GCPH response to Equality Evidence Strategy 2023-2025 consultation

Section 1: Vision

In 2017, the Scottish Government set out our vision that: *"Scotland's equality evidence base becomes more wide-ranging and robust, enabling national and local policy makers to develop sound, inclusive policy and measure the impact on all of Scotland's equality groups".* We would like to revisit this vision and gather views on whether the vision should be revised for the Equality Evidence Strategy 2023-25.

Question 1.1

Do you think the Scottish Government should revise the vision developed in 2017?

☒ No

Question 1.2

[For respondents who answered 'Yes' Question 1.1]
N/a

Section 2: Proposed actions

The Equality Evidence Strategy 2023-25 will specify and define individual projects required to fill the gaps that have been identified. We have identified a number of proposed actions, as set out above in Proposed Actions to Improve the Equality Evidence Base.

Question 2.1

To what extent do you think that the proposed actions would adequately deliver on our ambition for a robust and wide-ranging equality evidence base?

☒ Partially

Question 2.2

Please set out your reasons for your answer:
There are many gaps in the current equalities evidence base and the data that is needed to improve the availability of equalities data in Scotland. So, while we broadly support the proposed actions, we believe other actions are needed and make these points in more detail later in our submission.

Question 3.1

From your perspective, what are the most important actions outlined in the draft improvement plan? Please select up to five.
We did not select any of the 35 actions.

Question 3.2

Please set out your reasons for your answer:

We do not feel we are in a position to prioritise, given the general dearth of equalities data in Scotland and the need to improve equalities data across a wide range of social and health policy areas.

Question 4.1

Are there any proposed actions that you think should be revised?

☒ Yes

Question 4.2

Please tell us which actions you think should be revised and how:

Justice (Actions 4-8)

We commend the existing actions outlined that aim to improve the information on ethnicity for victims of crime. In addition, we suggest there should be a particular focus on improving ethnicity information related to domestic abuse. At present, neither Police Scotland nor the Scottish Government provide a breakdown of domestic abuse statistics by ethnicity.

There is evidence that in the UK women from minority ethnic groups are at less risk of domestic abuse compared to white women. Nevertheless, the form of abuse and perpetrator can vary. For example, domestic abuse among some minority ethnic groups can include forced marriage, 'honour-based' violence, or female genital mutilation, and may be perpetrated by extended family members. The UK based charity 'Safe Lives' highlighted women from minority ethnic groups suffered abuse for 1.5 times longer before getting help compared to those who identified as White British or Irish.

In addition, domestic abuse is also a major contributor to homelessness in Scotland, so there are clearly relevant links to the proposed action on homelessness data collections (Action 17).

Social security (Actions 9-11)

Action 9: The GCPH welcomes the improvements set out in the social security data sets. However, we would also welcome provision of equalities data at lower geographies e.g. local authority. In some instances, lower numbers could make it difficult when comparing populated urban authority areas with less populated rural authorities. However, for the major Scottish cities, the breakdown of for example ethnicity groups can be quite different from Scottish averages. In these cases, it would be useful to have figures at least at the city or regional level.

We would also encourage the inclusion of the protected characteristic pregnancy and maternity. Past GCPH evaluation reports on the Healthier Wealthier Children programme and ongoing delivery of the programme by NHS Greater Glasgow and Clyde partners has demonstrated a range of important equality outcomes during pregnancy and the early years. They include an increased uptake of unclaimed child and adult disability related payments. Moreover, from an intersectional perspective, over 34% of children in Glasgow city were estimated to be living in poverty in 2017 with 24% of the city's pupils from an ethnic minority background in 2019.

Action 10: See previous Action 9 comments on pregnancy and maternity.

Action 11: We would welcome inclusion of equalities data on sexual orientation. Being able to access the Scottish Welfare Fund can be an important support measure for those experiencing homelessness, including LGBTQ adults. A literature review on LGBTQ adults who experience homelessness found wide differences in the reported prevalence of LGBTQ adults within homeless adult samples[1]. The differences may be partially due to a wider context, i.e. migration from rural or smaller communities to larger urban areas and the openness of individuals to identify as LGBTQ to researcher(s), which may lead to a significant underreporting of the number experiencing homelessness.

Poverty (Actions 12-13)

In the current cost of living emergency, the improvements to the food security data are an important and positive step. It might also be useful for Action 12 to have the same equality variables as Action 23: age, disability, race (ethnicity), religion or belief, pregnancy and maternity as these might all influence food insecurity.

