

NEWS RELEASE

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NEW REPORT REVEALS WIDENING INEQUALITIES ACROSS GLASGOW AND EARLY IMPACTS OF COVID-19

New research by the Glasgow Centre for Population Health (GCPH) published today shows a worrying polarisation of trends – with many groups dealing with multiple, complex and interrelated disadvantage, both pre and since the pandemic. Those most affected are women, children and young people, minority ethnic groups, people with disabilities, and those on low pay or in precarious employment.

The report *'Health in a Changing City: Glasgow 2021'* provides a comprehensive analysis of changes in population, socioeconomic, environmental and health factors over the last 20 years within and across the city, and in comparison, with Scotland. Although most of the analyses precede the Covid-19 pandemic, emerging evidence of the impacts of the pandemic is commented on. Many of the challenges the city currently faces were pre-existing prior to Covid-19 and these underlying social and health inequalities shaped and determined people's experience of the pandemic and its impact on them.

Alongside the many reported direct and indirect negative impacts of the pandemic, this period has also brought people and communities together – through helping each other out, volunteering and demonstrations of community solidarity and engagement on specific issues. These all indicate an increase in community, political and civic engagement which the authors highlight should be built upon when developing post-pandemic policy responses.

Although Glasgow has become less deprived in comparison to the rest of Scotland over the last 20 years, it remains the Scottish city with the highest concentration of people living in deprived circumstances and with high levels of child poverty, fuel poverty and food insecurity. Children in Glasgow are more likely to live in the most deprived areas than any other age group and more likely to experience homelessness than adults. The report also notes inequality in mental health service provision for children.

The extensively reported and unprecedented stalling of life expectancy in Glasgow and across the UK over the last decade, has resulted in widening, unfair and avoidable health inequalities which have shortened lives: life expectancy has reduced for females and for those living in the most deprived areas of the city with the gap in life expectancy between the least and most deprived areas now 11.6 years for females and 15.4 years for males.

These trends, which pre-date the pandemic, have been causally associated with UK government austerity policies and as other researchers have noted as we emerge from the pandemic the impact of recurrent deaths due to inequality will quickly surpass those due to Covid-19 (4). Several recommendations to prevent this and build a fairer economy for all are made. This includes, for example, prioritising those sectors of the economy undervalued but identified as essential during the pandemic such as our care and food economy workers to ensure they are paid enough to live on.

Concerning mental health trends are reported. In Scotland, mental ill health is at its highest level since 2008-09 and suicide has become the leading cause of death among 15-34 year-olds – and this was before the pandemic which has had a profound effect on mental health. In Glasgow, the rate of prescriptions and psychiatric hospitalisations associated with mental ill health is higher than the rate for the whole of Scotland. There are extensive inequalities associated with gender, age, socioeconomic status and ethnicity, and evidence of a growing inequality in service provision between children and young people and adults.

Multiple examples of racial and ethnic inequalities are evidenced including greater impacts of negative trends on minority ethnic communities. For example, across the UK black and Asian people were 50% more likely to be affected by housing issues or homelessness than white people, young black people were more likely to lose employment or see their job conditions worsen during the pandemic and furloughed minority ethnic workers were more likely to lose their jobs. But the report also highlights an overwhelming lack of data on ethnicity and racial inequality. Several specific recommendations are made about data but also recognition of the systemic and complex nature of racialised inequality and racism which requires societal and structural level action to dismantle and address it.

A range of gender-based inequalities faced by women are also highlighted. This includes gender-based violence, where the number of sexual offences against women have more than doubled in the last ten years, reported domestic abuse which has also increased across Scotland, and recognition of the sexual exploitation of women working in prostitution in Glasgow. The report recognises the need for both preventative measures, such as improving

education on sexual harassment to shift attitudes about what is 'acceptable', but also recommends a national inquiry into the issue and greater involvement of women and girls in the design of places and services.

In relation to environmental indicators, despite positive evidence of more coordinated and concerted policy on addressing climate change, improving air quality, sustainable transport and imaginative approaches to repurposing vacant and derelict land, the report states that progress is slow and must be accelerated if climate change targets are to be met.

Several rapid policy responses to the pandemic are highlighted. These responses varied in their success, and some had unintended negative consequences. The most positive examples came from areas where marginalised people and those with direct experience of the issue were involved in decision making. The report notes that in making decisions about how we plan a fair and sustainable recovery, a broad range of perspectives need to be heard and that those people who are most marginalised and most affected by inequalities need to be involved in this process. The authors also reiterate "that concerted action at the local, national and UK level is needed to address the underlying structural inequalities in society that have led to ingrained poverty and widening health inequalities."

Quotes:

Reflecting on the overall messages from the analysis, lead author of the research and Public Health Programme Manager at the GCPH, Bruce Whyte said, *“The shocking reduction in life expectancy experienced by women in Glasgow and people living in our most deprived areas stands out and is the result of policies that have exacerbated structural inequalities in society. We need to shift away from austerity towards policies that provide people with adequate income, including properly supporting those who cannot work, grounded in a commitment to the common good for all in society”*.

Dr Katharine Timpson, Public Health Research Specialist at the GCPH and co-author of the report added *“Policy will not be effective at reducing inequality if the people who are currently marginalised are not included in decision-making. During the Covid-19 pandemic, we saw how rapidly policy priorities could shift, but we also saw how unintended consequences can cause worsened inequality when space is not made to incorporate the perspectives of everyone impacted by the policy.”*

Reflecting on the gender-based inequalities reported, Dr Mairi Young, Public Health Research Specialist at the GCPH and co-author of the report stated *“Gender-based violence can damage health and wellbeing, limit freedoms and potential, and is a violation of human rights. Multiple policies exist to make Scotland a safer place for women, and there has been a notable social shift in recent years, particularly since the murder of Sarah Everard, in understanding female safety and vulnerability in public spaces. However, until every area of Government and wider society prioritise and address the systemic gender inequalities then it is impossible to fully eradicate harassment and violence from females’ lives in the long-term.”*

In relation to the ethnic and racial inequalities reported, Dr Mairi Young further stated: *“We have reported on extensive ethnic inequalities in health and socioeconomic circumstances in Glasgow and highlighted there is a lack of good quality data across many administrative systems in Scotland which hampers further research. We also recognise that ethnicity is only one element to understanding ethnic inequalities. Racial discrimination is a recognised social determinant and a driver of ethnic inequalities in health, yet studies of this relationship are still in their infancy. It is imperative that we better understand the impact of racial discrimination on people’s lives across the city, however collection of better and good quality data is only one aspect. Action is required across the systems to dismantle systemic racism and drive development of equitable policy and services.”*

Notes:

1. The full report '*Health in a changing city: Glasgow 2021. A study of changes in health, demographic, socioeconomic and environmental factors in Glasgow over the last 20 years*' is available on the GCPH website here:
https://www.gcph.co.uk/publications/996_health_in_a_changing_city_glasgow_2021
2. The executive summary can be accessed here:
https://www.gcph.co.uk/assets/0000/8222/Health_in_a_changing_city_Glasgow_2021_-_exec_summary.pdf
3. The [GCPH](#) is a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow funded by the Scottish Government.
4. The other research referred to can be found here: McCartney G, Leyland AH, Walsh D, et al. Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *Journal of Epidemiology & Community Health* 2021;75:315-320.
Available at: <https://jech.bmj.com/content/75/4/315>

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