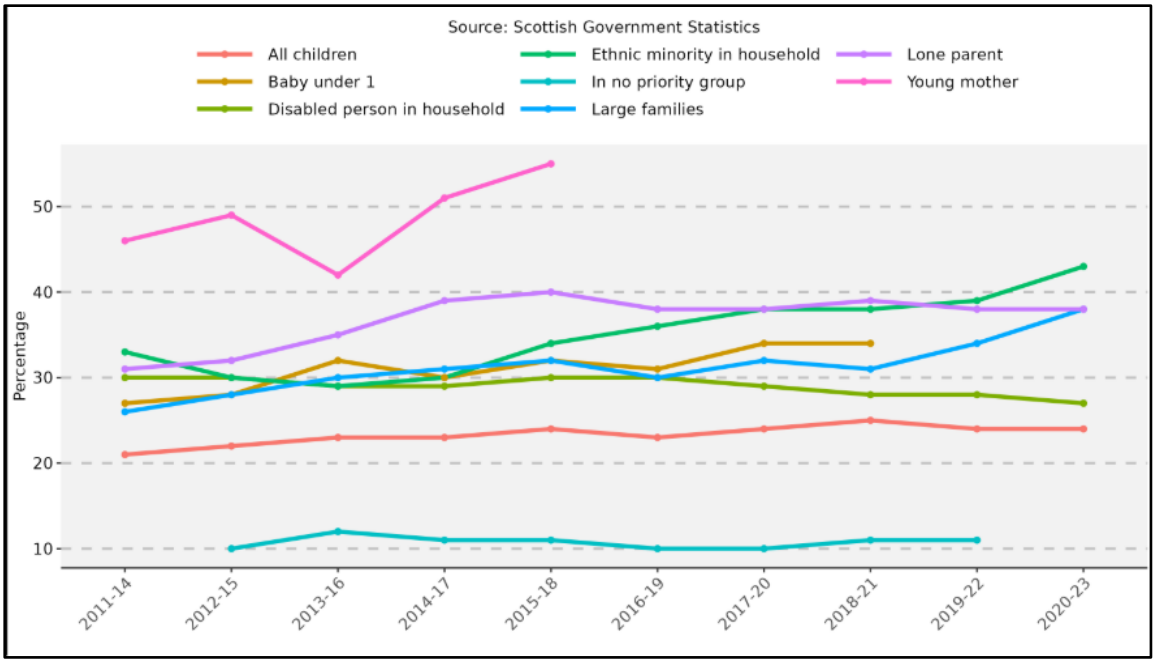


Figure 5 demonstrates that in relative terms, the risk of child poverty has increased for ethnic minority households in recent years and, in comparison, to "All children", this racialised inequality has widened, particularly over the past five to 10 years.

This highlights a stark contrast: while relative child poverty has remained static or declined across most priority groups in recent years, it has increased among ethnic minority households – particularly those in larger households, where minority ethnic groups are disproportionately represented compared to White Scottish/British households[Q].

At the time of writing, a breakdown of ethnicity by Scottish Index of Multiple Deprivation (SIMD) is unavailable from the Census. This has been requested from the Scottish Government however and will be included into a future version of this profile.

Glasgow City's ethnicity profile: local insights

Based on local intelligence within Glasgow City, and supported by insights from peer-reviewed publications, it is reasonable to surmise that official statistics alone (such as those cited above from the Scottish Census and Immigration System) may significantly underestimate the level of ethnicity in the city. It is beyond the scope of this profile to accurately estimate the level of

[P] https://www.understandingglasgow.com/childrens-indicators/poverty/child-poverty-priority-groups
[Q] 2. Housing trends - Housing needs of minority ethnic groups: evidence review - gov.scot

'missing' people from ethnic minority backgrounds in Glasgow City, however the following groups are likely to be underrepresented within official ethnicity statistics:

Roma and other Central/Eastern European communities. Govanhill, in Glasgow City is host to a substantial Roma population (from Slovakia and Romania, primarily). The Census records 950 people of Roma descent in this community but local intelligence estimates the true population to be between 3,500 to 4,000 Roma migrants (from Slovakia, Romania, Bulgaria, etc.) [1]. It is well evidenced that Roma communities have a distrust of official authorities due to experiences of discrimination in their home countries, and are therefore unlikely to complete Census surveys[2]. Literacy, language barriers and digital exclusion also mean official forms like the Census are unlikely to be completed or returned by Roma communities[3].

Asylum seekers with unresolved claims. People awaiting an initial decision on their asylum claim or who are appealing claims are highly unlikely to appear in standard population datasets. Some may move frequently between temporary accommodation, making them hard to capture in a single Census snapshot[4].