The broader work on poverty related surveys (13) is welcome, but we would also appreciate broader activities that create space to look beyond a narrow focus on particular datasets and consider the bigger picture e.g., the cost-of-living emergency.

Housing and homelessness (Actions 17-18)

The homelessness statistics published by Scottish Government include an equalities breakdown, and the review discussed in (17) will be useful. It would also be helpful to consider providing equalities data at lower geographies e.g. local authorities. We recognise that lower numbers may make this difficult in some circumstances, however, at least for the major Scottish cities, the breakdown of, for example, ethnicity groups can be quite different from Scottish averages. In these cases, it would be useful to have figures at least at the city level.

Health and Social Care (Actions 19-24)

These actions are welcome and ambitious, but there is a more fundamental issue to address which is that various parts of the NHS are not currently collecting basic equalities data in a way that it can be used. The problems are threefold:

- Equalities data is not collected at all, or is not collected using useful categories (e.g. age data only available for one broad age category, meaning no meaningful analysis by age can be achieved).
- Where it is collected, compliance in recording equalities data is often very low, which renders the data unusable.
- Where it is collected and compliance is good (which is very rare), equalities data is not usually linked to patient outcomes. Patient demographic data is kept in one database and treatment/outcomes in another. Linking them is time consuming and generates inaccuracies. This makes it very challenging to understand how outcomes differ across various equalities groups, especially if you are an external data user.

[1] Ref: John Ecker, Tim Aubry & John Sylvestre (2019) A Review of the Literature on LGBTQ Adults Who Experience Homelessness, Journal of Homosexuality, 66:3, 297-323

We return to these points in our response to question 9.2.

Transport (Actions 25-26)
25 SHS: This action is rather vague. Further information could be provided on what sort of breakdowns are envisaged. For example, is the aim to provide breakdowns of modal share of different journey types (commuting, leisure) by different equality characteristics?

26. Stats 19: It is unclear from what is proposed whether the action is to publish data on ethnicity taken from hospital discharge records (SMR01 records) relating to road collision casualties, or to derive such information from Stats 19. Ethnicity of casualties is not recorded on STATS19 but this is something we believe should be considered and we bring this up under question 5.2.

Question 5.1
There are many costs and challenges to collecting, analysing and reporting equality data. The benefits of improved equality data are clear, but unfortunately data collection is expensive and every question that is added to a survey or to an administrative data collection will have a cost. That cost will be in financial programmes, staff resource in carrying out collection and analysis, cost of training and learning necessary to implement a new collection and understand its impact on service development and also, importantly, in the burden on respondents. The proposed actions in the draft improvement plan are achievable within existing resource constraints.

Are there any additional improvement actions that you think should be considered that are achievable within the 2023-25 time period?

☒ Yes

Question 5.2
Please tell us what additional improvement actions we should consider, and the reasons why these actions are important. For example, the groups who would benefit, or what information needs these actions would address.
This consultation focuses in the main on developing better equalities evidence via development of Scottish Government controlled data sources and surveys, but in certain areas it would be useful to widen the scope of the review to encompass the development of equalities data through collaboration with UK-wide agencies. For example, as cited earlier (under Q4.2: Action 26), the police reported Stats19 form currently does not include recording of the ethnicity of road casualties, but this would seem to be an obvious and important addition to work towards.

Another area where better equalities information would help is in the information collected and published on asylum seekers and refugees. The main source of information is the Home Office, but only limited information is made publicly available about refugees and asylum seekers despite the fact that Scotland has hosted approximately 10% of the UK's asylum seekers since 1999, and that there are an estimated 20,000 refugees living in Scotland. Better information on the demographic and equalities characteristics of asylum seekers and refugees would help a range of agencies in planning services and could also provide the basis for better research and analytical evidence about a particularly vulnerable group.

Question 6.1

The Scottish Government cannot take sole responsibility for providing information to address everything stakeholders would like to know. The range of interests, perspectives and expertise require different ways of collecting and accessing data and information by the public sector (e.g. Scottish Government, local authorities), academic institutions, the third sector (e.g. charities, social enterprises, think tanks) and from within the involved communities themselves. The Scottish Government welcomes collaboration with stakeholders to improve the equality evidence base.

Would you or your organisation like to collaborate with the Scottish Government on any of the proposed actions?

☒ Yes

Question 6.2

Please tell us which actions you would like to collaborate with the Scottish Government on (including the action number) and how:

GCPH would be happy to collaborate on Actions 25 and 26 relating to Transport and are already engaged in a relevant collaboration involving Transport Scotland and Public Health Scotland, and the Public Health and Sustainable Transport Partnership.

