

**Equality Groups in Glasgow:
Horizon Scanning and Community Consultation**

Glasgow City Council

**Final Report
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1. Introduction

1.1 About This Report

This report has been developed to help to inform Glasgow Community Planning Partnership's activity in relation to equality and diversity.

In January 2010, Glasgow City Council appointed us – ODS Consulting – to gather information about the size, characteristics, needs and strengths of people from equalities groups in Glasgow. This information would help the Community Planning Partnership to develop its Equality and Diversity Strategy, which would set out how it plans to meet the needs of different communities in Glasgow.

1.2 The Report Focus

This report focuses on people from equalities groups living in Glasgow. By this, we mean people or communities who face discrimination or social exclusion due to personal characteristics, including:

- ethnic origin;
- disability;
- gender or gender identity;
- age;
- faith, religion or belief; and
- sexual orientation.

These factors do not cover all of the reasons for people experiencing discrimination and exclusion, but are a guide to identifying some of the most excluded groups. When we talk about equalities groups in this report, we are therefore covering the following groups of people:

- younger and older people;
- disabled people;
- women, men and transgender people;
- minority ethnic groups;
- minority faith groups; and
- lesbian, gay and bisexual people.

We recognise that people don't fit neatly into one of these categories. People are individuals and have multiple identities, across and within different equalities strands. This means that people all have different experiences, and many people can experience multiple discrimination.

This report does not focus on people who experience socio-economic disadvantage as an equalities group. However, there is clear evidence of a clear link between socio-economic disadvantage, and personal characteristics. For example, disabled adults in the UK are twice as likely to live in low income households as non disabled adults¹.

¹ The Equality Bill: Duty to Reduce Socio Economic Inequalities, Government Equalities Office, 2010

Socio-economic disadvantage can increase and reinforce the disadvantage experienced by people from equalities groups. We have therefore included measures of socio-economic disadvantage for each of the equalities groups considered in this report.

1.3 Methodology

The study involved two key stages – data gathering and consultation.

Data Gathering

We wanted to make sure that this study built on the wide range of work which has already been done in relation to equality in Glasgow. We developed a list of 52 organisations which may hold useful information on the size, needs, experiences and strengths of equalities groups in Glasgow. We held a short telephone interview with each, exploring the information held and any views on key trends, strengths or needs. We also undertook internet and literature searches to identify relevant research and statistics.

We gathered over 120 pieces of information. The information we received was varied. While some organisations provided very useful research and statistics, in other cases we simply received Equality Schemes which did not provide any information on needs or experiences of equalities groups.

We received significantly more information on both minority ethnic groups and disabled people than any of the other equalities groups. There was very little information about minority faith groups in Glasgow. In addition, there was very little information about the current or projected future size of most equalities groups in Glasgow. In most cases, we had to use primary data – such as the 2001 Census – to gather information on size and characteristics of different groups in Glasgow.

We then reviewed this information and produced a report based on existing information about the needs and strengths of equalities groups in Glasgow – for each of the six equalities strands. We circulated an early first draft for discussion by community planning partners, and incorporated the comments received into the final report.

Consultation

We then consulted with people from equalities groups about what we had found. We began to plan this consultation at an early stage. In January 2010 we met with the four Equality Networks in Glasgow, at their Equality Network Forum meeting. We explained the purpose of the research, and arranged to meet with Forums again to discuss the study in more detail.

In February 2010 we held two sessions with equalities organisations:

- we met with the West of Scotland Lesbian, Gay, Bisexual and Transgender Forum, Glasgow Disability Alliance and Glasgow Women's Voluntary Sector Network together to jointly plan consultation; and
- we met with Glasgow Black and Minority Ethnic Voluntary Sector Network, Faith in Community Scotland and the Glasgow Forum of Faiths to jointly plan consultation.

We also held telephone discussions with the West of Scotland Seniors Forum and Young Scot, to plan consultation with older and younger people.

We received strong advice from all of the equalities organisations consulted that our study should be firmly based on the evidence already gathered about the needs and strengths of equalities groups in Glasgow. Most organisations felt that there had been extensive research and consultation in recent years, and it should be fairly clear what the priorities for the Community Planning Partnership should be. As a result, we agreed a light touch programme of consultation during February and March 2010. This involved:

- **E-surveys** – We ran five email surveys – focusing on the experiences of people from minority ethnic groups; people from minority faith groups; women; transgender people; and lesbian, gay and bisexual people. Glasgow Disability Alliance had recently undertaken a large scale survey of disabled people, which we did not wish to duplicate. We received advice from organisations working with younger and older people that a survey was not the best way to involve people. We received a total of 69 responses – with significantly more responses to the surveys on minority ethnic groups, minority faith groups and women.
- **Group discussions** – We ran small discussion groups with members of Glasgow Women’s Voluntary Sector Network and Glasgow Black and Minority Ethnic Voluntary Sector Network. We also ran a small discussion group with Glasgow members of the West of Scotland Seniors Forum. We met with about 15 members of the Board of the Glasgow Disability Alliance after one of their regular meetings. We held a session with 18 young people aged 16 to 18, through Young Scot. Finally we ran a large event with the West of Scotland LGBT Forum, which 28 people attended.

We explored what people felt the key priorities for the Community Planning Partnership should be, in relation to working, learning, safety, health and community vibrancy. Our findings from this consultation are included as chapter nine.

2. The Law and Best Practice

2.1 Introduction

Glasgow community planning partners have certain responsibilities to promote equality, as public service providers. This section outlines the law in relation to equality, and how this applies to community planning partners. Sections 2.2 to 2.4 describe the **current** legislative position. Section 2.5 describes the situation once the terms of the Equality Act 2010 (which received Royal Assent in April 2010) come into force.

2.2 General Laws on Equalities

The **European Convention on Human Rights** sets out basic rights for all people. If these are breached, people can take a case to the European Court of Human Rights. There are 12 rights, and four relate closely to equality:

- freedom of belief;
- freedom of expression;
- right to private life and family; and
- freedom from discrimination in relation to these rights.

It is against the law for any public authority to violate this convention, unless it is seen as essential to interfere with these rights – for example to protect the rights and freedom of others. This covers public bodies and anyone carrying out a role which the government would otherwise have to undertake. This was incorporated into UK law through the Human Rights Act (1998) which came into force in 2000.

The Local Government (Scotland) Act 2003 specifically states that **community planning** must be undertaken "in a manner which encourages equal opportunities and in particular the observance of the equal opportunity requirements" (Section 59). Statutory guidance on community planning, produced by the Scottish Government, states that equalities must be mainstreamed by all community planning partners.

This Act also introduced a duty of '**Best Value**' for all local authorities. This means that all local authorities have a duty to ensure continuous improvement in their performance. The Scottish Government's statutory guidance on Best Value requires local authorities to:

- respond to the needs of communities, citizens, customers, employees and other stakeholders;
- hold ongoing dialogue with public sector partners and the local business, voluntary and community sectors;
- set up consultation arrangements which are open, fair and inclusive; and
- embed a culture which encourages both equal opportunities and the observance of the equal opportunities requirements.

The laws in relation to community planning and Best Value cover all aspects of equality.

2.3 The Public Sector Equalities Duties – Race, Disability and Gender

Public authorities have specific duties in relation to equality. Community planning partners are covered by these duties. There are three duties - on race, disability and gender. The duties are set out in:

- the Race Relations (Amendment) Act 2000;
- the Disability Discrimination Act 2005; and
- the Equality Act 2006.

These duties are known as the public sector equality duties. They are statutory duties, meaning that they are legally enforceable. The duties contain both general duties, and specific duties. Both the general and specific duties are worded differently for each equalities group, but are the same in spirit and intention across all three duties.

The **general duties** mean that public bodies are legally obliged to pay 'due regard' to the need to take action on race, disability and gender equality. The general duties apply to almost all public bodies – including community planning partners.

Table 2.1 The public sector equality duties – general duties		
Race: General Duties	Disability: General Duties	Gender: General Duties
Eliminate unlawful discrimination	Eliminate unlawful discrimination	Eliminate unlawful discrimination and harassment
Promote equality of opportunity	Promote equality of opportunity	Promote equality of opportunity
Promote good relations	Promote positive attitudes	
	Eliminate harassment	
	Take account of disabilities	
	Encourage disabled people's participation in public life	
Introduced by the Race Relations Amendment Act 2000	Introduced by the Disability Discrimination Act 2005	Introduced by the Equality Act 2006

It is important to note that the gender duty includes women, men and transgender people.

In addition, public bodies are subject to **specific duties**. Most public bodies are covered by the specific duties – including local authorities and health, education and

police services. The specific duties set out the steps that a public body needs to take to help to meet these general duties.

Table 2.2 The public sector equality duties – specific duties		
Race: Specific Duties	Disability: Specific Duties	Gender: Specific Duties
Publish a race equality scheme	Publish a disability equality scheme	Publish a gender equality scheme
Assess and consult on the likely impact of proposed policies	Involve disabled people in developing the scheme	Consult employees, service users and others
Publish the results of impact assessments, consultation and monitoring	Include arrangements for gathering and using information on the effect of policies and practices	Include arrangements for gathering and using information on gender equality in employment, services and functions
Monitor policies for adverse impact	Include methods for undertaking impact assessments	Formulate gender equality objectives and ensure implementation of these
Make sure the public have access to information and services	Develop and implement an action plan	Assess the impact of current and future policies and practices
Review relevant functions/ policies at least every three years	Review and revise the race equality scheme every three years	Review and revise the scheme every three years
Train staff on both the general and specific duties	Report annually on progress	Report annually on progress

Overall, the Commission recommends² that public bodies should take five steps to comply with their public sector duties:

- gather information on how your work affects different racial groups, disabled people and men and women, including transsexual men and women;
- consult employees, service users, trade unions and other stakeholders, and involve disabled people;
- assess the impact of your policies and practices;
- in the light of this evidence decide what your priorities for taking action should be; and
- take the action that will deliver the best outcomes in race, disability and gender equality.

These duties mean that it is not enough for any public authority to ‘bolt on’ equality as an afterthought at the conclusion of policy decision-making processes or later in analysing policy outcomes. They are required to actively promote equality of opportunity and to eliminate unlawful discrimination and harassment.

² Public Sector Equality Duties, Equality and Human Rights Commission, 2009

2.4 Equality Law for Age, Sexual Orientation and Faith

The law on equality in relation to age, sexual orientation and faith is much less developed. There is specific legislation on employment and training, but no general equalities duties for these groups.

The **Employment Directive on Equal Treatment** requires all European Union member states to outlaw discrimination in work and vocational training on the grounds of age, sexual orientation, religion, belief and disability. This would apply to community planning partners both as employers, and as providers of vocational guidance and training. There are also specific laws on employment in relation to age, sexual orientation, religion or belief and gender reassignment.

- Employment Equality (Age) Regulations 2006
- Employment Equality (Sexual Orientation) Regulations 2003,
- Employment Equality (Religion or Belief) Regulations 2003,
- Disability Discrimination Act 1995 (Amendment) Regulations 2003, and
- Sex Discrimination (Gender Reassignment) Regulations 1999.

The regulations mean that direct discrimination, indirect discrimination and harassment are outlawed in the provision of employment or vocational training.

Equality Law: Sexual orientation and gender identity

The Gender Recognition Act 2004 recognises the right of people to have full legal recognition of their true gender. The Civil Partnership Act 2004 means that same sex couples can form a legal civil partnership which gives partners many of the same rights as opposite sex couples who enter into a civil marriage.

However, there is no legislation that states specifically that service providers should not discriminate on the basis of sexual orientation or gender identity, except in the field of employment and vocational training.

Equality Law: Faith

The Race Relations Act makes it illegal to treat a person less favourably than others on racial grounds - meaning race, colour, nationality or ethnic or national origins. There is no legislation which specifically outlaws discrimination on the basis of faith.

However, there is some confusion about the extent to which the Race Relations Act covers discrimination on the basis of faith. Communities are covered if they are defined as a group identifiable by 'colour, race, or ethnic or national origins'. Cases taken to court have identified that the Sikh and Jewish communities are protected by the Act, being seen as racial as well as religious groups.

To date, this has not happened with other faith groups. Other faith communities are protected only in the fields of employment and vocational training, under the 'Employment Directive on Equal Treatment' outlined above.

Equality Law: Age

The Employability (Age) Regulations 2006 came into effect in October 2006. It is now illegal to treat someone less favourably because of their age, without justification. This applies for younger and older people. Age discrimination law currently applies only in employment and vocational training.

2.5 The Equality Act 2010

An Equality Bill was introduced to the UK Parliament in April 2009. This received Royal Assent on 8 April 2010. The Act harmonises and in some cases extends existing discrimination law covering the 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. It addresses the impact of recent case law which is generally seen as having weakened discrimination protection, and harmonises provisions defining indirect discrimination.

The Act harmonises 116 separate pieces of legislation relating to equalities. For public bodies one of the main impacts will relate to the creation of a unified public sector duty to replace the separate current duties relating to gender, race and disability. The new unified duty is intended to promote equality in public policy and decision-making, covering the existing duties but also sexual orientation, age and religion or belief. The Act also proposes a new public sector duty related to socio-economic inequalities.

The main provisions of the Act will come into force in October 2010. The Integrated Equality Duty for public bodies will come into force in April 2011, along with new rules on dual discrimination protection. The ban on age discrimination in relation to the provision of goods and services will come into force in 2012 and the power to introduce private and voluntary sector gender pay transparency regulations will take force in 2013, along with a requirement that political parties publish diversity data.

There has been no assessment of the costs of implementing the Act for public bodies, but there will be a requirement to review existing Equalities Schemes and other policies and procedures to make sure that they meet the extended requirements of the new legislation – and, in particular, the broadening of the equalities strands which will be included in the Integrated Equality Duty.

However, it is important to remember that although the law is important, community planning partners should not simply meet their legal obligations in terms of equality. All services should be planned and delivered with the aim of making sure that everyone can access the services that they need.

2.6 Summary

- Glasgow community planning partners have certain responsibilities to promote equality, as public service providers.
- Generally, the European Convention of Human Rights sets out the right to freedom of belief, freedom of expression and right to family and private life. Community planning and Best Value also place obligations on public organisations to encourage equal opportunities.
- There are currently three legally enforceable public sector equality duties – on race, disability and gender. Community planning partners are covered by these duties.
- The public sector equality duties mean that public bodies have a general duty to pay due regard to the need to take action on race, disability and gender equality. They also have specific duties to undertake activities that will help them to meet this general duty – such as producing equality schemes; consulting and/or involving people from equalities groups; and assessing the impact of policies on people from equalities groups. The duties are slightly different for each equalities group, but are the same in spirit and intention.
- The Equalities Act 2010 will bring together the three existing duties as part of an Integrated Equality Duty covering the existing duties as well as faith, sexual orientation, gender re-assignment and age. The main terms of the Act will come into force in October 2010 and the Integrated Equality Duty in April 2011.

3. People from Minority Ethnic Groups in Glasgow

3.1 Terminology

Ethnic origin is a term used to refer to a group identity based on nationality, language, culture or other social characteristics. People define their own ethnic origin, but there are some common categories used for recording purposes in Scotland. For example, the 2001 Census used the following categories:

White	Asian, Asian Scottish or Asian British
Scottish	Indian
Other British	Pakistani
Irish	Bangladeshi
Any other White background	Chinese
	Any other Asian background
Black, Black Scottish or Black British	Mixed
Caribbean	Any Mixed background
African	
Any other Black background	Other
	Any other background

These categories have been updated for the forthcoming 2011 Census. There has been much discussion and debate about these categories, because people would all describe their own ethnic origin in many different ways.

This study focuses on people from minority ethnic communities. There is no standard definition of exactly what is meant by the term 'minority ethnic communities'. In this review, we use the term to cover anyone who would define their ethnic origin as anything other than white Scottish or white British. This is not always the definition used. For example, Scottish Government analysis of the 2001 Census defines minority ethnic communities as people who state their ethnic origin as non white. However, it is important to remember that it is not only skin colour which contributes to ethnic origin. Identity as part of a minority ethnic community can relate to national origin – therefore including people from countries such as Ireland, Poland or Australia.

Importantly, this study also includes Gypsy/ Travellers as an ethnic group. The law now specifically recognises Gypsy/ Travellers as an ethnic group.

3.2 The Size of the Minority Ethnic Population in Glasgow

The 2001 Minority Ethnic Population

The most accurate source of information for assessing the size of the minority ethnic population in Glasgow is still the 2001 Census. This shows that in 2001, approximately nine per cent of Glasgow's population was from a minority ethnic group.

Table 3.1 The 2001 minority ethnic population			
Ethnic Group 2001 Census	Glasgow		Scotland
	No.	%	%
White Scottish	503,614	87.2%	88.1%
White British	20,934	3.6%	7.4%
White Irish	11,467	2.0%	1.0%
Other White	10,344	1.8%	1.5%
Indian	4,173	0.7%	0.3%
Pakistani	15,330	2.7%	0.6%
Bangladeshi	237	> 0.0%	> 0.0%
Other South Asian	2,020	0.3%	0.1%
Chinese	3,876	0.7%	0.3%
Caribbean	302	0.1%	> 0.0%
African	1,257	0.2%	0.1%
Black Scottish or Other Black	233	> 0.0%	> 0.0%
Any Mixed Background	2,046	0.4%	0.3%
Other Ethnic Group	2,036	0.4%	0.2%
Total	577,869	100%	100%
Total Minority Ethnic	53,321	9.2%	4.5%

Source: 2001 Census

Glasgow has a proportionately larger minority ethnic population than other parts of Scotland. The 2001 Census found that Glasgow was home to almost one third of Scotland's total minority ethnic population³. Glasgow has proportionately higher white Irish, Pakistani and other white populations than Scotland as a whole.

Care should be taken when interpreting these figures. Firstly, the 2001 Census is now considerably out of date, and many significant changes have happened since the Census. Secondly, there were concerns about the categories used during the 2001 Census – and these have been amended for the 2011 Census.

Updating the 2001 Census Figures

The next Census will take place in 2011. In the meantime, it is possible to make broad estimates about the size of minority ethnic communities in Glasgow. In updating the figures from 2001, there are three main trends to consider:

- **Migration** – There has been a significant growth in Glasgow's population through in-migration, both from within the European Union and further afield.
- **Asylum seekers** – Glasgow is the only local authority in Scotland which accepts dispersed asylum seekers awaiting the result of their asylum application, under an arrangement with the Asylum Resource Directorate. In 2000, Glasgow City Council entered into a contract to provide accommodation to asylum seekers within Glasgow.
- **Natural change** – Since 2001, the minority ethnic population will have changed naturally through births and deaths.

³ Scottish Executive, Analysis of Ethnicity in the 2001 Census, February 2004

Migration

Based on the 2001 Census figures, it would appear reasonable to assume that levels of migration within the UK amongst minority ethnic communities in Glasgow are broadly in line with the population as a whole. The 2001 Census shows that 3.7 per cent of people from minority ethnic communities had moved to Glasgow from elsewhere in the UK, compared with 3.4 per cent of the entire population⁴.

However, levels of migration from out with the UK are considerably higher. Although just 0.8 per cent of Glasgow's population had moved there from out with the UK in 2001, this increased to 6 per cent for people from minority ethnic communities.