Refused asylum seekers / People with no recourse to public funds. Those who remain in the city after refusal often live in destitution or rely on informal living arrangements or networks. They are unlikely to engage with official surveys or may actively avoid them for fear of enforcement or deportation[5].

Recent migrants with precarious or unclear status. Individuals on short-term visas (e.g. seasonal agricultural, students, or temporary work routes) who overstay or move into informal work may slip out of official monitoring; data systems often lag behind their actual circumstances[6].

Undocumented migrants. People who entered the UK without authorisation, or who have overstayed their visas, generally avoid contact with official agencies. They are completely missing from immigration statistics and often underrepresented in service use data[7].

Transient populations (including refugees from Ukraine in temporary accommodation). Ukrainians arriving under the Super Sponsor scheme, especially those still housed in hotels or ships, may not be consistently recorded in local datasets. Their mobility across local authorities has made monitoring and counting difficult[8].

Racism as a social determinant of health: a concise evidence overview

In this section we examine the interplay between racism, socioeconomic factors, healthcare access and racialised health inequalities. We have summarised an expansive and complex evidence base into four interconnected themes:

Defining racism

Racism is a social construct or system in which the dominant ethnic group categorises people into social groups or "races" [9]. Based on an idea of superiority and inferiority, racism devalues, disempowers, and restricts access to important societal resources and opportunities among ethnic groups defined as inferior[10]. Through colonialism, imperialism, and slavery, the idea of

racial hierarchies was used to justify the economic, social, and political power exerted over people from Black and other minority ethnic backgrounds[R].

Evidence accumulated over several decades shows that racism is a fundamental cause and driver of adverse health outcomes in BME populations as well as inequities in health[11]. Racism and discrimination in their various forms are widely recognised as the primary forces behind some BME groups living in poverty and occupying a disproportionate level of lower socioeconomic status in the UK and beyond, in comparison to white populations[12-14].

Racism takes many forms; acts of interpersonal racism and discrimination, including implicit bias, are encountered by BME people on a daily basis and are a constant stressor, adversely affecting health[14 15]. A recent review of 29 literature reviews and meta-analyses published between 2013 and 2019 found multiple associations between self-reported experiences of discrimination and racism and health[16].

As well as poor mental health (mental disorders, psychological distress, and lower levels of psychological wellbeing), self-reported discrimination is associated with higher rates of disease (diabetes, hypertension, breast cancer, cardiovascular outcomes) and preclinical indicators of disease (coronary artery calcification, visceral fat, heart rate variation, and inflammation), poor health behaviours (binge eating, smoking, and substance use), and lower use of healthcare services and adherence to medical advice and treatments, among BME groups[16].

Alongside interpersonal racism, entrenched cultural and structural racism rooted in the laws, policies, and practices of society and its institutions, mean reduced access to health services, quality housing, quality employment, career progression and wider life opportunities for some BME populations[17-19]. All of these forms of racism contribute towards poorer health and increased rates of chronic diseases among some BME groups; notably cardiovascular disease (CVD) and related risk factors such as obesity and diabetes[20], through a range of mechanisms[21] but primarily through poverty and low income[22 23].

BME health inequalities

Within Glasgow City, the health of minority ethnic groups is a nuanced and complex issue. The (soon to be updated) 2016 Black and Minority Ethnic Health and Wellbeing Study in Glasgow[S] reports several instances where BME health compares favourably to that of white populations in the City. For example, 80% of BME adults reported positive general health, higher than Glasgow City overall (74%). Positive views of physical wellbeing at 86% and mental/emotional wellbeing at 90% were expressed by minority groups, although when broken down by ethnic group, Pakistani populations had the lowest positive health perceptions (66% general health). However, analysis demonstrates that some of these findings were driven by the BME population being younger in age. There may also be cultural biases at play in the assessment of self-reported health among ethnic minority groups[24].

Although indicators of overall health status have been shown to be better among many Non-White ethnic minority groups compared with the White Scottish population, such analyses tend to mask varying risks of particular diseases and unmet needs among different groups[25].

[R] Scotland and the slave trade. National Library of Scotland. https://www.nls.uk/collections/scotland-and-the-slave-trade/

[S] www.stor.scot.nhs.uk/server/api/core/bitstreams/0a15b76f-4f5f-40b7-9ee7-642002a90fdd/content

A 2019 study found that people describing themselves as Indian, Chinese and mixed/multiple ethnic group are more likely to live in the *least*- deprived areas of Scotland[25]. High proportions of those of 'Other' (Non-White) and 'Other Asian' ethnic groups live in *both* the least and most-deprived areas. The deprivation profile of the Pakistani group is more similar to that of the white population, but with higher numbers also living in 'middle' areas. However, people describing themselves as African, Caribbean or Black are much more likely to be living in the most-deprived areas[25]. This diversity within the socioeconomic circumstances of some minority ethnic groups adds to the complexity of understanding the health of BME populations.