There are insights from the 16-year period we have been engaged in research in Scotland and from the recent needs assessment work we have undertaken that we would be willing to share.

Question 7.1

Are you aware of any other organisations, networks or individuals the Scottish Government should collaborate with to improve the equality evidence base?

☒ Yes

Question 7.2

Please tell us who the Scottish Government should collaborate with and, if applicable, on which of the proposed actions:

In relation to improvements to equalities data on Transport, it would be worthwhile engaging with Public Health and Sustainable Transport Partnership.

Section 3: Use of equality evidence

‘Equality evidence’ refers to statistics and research across different themes for age, disability, race/ethnicity, sex/gender, religion, sexual orientation, transgender status, pregnancy and maternity, and marriage and civil partnership, plus “intersections” between these characteristics (e.g. younger women; minority ethnic disabled people; older trans people etc.).

Question 8.1
How often do you or your organisations use equality evidence?

☒ Often

Question 8.2
Which equality evidence sources do you or your organisation use?
GCPH accesses a wide range of equalities data from public sector administrative sources and from local and national surveys. Sources we use routinely include: the Census, Scottish Health Survey, Scottish Household Survey, Scottish Social Attitudes Survey, NRS publications and vital statistics data, Public Health Scotland publications, Scottish Government data and publications, etc.

For research, we use specialist bespoke linked datasets such as hospital admission and mortality linked data sets and the Scottish Longitudinal Study.

Question 8.3
How do you or your organisation use equality evidence?
Given GCPH's remit to "generate insights and evidence and support new approaches to improve health and tackle inequality", we use equalities data and evidence routinely in research reports, academic papers, consultation responses, on our websites and in health profiles.

We also disseminate equality evidence via talks and seminars we organise, e.g. the GCPH Seminar Series and events, Healthier Future Forums and the annual Public Health Information Network for Scotland (PHINS) seminars.

Question 8.4
How do you or your organisation usually access equality evidence?
We access equalities data through publicly accessible government and academic data repositories (e.g. https://statistics.gov.scot/home, https://www.scotlandscensus.gov.uk) and from published reports and tables. We also gather evidence for literature reviews from academic journals and from 'grey literature'.

For research we often apply to use specialised datasets, particularly health-related data, e.g. the Scottish Longitudinal Study and linked hospitalisation and mortality datasets held by Public Health Scotland.

Question 9.1
Do you face any barriers to using equality evidence?

☒ Yes

Question 9.2
Please tell us about the barriers you have faced (e.g. difficulties accessing the equality evidence you require, available equality evidence not being relevant to your needs, insufficient sample size for the statistics you require):
Currently there are many gaps in the sort of equalities data and evidence we might want to use. In many cases the data simply does not exist, in other cases (as noted earlier in our response) the breakdowns of such information are too broad and not specific

enough to be useful. A common problem is that such data even if collected is not made available by public organisations, and data confidentiality and disclosure concerns, while important, can be used as an excuse for not making equalities information more publicly available.

A recent example of some of the routine barriers faced comes from a needs assessment GCPH staff were undertaking which involved looking at administrative data relating to mental health services, including NHS data and data from commissioned services, such as prescribing and referrals data. We were not able to look at different groups within most of the protected characteristics for three main reasons: equalities data was often either not being collected by a service or the compliance rate was too low; where collected, categories were often too broad for meaningful analysis (e.g. age categories covering all of working age); and access data was not usually linked to patient outcomes – meaning that although we could sometimes say who was given initial access to a treatment, we had no way of finding out how likely each group was to complete the treatment, and, therefore, whether further barriers existed within the service for certain groups.

Question 10.1

Are there any decisions you are unable to make because of a lack of equality evidence? (For example, Equality Impact Assessments (EQIAs), policy development, service delivery)

☒ Yes

Question 10.2

Please tell us which questions you are unable to answer and why those questions are important to answer (e.g. what policies or practices could be informed by answering those questions').

Often a lack of evidence hinders any sort of analysis, this is particularly true with regard to information on ethnicity and the experience of racism.

Good quality data on ethnicity is often missing or incomplete in many administrative systems. This hampers routine analysis of data by ethnicity, comparisons across ethnic groups, research of ethnic inequalities, and assessment of potential racial discrimination.

Racial discrimination is a recognised social determinant of physical and mental health and a driver of ethnic inequalities in health at a structural and individual level, however, there remains limited information about experiences of racial discrimination in the UK. The absence of systematic data on racial discrimination in research serves to dismiss the lived experience of people from a non-White or minority population and inhibits further understanding of the drivers of health inequalities.