Migration: In migration from the EU

The most substantial change in population through migration has occurred through economic migration from within the European Union. In May 2004, the European Union expanded to include Estonia, Hungary, Poland, Latvia, Lithuania, Czech Republic, Slovakia and Slovenia. These countries are known collectively as the 'accession' countries, or the 'A8'. People from these countries had the right to move freely and work in the UK, and many came to Scotland to work. In 2007, Romania and Bulgaria joined the EU.

Most people coming to Scotland from these countries are required to register for a National Insurance number. Figures available from 2002/03 to 2008/09 showed a total of 15,500 registrations in Glasgow. Of these, almost three quarters (71%) were made by Polish people, with the next highest concentration being Slovakian.

⁴ Table KS24 Migration, 2001 Census

Table 3.2 In migration from within the EU									
Glasgow Registrations	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	Total 2002-2009	% 2002 - 2009
Estonia	0	0	10	10	10	0	30	60	0.4%
Latvia	0	0	40	80	60	40	100	320	2.1%
Lithuania	10	10	40	140	110	110	100	520	3.4%
Hungary	0	10	10	30	60	60	50	220	1.4%
Poland	20	30	510	2,060	3,670	3,110	1,640	11,040	71.2%
Slovenia	0	0	10	0	0	10	10	30	0.2%
Czech Republic	10	10	60	210	200	230	240	960	6.2%
Slovakia	10	10	80	330	440	640	490	2,000	12.9%
Bulgaria	10	0	0	0	10	20	20	60	0.4%
Romania	10	10	20	20	30	100	100	290	1.9%
Total	70	80	780	2,880	4,590	4,320	2,780	15,500	

Source: National Insurance Number Registrations, 2002 to 2009

These figures show registrations peaking in 2006/07 at just over 4,500. Since then, the number of registrations from Polish people has decreased substantially, with most other countries remaining relatively stable. While the number of Romanian registrations remains relatively small, it has increased substantially since 2007, when Romania joined the EU.

Although these figures provide a broad estimate of how many people have come to Scotland from the A8 countries, it is important to take care interpreting these. Firstly, the National Insurance statistics do not cover all migrants. Only people aged 16 and over receive a National Insurance number – and it is only needed for those intending to work, claim benefits or tax credits, or obtain a student loan.

Most importantly, the figures only show people who were living in Glasgow at the time of applying for their national insurance number. The figures cannot track people migrating in and out of Glasgow.

There is limited information available about the flow of migrants into and out of Glasgow – and the UK as a whole. Research undertaken in Glasgow in 2008 found that while national figures suggest that 85 per cent of migrants intend to leave the UK again after less than 12 months, in Glasgow, the figure falls to around five per cent⁵. A separate research study also found that most A8 migrants in Glasgow intended to stay in Glasgow for the medium to long term, or permanently⁶. There are no figures on movement within the UK.

This situation makes it almost impossible to determine how many people remain in Glasgow as at 2010. It is likely that the economic climate has impacted on migration patterns. It could be conjectured that the fall in new migration from Poland (evidenced through National Insurance registrations) could coincide with a return home by existing migrants. But there is no evidence to corroborate this.

Overall, it is likely that since 2001 the number of people from the A8 countries plus Romania and Bulgaria working in Glasgow has increased by between 530 and 13,500. This substantial variation is due to varied statistics about the proportion of migrants who return home – between 5 and 85 per cent. Research estimates that for one in ten working migrants in Glasgow also has a dependent⁷. This would increase the total to between 580 and 14,850.

There is some evidence which helps to refine this estimate. GHA estimates that in July 2009, it had around 760 tenants from A8 countries. The vast majority (approximately 90%) were Polish. In addition, five per cent of all applications for housing in 2009 came from A8 nationals – approximately 2,000 households. This highlights that at least 2,760 A8 households were in Glasgow in 2009 – likely to be at least 3,036 people based on one in ten individuals having dependents.

School role figures for 2009 show that 2,353 children at pre 5, primary, secondary or special school provision recorded their ethnic origin as 'white other'. This compares

⁵ A8 Migrants in Glasgow, Blake Stevenson, 2008

⁶ Housing Migrant Workers: The Impact on GHA, Tribal, 2008

⁷ A8 Migrants in Glasgow, Blake Stevenson, 2008

to 2001 Census figures which show just 849 young people classified aged 5 to 17 as 'white other'. This suggests an increase of over 1,500. Overall, these figures suggest that the number of migrants from EU accession countries in Glasgow is more likely to be between 5,000 and 15,000 – and likely to be towards the higher end of this estimate.

There has also been considerable migration from other EU countries. In 2007/08 and 2008/09 a total of 2,000 people from other EU countries applied for National Insurance numbers in Glasgow. The majority of people came from France, Germany, Spain, Ireland and Italy.

Migration: In migration from out with the EU

Glasgow's minority ethnic population will also have changed due to migration from out with the EU. National Insurance number registrations since 2001 show a steady increase in migration from China, Pakistan and India.

Table 3.3 In migration from out with the EU								
Country	02/03	03/04	04/05	05/06	06/07	07/08	08/09	Total
China	150	220	220	230	410	440	410	2,080
Pakistan	320	300	420	400	590	660	580	3,270
India	190	240	370	600	1,010	1,130	1,120	4,660
Total	660	760	1,010	1,230	2,010	2,230	2,110	10,010

Source: National Insurance Number Registrations 2002 to 2009

In addition, there have been substantial registrations from people from Africa and the Caribbean. In 2007/08 and 2008/09 there was an average of 1,100 registrations from Africa and the Caribbean – almost entirely from Africa including Nigeria, Zimbabwe, Somalia and Egypt.

The Bangladeshi community has not increased substantially, with an average of 20 registrations per year.

Migration: Out migration

Information about outward migration by minority ethnic communities – movement to other parts of Scotland, the UK and abroad – is very limited. Some research has found evidence of a trend in some minority ethnic households from inner Glasgow migrating to surrounding local authority areas like East Renfrewshire and West Dunbartonshire⁸.

Asylum Seekers and Refugees

Most asylum seekers come to Glasgow through a 'no choice dispersal' scheme to relieve pressure on the south of England, where most asylum seekers arrive in the UK. In 2000, Glasgow City Council entered into an agreement to provide accommodation to asylum seekers through this scheme. The details of the contract have changed slightly over time. But since 2001, at any one time there have been between 5,000 and 6,000 asylum seekers living in Glasgow.

⁸ Understanding the Housing Needs of Minority Ethnic Communities in East Renfrewshire, ODS, 2002 and Housing BME Communities in West Dunbartonshire, ODS, 2002

The Scottish Refugee Council estimated that in 2003 there were a further 127 asylum seekers in Glasgow not receiving accommodation support. The Home Office estimated that this had dropped to just 81 by 2007, in line with a substantial overall drop in asylum applications to the UK⁹.

In 2007¹⁰, the COSLA Strategic Migration Partnership identified 5,663 asylum seekers in Glasgow.

While it is relatively easy to account for the number of people seeking asylum living in Glasgow, it is more challenging to establish the number of refugees. There are no reliable figures available on the number of refugees in the UK, Scotland or Glasgow. Overall, approximately 30 per cent of asylum seekers receive a positive decision and are allowed to remain in the UK. However, this process takes time. Research suggests that the vast majority of asylum seekers in Glasgow are either:

- awaiting the outcome of their application or appeal; or
- remaining in Glasgow despite exhausting the asylum seeking processes available¹¹.

This research estimated that approximately 300 asylum seekers in Glasgow receive a positive outcome each year arrive in Glasgow each year – allowing for a further 300 asylum seekers to arrive each year. However, it is not known how many people choose to remain in Glasgow. GHA estimates that it has approximately 1,500 refugees living in its housing stock, as at 2009 – largely Chinese, Nigerian, Somali and Iraqi¹². In addition, 7 per cent of all applications to GHA as at March 2009 were from refugees or asylum seekers – a total of 2,800 households. This includes both refugees and asylum seekers awaiting the outcome of their application.

Natural Change

In Glasgow, since 2001 the population has declined slightly each year through natural change. Deaths in the city slightly outnumber births, resulting in a natural decrease in population size each year of around 400 people. However, migration from out with Glasgow means that the population of the city is actually increasing.

Some minority ethnic communities are likely to exhibit similar characteristics to the overall city population. For example, the white Irish community is ageing – and there have not been considerable numbers of new migrants over the past few years. This population is therefore likely to remain stable or decline.

But other minority ethnic communities are more likely to have grown. For example, the Indian and Pakistani populations in Glasgow both exhibit a youthful age profile with many people of child bearing age. The Chinese, Caribbean and African communities also have higher than average proportion of people in their twenties

⁹ Home Office Glasgow estimates, 2007 (quoted in above report)

¹⁰ Asylum Seekers in Glasgow by Neighbourhood and CHCP Area, Glasgow Centre for Population Health, 2007

¹¹ Assessing the Impact of Public Sector Funding in Scotland on Services to Asylum Seekers and Refugees, ODS Consulting, 2007

¹² Foreign Nationals Paper, GHA. October 2009

and thirties. It is likely that these communities will have grown, and at a faster rate than the white Scottish population in Glasgow.

There is also likely to have been an increase in children of mixed ethnic backgrounds. In 2001, 13 per cent of people in Glasgow of mixed ethnic background were under 5. This compares to just 5 per cent for the white Scottish population in Glasgow.

It is very challenging to estimate natural change since 2001. However, due to the youthful age profile of most minority ethnic communities, it would appear reasonable to assume that for most communities natural change will have resulted in a slight increase in population, rather than a decline.

A review of school role figures supports this assumption. In 2001, there were 7,215 people from a minority ethnic group aged 5 to 15, and a further 1,336 people aged 16 or 17. If the white Irish ethnic group is excluded, this falls to a total of 6,742 for the 5 to 15 age group, and 1,222 for 16 and 17 year olds. Figures for the 2009/10 school role show that there were 12,918 young people from a minority ethnic group (excluding white Irish) enrolled at pre 5, primary, secondary or special schools.

These figures are not directly comparable. However, they do indicate an increase of around 5,000 to 6,000 in young people from minority ethnic communities. This is an increase of around two thirds. Some of this increase will have occurred through migration, and some through natural growth.

Summary: Estimating the size of minority ethnic groups in 2010

This range of different factors influencing population provides some information about how the size of minority ethnic populations in the city could have changed since the 2001 Census.

Below is a summary of the population trends and estimated size of minority ethnic communities in Glasgow, based on the analysis in this chapter. This should be treated with caution, providing an indication of trends – and should be updated with the 2011 Census figures as they become available.

Table 3.4 Summary of population trends in Glasgow		
Ethnic Group	2001 Census	Potential Change to 2010
White Irish	11,467	Likely to have remained relatively static
Other White	10,344	Likely to have increased by between 5,000 and 15,000 due to migration within the EU
Indian	4,173	Likely to have increased through population growth and migration of 4,660 people
Pakistani	15,330	Likely to have increased through population growth and migration of 3,270 people
Bangladeshi	237	Likely to have remained relatively static
Other South Asian	2,020	Likely to have remained relatively static
Chinese	3,876	Likely to have increased through population growth and migration of 2,080 people
Caribbean	302	Likely to have remained relatively static
African	1,257	Likely to have increased through population growth and migration
Black Scottish or Other Black	233	Likely to have increased through population growth
Any Mixed Background	2,046	Likely to have increased through population growth
Other Ethnic Group	2,036	Likely to have increased by 1,200 asylum seekers and up to 2,400 refugees spread across ethnic groups
Total Minority Ethnic	53,321	<ul style="list-style-type: none"> • 1,200 more asylum seekers • Up to 2,400 refugees • Between 5,000 and 15,000 EU migrants • 10,000 migrants from India, Pakistan and China • Other migration and population growth (as explored earlier in this section)

The evidence available suggests that there will be between 72,000 and 90,000 people from minority ethnic groups in Glasgow as at 2010. This would equate to between **12 and 15 per cent** of the population¹³. The 2011 Census will help to provide clearer information on the size of minority ethnic populations in Glasgow.

¹³ Based on GRO Scotland 2008 Based Population Projections for Glasgow, which suggest a Glasgow population of 587,335 in 2010

3.3 The Characteristics of Minority Ethnic Groups in Glasgow

Information Gathering

There is substantial information available about the characteristics of minority ethnic communities in 2001. The 2001 Census provides detailed information on age, gender and household characteristics.

NHS Greater Glasgow has undertaken detailed analysis of the Census in relation to ethnic origin – covering the whole Greater Glasgow area. The analysis below pulls out Census analysis for Glasgow city only. Other community planning partners did not provide any detailed analysis of the size or characteristics of the minority ethnic population in Glasgow – although some raw data was provided highlighting levels of service use.

It is important to remember that there is crossover between and within equalities strands. Therefore, people from minority ethnic communities can also experience disadvantage because of their age, gender, sexual orientation, disability, faith or other personal characteristics.

Age and Ethnic Origin

In 2001 the age profile of minority ethnic communities varied considerably. The white Irish community had an ageing population profile, while all other minority ethnic communities had considerably more youthful profiles.

Table 3.5 Age profile of minority ethnic communities					
Community	0 to 15	16 to 24	25 to 34	35 to 59	60 plus
White Irish	5.7%	11.5%	15.5%	33.2%	34.1%
Other White	12.2%	24.2%	28.8%	24.6%	10.2%
Indian	23.5%	18.6%	22.4%	26.6%	8.8%
Pakistani	33.8%	18.4%	18.3%	23.3%	6.2%
Chinese	17.7%	23.2%	22.7%	27.1%	9.2%
Bangladeshi	19.4%	21.9%	24.9%	26.2%	7.6%
African	23.3%	17.5%	28.2%	27.5%	3.5%
Caribbean	14.6%	16.9%	22.5%	35.8%	10.3%
Mixed	36.5%	22.8%	18.5%	16.3%	6.0%
Other	24.4%	17.4%	31.1%	25.4%	1.7%
All People	18.4%	13.4%	16.1%	31.6%	20.4%

Source: 2001 Census, Table S235

Sex and Ethnic Origin

In Glasgow, there are slightly more women than men overall. However, this varies between communities. The Indian, African and 'other ethnic origin' communities all have significantly higher proportions of men than is average for Glasgow.

Table 3.6 Percentage of men and women by ethnic origin		
Community	Men	Women
White Irish	48.8%	51.2%
Other White	48.8%	51.2%
Indian	52.1%	47.9%
Pakistani	50.5%	49.5%
Chinese	49.2%	50.7%
Bangladeshi	48.5%	51.5%
African	54.0%	46.0%
Caribbean	50.7%	49.3%
Mixed	48.4%	51.6%
Other	55.0%	45.0%
All People	47.1%	52.9%

Source: 2001 Census, Table S235

Household Composition and Ethnic Origin

The 2001 Census also provides information about household composition. It highlights that most minority ethnic communities have lower than average proportions of single person households – particularly the Pakistani and Indian communities. There are also considerably higher levels of 'other' household type – which includes households with more than one family.

Table 3.7 Household composition by ethnic origin			
Community	Single Person	One Family	Other
White Irish	45.2%	45.4%	9.4%
Other White	39.2%	43.2%	17.6%
Indian	26.2%	54.2%	19.6%
Pakistani	14.7%	66.3%	19.1%
Chinese	29.7%	54.9%	15.4%
Bangladeshi	25.9%	61.7%	12.3%
African	40.2%	44.4%	15.4%
Caribbean	43.2%	46.6%	10.3%
Mixed	40.7%	40.1%	19.2%
Other	34.8%	46.8%	18.4%
All People	41.9%	49.6%	8.5%

Source: 2001 Census, Table S235

Analysis of the 2001 Census undertaken by NHS Greater Glasgow found that across the Greater Glasgow area people from 'non white' communities were more likely to be married and have larger families. For example, while 14 per cent of white Scottish families had three or more dependent children, this increased to 38 per cent for Pakistani families.

Disability and Ethnic Origin

It is difficult to get accurate figures about disability generally, and figures for minority ethnic communities are more challenging still. The 2001 Census gathered information about limiting long term illness and disability, which provides a good starting point.

Ethnic Group	% with Limiting Long Term Illness
White	20.5%
Indian	12.7%
Pakistani and Other South Asian	15.1%
Chinese	9.2%
Other	10.4%

Source: 2001 Census, Table CAST07

The Census information appears to show that levels of limiting long term illness are substantially lower among minority ethnic communities in Glasgow. This is likely to be related to the younger age profile of most minority ethnic populations in Glasgow – with disability and limiting long term illness closely linked to age. Health and disability among people from minority ethnic communities is explored in more detail later in this report.

Faith and Ethnic Origin

The 2001 Census gathered information on religion by ethnic origin. This demonstrated that:

- Just over half (51%) of the Indian population identified as Sikh, and a quarter (24%) identified as Hindu.
- Over three quarters (85%) of the Pakistani community identified as Muslim.
- A third (65%) of the Chinese community identified as having no religion, and 13 per cent as Buddhist.
- A quarter of people from 'other' ethnic groups identified as Muslim.

Sexual Orientation and Ethnic Origin

Our study found no research or statistics about the sexual orientation of people from minority ethnic communities in Glasgow.

Socio Economic Group and Ethnic Origin

The 2001 Census¹⁴ gathers information on the National Statistics Socio Economic Classification by ethnic group. This shows some variation in socio economic group between ethnic groups.

¹⁴ Table CAST07, 2001 Census

Table 3.9 Percentages of socio-economic groups by ethnic origin						
	White	Indian	Pakistani and Other Asian	Chinese	Other	All
Higher managerial and professional occupations	4.6%	10.4%	3.1%	6.3%	6.1%	4.7%
Lower managerial and professional occupations	11.2%	7.9%	5.3%	4.2%	9.5%	10.9%
Intermediate occupations	6.5%	4.2%	3.5%	3.0%	3.8%	6.4%
Small employers and own account workers	2.3%	8.4%	7.1%	7.7%	2.5%	2.5%
Lower supervisory and technical occupations	4.4%	1.8%	1.8%	2.6%	2.1%	4.3%
Semi-routine occupations	8.8%	7.8%	7.6%	11.8%	4.7%	8.7%
Routine occupations	7.3%	4.0%	2.6%	3.7%	3.4%	7.0%
Never worked and long-term unemployed	5.7%	11.0%	18.5%	10.0%	12.5%	6.2%
Not Classified	49.2%	44.5%	50.5%	50.7%	55.4%	49.3%

Source: 2001 Census, Table CAST 07

A number of key themes include:

- People from all non white ethnic groups were more likely to be in the never worked and longer term unemployed category. Levels were highest among the Pakistani and other Asian groups.
- Indian people were far more likely to be in higher managerial and professional occupations.
- People from Indian, Pakistani, other Asian and Chinese groups were significantly more likely to work for small employers or for themselves.
- People from all non white ethnic groups were less likely to work in lower supervisory, technical and routine occupations.

Characteristics of A8 Migrants

Research in 2007¹⁵ found that migrants from the European Union accession countries were predominantly young, single men. This research showed that over three quarters (82%) of people applying to work in the UK from A8 countries are between the ages of 18 and 34.