This complexity further extends to the health of migrants, including the 'healthy migrant' effect and 'acculturation'. The healthy migrant effect is an observed phenomenon where newly arrived migrants often have better health outcomes than the host population, largely because healthier individuals are more likely to migrate[26]. Most migrants tend to reside in deprived areas within cities such as Glasgow, and as time moves on, their health acculturates to their environment and socioeconomic circumstances and may decline in line with disadvantaged indigenous communities[7].

When we consider specific diseases among defined minority groups in more detail, evidence makes clear that some ethnic minority communities experience stark health inequalities relative to white populations[27]. There are increased rates of diabetes, obesity, hypertension and CVD prevalence across BME communities and South Asians in particular[28]. The predominant characteristic in driving the elevated CVD and related risk factor prevalence among BME groups is socioeconomic status rather than lifestyle or cultural factors[29]. Pakistani people exhibit higher hospitalisation rates for respiratory illnesses, such as asthma and lower respiratory tract infections, in comparison to White Scottish individuals[30]. Elevated rates of liver disease are also evident among Chinese men and women, Other South Asian men, and Pakistani women relative to White Scots[31].

Alcohol-related liver disease (ALD) is notably higher in Indian men, while White Irish and individuals of mixed ethnicity, Pakistanis, and Chinese tend to have lower rates – this is likely due to lower alcohol consumption[32]. African men in Scotland face more than double the risk of late-stage HIV diagnosis compared to White Scottish men, raising concerns about delayed treatment and poorer outcomes[33]. Mental health and psychiatric hospitalisation patterns differ by ethnicity group: Indian females and Chinese individuals have lower psychiatric hospitalisation risks, while females of African origin show higher risks compared to White Scots[34]. Mental health access inequalities persist, especially among South Asian and Chinese communities, suggesting under-use or delayed use of mental health services[34 35].

Interestingly, most ethnic minority groups tend to have lower overall cancer rates than White Scots[36]. Roma, and Traveller communities tend to experience significantly worse health outcomes across several areas: life expectancy is around 11 years shorter; higher rates of asthma, bronchitis, angina; elevated infant mortality, low birth weight, and suicide rates; all linked to poor living conditions, social exclusion, and healthcare access barriers[37-39]. Within the UK, Black women and birthing people have an increased risk of intensive care admission that cannot be explained by demographic, health, lifestyle, pregnancy and birth factors[40]. Birthing mortality rates also illuminate stark inequalities compared to white populations, relating primarily to increased barriers in navigating the pregnancy care pathway[41].

Many migrant groups, particularly those that are politically and economically marginalised, such as asylum seekers and refugees, face significant inequities in access to healthcare as well

as poorer physical and mental health outcomes[42 43]. Evidence also points to experiences of violence, trauma and chronic stress as precursors to significant health inequalities and unmet needs among some asylum seekers in the UK[44].

Socioeconomic factors

What is clear from UK studies, and in the information already provided in this profile, is that large proportions of some BME communities rank poorly in socioeconomic indicators of poverty and deprivation[45]. These socioeconomic inequalities are fundamentally driven by racism and discrimination; which then drives the health inequalities experienced by many BME groups[46].

Those minority ethnic groups and subgroups with a higher risk of poverty include Pakistani, Bangladeshi and African groups who are consistently concentrated in low-pay sectors[47 48] and migrants, who have a poverty rate of 32% compared with 19% for those who are UK born[49]. This means some BME groups are more likely than white people to live within disadvantaged, urban and overcrowded communities with lower quality housing. These were important factors in the increased levels of COVID-19 infections and deaths evidenced among BME populations compared to white people[50]. Disadvantaged communities such as these have higher rates of mental and physical health conditions, increased crime and diminished access to health-promoting commodities such as green space and healthy, affordable food[51].

Educational attainment, whilst generally lower in disadvantaged areas, is often higher among BME groups than in White British populations[52 53]. However, evidence is clear that this does not translate into favourable earnings or career progression among some BME communities; 40% of African and 39% of Bangladeshi graduates are significantly overqualified for their roles[52].

Some BME groups are also more likely to occupy low-income, precarious, low-quality and less-regulated employment[54]. Lower pay among some BME groups relates to their over-concentration in low-paid sectors which often have very little prospect of progression[55]. There are also some BME groups who receive low pay in all sectors. For example, although numbers of Bangladeshi workers are low in Scotland, UK studies have shown they are more likely to earn below the Living Wage and to be the lowest paid regardless of the sector they work in[52].