In a GCPH recent report, Health in a changing city: Glasgow 2021, we proposed three main actions to enable a better understanding of the experiences and needs of people from minority ethnic groups and to plan services equitably:

1. Make ethnicity a mandatory field on public records with data quality monitoring at local and national levels to ensure good quality data.

2. Researchers, planners, and policy makers adopt measures of racial discrimination (such as the Everyday Discrimination Scale) to assess the impact of racism on physical and mental health.

3. Data linkage to the census would allow for long-term monitoring and research of ethnic inequalities in health. Caldicott Guardians should be supported to understand how racism and racialisation plays out in the systems of data collection and analysis to inform their responsibilities regarding the lawful and ethical processing of information.

Finally, one of the issues that the consultation does not currently discuss in detail is the specific barriers to collecting good quality equalities data. Considering data on ethnicity, as an example, the Mental Welfare Commission for Scotland found that the frontline staff being asked to collect data faced a number of barriers[2]. These included their own understanding of the questions and why it was necessary to ask them, as well as patients' understandings, which could be impacted by distress, or the health situation that patients were presenting for help with. Staff had to consider their relationship and rapport with the patient and how asking questions that may be considered offensive or personal would impact that relationship. Staff were worried about patients feeling that their treatment would be impacted by their answers, since many of the characteristics measured come with a degree of societal stigma. Staff also noted that recording this data was time consuming, and took a lower priority, in many situations, to the treatment that patients needed. To improve the overall quality of data that can be reported, thought must be given about who is best placed to gather this information, and how and when it should be done.

Section 4: Equality evidence collection

Question 11.1

Do you or your organisation produce any equality evidence sources? For example, does your organisation involve stakeholders in finding out what issues they think are important through surveys or focus groups, pull together or carry out your own analysis of existing information, or commission independent research and analysis.

☒ Yes

Question 11.2

Which equality evidence sources do you or you organisation produce?

As explained earlier in this response our organisation uses a wide range of equalities data and produces evidence in relation to people's experience of health and social inequalities. The following list provides a flavour of the range of reports and papers we have produced:

Resetting the course for population health (May 2022)
https://www.gcph.co.uk/publications/1036_resetting_the_course_for_population_health

The disproportionate impacts of the COVID-19 pandemic on disabled people (Jan 2021)

[2] https://www.mwcscot.org.uk/news/racial-inequality-and-mental-health-services-scotland-new-report-calls-action

https://www.gcph.co.uk/publications/1045_the_disproportionate_impacts_of_the_covid-19_pandemic_on_disabled_people

Health in a Changing City: Glasgow 2021 (August 2021)
https://www.gcph.co.uk/publications/996_health_in_a_changing_city_glasgow_2021

Exploring the cost of the pregnancy pathway (September 2020)
https://www.gcph.co.uk/publications/951_exploring_the_cost_of_the_pregnancy_pathway

The changing ethnic profiles of Glasgow and Scotland (September 2017)
https://www.gcph.co.uk/publications/731_the_changing_ethnic_profiles_of_glasgow_and_scotland

Glasgow Neighbourhood Health profiles (2015)
https://www.understandingglasgow.com/profiles/neighbourhood_profiles

Maximising Opportunities: final evaluation report of the Healthier Wealthier Children project (2012)
https://www.gcph.co.uk/publications/359_maximising_opportunities_final_evaluation_report_of_the_hwc_project

We have also produced a wide body of evidence relating to socioeconomic health inequality. While socioeconomic difference is not the focus of this consultation, many of the equalities characteristics which are in focus intersect and add to socioeconomic inequality. For example, in the publications provided below, impacts by age and sex are analysed alongside socioeconomic variables:

Healthy life expectancy trends: https://jech.bmj.com/content/76/8/743

Recent health (mortality) inequalities: https://bmjopen.bmj.com/content/10/11/e038135

COVID mortality vs inequalities mortality: https://jech.bmj.com/content/75/4/315

Poverty and adverse childhood experiences: https://jech.bmj.com/content/73/12/1087

Question 11.3

Are there any barriers to you or your organisation collecting more equality evidence?

☒ Yes

Question 11.4

Please tell us about the barriers facing you or your organisation in collecting more equality evidence:

GPCH is a small organisation with a limited research budget. Therefore, we tend to work in collaboration with other organisations when undertaking research and often use existing data sources and surveys rather than collecting new data.