The same profile was identified for Glasgow, with 80 per cent of people participating in the research being between 16 and 34, and 60 per cent being male. In line with national trends, only 6 per cent of A8 migrant workers surveyed as part of the research said that they had dependents with them in Glasgow.

While evidence from the Worker Registration Scheme suggested that A8 nationals were predominantly living in central Glasgow (G1 to G5), the research suggested that this did not demonstrate where people were actually living once they began to work.

¹⁵ A8 Migrants in Glasgow, Blake Stevenson, 2007

Table 3.10 A8 migrants by Glasgow postcodes		
Postcodes	Number of A8 nationals	Percentage
G1-G5	1,773	56%
G10-G15	119	4%
G20-23	126	4%
G31-G38	108	3%
G40-G46	286	9%
G51-G53	368	12%
G61-G69	130	4%
G71-G78	179	6%
G81-G84	47	2%

Source: A8 Migrants in Glasgow, 2007

A survey undertaken as part of the research showed that only approximately 18 per cent of migrant workers lived in the city centre. It suggested the A8 migrants were spread across the city, with particular concentrations in areas with a high proportion of private rented housing – including Govanhill and Pollokshields.

Characteristics of Asylum Seekers and Refugees

Between 2002 and 2007, most asylum applications to the UK came from people from Iran, Iraq, Eritrea, Zimbabwe, China and Afghanistan. But in July 2007, the COSLA Strategic Migration Partnership¹⁶ produced information on the socio-economic profile of asylum seekers in Scotland (98 per cent of whom lived in Glasgow). Over 40 per cent of all asylum seekers in Scotland are nationals of five countries:

- Iran
- Pakistan
- Iraq
- Somalia
- Congo Democratic Republic.

A further 15 per cent came from the African countries of Algeria, Republic of Congo, Nigeria, Sudan and Zimbabwe. A small proportion came from China, Afghanistan and Turkey. A quarter came from unspecified 'other' countries.

Up to 2007, the majority of asylum seeking households in Glasgow were families. This was a deliberate decision, as part of Glasgow's agreement to disperse asylum seekers.

¹⁶ COSLA Strategic Migration Partnership, Asylum and Migration Information Resource Centre - <http://www.asylumscotland.org.uk/asylumresourcecentre.php>

Table 3.11 Asylum seekers accommodated in Glasgow				
Year	Single people		Families	
	No	%	No	%
July 2001	995	52%	902	48%
July 2002	874	40%	1,331	60%
July 2003	654	29%	1,606	71%
July 2004	349	18%	1,617	72%
July 2005	232	12%	1,647	88%
July 2006	199	12%	1,419	88%
July 2007	662	31%	1,461	69%

Source: Scottish Refugee Council and BBC News Releases¹⁷

The current contract under which Glasgow City Council provides accommodation for asylum seekers runs from 2006 to 2011. It involves providing 5,085 bed spaces. This new agreement differs from the arrangements prior to 2006, with three main implications for the profile of asylum seekers in Glasgow:

- 90 per cent of the accommodation is to be for single people, and just 10 per cent for families;
- the contract is not language specific (as it was previously); and
- there are clauses in the contract which allow for renegotiation based on emerging trends.

This means that the profile of asylum seekers in Glasgow is likely to gradually shift towards single people, rather than families.

In July 2007, the COSLA Strategic Migration Partnership analysed the location of asylum seekers within Glasgow in terms of the ten local community planning partnership areas.

Table 3.12 Asylum seekers by Glasgow local community planning area (2007)		
Area	Number of cases	Total individuals
North East	525	1,625
Maryhill/Kelvin and Canal	70	125
West	310	970
Central and West	82	239
Govan and Craigton	288	707
Greater Pollok and Newlands/Auldburn	182	615
Pollokshields and Southside Central	243	610
Langside and Linn	39	93
East Centre and Calton	241	447
Shettleston/Baillieston and Easterhouse	134	232
Total	2,114	5,663

Source: COSLA Strategic Migration Partnership, Asylum and Migration Information Resource Centre, 2007

More recent figures for 2009, produced by the Scottish Refugee Council, show asylum seeker households across 12 Integration Network areas in Glasgow. A comparison of these figures shows that the North area has seen a significant

¹⁷ Assessing the Impact of Public Sector Funding in Scotland on Services to Asylum Seekers and Refugees, ODS Consulting, 2007

increase in cases of one third (34%), with all other areas seeing a slight fall in cases. All areas have seen a decrease in individuals, demonstrating the shift towards single person households.

Table 3.13 Asylum seekers by strategic planning area				
Area	2007		2009	
	Cases	Individuals	Cases	Individuals
North	595	1,750	799	1,422
West	392	1,209	332	627
South West*	470	1,322	403	729
South East	282	703	172	258
East	375	679	327	458
Total	2,114	5,663	2,033	3,494

Source: COSLA Strategic Migration Partnership 2007 and Scottish Refugee Council, Integration Networks in Glasgow, 2010

*The Pollokshaws Integration Network has been included in the South West Strategic Planning Area, although it crosses the boundary into the South East.

In 2006, the COSLA Strategic Migration Partnership suggested that over 1,500 asylum seeking children attended school in Glasgow. This represents about 30 per cent of all asylum seekers in the city. In 2007, HMIE¹⁸ reported that there were 1,411 children of asylum seekers in Glasgow. Arrival figures for children and young people seeking asylum are available from 2004/05. This shows a total of 2,933 children arriving between 2004/05 and 2008/09 – an average of just under 600 each year. The vast majority of children (71 per cent) were aged under five.

Table 3.14 Arrival figures for children and young people seeking asylum				
	Under 5	Primary Age	Secondary Age	Total
2004/05	509	148	72	729
2005/06	270	85	43	398
2006/07	271	98	45	414
2007/08	501	135	47	683
2008/09	520	134	55	709
Total	2,071	600	262	2,933

Source: Glasgow City Council Education Services 2010

3.4 Needs, Strengths and Opportunities

A Safe Glasgow

Scotland wide research has found that many minority ethnic people accept verbal racist harassment as part of everyday life – and often would not normally consider reporting it to the police.

Research undertaken in Strathclyde found that younger people appeared more willing to talk about racism and their experiences than older people¹⁹. However, it also found that young Asian people in Glasgow felt that police officers could be culturally insensitive, and that young Asian boys and men could be harshly policed. The research suggested that behaviour linked to religion and culture – such as not drinking – could mean that young people from some minority ethnic communities

¹⁸ Joint inspection of services for children of asylum seekers in the Glasgow City Council area, HMIE, 2007

¹⁹ The Policing of Racist Incidents in Strathclyde, University of Glasgow, 2003

were more likely to socialise in cars, and were targeted by the police. It highlighted the need to build relationships and trust to involve young minority ethnic people in community activity.

A study undertaken in 2006²⁰ found that over a third of Chinese participants had experienced racism. It also highlighted that African and Caribbean people were significantly more likely to experience racism and discrimination than Pakistani and Indian participants. Tackling racism and fear of violence was also identified by Glasgow Anti Racist Alliance as a priority, following consultation with minority ethnic young people²¹.

A more recent study in 2007²² confirmed that racism remained a significant issue in the daily lives of minority ethnic young people in Glasgow and Edinburgh – despite a perception that racism is only perpetrated by a small proportion of the Scottish population. Generally young people felt safe in the area in which they lived, but felt less secure in unfamiliar locations.

Young people felt that the terror attacks in 2001 and 2004 had resulted in an immediate rise in Islamophobia, and an increase in public scrutiny. However, some felt that this had decreased as time went on. Although there was some praise for police officers, and recognition that work had been undertaken to build relationships, most young people involved in the research felt that the police were racist. Very few would report a racist incident to the police.

Research in 2008 found that people from minority ethnic communities who had lived in Glasgow for 10 years or more felt that the city had significantly improved, although there remained some safety issues. Particular issues of safety in Sighthill were mentioned, with hate crime seen as common in this area²³.

Glasgow has in place a Hate Crime Database, which to date has focused strongly on recording racist incidents. Figures for 2008 and 2009 show an average of 132 reports per month in 2008, rising to an average of 144 reports in 2009 (based on the 10 months for which information is available).

²⁰ BME Health in Greater Glasgow, Heim and MacAskill, 2006

²¹ Towards Effective Policy and Practice for BME Young People, SCDC, undated

²² Researching Minority Ethnic Young People in Edinburgh and the Greater Glasgow Area, Glasgow Caledonian University, 2007

²³ BME Perceptions of Glasgow City Council, MRUK, 2008

Table 3.15 Record of reported racist incidents		
Month	2008	2009
January	100	118
February	134	148
March	147	151
April	124	134
May	134	173
June	130	140
July	119	136
August	131	150
September	126	144
October	138	149
November	159	n/a
December	138	n/a
Total	1,580	1,443
Monthly Average	132	144

Source: Glasgow Hate Crime Database

It is important to bear in mind that levels of reporting are likely to significantly under represent the extent of racist incidents, due to evidence of under-reporting.

A Vibrant Glasgow

Research into the needs of young people from minority ethnic communities found that many people felt that there was a lack of culturally sensitive facilities, particularly sport and leisure facilities. However, young people from minority ethnic communities expressed a clear preference for mainstream services to be flexible and culturally sensitive, rather than targeted, specialist services or facilities for people from minority ethnic communities. It was felt that this would assist with integration and learning about different cultures²⁴.

Research into organisational capacity building found that most mainstream organisations involved in capacity building have limited experience in supporting minority ethnic organisations and groups²⁵. It found that often the same services were provided to all social economy organisations and groups, rather than tailoring and targeting services to meet the needs of minority ethnic groups. This was despite lower levels of awareness of mainstream support services amongst minority ethnic organisations, and barriers to engagement.

The research highlighted the need to take a proactive approach to engaging with and targeting minority ethnic organisations, and invest time in building trust, understanding, clear expectations and working through cultural or other sensitive issues. The report also stressed the value of specialist support services for minority ethnic organisations, and the value of more joined up working between mainstream and specialist support providers. It also found evidence of concerns about future

²⁴ Researching Minority Ethnic Young People, Glasgow Caledonian University, 2007

²⁵ Capacity Building, Strand 5 Action Plan

funding arrangements for minority ethnic organisations and groups due to removal of ring fencing, and a lack of clarity about the community planning process and structures.

Research undertaken in 2004²⁶ and 2008²⁷ found that levels of knowledge about Glasgow City Council were significantly and consistently lower among minority ethnic communities. However, research in 2008 also found that this lower awareness was particularly prevalent among people who had only recently come to Glasgow. For settled minority ethnic communities there was more of an issue of access, rather than awareness. People for whom English was not their first language could also experience difficulties understanding and realising their rights. Awareness and experience of care services were significantly lower than other Council services.

A Healthy Glasgow

People from minority ethnic communities in Scotland experience clear inequalities in health. The reasons for this are complex and diverse, but some headline figures at a Scottish level include:

- In 2001 African people represented 33 per cent of minority ethnic psychiatric patients in hospitals in Scotland, despite making up just 5 per cent of the minority ethnic population.
- Black African women are six times more likely to die from pregnancy related causes than white women. There are particular social and medical issues for refugee and asylum seeking women²⁸. This is important in Glasgow, as the only Scottish local authority to house dispersed asylum seekers.
- Women from the South Asian community are less likely to attend breast cancer and bowel cancer screening²⁹.

This report focuses on inequality in Glasgow. Evidence from Glasgow highlights that there are key issues around:

- awareness of services among minority ethnic communities; and
- availability of culturally sensitive and flexible services.

These issues emerge as clear themes across a range of research studies.

In 2004 and 2005 two research studies were carried out into the general health of the Chinese community, and the Pakistani, African, Indian and Caribbean communities. In 2006, researchers compared these findings with a study into the health and wellbeing of the whole population in the Greater Glasgow NHS area³⁰. It found that:

²⁶ BME Perceptions of Glasgow City Council, MORI, 2005

²⁷ Household Survey, Glasgow City Council, 2008

²⁸ Anecdotal evidence from Greater Glasgow NHS Board suggests that issues include medical problems such as mental illness, infections, injuries, social problems, poor housing and poverty.

²⁹ NHS Equalities in Health Website

³⁰ BME Health in Greater Glasgow, Heim and MacAskill, 2006

- Chinese respondents were the least satisfied with health services and least likely to have used health services.
- Pakistani, Indian, African and Caribbean participants were more positive about service provision, in line with the general population.
- Self reported alcohol consumption was markedly lower amongst all minority ethnic groups in comparison to the general population. While 30 per cent of the general population stated that they did not drink, this rose to 91 per cent for Pakistani people; around two thirds for African, Caribbean and Chinese people; and 57 per cent for Indian people. Pakistani, Indian and Chinese women were less likely to state that they drink alcohol than men. The study highlighted that self reported alcohol consumption may be under-reported in some minority ethnic communities.
- Smoking appears to be less prevalent in minority ethnic communities. But there are big differences between communities. Smoking was highest among Pakistani participants.
- Chinese and Indian respondents were less likely to be obese than other groups.
- Minority ethnic respondents tended to be more likely than others to report a feeling of isolation from family and friends.

In 2001, research explored how to meet the support needs of minority ethnic communities in Glasgow³¹. This research focused on people with learning disabilities, older people, people with mental health problems, and carers. It found that:

- many people were unaware of the services available to them;
- minority ethnic carers and people with learning disabilities were experiencing isolation and required greater support;
- low awareness of services was often linked to language barriers.

The issues surrounding mental health and isolation arise in a number of research studies. In 2007 a study and discussion group³² on mental health recovery for minority ethnic communities in Glasgow found that people felt that:

- there were not enough services appropriate for minority ethnic communities;
- people didn't know enough about the services that were there already; and
- people were scared of mental health treatment and of being labelled.

Research commissioned by GARA also identified that isolation was a priority issue for young minority ethnic people³³.

There is evidence that awareness and uptake of services can increase through involvement of minority ethnic communities in planning and delivering activities.

³¹ Meeting the Support Needs of Black and Minority Ethnic Communities in Glasgow, Bowes et al, 2001

³² What Recovery Means for People from BME Communities, Black and Minority Ethnic Recovery Group Glasgow, 2007

³³ Towards Effective Policy and Practice for BME Young People, SCDC, undated

Research into cardiovascular disease and cancer among minority ethnic communities in Glasgow found that:

- there was an extreme shortage of targeted interventions related to the main causes of mortality for minority ethnic groups; and
- health promotion activities appeared to work well when people from minority ethnic communities were involved in developing and delivering activities.

There is also evidence of multiple disadvantage. For example, research specifically exploring the needs of young disabled people from minority ethnic communities in Glasgow found that families with disabled children are more likely to live in poverty, and receive fewer services³⁴. The research shows that people from minority ethnic groups are also often low users of services, both due to a lack of culturally sensitive or flexible services, and a lack of awareness of the services available. Disabled children from minority ethnic communities can therefore experience disadvantage linked to disability, ethnic origin and age.

However, overall, there is some evidence that people from minority ethnic communities may be more positive about their health. NHS Greater Glasgow analysis of the Census found that people from minority ethnic communities³⁵ were generally more positive about their health. While overall, 86 per cent of all people considered their health to be good or fairly good, this increased to 95 per cent for Chinese people, 94 per cent for African people and 92 per cent for people from other South Asian communities.

Views on health did vary considerably by age and community. For example, 42 per cent of Pakistani people aged 65 and over reported that their health was not good. It is important to bear in mind the younger age profile of many minority ethnic communities when analysing this information. Furthermore, research commissioned by GARA³⁶ into the needs of young disabled people from minority ethnic communities highlighted that there may be cultural differences in perceptions of what constitutes a limiting long term illness.

A Working Glasgow

In 2003, the Scottish Government commissioned research which identified that employment and issues around the economy were consistently rated as of high concern to people from minority ethnic groups³⁷. Research undertaken by GARA highlighted that employment rates varied across minority ethnic groups. Figures from the 2001 Census clearly demonstrate this:

³⁴ Multi Agency Working on Race, Youth and Disability, ODS Consulting, 2003

³⁵ Note: Analysis focused on non white minority ethnic communities, Ethnic Group Profile, NHS Greater Glasgow, September 2005

³⁶ Multi Agency Working on Race, Youth and Disability, ODS Consulting, 2003

³⁷ Focus Groups with Minority Ethnic Communities, Scottish Executive Social Research 2003

Table 3.16 Employment rates by ethnic group			
Ethnic Group	Employed	Unemployed	Economically Inactive
White	50.4%	6.0%	43.6%
Indian	51.8%	5.7%	42.5%
Pakistani and Other South Asian	37.0%	6.9%	56.1%
Chinese	41.4%	6.4%	52.2%
Other	39.0%	9.0%	52.0%

Source: 2001 Census, Table CAST 07

The research by GARA suggested that slightly higher unemployment rates among the Pakistani community were historical, based on migration into low skilled jobs and challenges of inter-generational unemployment. It also suggested that there could be issues of under-employment, with people from Pakistani and Bangladeshi groups more likely to be in part time work than the general population.

Research focusing on 16 to 24 year olds identified that while overall 60 per cent of this age group in Glasgow was active, this fell for Indian (48%), Pakistani (40%) and Chinese (32%) communities. This is largely due to a far higher proportion being in full time education³⁸. A higher proportion of white Scottish school leavers than minority ethnic school leavers go directly from school into employment.

Further research commissioned by GARA³⁹ found that while young minority ethnic people felt that networking was important to achieve employment, they were not confident about their skills. Both young people and parents did not have enough information about education and training opportunities available in Glasgow and out with. There was some concern about the concentration of employment support in target regeneration areas, which generally have small minority ethnic populations. Young people were positive that racism at work would be reduced by legislation protecting their rights, but felt that racism was still prevalent at school and on the streets.

Research into A8 migrant workers in Glasgow⁴⁰ found that most are in full or part time work (79%), with a quarter stating that they were in full or part time education. However, migrants were generally employed in low paid and low skilled jobs. Almost all (90%) earned less than £6 an hour. The research also pointed to a poll in 2006 which found that across the UK employers rated migrant workers as significantly harder working, more reliable and better skilled than their British counterparts.

A Learning Glasgow

There is limited research into the learning experiences and needs of people from minority ethnic communities. Research is patchy, but demonstrates that:

³⁸ Race, Employment and Training, SQW, undated

³⁹ Employment Aspirations and Experiences of Young BME People and their Parents in Glasgow, Herriot Watt and CRISIS, 2003

⁴⁰ A8 Migrants in Glasgow, Blake Stevenson, 2007

- Research into digital inclusion in Glasgow for minority ethnic communities found significant demand for youth focused internet facilities in areas with significant minority ethnic populations – particularly the south side and west end⁴¹. The study suggested that this type of approach would provide opportunities for personal and group development, and would bring provision more in line with that in targeted regeneration areas, where minority ethnic communities are largely under-represented.
- Research commissioned by GARA in the early 2000's implied that there was a lack of rigour in educational bodies in responding to the requirements of the Race Relations (Amendment) Act 2000⁴². It suggested that a cultural shift was required, to embed race equality in mainstream educational activity.
- Consultation undertaken to inform the Glasgow Race Equality Programme⁴³ also found that there was a need for more promotion of the range of voluntary organisations providing support services for minority ethnic young people. It suggested enhanced joint working to link integration and anti-racist messages promoted by voluntary organisations to the school curriculum.