Access to healthcare

BME groups have consistently reported negative experiences within culturally-insensitive healthcare services[56]. A lack of consideration of the cultural requirements of some BME groups within healthcare settings creates barriers, inhibits access to services, and adversely influences healthcare-seeking behaviours during illness[17 57] and as further evidenced during the pandemic[58].

Historically, minority ethnic groups who struggle to effectively access healthcare have reported increased rates and earlier onset of disease, more aggressive progression of disease, and lower survival rates[59]. Poor access to mental health services among some minority ethnic groups has been extensively studied, with some barriers intensifying in recent years, such as reduced access to support within deprived inner city areas where some minority ethnic groups are more likely to reside[60]. The impacts of reduced healthcare access among some BME groups are stark and painful. Empirical analyses show that even after adjustment for socioeconomic status, in the UK, Black women are five times more likely to die during pregnancy than white women[61].

Conclusion

Glasgow is Scotland's most ethnically diverse city, home to a rich mosaic of communities whose cultures, traditions and experiences shape the city's unique character. Yet even the most robust statistics understate the depth and scale of this diversity. The long-standing under-representation of Roma communities in Govanhill, for example, shows how official data often fails to capture the true scale of need. Furthermore, looking at the health and wellbeing of Glasgow's BME population as a homogenous group can miss important insights relating to specific community needs and inequalities; for example, African and Arab populations' needs in relation to their overrepresentation in the most-deprived areas of Scotland.

Many ethnic minority groups experience profound health inequalities that are closely linked to deprivation, discrimination, and barriers to accessing services related to language skills, inadequate cultural competency of service providers, and fear/distrust. Glasgow also hosts the highest number of asylum seekers in Scotland, many of whom have sought safety in Glasgow from violence, trauma and displacement. These communities require tailored and sustained support to ensure equal access to housing, healthcare, and wider opportunities for optimal wellbeing.

This combination of vibrancy, challenge, and resilience gives Glasgow a distinction within Scotland, with its strengths in diversity enriching the city's social and cultural life in ways that few other places can match. At the same time, Glasgow's unique scale and profile of diversity means that the city carries particular responsibilities and pressures in promoting equity in health and wellbeing. To ensure that all communities can flourish, Glasgow requires sustained investment and targeted resources that match its exceptional role as Scotland's most diverse and welcoming city. By recognising and responding to these realities, Scotland has an opportunity to ensure that Glasgow's diversity is not only celebrated, but also fully supported.

Appendix A: Census definitions of minority ethnic groups

Figure 1 (page 6) defines "minority ethnic groups" as
Not including White: White Scottish and White: Other White British

But, including the following minority groups:
White: White Irish
White: Gypsy/ Traveller
White: White Polish
White: Roma
White: Showperson
White: Other White
Mixed or multiple ethnic group
Asian, Asian Scottish or Asian British: Pakistani, Pakistani Scottish or Pakistani British
Asian, Asian Scottish or Asian British: Indian, Indian Scottish or Indian British
Asian, Asian Scottish or Asian British: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
Asian, Asian Scottish or Asian British: Chinese, Chinese Scottish or Chinese British
Asian, Asian Scottish or Asian British: Other Asian

African: African, African Scottish or African British
African: Other African
Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
Caribbean or Black: Black, Black Scottish or Black British
Caribbean or Black: Other Caribbean or Black
Other ethnic groups: Arab, Arab Scottish or Arab British
Other ethnic groups: Other ethnic Group

Table 1 presents a bespoke analysis from the Census "table builder" available at https://www.scotlandscensus.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml

Table 1 contains **two definitions of ethnic minorities** as is used in Scottish Government convention in relation to Census analysis.

First, the third column "Total minority groups" uses the same classification as that used in Figure 1, see above.

Second, the definition used to populate the second column "Non-White minority groups" (also termed BME) **includes the following Non-White minority groups**:

Mixed or multiple ethnic group
Asian, Asian Scottish or Asian British: Pakistani, Pakistani Scottish or Pakistani British
Asian, Asian Scottish or Asian British: Indian, Indian Scottish or Indian British
Asian, Asian Scottish or Asian British: Bangladeshi, Bangladeshi Scottish or Bangladeshi British
Asian, Asian Scottish or Asian British: Chinese, Chinese Scottish or Chinese British
Asian, Asian Scottish or Asian British: Other Asian
African: African, African Scottish or African British
African: Other African
Caribbean or Black: Caribbean, Caribbean Scottish or Caribbean British
Caribbean or Black: Black, Black Scottish or Black British
Caribbean or Black: Other Caribbean or Black
Other ethnic groups: Arab, Arab Scottish or Arab British
Other ethnic groups: Other Ethnic Group

This does not include:

White: White Scottish
White: Other White British
White: White Irish
White: Gypsy/ Traveller
White: White Polish
White: Roma
White: Showperson
White: Other White

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