It is important to fully understand the learning needs and experiences of people from minority ethnic communities. School role information demonstrates that in 2009 almost a fifth (17.5%) of pupils identified as being from a minority ethnic community. Information on ethnic origin was unknown for a further 10 per cent of pupils.

Table 3.17 Percentage of minority ethnic school pupils		
	Minority Ethnic Population 2009/10	% of Total
Pre 5 Service	1,026	13.0%
Primary	7,598	20.5%
Secondary	3,991	14.7%
Special School	303	15.6%
Total	12,918	17.5%

Source: Glasgow City Council Education Services, 2010

Pakistani young people make up just over a third of the minority ethnic population attending school (36%), followed by the 'other White' population (18 per cent).

The 2001 Census highlights that there are substantial differences in qualification levels. For example, while 50 per cent of Africans had a degree in 2001, 44 per cent of Pakistanis had no qualifications recognised by the Census. However, information about school achievements demonstrates that in Glasgow, qualification levels for S4 pupils are broadly similar across ethnic groups (for 2003 to 2005). But it is important to note that ethnic group information was not available for a large proportion of pupils⁴⁴.

⁴¹ Digital Inclusion and Young People from Minority Ethnic Communities in Glasgow, Fairlie, 2004

⁴² Strategies for the Implementation of Effective Anti Racist Policies in Education, University of Strathclyde, undated

⁴³ Working with Young People and Schools, Glasgow Community Planning, undated

⁴⁴ Challenging Worklessness and Underemployment for BME Communities in Glasgow, GARA, 2007

More recent attainment figures from 2006/07⁴⁵ demonstrate a number of interesting trends. Asylum seekers and refugees tend to perform less well in S4, improving to average performance by S5, and performing at higher than average levels in S6. Young people from Chinese and Indian ethnic groups tend to perform well consistently from S4 to S6. Ethnic group appears to be a significant influence on attainment at S4 level, with substantial variations between ethnic groups. However, by S5 and S6 these variations have generally reduced.

The research into migrant workers in Glasgow, undertaken in 2008, provided more detailed information on the learning needs of people migrating from the European Union A8 countries. It found that migrant workers arriving in Glasgow required key services including language classes, education services and further education services⁴⁶. The research found that approximately 50 per cent of migrants surveyed were proficient in English or bilingual; a third had adequate written and spoken English; and a third had basic or poor English. Spoken English skills were slightly higher than written English skills. Skills varied between community, with anecdotal evidence suggesting that English skills were higher amongst the Polish community and lower in the Roma and Slovakian populations.

Overall, the research suggested that while the Polish community generally appeared to be well networked and able to access the services required, the Roma population had significantly less awareness of rights and access to services. The research specifically stated that the Roma population was likely to need greater support from service providers – across a range of areas – in the short to medium term. This could be closely linked to language skills.

This is confirmed by research into the Roma population in the Govanhill area of Glasgow⁴⁷, which found that access to education, employment and health services could be significantly impacted by language and literacy skills. This research highlighted that Roma migrants have often experienced a history of exclusion and disadvantage, particularly within the education system in their home country. It stressed that it would take time to overcome this historical disadvantage, through learning and support.

Information from Glasgow Translation and Interpretation Service gives an overview of the language support required across Glasgow. This service can be used by community planning partners, and private organisations across Glasgow. In 2009/10 the three most common languages requested were Mandarin, Polish and Urdu or Punjabi⁴⁸. Almost 67,000 requests for interpretation or translation were received.

A large proportion of these were from the NHS. NHS Greater Glasgow and Clyde has seen increases in demand for interpretation services⁴⁹. Between 2006/07 and 2009/10, demand increased by over 50 per cent – from 30,000 to over 47,000.

⁴⁵ Overview of SQA Attainment, Attendance and Exclusion in 2006/07, Glasgow City Council, 2007

⁴⁶ A8 Migrant Workers in Glasgow, Blake Stevenson, 2008

⁴⁷ Report on the Situation of the Roma Community in Govanhill, University of the West of Scotland, undated

⁴⁸ Language Requests in GTIS Database, April 2009 to February 2010

⁴⁹ NHS Greater Glasgow and Clyde Interpreting Data, 2010

Demand for Eastern European interpretation services increased from 156 in 2003/04, to 11,449 in 2007/08.

Between February 2009 and 2010, GHA received 374 requests for telephone interpretation services. Of these, the largest proportion – one third – was requests for Polish interpretation.

Other Priority Areas

There is a considerable body of evidence about housing and people from minority ethnic communities. Glasgow's Local Housing Strategy Issues Update in 2004 also highlighted that:

- Minority ethnic households in Glasgow had higher incidences of overcrowding, being twice as likely to be overcrowded than white families (40% compared to 20%).
- Minority ethnic households in Glasgow were slightly more likely to be homeowners than white households (52% compared with 48%). In the rest of Scotland this trend is reversed.
- In 2001 significantly fewer minority ethnic households were living in Council housing (now GHA housing) than white households.
- Minority ethnic households were more likely to rent their home privately (21% compared to 8% for white households).

Research by GARA suggested that the lack of appropriately sized accommodation in the social rented sector, and allocation policies which could make it more difficult for people to access social housing may influence tenure patterns⁵⁰. It also suggested that minority ethnic communities may be living in relatively poor quality or poorly maintained private sector accommodation in Glasgow – although it stressed that there is a need for more robust evidence to demonstrate this fully.

It is worth noting that this analysis is based on the 2001 Census, which includes white Irish and other white communities alongside white Scottish and white British people together in a 'white' category. It is therefore not possible to pull out trends from the white Irish and white other minority ethnic communities.

In Glasgow, there has been specific research undertaken into homelessness and (non white) minority ethnic communities; housing for migrants from the European Union A8 countries; and housing and young people from (non white) minority ethnic communities.

Research into homelessness in 2004⁵¹ found that:

- In Glasgow, less than five per cent of homeless applications came from non white minority ethnic communities, a slightly lower proportion than the minority ethnic population as a whole.

⁵⁰ Housing and Young Black People in Glasgow, GARA, undated

⁵¹ Minority Ethnic Homelessness in Glasgow, Lemos and Crane, 2004

- Homelessness may be hidden due to stigma and lack of awareness of homelessness services. Young people appear more likely to leave unsatisfactory home situations, meaning that homelessness may increase.
- Factors contributing to homelessness among minority ethnic communities included family conflict, overcrowding and insecure accommodation.
- Many people who had experienced homeless spoke little or no English and had limited understanding of the system or services available. Often immediate help was given by friends, neighbours or other family members.
- Minority ethnic specific services were highly valued by service users.

Research into housing for migrants from the European Union A8 countries found that most migrant workers are accommodated in the private rented sector when they arrive in Glasgow. The sector appears to be relatively easy to access. There is some evidence of very unsatisfactory housing circumstances including overcrowding and limited privacy and anecdotal evidence of people sleeping in shifts⁵². There is evidence that poor quality, overcrowded and insecure private rented housing may be a particular problem for the Roma community⁵³.

Glasgow Housing Association undertook research looking at the impact of A8 migration on demand for its housing. This found that:

- There had been a significant increase in both applications from and lets to people from 'white other' communities.
- Applications increased from 61 in 2004 to 603 in 2007 – a tenfold increase.
- Lets increased from 90 in 2005/06 to 220 in 2006/07.
- Tenants from A8 countries had applied to GHA largely because of affordability of rents compared with the private rented sector.
- Both tenants and applicants said that they had little information or advice about their housing choices with GHA.
- Tenants appeared relatively satisfied with their accommodation – although there were some concerns about neighbourhood issues.

The Local Housing Strategy Issues Update 2004 demonstrated that housing association lets to minority ethnic communities had increased since 2001/02 when just 2.8 per cent of lets went to minority ethnic communities. Note: This analysis is based on non white minority ethnic communities and so excludes the likely increase in applications from EU countries.

Table 3.18 Housing association lets to minority ethnic people				
	GHA Lets to Minority Ethnic People		All Other Housing Association Lets	
	No	%	No	%
2002/03	95	1.3%	166	4.4%
2003/04	116	1.5%	198	5.4%

Source: Local Housing Strategy Issues Update 2004

⁵² Housing Migrant Workers: The Impact on GHA, Tribal, 2008 and A8 Migrants in Glasgow, Blake Stevenson, 2007

⁵³ Report on the Situation of the Roma Community in Govanhill, University of West of Scotland, undated

The highest proportion of lets to minority ethnic communities went to Pakistani and African households. Lets to African households increased considerably (although remain relatively small in number). The LHS Update suggests that GHA lets to minority ethnic communities are lower because most stock is out with the main areas of residence for minority ethnic communities.

More recent statistics show that in February 2010, GHA estimated that it had a total of 3,363 tenants from minority ethnic communities. The largest proportion of minority ethnic tenants were Polish (638 tenants – 19%).

Since 2000, GHA has also reserved 5,000 to 6,000 properties for people seeking asylum. Most (80%) asylum seekers in Glasgow are housed in GHA accommodation. The remainder is provided by YMCA and Angel (a private housing provider).

Gaps in Information

There is little research into the needs of asylum seekers in Glasgow, but it is important to bear these needs in mind. The evidence available⁵⁴ would suggest that these needs are more immediate than those of settled minority ethnic communities, and include:

- housing;
- interpretation and English language classes;
- education and training;
- advice, advocacy and signposting services;
- community health services; and
- culture and leisure activities.

3.5 Summary

- Glasgow has a larger minority ethnic population than other parts of Scotland.
- In 2001, over 53,000 people in Glasgow were from a minority ethnic group – nine per cent of Glasgow's population. The largest minority ethnic groups were Pakistani, Irish and 'other white'.
- By 2010, the minority ethnic population is likely to be between 72,000 and 90,000 people – 12 to 15 per cent of the Glasgow population. Since 2001, there have been up to 15,000 migrants from within the European Union; 10,000 migrants from India, Pakistan and China; and approximately 3,500 asylum seekers and refugees.
- Minority ethnic populations in Glasgow have a considerably more youthful age profile than the white Scottish and white British populations – with the exception of the white Irish community. Linked to this, minority ethnic groups have lower levels of disability and long term illness, which are closely linked to age.
- Generally, minority ethnic communities in Glasgow have larger households and more households containing more than one family. There are variations however. Migrants from within the EU tend to be young, single men; and asylum seekers dispersed to Glasgow are now largely single person households.

⁵⁴ Building Bridges, Scottish Centre for Research on Social Justice, 2004

- Key issues for people from minority ethnic communities in Glasgow include:
 - safety – racism, hate crime and relationships with the police;
 - vibrant – culturally appropriate sport and leisure services;
 - health – awareness of services, issues around isolation, lack of culturally sensitive services;
 - working – high priority issue, some variations in employment levels across ethnic groups;
 - learning – English language classes and culturally sensitive learning opportunities; and
 - other priority areas – suitable housing.

4. Disabled People in Glasgow

4.1 Terminology

*“Disability is not something that can be measured simply like births, deaths and marriages. It is often invisible, people may move in and out of disability and individuals may have more than one impairment”.*⁵⁵

There are a number of ‘models’ of disability which have been defined over the last few years. The two most frequently mentioned are the ‘social’ and the ‘medical’ models of disability.

The medical model of disability views disability as a ‘problem’ that belongs to the disabled individual. It is not seen as an issue to concern anyone other than the individual affected. For example, if a wheelchair user is unable to get into a building because of some steps, the medical model would suggest that this is because of the wheelchair, rather than the steps.

The social model of disability, in contrast, would see the steps as the disabling barrier. This model draws on the idea that it is society that disables people, through designing everything to meet the needs of the majority of people who are not disabled. There is a recognition within the social model that there is a great deal that society can do to reduce, and ultimately remove, some of these disabling barriers, and that this task is the responsibility of society, rather than the disabled person.

The Disability Discrimination Act uses the following definition of disability:

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

NHS Greater Glasgow and Clyde provide the following definition of disability on their equalities website⁵⁶

NHS Greater Glasgow and Clyde suggests that “a person has a disability that is covered by the Disability Discrimination Act if they have a physical or mental impairment that has a substantial and long-term effect on their ability to carry out normal day-to-day activities.”

For example:

- Sensory impairments such as being blind or deaf
- Mobility difficulties and other physical disabilities
- Learning disabilities and people who are autistic

⁵⁵ Filling the Gap – Indicators of Disability, A report for Scottish Neighbourhood Statistics, NHS Health Scotland, July 2003

⁵⁶ www.equality.scot.nhs.uk

- Mental health problems
- Facial disfigurements
- Speech impairments
- Memory problems, such as dementia.
- Long-term conditions, such as epilepsy, dyslexia and cancer.

It is important to note that this definition can cover illnesses and conditions which some people may not immediately think of as a disability, such as asthma, depression, heart disease or diabetes.

Mental Health Difficulties

Using the NHS definition of disability, mental health issues should also be included in the definition of disability and limiting long term illness. Well Scotland (as part of NHS Health Scotland) suggests that mental health problems could include depression, anxiety, alcohol dependency, substance misuse, suicidal thoughts and deliberate self-harm.

Learning Disabilities

A report by the Scottish Government entitled “The same as you?”⁵⁷ gave the following definition of people with learning disabilities:

“People with learning disabilities have a significant, lifelong condition that started before adulthood that affected their development and which means they need help to understand information; learn skills; and cope independently.”

Sensory Disabilities

In defining disabilities, we also need to be aware of the different types of sensory impairments.

- **Hearing Impairment** - While hearing impairment is a general description it covers several different groups. The first of these is the Deaf Community which is generally used to describe those Deaf people who use British Sign Language and who feel they share a culture with other deaf people. There are also a larger number of people who are profoundly deaf, many of whom will have become deaf during the course of their lives and who will acquire a variety of new communication skills. The largest group are those who are hard of hearing, many of whom acquire hearing loss, as they become older.
- **Visual Impairment** - This is a general term used to cover everyone from those who have some residual vision to those who have no sight at all.
- **Deafblindness** - Deafblindness, or dual sensory loss, refers to people with a combination of sight and hearing losses which can cause difficulties with communication, access to information and mobility.

So it can be seen that there are several definitions of disability in use in Scotland in various sectors and these are based mainly on functional and impairment

⁵⁷ The Same as You – a review of service for people with learning disabilities, 2000

assessment categories. Clearly disability is a complex term, covering many different illnesses and conditions. In addition to these definitions of disability, the two largest surveys of the population ask respondents to self assess whether they have a limiting long term illness or disability. This adds an element of subjectivity to the definitions of disability.

Self Assessments of Disability and Limiting Long Term Illness

The 2001 Census in Scotland asked one question on disability/ill-health of every member of the household. The aim was to gather small area population estimates on the numbers of people whose activities or work are restricted due to an illness, health problem, disability or old age.

The 2001 Census asked *'Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do? (Include problems which are due to old age)'*

The Scottish Household (SHS) is the largest survey undertaken in Scotland with a sample of around 62,000 households. It provides subjective data on disability, by asking respondents to self define. The survey also asks respondents to self assess their current health status, as either 'good', 'fairly good' or 'not good'.

Scottish Household Survey: *'Could you tell me whether each of the people in the household has any long-standing illness, health problem or disability that limits their day to day activities or the kind of work that they can do?'*

4.2 The Size of the Disabled Population in Glasgow

In estimating the number of disabled people in Glasgow it is important to bear in mind that:

"There is no single or gold standard measure or estimate of disability. Variations in estimates of disability may be caused by a number of factors. These include variations in what is being measured, who is being measured and how disability is measured."

(Tibble, 2004)⁵⁸

Different estimates of the disabled population are collated for different definitions of disability, making it impossible to go to a definitive source. Therefore, to determine the size of the disabled population in Glasgow, key sources have been used:

- the 2001 Census;
- data from the 2005/06 Scottish Household Survey (SHS); and
- statistics from the Office of National Statistics.

⁵⁸ Tibble, M (2004) User's Guide To Disability Estimates And Definitions. Sheffield: Department of Work and Pensions.

Disability in Glasgow in 2001

The Census gives us the most accurate picture of the disabled population in Glasgow as at 2001. The Census asked respondents to indicate whether they had a 'limiting long term illness' health problem or disability that limits their daily activities.

Results from the Census show that just over a quarter (26%) of the population in Glasgow City had a 'limiting long term illness' (LLTI). This equates to approximately 151,145 people.

Analysis of the Census data suggests that the prevalence of limiting long term illness increased with age. Six per cent of the 0-15 year old age group had a LLTI, compared to 64 per cent of the over 65s. In addition, results from the Census show that women in Glasgow were slightly more likely to state they had a LLTI (27%) than men (25%).

The Census also asked respondents to give an assessment of their general health, by stating whether they were 'in good health', 'in fairly good health' or 'not in good health'. Approximately 60 per cent of the population in Glasgow self assessed their health to be 'good', while 16 per cent stated it was 'not good' (almost double the figures for Edinburgh (8%) and Aberdeen (8%)).

Table 4.1 Self assessed LLTI or disability						
	All people		With a limiting long-term illness		Without a limiting long-term illness	
	Glasgow City	577,869	100%	151,145	26.1%	426,724

Source: 2001 Census

Table 4.2 Self assessed general health								
	All people		Good health		Fairly good health		Not good health	
	Glasgow City	577,869	100%	347,992	60.2%	139,494	24.1%	90,383

Source: 2001 Census

The Census also tells us that there were approximately 118,000 households in Glasgow with at least one resident with a long term limiting illness. This means that in 2001, 43 per cent of the households in Glasgow contained at least one person with a limiting long term illness.

Table 4.3 Households with residents with a LLTI								
	All households		People with no LLTI		1 person with LLTI		2 or more people with LLTI	
	Glasgow City	271,596	100%	153,518	56.5%	94,087	34.6%	23,991

Source: 2001 Census

The picture in 2001 can be summarised as follows:

- At the 2001 Census, a quarter (26%) of the residents of Glasgow city reported that they suffered from a limiting long-term illness, health problem or disability. This equates to approximately 151,145 people.
- 43 per cent of households in Glasgow had at least one person with a limiting long term illness in residence.
- About 15 per cent of Glaswegians stated that their health was “not good”. This was over 90,000 people.

Disability in Glasgow in 2005/6

The Scottish Household Survey (SHS) which commenced in 1999 is a survey undertaken in Scotland with a sample of around 62,000 households. The survey includes a question on “*whether anyone in the household has a long-standing illness, health problem or disability that limits their daily activity or the kind of work that they can do*”. From 2001, respondents were also asked to give a description of their condition. As in the Census, survey questions rely on individual perceptions of disability.

While the SHS does not cover the whole of the population of Glasgow, it provides a snapshot of a sample of the population. In 2005/06 just over 8,000 people in Glasgow responded to the survey. This highlighted that:

- Seven per cent of those samples stated they had a disability and nine percent stated they had a long term illness.
- A further seven per cent said that they had both a disability and a long term illness.
- Overall, approximately 23 per cent of those surveyed had some sort of disability and/ or limiting long term illness. This equates to approximately 1,845 people. This is a similar picture to that of the Census.

The following table shows a breakdown of the type of health problem or disability for the SHS sample in 2005/06. In each case, Glasgow is higher than the Scottish average.

Table 4.4 Breakdown of health problems/disabilities, (2005/06)		
	Glasgow	Scotland
Yes, disability	7.6%	6.1%
Yes, long-term illness	8.9%	8.0%
Both disability and long-term illness	6.8%	4.0%
Neither disability or long-term illness	76.5%	81.7%
Refused	0.2%	0.2%
Total	100.0%	100.0%
A speech impairment	0.4%	0.3%
Chest or breathing problems (asthma/bronchitis)	5.6%	3.6%
Diabetes	2.4%	1.9%
Difficulty hearing	1.7%	1.4%
Difficulty seeing (even when wearing spectacles/contact lenses)	1.6%	1.2%
Dyslexia	0.2%	0.2%
Epilepsy	0.8%	0.5%
Heart, blood pressure or circulation problems	7.5%	5.6%
Learning or behavioural problems (e.g. autism, Down's Syndrome)	0.6%	0.5%
Mental health problems	3.0%	1.8%
Problems or disabilities related to arms or hands	2.8%	2.1%
Problems or disabilities related to legs or feet	6.5%	4.9%
Problems or disabilities related to neck or back	4.2%	3.2%
Severe disfigurement, skin condition or allergies	0.7%	0.4%
Severe stomach, liver, kidney or digestive problems	2.2%	1.4%
Some other progressive disability or illness	1.3%	1.2%
Some other health problem or disability	2.5%	2.3%
Refused	0.1%	0.1%
Arthritis	6.8%	4.9%
Needs regular help or care	7.4%	5.5%
Number of responses (weighted) all population in households	8,020	69,622

Source: Scottish Household Survey data, 2005/06

The most common issues were problems relating to blood pressure, heart, or circulation problems; problems or disabilities relating to legs and feet; and chest or breathing problems. The table also details the prevalence of mental health problems (3.0%) and learning or behavioural problems (0.6%). Seven per cent of respondents stated they needed regular help or care.

The SHS also asked people to rate their general health. Almost half of the respondents in Glasgow city stated they had 'good general health' while almost a fifth (19%) stated they did not have good general health. Comparison with the 2001 Census shows a decline in those who thought their health was 'good' and a slight increase in those whose health is 'not good'.

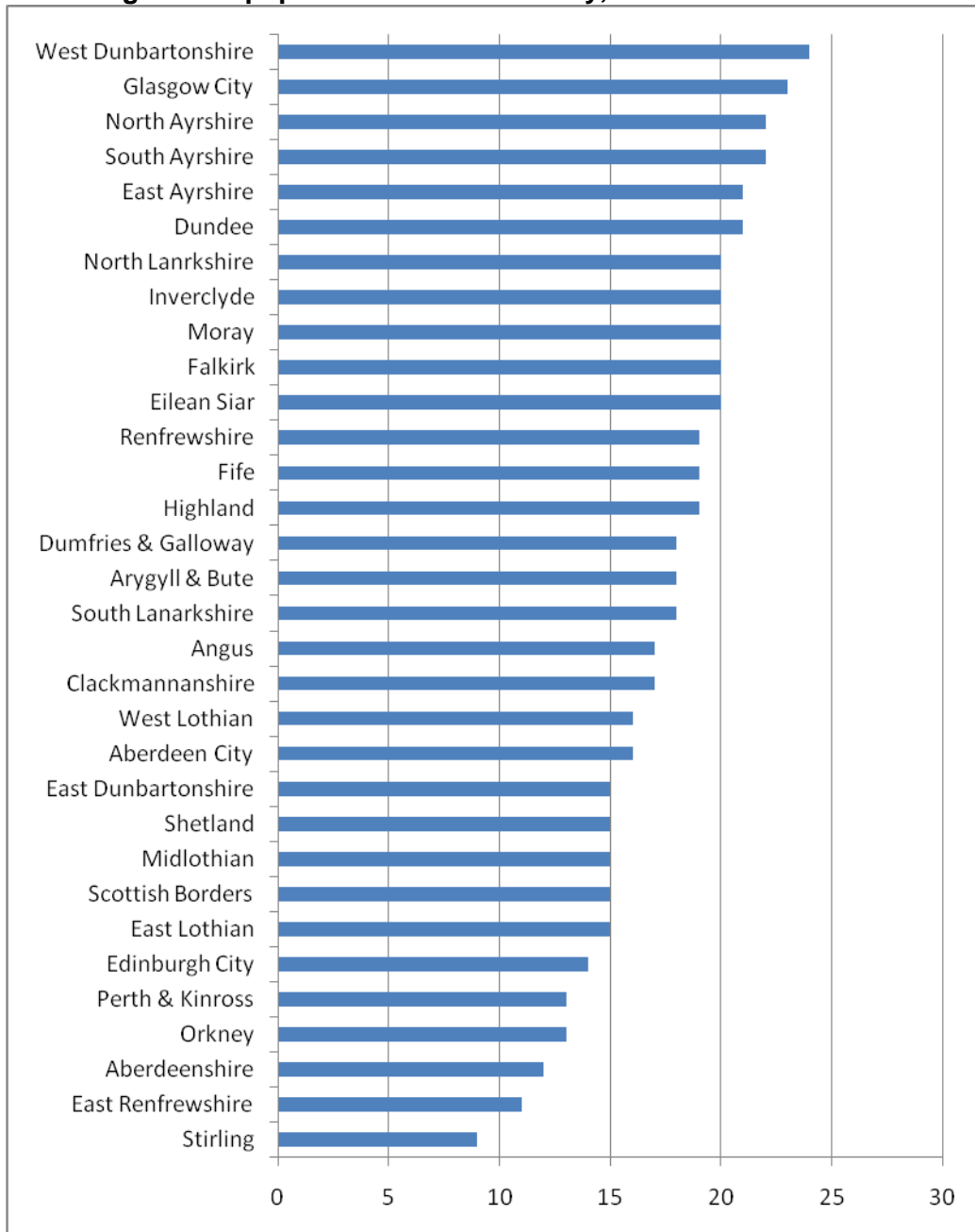
Table 4.5 Self perceptions of health, 2005/06

	All People		Good health		Fairly good health		Not good health	
Glasgow City	2,872	100%	1,378	48%	948	33%	546	19%

Source: Scottish Household Survey, 2005/06

In comparison with other local authority areas, disability in 2005/06 was most prominent in Glasgow. Only West Dunbartonshire had a higher proportion of disabled people.

Percentage of the population with a disability, 2005/06



Source: Scottish Household Survey, 2005/06, taken from Dimensions of Diversity⁵⁹
 The picture in 2005/06 can be summarised as follows

- Almost a quarter (23.3%) of Glaswegians state they had either a disability, LLTI, or both. The only local authority area to have a higher proportion of disabled people was West Dunbartonshire.
- Heart, blood pressure and circulation problems were the most common, as were problems or disabilities relating to legs or feet.
- 19% of Glaswegians stated that their health was “not good”.

Disability in Glasgow in 2007/08

In late 2009, the results of the 2007/08 SHS were made available. This shows us that in Glasgow, the self perceptions of health had become more positive than in 2005/06, as now 52% of those surveyed, stated they had ‘good health’ compared to 16% who said their health was ‘not good’.

Table 4.6 Self perceptions of health, 2007/08								
	All People		Good health		Fairly good health		Not good health	
Glasgow City	2,489	100%	1,294	52%	796	32%	399	16%

Source: Scottish Household Survey, 2007/08

Updating Disability Statistics

The 2011 Census will not provide any results until at least 2012. Therefore, to give an indication of a more up to date picture of disability in Glasgow, there are other measures we can use.

Disability Related Benefits

The Office of National Statistics provides some more up to date information on the numbers of people in Glasgow claiming disability related benefits. The following table shows that in August 2008, there were over 55,000 people in Glasgow city claiming Disability Living Allowance. Just over half of these were female.

⁵⁹ Dimensions of Diversity, Population Differences and Health Improvement Opportunities, NHS Health Scotland, 2010

Table 4.7 Disability living allowance claimants, 2008				
	Glasgow City		Scotland	
	No.	%	No.	%
Total	55,520		329,930	
Claimants Aged Under 16	3,620	7%	26,630	8%
Claimants Aged 16-24	2,410	4%	16,890	5%
Claimants Aged 25-49	16,090	29%	88,140	27%
Claimants Aged 50-59	11,640	21%	66,830	20%
Claimants Aged 60-69	13,040	23%	82,830	25%
Claimants Aged 70 and Over	8,720	16%	48,600	15%
Male	26,770	48%	160,710	49%
Female	28,740	52%	169,220	51%

Source: ONS- www.neighbourhood.statistics.gov.uk

Other social security benefit entitlement such as Incapacity Benefit (IB) is based upon a person's ability to work. The individual may have to undertake a Personal Capability Assessment (PCA) that is certified by a medical practitioner. This involves a physical and mental health test. The practitioner rates how well the person completes tasks, carries out activities of daily living, copes with pressure and how well the individual interacts with other people. It also sets out what a person can do despite their medical condition or disability.

The Office of National Statistics provides more up to date figures on incapacity benefit. The following table shows that there were over 50,000 people in Glasgow claiming incapacity benefit in February 2009 – slightly higher than the Scottish average. Over half of those claiming incapacity benefit or severe disablement allowance had a 'mental disorder'.

Table 4.8 Incapacity benefit/severe disablement allowance claimants, 2009

	Glasgow City		Scotland	
	No.	%	No.	%
Total	50,230	100%	275,980	100%
Total Incapacity Benefit Claimants	46,530	93%	248,730	90%
Total Severe Disablement Allowance Claimants	3,700	7%	27,240	10%
Claimants Aged 16-24	2,080	4%	14,220	5%
Claimants Aged 25-49	25,720	51%	131,510	48%
Claimants Aged 50-59	17,070	34%	94,740	34%
Claimants Aged 60 and Over	5,360	11%	35,510	13%
Male	29,030	58%	153,650	56%
Female	21,190	42%	122,320	44%
Medical Reason for Claiming				
Mental Disorders	26,330	52%	125,950	46%
Diseases of the Nervous System	2,260	4%	17,330	6%
Diseases of the Respiratory or Circulatory System	3,500	7%	19,520	7%
Musculoskeletal Diseases	5,940	12%	40,690	15%
Injury or Poisoning	1,740	3%	12,010	4%
Other	10,460	21%	60,470	22%

Source: ONS www.neighbourhood.statistics.gov.uk

4.3 Factors Influencing the Size of the Disabled Population in Glasgow

Ageing Population

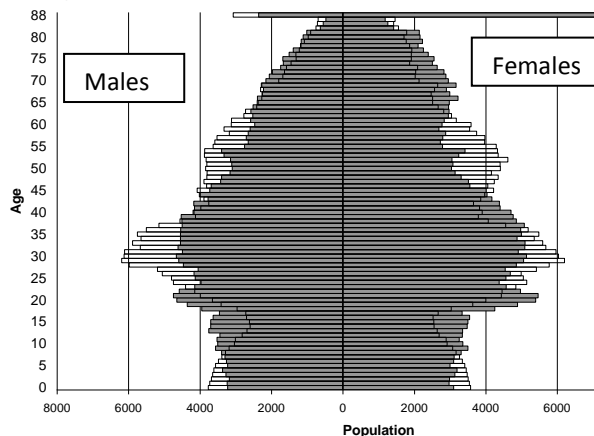
There is a clear correlation between ageing and disability. In Scotland as a whole the number of older people is expected to increase over the next 20 years. While life expectancy has risen by almost 10 years on average in the past 50 years, 'quality of life' expectancy has risen by about four years over the same period.⁶⁰

According to research carried out by the Cathie Marsh Centre for Census and Survey Research at the University of Manchester, Glasgow's population is expected to grow. This is true of those aged below 60 years. In addition, those with a limiting long term illness are also projected to increase in Glasgow, between the ages of 20 and 65. Grey bars relate to the 2001 population and white bars relate to the 2016 population.

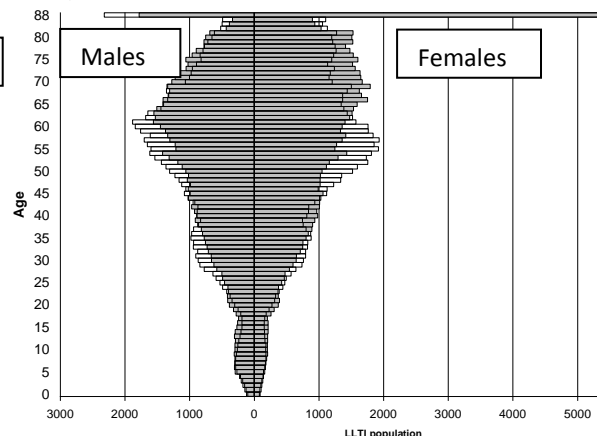
⁶⁰ Disability in Scotland, a State of the Nation Report 2005-2020, Scottish Council Foundation, 2006

Glasgow Population and LLTI pyramids

Glasgow population pyramid



Glasgow LLTI pyramid



Source: Cathie Marsh Centre for Census and Survey Research at the University of Manchester

Analysis of the Census data suggests that the propensity of a limiting long term illness increases with age. Therefore it could be expected that with an increasing number of older people, comes an increased likelihood of disability and LLTI.

Deprivation

Disabled people are more than twice as likely to be living in poverty as non-disabled people.⁶¹ A report by the Scottish Council Foundation⁶² suggests that disabled people living in deprived communities will suffer, not only from poorer provision of public services but they are also more likely to be out of work and dependent on benefits.

They are less likely than others in society to be in a position to accumulate assets over the course of their life. Disabled people are also likely to suffer from poverty of ambition as a result of their experiences, and from a poverty of social networks because of physical or attitudinal barriers and a lack of confidence that stops them participating in activities in the community and wider society.

Deprivation in Glasgow

The Scottish Index of Multiple Deprivation (SIMD) is the measure of deprivation in Scotland. It considers different elements, such as income, employment, health, education, housing, access to services and crime in determining deprivation. These topics are combined to create the overall SIMD. The 2009 SIMD will soon be available as an update to the 2006 analysis.

In 2006, Glasgow City was the local authority area with the largest shares of the SIMD 2006 at 34%.⁶³ In 2009, while the Scottish Government state there have been continued and marked improvements in Glasgow, it still contains nearly a third of deprived areas.

⁶¹ Dimensions of Diversity, Population differences and health improvement opportunities, 2010

⁶² Disability in Scotland, a State of the Nation Report 2005-2020, Scottish Council Foundation, 2006

⁶³ Scottish Index of Multiple Deprivation, www.scotland.gov.uk, 2006

Predicted Future Trends

A report commissioned by Glasgow City Council ⁶⁴ projected the numbers of disabled people in Glasgow city using Census data and a method of multiplying age specific disability prevalence rates and population counts. The Cathie Marsh Centre for Census and Survey Research at the University of Manchester developed four sets of Limiting Long Term Illness (LLTI) projections:

- Static LLTI projection – which assumes that LLTI rates remain as in 2001 for each year of the projection;
- Intercensal change – continues district change in LLTI between 1991 and 2001 using Census data
- Pessimistic projection–increases LLTI rates based upon the highest rates observed in GHS (1991-04)
- Optimistic projection - decreases LLTI rates based upon the lowest rates observed in GHS (1991-04)

The following table shows the numbers of people in Glasgow in 2001 with a limiting long term illness, and the projections for the city in 2011.

Table 4.9 LLTI projections 2001-2011			
	2001	2006	2011
Static	150,973	149,674	152,044
Intercensal	150,973	155,814	164,479
Pessimistic	150,973	169,686	172,449
Optimistic	150,973	138,878	141,002

Source: Projections of Limiting Long Term Illness and Disability for Glasgow, 2009

The report found that, assuming that LLTI remains at the levels recorded in the 2001 Census, the number of people with an LLTI in Glasgow will actually decrease by 0.3% from approximately 151,000 (26.1%) in 2001 to around 152,000 (25.8%) in 2011 (before increasing again to 26.3% in 2016). In the Pessimistic projection the population with an LLTI is projected to increase so that 29.7% of people in Glasgow have an LLTI in 2011 (172,500). In the Optimistic projection the population with an LLTI is projected to decrease by 2% so that 23.9% of people in Glasgow have an LLTI in 2011 (141,000).⁶⁵ Therefore by 2011, we can say that the number of people in Glasgow city with a long term limiting illness will be between 141,000 and 172,000.

⁶⁴ *Projections of limiting long term illness and disability for Glasgow*, Alan Marshall, Cathie Marsh Centre for Census and Survey Research, University of Manchester, January 2009

⁶⁵ *Projections of limiting long term illness and disability for Glasgow*, Alan Marshall, Cathie Marsh Centre for Census and Survey Research, University of Manchester, January 2009

4.4 The Characteristics of the Disabled Population in Glasgow

Age Profile

The 2001 Census shows the profile of those with a limiting long term illness in the city. The following table shows the age breakdown of those self-assessing to have a limiting long term illness. In total, there were 151,145 people with a LLTI (26% of the population). The majority of these were in the over 65 age category.

Table 4.10 Age profile of those with a LLTI, Glasgow City, 2001			
		% of all people	% of age category
All people Scotland	5,062,011		
Total Scotland LLTI	1,027,872	20.3%	-
All people Glasgow	577,869		
Total with LLTI	151,145	26.1%	-
Aged 0-15	106,498	18.4	-
With limiting long term illness	6,646	1.2%	6.2%
Without	99,852	17.2	93.7%
Aged 16-24	77,668	13.4	
With limiting long term illness	5,968	1.0%	7.7%
Without	71,700	12.4%	92.3%
Aged 25-34	93,010	16.0%	
With limiting long term illness	12,181	2.1%	13.1%
Without	80,829	13.9%	86.9%
Aged 35-59	182,703	31.6%	
With limiting long term illness	53,581	9.2%	29.3%
Without	129,122	22.3%	70.7%
Aged 60-64	27,298	4.7%	
With limiting long term illness	14,981	2.5%	54.9%
Without	12,317	2.1%	45.1%
Aged 65+	90,692	15.6%	
With limiting long term illness	57,788	10%	63.7%
Without	32,904	5.6%	36.3%

Source: 2001 Census

Gender Profile

In 2001, there were more females living in Glasgow city than males (approximately 52%: 48% respectively). The following table shows that there were slightly more women reporting they had a limiting long term illness (26.9%) compared to men (25.2%).

Table 4.11 LLTI by gender, Glasgow City, 2001				
	Males		Females	
Total: Glasgow 2001	272,369		305,560	
Total with long term limiting illness	68,707	25.2%	82,438	26.9%
Total Scotland 2001	2,432,494		2,629,517	
Total Scotland with LLTI	465,907	19.1%	561,965	21.3%

Source: 2001 Census

Ethnic Origin

The 2001 Census asked people to record their ethnic origin using a number of different categories, such as White (including Scottish, Irish and other backgrounds), Asian (which included Indian, Chinese and Pakistani), Mixed and Black (which included Africans, Caribbean and those from other Black backgrounds). Data from the Census includes some of these sub-categories, which allow us to see the breakdown of those with a long term limiting illness by ethnicity.

Table 4.12 LLTI by ethnicity, Glasgow City, 2001												
	All		White		Indian		Pakistani		Chinese		Other	
Total	577,869		546,359		4,173		17,587		3,876		5,874	
LLTI Glas	151,145	26%	146,484	27%	676	16%	2,867	16%	421	11%	697	12%
LLTI by ethnicity, Scotland, 2001												
Total	5,062,011		4,960,334		15,037		39,970		16,310		30,360	
LLTI Scot	1,017,435	20%	1,005,229	20%	1,904	13%	5,833	15%	1,467	9%	3,002	10%

Source: 2001 Census

The table above indicates that the white population are much more likely to have a LLTI than other ethnic groups in the city. Sixteen percent of both Indian and Pakistani communities stated they had a LLTI, compared to only 11% of the Chinese community.

Socio Economic Characteristics

The 2001 Census identified over 430,000 people of working age in Glasgow City. Of these, 44 per cent identified as being economically inactive and this includes those who are retired, students, or looking after the home. Twelve per cent of the total working age population stated they were economically inactive and permanently sick or disabled.

Table 4.13 Economic inactivity – Glasgow City, 2001						
	All People					
	Total		Limiting long-term illness		No limiting long-term illness	
Total working age - Glasgow	430,967	100%	115,810	100%	315,157	100%
Economically inactive	189,936	44%	98,955	85.4%	90,981	28.8%
Economically inactive	189,936	100%	98,955	100%	90,981	100%
Retired	53,661	28.2%	28,500	28.8%	25,161	27.6%
Student	26,806	14.1%	1,819	1.8%	24,987	27.4%
Looking after home/family	28,287	14.8%	6,542	6.6%	21,745	23.9%
Permanently sick/disabled	53,226	28.0%	50,355	50.8%	2,871	3.1%
Other	27,956	14.7%	11,739	11.8%	16,217	17.8%

Source: 2001 Census

The Scottish Household survey provides an indication of economic inactivity due to disability or long term limiting illness. In 2007/08, seven percent of those surveyed in Glasgow indicated that they were permanently sick or disabled. This was slightly higher than the Scottish average.

Table 4.14 Economic activity in Glasgow and Scotland 2007/08		
	Glasgow (%)	Scotland (%)
Self employed	4%	6%
Full time employment	35%	38%
Part time employment	8%	10%
Looking after home	8%	6%
Permanently retired from work	20%	23%
Unemployed and seeking work	6%	3%
At school	2%	2%
Higher/further education	9%	5%
Government work/training scheme	0	0
Permanently sick/disabled	7%	5%
Unable to work due to short term illness	1%	1%
Other	1%	0
BASE	2,521	24,614

Source: Scottish Household Data, 2007/08

The Office of National Statistics provides some more up to date figures on economic activity for the city. Between July 2008 and June 2009, the number of economically inactive in Glasgow City was recorded at 107,600 people. This is considerably more than the Scottish average, but has reduced significantly from the figure quoted in the Census. It is not clear how many of the economically inactive quoted here are permanently sick or disabled, or who have a LLTI.

Table 4.15 Economic inactivity, July 2008-June 2009			
	Glasgow City		Scotland
	No.	%	%
Economically inactive	107,600	27.9	20.3
Wanting a job	24,700	6.4	5.7
Not wanting a job	82,900	21.5	14.6

Source: ONS www.neighbourhoodstatistics.gov.uk

In summary

- In 2001, 44% of the working age population of the city were economically inactive – 27% of the working age population had a LLTI. This equates to over 115,000 people.
- As at August 2008, there were over 55,500 people in Glasgow in receipt of Disability Living Allowance because they need help with personal care and/or help with getting around.
- In February 2009, there were over 50,000 people (of working age) in Glasgow assessed as being unable to work due to disability or limiting long term illness.

4.5 Needs, Strengths and Opportunities

Information on the needs and strengths of disabled people in Glasgow is limited. However, Glasgow Disability Alliance (GDA) has recently (2009) conducted research and consultation with a sample of 500 disabled people in the city to ask them what matters to them and what would make a difference in their lives. This was to inform the GDA's 'Charter of Rights'⁶⁶. The Charter includes 14 'rights' that disabled people in Glasgow have identified as most important to them. The full charter is available to view on GDA's website at www.gdaonline.co.uk

The overarching issue identified by the consultation was the importance of Independent Living, to which all these rights contribute. The GDA describe independent living as "*where disabled people are empowered to have dignity, freedom, choice and control over their own lives.*"

A Safe Glasgow

Evidence from the Scottish Disability Awareness Survey 2003⁶⁷ revealed that

- One in five disabled Scots have experienced harassment because of their disability.
- Over a third (35 per cent) of people who knew a disabled person have witnessed that person being harassed.

The Disability Rights Commission were concerned about the extent and nature of hate crimes committed against disabled people, and commissioned independent qualitative research entitled Hate Crimes Against Disabled People in Scotland: A Survey Report.⁶⁸ A hate crime is a crime motivated by malice or ill-will towards a social group. Focus groups took place with disabled people in Glasgow. The research findings show:

- Approximately half the disabled people (47 per cent) who responded to the survey have experienced hate crime because of their disability.
- Hate crimes are most likely to occur in public places, such as in the street or park, in shops or on public transport.
- Those who took part in the survey described feeling scared, embarrassed, humiliated and stressed by the attacks.

A Vibrant Glasgow

GDA's consultation with disabled people in the city also revealed they wanted the right to communication support so that disabled people can participate in all aspects of life. This includes not only direct support for the disabled person through better services (the example in the charter is for jury services to offer interpreters and note takers for deaf people), but also to offer support to organisations supporting disabled people – in terms of advocacy, peer support and learning.

⁶⁶ Rights to Reality: Charter of Rights for Independent Living, GDA Manifesto for European Elections, 2009, Glasgow Disability Alliance, 2009

⁶⁷ Scottish Disability Awareness Survey, MRUK for Disability Rights Commission, July 2003

⁶⁸ Hate Crime Against Disabled People In Scotland, Disability Rights Commission, March 2004

Further statistics appearing in the Charter; indicate that *'people who are disabled officially constitute only six percent of formal volunteers and around 4.3 percent of public appointments'*⁶⁹ suggesting that more resources need to be made available to encourage disabled people to volunteer.

Research has found that disabled people and those with a LLTI are less likely to be involved in their communities. According to the Disability Rights Commission⁷⁰, 26 per cent of adults in Scotland said they felt fairly involved in their community, compared with 22 per cent with a long-term illness, and 21 per cent with a disability. Only 30 per cent of adults in Scotland said they did not feel involved in their community, compared with 41 per cent of those who are disabled and 38 per cent of those dealing with long-term illness.

A Healthy Glasgow

The GDA's Charter of Rights, identified that accessible and inclusive healthcare for physical, emotional and mental health for all disabled people was vitally important. This would include accessible healthcare facilities and staff trained in disability equality.

The evidence shows significant differences between disabled and non-disabled people's experiences of the services they access. One of the most commonly identified differences is in the experience of 'inconvenience' in accessing services. In the 2002–03 Scottish Household Survey, hospital outpatient departments were most commonly identified as inconvenient by disabled people, and were also the source of the biggest difference in experience between disabled people and all people. Hospital outpatient services were considered very or fairly inconvenient by 41 per cent of people with a long-term illness or disability, as opposed to 31 per cent of all people.⁷¹

The Charter also suggests that services should consult with service users to enable the development of more efficient and cost effective health services. Ultimately disabled people want service planners and managers to develop access as a "right and not a special provision."

A Working Glasgow

A key issue identified in the Charter, is the right for equal opportunities for meaningful employment and training for work. This is to encourage not only better practices in recruitment, but also better training for staff, and adapted workplaces. The charter also focuses on the right to a decent income including state benefits. The charter states that this is in particular reference to "hidden costs" of disability, such as community care charges, transport costs, adaptations, etc. The Charter calls for a decent level of income in recognition of the connection between poverty and disability.

⁶⁹ Labour Force Survey, 2005, found in Glasgow Disability Alliance, Rights to Reality, Charter of Rights for Independent Living, Manifesto for European Elections, 2009.

⁷⁰ Disability in Scotland, 2005-2020: A State of the Nation report, Disability Rights Commission, 2005

⁷¹ Disability in Scotland 2005-2020 A State of the Nation report, Disability Rights Commission, 2005

The 2007/08 Scottish Household Survey details the economic status of adults of working age by longstanding illness or disability. This includes adults of working age (Male 16-64 years, Female 16-59 years). The table below shows that 62% of those stating they had both a disability and a LLTI were permanently sick or disabled.

Table 4.16 Economic status of adults of working age, by LLTI or disability, Scotland, 2007/08					
	Disabled	LLTI	Both	Neither	%
	%	%	%	%	
Self employed	3	4	2	8	7
Full time employment	22	28	9	54	49
Part time employment	8	9	3	13	12
Looking after home	9	11	7	7	7
Permanently retired from work	7	6	7	2	3
Unemployed and seeking work	5	7	3	4	5
At school	1	1	0	3	3
Higher/further education	3	4	2	7	7
Government work/training scheme	0	0	-	0	0
Permanently sick/disabled	35	23	62	0	6
Unable to work due to short term illness	5	6	4	0	1
Other	1	1	0	1	1
BASE	785	1,572	719	13,203	16,415

Source: Scottish Household Survey data online, 2007/08

A Learning Glasgow

The GDA Charter also identified the right of disabled people to inclusive education including lifelong learning. The Charter states “*disabled children and adults must have access to inclusive education which takes account of both rights and needs.*” This specifically relates to funding for public and voluntary sectors to enable quality learning opportunities which are flexible and offer progression for learners.

Within further education in 2003–04, there were a total of 467,000 enrolments at Scotland’s 45 colleges, equating to about 370,000 students. Of these, 34,000 enrolments (24,000 students) declared a disability (7.2 per cent of enrolments and 6.6 per cent of students) (Scottish Funding Council, 2005). In Glasgow, there were 630 enrolled students who declared a disability, demonstrating 1.8% of all further education enrolments in Glasgow.

Table 4.17 Entrants to further education in Glasgow, claiming DSA, 2003/04			
	Entrants	Entrants claiming DSA	Entrants claiming DSA %
Glasgow Caledonian University	8,715	85	1.0
Glasgow School of Art	1,045	150	14.2
University of Glasgow	13,895	185	1.3
Royal Scottish Academy of Music and Drama	510	30	5.9
University of Strathclyde	10,935	180	1.6

Source: Scottish Foundation Council, 2005

Multiple Equalities Issues

It is important to note where there are multiple equalities issues. For example, research has been undertaken into disability and ethnicity. Greater Glasgow and Clyde Health Board, working with Heriot Watt University, conducted some research on the mental health needs of deaf, black and minority ethnic people in Greater Glasgow.⁷²

One of the project aims was to give an indication of the numbers of members of the Deaf BME community living in the Glasgow area. The following is given as an estimate based on the figures and calculations available (from the 2001 Census and figures from RNID).

The Royal National Institute of Deaf People (RNID), calculated levels of 'hearing loss' in the population of the 16-60 age group as follows:

- Mild loss: 4.6%;
- Moderate: 1.6%;
- Severe: 0.2%;
- Profound: 0.1%.

According to this report, this would give the following breakdown in estimated numbers of Black and Minority ethnic deaf people in Greater Glasgow:

Table 4.18 Deafness among minority ethnic people in Greater Glasgow	
Type of Deafness	Number of Black and minority ethnic deaf people in Greater Glasgow, 2008
Mild	1,809
Moderate	629
Severe	79
Profound	39
All	2,556

Source: The mental health needs of deaf Black minority ethnic people, July 2008

⁷² The Mental Health Needs of Deaf Black and Minority Ethnic People, July 2008

4.6 Summary

- At the 2001 Census, a quarter (26%) of the residents of Glasgow city reported that they suffered from a limiting long-term illness, health problem or disability. This equates to approximately 151,145 people.
- The majority of these were in the over 65 age category. There were slightly more women reporting a LLTI (26.9%) compared to men (25.2%). The white population are much more likely to have a LLTI than other ethnic groups in the city.
- 43 per cent of households in Glasgow had at least one person with a limiting long term illness in residence.
- In 2001, 44% of the working age population of the city were economically inactive – 27% of the working age population had a LLTI. This equates to over 115,000 people.
- There is a clear correlation between ageing and disability. According to research disabled people are also more than twice as likely to be living in poverty as non-disabled people. In 2009, while the Scottish Government state there have been continued and marked improvements in Glasgow, it still contains nearly a third of deprived areas.
- A report commissioned by Glasgow City Council ⁷³ projected the numbers of disabled people in Glasgow city in the future. By 2011, we can say that the number of people in Glasgow city with a long term limiting illness will be between 141,000 and 172,000.
- The Glasgow Disability Alliance conducted a survey of its members to inform their Charter of Rights. The underlying theme was of independent living, which empowers disabled people to have control over their own lives.

⁷³ *Projections of limiting long term illness and disability for Glasgow*, Alan Marshall, Cathie Marsh Centre for Census and Survey Research, University of Manchester, January 2009

5. Women, Men and Transgender People in Glasgow

5.1 Terminology

Gender and sex are often used as if they mean the same thing: they do not. The World Health Organisation suggests this distinction⁷⁴:

- **Sex** refers to the biological and physiological characteristics that define men and women.
- **Gender** refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

This is echoed in the distinction suggested by the Scottish Government:

- **Sex** refers to the biological characteristics which distinguish people as male or female. These relate to the reproductive system, for example testicles or ovaries.
- **Gender** refers to the quality of being male or female. It is about what we expect of women and men. This is not biology although some gender differences stem from biological differences. To put it simply, men and women are made (by the society they live in), not born⁷⁵.

To put it another way - "male" and "female" are sex categories, while "masculine" and "feminine" are gender categories.

In Scotland, the term transgender, or trans, is an umbrella term used to describe people whose gender identity differs from that assigned to them at birth. Gender identity can be expressed in a variety of ways (or, in a discriminatory society, may be suppressed). Various terms have developed as transgender expression has become more widely understood and recognised in an attempt to highlight similarities and differences. Trans people include transsexual men and women (who have had legal gender reassignment), cross-dressing and transvestite people, polygender, androgyne and third gender people (who see themselves as between or without gender).

5.2 The Size of the Population of Women, Men and Transgender People in Glasgow

The population of Glasgow in June 2008 was estimated to be 584,240. There were 302,531 women (51.8%) and 281,709 men (48.2%). This is broadly the same proportion of women to men as in Scotland (52% women and 48% men).⁷⁶

However, the City female/male proportion is not replicated across the three broad age bands. There are proportionately more men (51%) than women (49%) in the population aged 15 or under. In the adult age group (aged 15 – 64) there are slightly more women (50.7%) than men (49.3%) For older people (aged 65 and over), there is a substantially greater proportion of females than males, 61.4% compared to 38.6%. This is largely due to the difference in life expectancy between females and

⁷⁴ World Health Organisation, <http://www.who.int/gender/whatisgender/en/index.html>, 2010

⁷⁵ *What Does Gender Have to Do with Violence against Women?*, Scottish Government, 2010

⁷⁶ *Census mid-2008 Tables*, General Registrar of Scotland, 2009

males in Glasgow City. Life expectancy at birth in Glasgow City is currently 77.1 years for females and 70.8 years for males (compared to the respective Scottish averages of 79.7 and 74.8 years). Glasgow City has the lowest life expectancy for both females and males among local authority areas⁷⁷.

The Census does not gather information on the number of trans people. There are no reliable estimates available despite considerable work having been undertaken on estimating the number of transgender and transsexual people within the UK population. The conclusion must be that there is simply no publicly available statistical data on which to make firm estimates⁷⁸. In 2000, after informal consultations with the Passport Section of the Home Office, Press for Change estimated there were around 5,000 transsexual people in the UK, based upon numbers of those who had changed their passports⁷⁹. As of November 2006, 1,660 in the UK people had been awarded a Gender Recognition Certificate⁸⁰. 'More than 100 patients' from Scotland have undergone gender reassignment surgery in 'the past five years'.⁸¹ These procedures all took place in England because there are no specialist facilities in Scotland. But the trans population is significantly larger than those who have formally changed their sex.

Nevertheless, the conclusion has to be that there is no substantive knowledge of how many people in the UK identify as trans, or use any other gender identity descriptor⁸². Estimates of the size of the transgender population in the UK range from 65,000 and 300,000.⁸³ This is from 1 in 200 people to 1 in 1,000 people.

5.3 Needs, Strengths and Opportunities: Women and Men

Working

Women in Glasgow between the ages of 16 and 74 were in 2001⁸⁴:

- less likely to be economically active than men (43.4% of women compared to 50.8 % of men);
- five times more likely to be in part time employment than men (30.4% of women who worked were part time compared to 5.9% of men);
- six times more likely to be economically inactive because of looking after home or family than men (11.00% of women compared to 1.7% of men).

⁷⁷ CHCP Demographics, Dr Jason T Mokrovich, 2009

⁷⁸ *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*, S Whittle, L Turner, M Al-Alami, 2007

⁷⁹ *Report of the Interdepartmental Working Group on Transsexual People*, Home Office, 2000

⁸⁰ *Correspondence between Press for Change and the Gender Recognition Panel Secretariat*, November 2006

⁸¹ *The Herald*, www.heraldscotland.com/nhs-in-scotland-spent-pound-1-5m-on-sex-changes-1.917144, 24 August 2009

⁸² *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*, S Whittle, L Turner, M Al-Alami, 2007

⁸³ Both quoted in *Trans Research Review*, Equality and Human Rights Commission, 2009

⁸⁴ *Census 2001 Tables KSO9b and c*, General Registrar of Scotland, 2003

Table 5.1 Economic activity women and men aged 16 – 74		
	Women	Men
In employment part time	13.2%	3.0%
In employment full time	28.3%	41.2%
Self employed	1.9%	6.6%
Permanently sick or disabled	10.7%	14.2%
Looking after home or family	11.0%	1.7%

Source: Census 2001 (KS09b and c)

NOMIS⁸⁵ looked at the figures for the working age population (women aged between 16 and 59 and men aged between 16 and 64) in the year 2008/09. This demonstrated that both gross weekly pay and hourly pay was lower for woman than men among people who worked full time. The gross weekly pay was 12% lower for women full time workers and the hourly pay for women full time workers was 8% lower.

Table 5.2 Comparison of gross weekly pay/hourly rates in Glasgow		
	Women	Men
In employment	63.1%	67.9%
Self employed	4.0%	8.4%
Gross weekly pay (full time workers)	£421.40	£478.60
Hourly pay (full time workers)	£11.05	£11.99

Source: NOMIS 2009 – Glasgow residents

The combination of lower pay for full time work and much higher levels of part time work leaves women economically disadvantaged in relation to men. Across Scotland the position for women is similar – and it is clear that there is occupational segregation between women and men. A Scottish Government report⁸⁶ concluded:

- Women are the majority of part-time workers, a trend that is strongly associated with women’s role in caring for children and other family members.
- Women and men are segregated into different sectors of the labour market: women making up the majority of those employed in health and social work (77%) and education (75%), while men are the majority in manufacturing (75%), transport, storage and communication (76%) and construction (93%).
- Women are far more likely to work in the public sector than men – women represent 67% of employees in local government and 78% of NHS staff.
- Women on average continue to earn less than men. Figures from 2007 show that the gender pay gap is 15% based on the mean hourly earnings in full-time employment. Comparison of women’s part-time hourly pay with men’s hourly full-time pay indicates a much more significant gender pay gap of 35% based on the mean.

⁸⁵ <https://www.nomisweb.co.uk/reports/lmp/la/2038432136/report.aspx#tabempunemp>

⁸⁶ *Tackling Occupational Segregation in Scotland: a report of activities from the Scottish Government Cross-Directorate Occupational Segregation Working Group*, Scottish Government, 2008

Healthy

Women live longer but with more ill-health than men. In particular, they experience high levels of mental distress perhaps associated with role overload, especially if compounded by low autonomy and poor access to resources.⁸⁷

Men have adapted poorly to changing social and economic circumstances, with harmful coping strategies, such as alcohol and aggression, for dealing with emotional challenges.⁸⁸

Gender differences in health in large measure reflect socially determined roles and pressures. Ingrained perceptions of appropriate masculine behaviour need to be challenged in the early years and throughout childhood and youth. Better engagement with positive coping strategies would allow more men to respond to emotional challenges in ways less harmful to themselves, to those around them and to society at large. A trend towards equalisation through young women adopting harmful health behaviours needs gender-sensitive approaches to behaviour change. Action to undermine the discriminatory and excluding reaction of society and individuals to transgender people is needed to address the fundamental cause of mental distress.⁸⁹

The links between gender and health are becoming more widely recognised. An example of this is given (in relation to mental health) in the 2008 report from Glasgow's Director of Public Health⁹⁰:

“Although there do not appear to be sex differences in the overall prevalence of mental and behavioural disorders there are significant differences in the pattern and symptoms of the disorders. These differences vary across age groups. In childhood a higher prevalence of conduct disorders is noted for boys than in girls. During adolescence girls have a much higher prevalence of depression and eating disorders and engage more in suicidal thoughts and suicide attempts than boys. Boys experience more problems with anger, engage in high risk behaviours and commit suicide more frequently than girls. In adulthood the prevalence of depression and anxiety is much higher in women, while substance use disorders and antisocial behaviours are higher in men. In the case of severe mental disorders such as schizophrenia and bipolar depression men typically have an earlier onset of schizophrenia while women are more likely to exhibit serious forms of bipolar depression”.

“Gender based violence is recognised as a significant public health problem. Its physical and mental health consequences are profound. In addition, childhood physical, emotional and sexual abuse, domestic abuse

⁸⁷ *Dimensions of Diversity: Population Difference and Health Improvement*, NHS Health Scotland, 2010

⁸⁸ *Dimensions of Diversity: Population Difference and Health Improvement*, NHS Health Scotland, 2010

⁸⁹ *Dimensions of Diversity: Population Difference and Health Improvement*, NHS Health Scotland, 2010

⁹⁰ *A call to debate: A call to action*, The Director of Public Health Report 2007-08, Glasgow, 2008

and sexual violence contribute to physical and mental ill health of children, adolescents and adults, affecting a significant proportion of the population throughout their lives”.

Safe

There is a serious problem of violence against women in Glasgow. Violence against women has been defined by the Scottish Government⁹¹ as “*actions which harm or cause suffering or indignity to women and children, where those carrying out the actions are mainly men and where women and children are predominantly the victims. The different forms of violence against women - including emotional, psychological, sexual and physical abuse, coercion and constraints - are interlinked. They have their roots in gender inequality and are therefore understood as gender-based violence*”.

The Government goes on to say that violence against women encompasses but is not limited to:

- physical, sexual and psychological violence occurring in the family, within the general community or in institutions, including: domestic abuse, rape, incest and child sexual abuse;
- sexual harassment and intimidation at work and in the public sphere; commercial sexual exploitation, including prostitution, pornography and trafficking;
- dowry related violence;
- female genital mutilation;
- forced and child marriages;
- honour crimes.

Glasgow Community Safety Services have brought together statistics relating to violence against women in their Strategic Assessment for 2010/11.⁹² The following information has been drawn from this assessment.

Domestic Abuse

There were 9,606 incidents of domestic abuse recorded in Glasgow between April 2008 and March 2009. Glasgow still records the highest number of domestic abuse incidents in comparison to any other local authority in Scotland.

ASSIST (the advocacy and support service for victim of domestic abuse) had 3,497 referrals in 2009/10 from the police for advocacy support for victims (including males) of domestic abuse. These figures also contain repeat referrals. There are estimated to be 3,461 children affected by domestic abuse, that is children who have witnessed incidents.

⁹¹ *Safer Lives: Shared Lives: A Shared Approach to Tackling Violence Against Women in Scotland*, Scottish Government and COSLA, 2009

⁹² *Strategic Assessment 2010/11: Violence Against Women*, Glasgow Community Safety Services, 2010

Young women's experiences of domestic abuse by boyfriends/intimate partners needs to be better understood by all agencies. Research carried out by the NSPCC in 2009 (Scotland, England and Wales) reported that 1 in 9 girls between the ages of 13 and 17 experienced severe physical violence from an intimate partner⁹³.

Rape and Sexual Assault

Strathclyde Police statistics indicate that 120 rapes were reported across the city in 2008/09. In the same period Archway Glasgow (which provides rape and sexual assault services) reported that 168 women reported rape and/or some form of sexual violence. Glasgow Rape Crisis reported 2,607 women contacted their helpline between October 2008 and September 2009.

It is recognised that rape and sexual assault are significantly under reported crimes. One reason is a lack of confidence in the justice process. The conviction rate for rape across Scotland remains at an all time low with just 25 convictions from 821 reported rapes in 2008/09 (3%). This is one of the lowest rates in Europe.

Child Sexual Abuse – Adult Survivors

Much of what is known about child sexual abuse has been learned from adult survivors. NSPCC research carried out in 2007 indicated that 72% of children told no one about the sexual abuse they were experiencing at the time furthermore, 31% still had not told anyone by early adulthood. Survivors who have limited support or interventions are much more likely to experience mental health problems including post traumatic stress disorder, self harming, homelessness, addictions, offending and are significantly at risk of further sexual and/or other forms of exploitation.

Violence Against Women - Marginalised Groups

Women from marginalised groups do not have the same access to information and services. Research suggests that a minority ethnic woman will take on average ten years before she leaves a domestic abuse situation. A study in England and Wales estimated that nearly 66,000 women aged between 15 and 49 living in the UK had undergone female genital mutilation and over 20,000 girls were at risk. In the period January to October 2008, 40 cases from Scotland were notified to the Forced Marriage Unit. LGBT Scotland have an on line domestic abuse information service, there is no specific service for the LGBT community.

Learning

There are important differences in the attainment levels and subject choices made by young women and young men at school in Scotland⁹⁴:

- While there are Standard Grade subjects that are evenly split along gender lines (like English, Maths and Chemistry), girls are the majority in home economics (80%), administration (74%), travel and tourism (71%) and biology, while boys are the majority in technological studies (92%), woodworking skills (87%), craft and design (77%) and physics (72%).

⁹³ *Partner Exploitation and Violence in Teenage Intimate Relationships*, NSPCC, 2009

⁹⁴ *Tackling Occupational Segregation in Scotland: a report of activities from the Scottish Government Cross-Directorate Occupational Segregation Working Group*, Scottish Government, 2008

- There continue to be gender differences in educational attainment, with girls doing better than boys, particularly in achievement of five or more awards at SCQF Level 4 and Level 5. The same trends are evident at S5 and S6, with girls having higher attainment at all stages and categories.
- There are also gender differences in staying on rates at S5 and S6, with girls more likely than boys to stay on at school to S5 and S6.
- From primary school onward, boys are more likely than girls to encounter difficulties (like learning and behavioural difficulties) leading to specialist support being put in place. Boys, for example, made up 71% of pupils with a Record of Need of Individualised Educational Programme in 2004/05. Boys are also more likely to be excluded from school.
- Girls are more likely upon leaving school to enter full-time further or higher education than boys. Boys are more likely to go into training, employment or to be unemployed and seeking employment. While this is a long term trend, the differences in destinations of girls and boys have, in recent years, increased.
- While girls' educational attainment is higher this is so far not reflected in levels of salary attainment.

An earlier report for the Scottish Executive⁹⁵ found that the effects of social class on school performance were stronger than the effects of gender (with 71% of young people with fathers in professional occupations attained five or more credit awards, compared with 28% of young people whose fathers were in skilled manual occupations) . Nonetheless there was a strong gender differential (with 40% of young women attaining five or more credit awards, compared with 29% of young men).

Having reviewed international research on this issue, the report concludes that it is clear that there is no single, simple explanation for gender differences in performance at school. However, the influence of cultural attitudes and expectations is seen as important including:

- cultural expectations of men and women;
- parents' attitudes and roles;
- peers' attitudes and behaviours; and
- gender inequalities in the workplace.

5.4 Needs, Strengths and Opportunities: Trans People

In 2007, the Scottish Transgender Alliance undertook a survey of transgender people in Scotland. There were 71 complete responses to the questionnaire. This is a high level of response compared to previous Scottish and UK surveys. The main findings were⁹⁶:

- a high disability rate (37%) among respondents (relating to both mental health and physical disability);
- a high unemployment rate (37%) and also a high self employment rate (20%);

⁹⁵ *Gender and Pupil Performance*, Scottish Executive, 2001

⁹⁶ *Transgender Experiences in Scotland*, Scottish Transgender Alliance, 2008

- high levels of education (55% have at least an HND or Degree) but low levels of gross annual income (30% under £20,000); and
- high levels of harassment (25% said that they had to move out of their home because of this and 62% said that they had experienced transphobic harassment from strangers).

5.5 Summary

- The population of Glasgow is made up of 51.8% women and 48.2% men. There is no accurate information on the number of trans people in the city.
- Men make up the majority of people under 15 (51%) – but women make up a significant majority of people over 65 (61.4%).
- Women in Glasgow are:
 - less likely to be economically active than men (43.4% of women compared to 50.8 % of men);
 - five times more likely to be in part time employment than men (30.4% of women who worked were part time compared to 5.9% of men);
 - six times more likely to be economically inactive because of looking after home or family than men (11.00% of women compared to 1.7% of men).
- Gross weekly pay and hourly pay was lower for woman than men among people who worked full time. The gross weekly pay was 12% lower for women full time workers and the hourly pay for women full time workers was 8% lower.
- There are significant differences in the health of men and women.
- There are high levels of violence against women in the city – with low levels of reporting and very low levels of convictions following the report of rape.
- Young women tend to perform better than young men at school – but there is evidence of gender segregation in certain subject choices.
- Transgender people have:
 - a high disability rate (37%) among respondents (relating to both mental health and physical disability);
 - a high unemployment rate (37%) and also a high self employment rate (20%);
 - high levels of education (55% have at least an HND or Degree) but low levels of gross annual income (30% under £20,000); and
 - high levels of harassment (25% said that they had to move out of their home because of this and 62% said that they had experienced transphobic harassment from strangers).

6. People from Minority Faith Groups in Glasgow

6.1 Terminology

A faith community is a group of people who share a broad religion or beliefs. This can be a formal religion (or denomination or sect) which provides a system of beliefs, attitudes and practices. Or it can be a philosophical belief about the world, such as humanism, atheism or pacifism. The extent of commitment and belief can vary. Faith is self defined, and can change over time. People have a human right to their own thoughts, religions and beliefs, and the right to change them at any time.

6.2 The Size of Minority Faith Groups in Glasgow

Faith Communities in 2001

Information on faith is not gathered across Glasgow. The 2001 Census gathered information on religion (not belief), and is the most comprehensive data source. It suggests that the majority religion in Glasgow is Christianity. Minority religions make up approximately five per cent of the population. By far the largest minority religion in Glasgow is Muslim.

Religion	Number	Percentage
Christian	374,393	64.8%
Muslim	17,792	3.1%
Buddhist	1,194	0.2%
Hindu	1,209	0.2%
Jewish	1,083	0.2%
Sikh	2,374	0.4%
Other religion	3,799	0.7%
No religion	131,189	22.7%
Not answered	44,836	7.8%
Total	577,869	
Total Minority Religion	27,451	4.8%

Source: 2001 Census, Table T25

This would mean that in 2001, just less than 28,000 people in Glasgow identified with a minority religion. In addition, a substantial number of people left this question unanswered. There is no information on those who identified with a minority faith.

Faith Communities in 2010

It is likely that minority faith communities in Glasgow have grown since 2001. However, there is limited information available about population trends. It is possible to make estimates based on migration figures. Since 2001, the Indian, Pakistani and Chinese communities have all increased. Hinduism is the main religion in India, Muslim is the main religion in Pakistan and Buddhism has a strong presence in China.

Estimates suggest that 80 per cent of the population in India is Hindu, and 97 per cent of the population in Pakistan is Muslim⁹⁷. However, the 2001 Census shows a

⁹⁷ 2009 Population Data, CIA Factbook and Census of India 2001

different pattern amongst Glasgow residents. It highlights that just over half (51%) of the Indian population identified as Sikh, and a quarter (24%) identified as Hindu. Over three quarters (85%) of the Pakistani community identified as Muslim and a quarter of people from 'other' ethnic groups identified as Muslim.

Based on arrival figures from Pakistan and India, this would suggest a substantial increase in the Muslim, Hindu and Sikh populations from 2001 to 2009.

Country	National Insurance Registrations	Estimated Number	Estimated Total 2009
Pakistan	3,270	85% Muslim = 2,780	20,572 Muslim
India	4,660	24% Hindu = 1,118	2,327 Hindu
	4,660	51% Sikh = 2,377	4,751 Sikh

Source: National Insurance Number Registrations 2002 to 2009

Based on these estimates, the Hindu and Sikh populations would have doubled in size between 2001 and 2009, with the Muslim population increasing by 15 per cent.

Accurate figures on the prevalence of Buddhism in China are not available. All of these figures are estimates and should be used with caution.

Our data gathering exercise amongst community planning partners and others only generated on piece of information on the size and characteristics of minority faith communities. School role information for 2005/06 to 2009/10 provides an overview of the religion of primary and secondary school children in Glasgow.

	2009/10		2008/09		2007/08		2006/07		2005/06	
	No	%	No	%	No	%	No	%	No	%
Buddhist	124	0.2	101	0.2	126	0.2	125	0.2	125	0.1
Hindu	250	0.3	223	0.4	260	0.4	255	0.3	262	0.3
Jewish	13	0.0	16	0.0	13	0.0	16	0.0	30	0.0
Muslim	6,570	8.9	5,513	8.8	6,600	9.2	6,700	8.8	7,128	8.2
Sikh	422	0.6	358	0.6	409	0.6	446	0.6	526	0.6
Other Religion	557	0.8	495	0.8	549	0.8	571	0.8	596	0.7
Total Minority Faith	7936	10.7	6706	10.7	7957	11.1	8113	10.7	8667	10
Christian	38,826	52.5	34,457	54.9	43,658	60.7	47,135	62.1	54,434	63
No Religion	13,930	18.8	11,404	18.2	13,436	18.7	13,697	18.0	14,597	16.9
Not disclosed	2,042	2.8	1,587	2.5	1,592	2.2	1,659	2.2	1,900	2.2
Not known	11,212	15.2	8,643	13.8	5,270	7.3	5,294	7.0	6,856	7.9
Total Other	66,010	89.3	56,091	89.3	63,956	88.9	67,785	89.3	77,787	90
Total	73,946		62,797		71,913		75,898		86,454	

Source: School Role, Education Services, Glasgow City Council

It shows that the proportion of people disclosing their religion and identifying with a minority religion has remained relatively stable – fluctuating between 10 and 11 per cent each year. This is substantially higher than the 2001 figures, where five per cent of respondents to the 2001 Census identified with a minority religion.

However, the number of people for whom information is not known has increased since 2005/06, as has the number of people who do not wish to disclose their religion. This means that this information has to be treated with caution. Information is also available for before 2005, but data gathering was incomplete.

It is important to remember that these figures relate to minority religion. There will be many more people who identify with a minority faith. These figures are not, however, recorded in a consistent way. We were unable to identify any information on the number of people who identify with a minority faith (rather than religion) in Glasgow.

6.3 The Characteristics of Minority Faith Communities

Sex and Minority Faith Communities

The 2001 Census provides information about religion by sex and age. Although overall, there is a higher proportion of women than men in Glasgow, this trend is reversed for almost all minority ethnic communities. More than two thirds of people identifying with 'another religion' are men.

Religion	Male		Female		Total
	No	%	No	%	
Muslim	9,279	52.2%	8,513	47.8%	17,792
Buddhist	629	52.7%	565	47.3%	1,194
Hindu	649	53.7%	560	46.3%	1,209
Jewish	531	49.0%	552	51.0%	1,083
Sikh	1,209	50.9%	1,165	49.1%	2,374
Other religion	2,568	67.6%	1,231	32.4%	3,799
Total Minority Religion	14,865	54.2%	12,586	45.8%	27,451
Total Population	272,309	47.1%	305,560	52.9%	577,869

Source: 2001 Census, Table T25

It is worth noting that almost 45,000 people did not answer the question on religion in the 2001 Census. It is possible that women were less likely to provide information than men, which could account for this pattern.

Age and Minority Faith Communities

There are clear variations in the age profile of minority faith communities in Glasgow. The Muslim and Sikh communities have particularly young age profiles, with over a quarter of the population aged under 15. In contrast, the Jewish population has a considerably older population profile – over a third of this group is aged 60 and over.

Religion	0 to 15	16 to 24	25 to 34	35 to 59	60 plus
Muslim	31.7%	18.6%	17.8%	28.1%	5.4%
Buddhist	8.9%	18.3%	21.9%	40.1%	10.7%
Hindu	16.4%	18.6%	28.3%	28.1%	8.6%
Jewish	8.0%	10.2%	13.3%	31.0%	37.5%
Sikh	27.1%	17.3%	17.8%	28.1%	9.7%
Other religion	5.3%	38.5%	33.2%	19.6%	3.4%
All People	18.4%	13.4%	16.1%	31.6%	20.4%

Source: 2001 Census, Table T25

Disability and Minority Faith Communities

The 2001 Census highlights that approximately a quarter (26%) of all residents in Glasgow have a limiting long term illness or disability. Levels of limiting long term illness are significantly lower for almost all minority faith communities. This is likely to be reflective of the younger age profile for most minority faith groups. The Jewish community, which has a significantly older age profile, has considerably higher levels of limiting long term illness.

Religion	Limiting Long Term Illness
Muslim	15.8%
Buddhist	16.8%
Hindu	13.8%
Jewish	33.1%
Sikh	18.3%
Other Religion	14.5%
All People	26.2%

Source: 2001 Census, Table T25

Socio Economic Group and Household Composition

The 2001 Census does not provide information on socio economic group and household composition by religion. We were unable to identify any information on these areas.

6.4 Needs, Strengths and Opportunities

Introduction

Information on the needs and strengths of minority faith communities in Glasgow is extremely limited. We received only one report which explored the needs of minority faith communities, as part of an evaluation.

A Safe Glasgow

No information was provided on faith and safety. However, the evaluation of the Interfaith Liaison Officer pointed to safety for minority faith communities. It suggested that perceptions of minority faith communities had changed since the attacks in London and New York in 2001 and 2004, but did not provide an analysis of how this had happened. Nationally, the Association of Chief Police Officers in Scotland has identified priorities for tackling crime based on faith, religion and belief;

and promoting good relations between faith communities⁹⁸. Research undertaken with people from minority ethnic communities in Glasgow⁹⁹ found that incidents of faith based hate crime had increased since 2001.

A Vibrant Glasgow

Specific work was undertaken in Glasgow in 2008, through an Interfaith Liaison Officer. This pilot was established due to research which found that minority faith communities were keen to contribute to civic life, but felt frustrated in their ability to participate – particularly in relation to joint working with Glasgow City Council.

An evaluation of this pilot found that:

- there is a need for ongoing capacity building work to develop skills, structures and processes within minority faith communities;
- the Forum of Faiths needed to be strengthened to fulfil its role as a consultative body; and
- there was a need for wider interfaith work bringing together different faith communities, as well as religious leaders¹⁰⁰.

A Healthy Glasgow

No information was provided on faith and health.

A Working Glasgow

The 2001 Census provides information on economic activity. This highlights that levels of economic activity vary between communities.

Table 6.7 Economic activity by faith community	
Faith Community	% Economically Active*
All	56%
Buddhist	52%
Hindu	61%
Jewish	57%
Muslim	42%
Sikh	54%

*% of population aged 16 to 74 which is economically active

Source: 2001 Census, Table T25

The Muslim community has a substantially lower proportion of adults who are economically active. The largest proportion of Muslim adults who were economically inactive in 2001 stated that they were looking after the home or family.

A Learning Glasgow

The 2001 Census demonstrates that qualification levels among the adult population vary considerably. Although just 18 per cent of the population aged 16 to 74 in Glasgow had a degree or professional qualification in 2001, this increased to 38 per cent for the Buddhist population, and 52 per cent for the Hindu population.

⁹⁸ Religion and Faith Action Plan 2006 - 2009, ACPOS

⁹⁹ Researching Minority Ethnic Young People in Edinburgh and the Greater Glasgow Area, Glasgow Caledonian University, 2007

¹⁰⁰ Evaluation of the Glasgow Interfaith Liaison Officer Pilot, OSDC, 2008

Table 6.8 Qualification levels – adult population						
Qualification Level	All	Buddhist	Hindu	Jewish	Muslim	Sikh
No qualifications in these groups	40.7%	26.9%	19.3%	29.5%	43.6%	47.1%
Group 1	20.8%	10.7%	10.6%	11.9%	17.3%	20.9%
Group 2	14.5%	18.4%	12.0%	19.0%	12.7%	11.8%
Group 3	6.1%	5.9%	5.7%	5.2%	7.4%	6.6%
Group 4	17.9%	38.2%	52.4%	34.4%	19.1%	13.6%

Group 1: 'O' grade, Standard grade, C+G Craft, SVQ Level 1 or 2 or equivalent

Group 2: Higher grade, SVQ Level 3 or equivalent

Group 3: HND, HNC, RSA Higher Diploma, SVQ Level 4 or 5 or equivalent

Group 4: First degree, Higher degree, Professional qualification

No qualifications : None of these

6.5 Summary

- A faith community is a group of people who share a broad religion or beliefs. This can be a formal religion (or denomination or sect) which provides a system of beliefs, attitudes and practices. Or it can be a philosophical belief about the world, such as humanism, atheism or pacifism.
- Information on the size and profile of minority faith communities in Glasgow is limited.
- In 2001, just less than 28,000 people in Glasgow identified with a minority **religion**. In addition, a substantial number of people left this question unanswered.
- There is no information on those who identified with a minority **faith**.
- It is likely that minority faith communities in Glasgow have grown since 2001. However, there is limited information available about population trends.
- Muslim and Sikh populations in Glasgow have young age profiles, and the Jewish population has an older age profile. Linked to this, the Jewish community has considerably higher than average levels of limiting long term illness.
- Information on the needs and strengths of minority faith communities in Glasgow is extremely limited. There is some evidence of issues around:
 - safety – research suggests that faith based hate crime has increased since 2001; and
 - vibrant – there is a need for support and capacity building work to develop skills and structures for participation, as many people from faith communities feel frustrated by barriers to involvement.

7. Lesbian, Gay and Bisexual People in Glasgow

7.1 Terminology

Sexual orientation refers to the gender (or genders) to which a person is attracted.

The Equality Network¹⁰¹ identifies different types of sexual orientation as follows.

- **Straight/heterosexual:** someone who is emotionally and physically attracted to the opposite gender.
- **Lesbian:** woman who is emotionally and physically attracted to other women.
- **Gay:** someone who is emotionally and physically attracted to the same gender. Most often it refers solely to men, but some women may prefer the term.
- **Bisexual:** Someone who is emotionally and physically attracted to both men and women.

Those whose sexual orientation is not straight/ heterosexual are often grouped as lesbians, gay people and bisexual people, commonly abbreviated to LGB people.

Some research includes transgender people along with LGB people. This broader group is often abbreviated to LGBT people. We have considered transgender people in our section on sex and gender.

7.2 The Size of the Lesbian, Gay and Bisexual Community in Glasgow

Robust estimates of the number of lesbians and gay or bisexual people in Glasgow (or Scotland) do not exist. No survey has yet been undertaken with a sufficiently large and representative sample. However, UK studies are available, but the most recent is now ten years out of date. The British National Survey of Sexual Attitudes and Lifestyles 2000 (based on respondents aged 16–44) reported that 6.2% of men and 7.2% of women in Scotland had ever felt attracted to an adult of the same sex.¹⁰²

The UK Government estimated in 2004 that around 5–7% of the population was LGB.¹⁰³ Stonewall Scotland believes that this is a reasonable assumption.¹⁰⁴ Applying this estimate to the 2008 adult (aged 16 and over) population of Glasgow would suggest that there are between 24,000 and 34,000 lesbian, gay or bisexual adults in Glasgow.

However, there are strong indications that there is migration of LGB people from rural areas and towns to cities in Scotland (particularly Edinburgh and Glasgow). Recent research by Stonewall Scotland¹⁰⁵ shows clear evidence of movement from rural areas and smaller towns to Glasgow and Edinburgh (and also from Scotland to

¹⁰¹ Equality Network: www.equality-network.org

¹⁰² Reported in *Dimensions of Diversity: Population Differences and Health Improvement Opportunities*, Public Health Information for Scotland, 2010

¹⁰³ *Final Regulatory Impact Assessment: Civil Partnership Act* (Page 13), Department of Trade and Industry, 2004.

¹⁰⁴ Stonewall Scotland at www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp

¹⁰⁵ *City Lights: A Study of Scottish LGBT Migration Patterns*, Stonewall Scotland, 2009

London). In total, 150 LGBT people who had moved to the cities contributed to the survey. Reasons for moving to cities included:

- 87% thought it was 'very difficult' or 'quite difficult' to be out in rural areas;
- 58% of people surveyed thought rural areas were homophobic and transphobic;
- 59% of people surveyed thought that lack of services for LGBT people in rural areas was a problem;
- 64% said that a lack of understanding of LGBT issues (particularly by the public sector and employers) made being 'out' in a rural area difficult;
- 20% of respondents were 'out' in their home town or village – but 73% were 'completely out' once they moved to the city.

This would suggest that Glasgow may well have more than the estimated number of LGB people, as the numbers may be larger through inward migration from other parts of Scotland.

Indeed, although there was almost certainly significant under reporting, the question in the 2001 Census about same-sex cohabiting couples shows that Glasgow (along with Edinburgh) have considerably higher rates than any other part of Scotland. The rate in Glasgow for cohabiting same sex couples was 0.8% of all couple households. In Edinburgh it was 0.75% and in Aberdeen (the next highest rate) it was 0.3%.

Improving the Data

The availability of descriptive data will increase over the next few years, with a standard question in Scottish Government surveys and an increased Scottish sample for the next Great Britain sexual health survey in 2010.

7.3 Needs, Strengths and Opportunities

LGB people in Scotland face a range of health issues arising from homophobic prejudice and discrimination – including verbal abuse, physical assault and fear of crime – with poor levels of mental health. Smoking and substance use are higher among the LGB population of Scotland, as is risky sexual behaviour.¹⁰⁶

In 2002 the Beyond Barriers project analysed survey returns from 924 LGBT people in Scotland.¹⁰⁷ At that time (before the Civil Partnership Act 2004, which came into force in December 2005) the main issue facing LGBT people was seen to be partnership rights (30% of respondents). A number of other key issues were raised, the biggest ones being:

- discrimination (22%);
- acceptance (16%); and
- equality generally (15%).

¹⁰⁶ Reported in *Dimensions of Diversity: Population Differences and Health Improvement Opportunities*, Public Health Information for Scotland, 2010

¹⁰⁷ *First Out...Report of the findings of the Beyond Barriers survey of LGBT people in Scotland*, Beyond Barriers, 2002

A Safe Glasgow

The survey also asked a number of questions about safety. Responses included:

- 68% of respondents had been verbally abused or threatened by someone who has assumed they are LGBT at some time in their life. And 35% had experienced this in the past year. This mainly occurred in the street.
- 23% of respondents had experienced a physical assault because someone has assumed they are LGBT. And 5% of respondents had experienced an assault in the past 12 months.
- Very few respondents (17%) had reported this to the police as it was considered to be a waste of time, not serious enough or the police would not do anything about it.
- The places where LGBT people felt least safe were the street (61%), in or near a non-gay pub or venue (47%) or on public transport (45%).

More recently, in 2008, a Britain wide survey of 1,721 LGB people¹⁰⁸ identified:

- one in five lesbian and gay people have experienced a homophobic hate crime or incident in the last three years - one in eight have been a victim in the last year;
- three in four of those experiencing hate crimes or incidents did not report them to the police;
- one in six experiencing homophobic hate incidents in the last three years experienced a physical assault; and
- eight per cent of all black and minority ethnic lesbian and gay people have experienced a physical assault as a homophobic hate incident, compared to four per cent of all lesbian and gay people.

In Glasgow, homophobic hate crimes are now being recorded. Offences committed against people because of their sexual orientation, are not currently regarded as aggravated offences in law. They are however, recorded by Strathclyde police as homophobic in nature and are included in the current hate crime data gathered by the Glasgow Community and Safety Services (GCSS). The average annual number of reported incidents over the last three year period is approximately 100. In line with other information, GCSS believe that there are high levels of non-reporting of homophobic hate crimes.

Using the available figures, the highest concentration of reported incidents occur in the city centre area, although the West End/ Maryhill area also emerges as proportionally significant.

A Healthy Glasgow

In 2002, NHS Greater Glasgow (working with Stonewall) undertook an assessment of young LGB people's health in Greater Glasgow¹⁰⁹.

¹⁰⁸ *Homophobic Hate Crime: The Gay British Crime Survey*, Stonewall, 2008

¹⁰⁹ *Something to Tell You: A Health Needs Assessment of Young LGB people in Glasgow*, Greater Glasgow NHS Board, 2002

This highlighted significant issues around the mental health of young LGB people. For example, it was twice as likely that young LGB people would consider suicide.

Other studies found:

- While 38% of respondents to a health survey in Glasgow said that they had an addiction to some form of drug, this number rose to 41% for gay men and 59% for lesbian/ bisexual women¹¹⁰;
- Physical activity rates were found to be low among young LGB people in Glasgow in 2002 compared with other young people¹¹¹;
- In 2005, gay men in Scotland had a higher smoking rate (32.5%) than the general male population (26%)¹¹²;
- Depression and anxiety, suicidal thoughts and self-harm, eating disorders and substance misuse show higher prevalence rates among LGB people¹¹³
- Young gay and bisexual men are four times more likely to attempt suicide than the general population.¹¹⁴
- A study of young LGB people in Glasgow found rates of self-harm of 29% among men and 65% among women¹¹⁵. This compares (although not directly in terms of age or time period) with 10% in the young (aged under 16) general population.¹¹⁶

A Working Glasgow

In 1999, the Glasgow Women's Library undertook research on poverty and social inclusion of lesbians and gay men in Glasgow¹¹⁷. This involved 137 responses to a questionnaire and 21 depth interviews. This found:

- 42% of unemployed respondents felt that their unemployment was due to their sexuality.
- 43% of all respondents stated that they had experienced sexuality discrimination or harassment at work.
- Of those that had experienced sexuality discrimination or harassment at work, 74% said that this had affected their work performance.
- 32% of those who had experienced sexuality discrimination or harassment at work had reported this – of those who did not report, 62% said that fear of disclosure had affected their decision not to report.

¹¹⁰ *Sexual Orientation and Primary Care*, Sheffield Centre for HIV and Sexual Health, 2003

¹¹¹ *Something to Tell You: A Health Needs Assessment of Young LGB people in Glasgow*, Greater Glasgow NHS Board, 2002

¹¹² *Consuming Passions: Findings from the United Kingdom Gay Men Sex Survey*, Hickson F, Weatherburn P, Reid D, et al, 2005 and *Scotland's People: Results from the Scottish Household Survey*, Scottish Government, 2005

¹¹³ *Towards a Healthier LGBT Scotland*, NHS Health Scotland/Stonewall, 2003

¹¹⁴ *Live to Tell: Findings from a Study of Suicidal Thoughts, Feelings and Behaviours Amongst Young Gay and Bisexual Men in Edinburgh*, Gay Men's Health/LGBT Youth Scotland, 2003.

¹¹⁵ *Something to Tell You: A Health Needs Assessment of Young LGB people in Glasgow*, Greater Glasgow NHS Board, 2002

¹¹⁶ *Equally Well: Report of the Ministerial Task Force on Health Inequalities*, Scottish Government; 2008

¹¹⁷ *Poverty and Social Exclusion of Lesbians and Gay Men in Glasgow*, Glasgow Women's Library, 1999

A Learning Glasgow

There is little data on this theme. However a survey¹¹⁸ found:

- 80% of young LGBT people had experienced some form of discrimination. Verbal abuse was most common – mainly at school or in the street.
- Almost all felt that schools had not provided adequate information.
- A substantial proportion felt that their academic performance had been affected because of their sexuality.

7.4 Summary

- Sexual orientation refers to the gender (or genders) to which a person is attracted.
- Robust estimates of the number of lesbians and gay or bisexual people in Glasgow (or Scotland) do not exist. No survey has yet been undertaken with a sufficiently large and representative sample.
- UK studies are available, but the most recent is now ten years out of date.
- The UK Government estimated in 2004 that around 5–7 per cent of the population was lesbian, gay or bisexual. Stonewall Scotland believes that this is a reasonable assumption.
- Applying this estimate to the 2008 adult (aged 16 and over) population of Glasgow would suggest that there are between 24,000 and 34,000 lesbian, gay or bisexual adults in Glasgow.
- However, there are strong indications that there is migration of LGB people from rural areas and towns to cities in Scotland (particularly Edinburgh and Glasgow). This would suggest that Glasgow may well have more than the estimated number of LGB people, as the numbers may be larger through inward migration from other parts of Scotland.
- Key issues for LGB people in Glasgow include:
 - Safety – LGB people across Scotland face issues around hate crime and harassment, and Glasgow’s hate crime database records at least 100 incidents a year. There is likely to be significant under reporting.
 - Health – a significant issue with higher than average levels of drug addiction, smoking, depression, eating disorders, self harm and attempted suicide; and lower levels of physical exercise.
 - Learning – discrimination at school, and belief that academic performance affected by sexual orientation.

¹¹⁸ *Something to Tell You: A Health Needs Assessment of Young LGB people in Glasgow*, Greater Glasgow NHS Board, 2002

8. Younger and Older People in Glasgow

8.1 Terminology

Ageing is a continuous and chronological process. 'Younger' and 'older' people are sometimes defined as people from equalities groups – who may experience disadvantage. This section focuses on these groups.

However, there can be different definitions of what constitutes 'younger' and 'older'. Different organisations can use different definitions, and society can influence whether people are seen as younger or older.

To help guide our study, we have broadly defined younger people to cover those aged under 25, and older people as those aged 60 and over. These fairly broad categories have been adopted to ensure inclusion of a wide range of needs within this section.

8.2 The Current and Future Age Profile in Glasgow

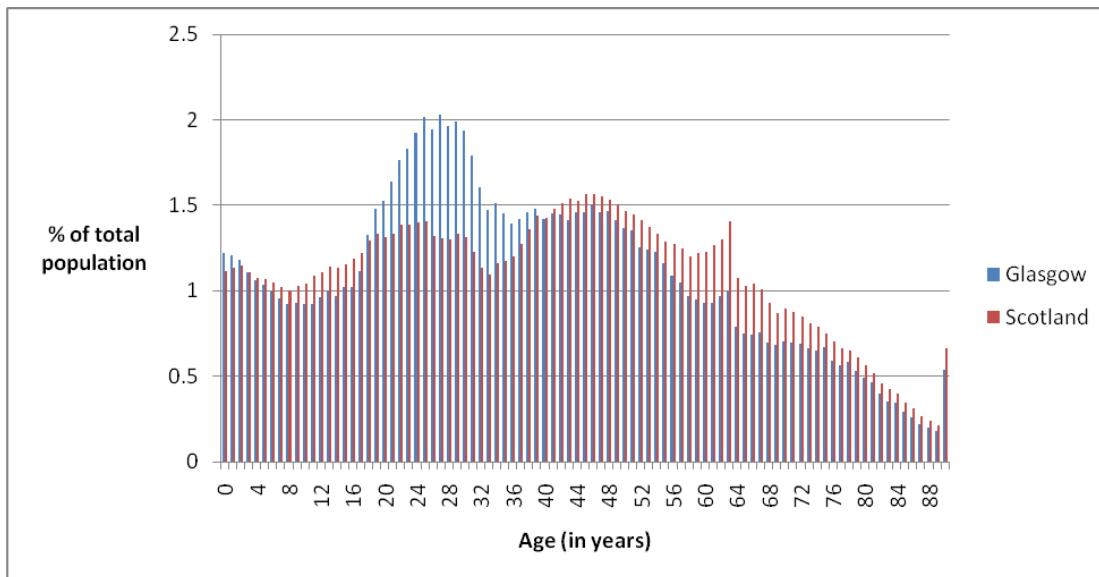
The Age Profile in 2010

The mid 2008 Census estimate figures provide information which allows the age profile of Glasgow to be projected to 2010. The table below shows the main age groups. It shows that 30% of people living in Glasgow are aged 24 or under, compared with 29.3% in Scotland overall. Although there are a significant number of older people living in Glasgow (18.3% who are 60 and over) this is significantly lower than the rest of Scotland (23.2%).

Age Band	Glasgow	Scotland
0-15	16.4%	17.4%
16-24	13.6%	11.9%
25-34	18.3%	12.6%
35-59	33.4%	34.9%
60-64	4.6%	6.3%
65+	13.7%	16.9%

Source: Census mid 2008 estimates

The chart below shows Glasgow's age profile in more detail (based on the % age for each age by year) compared with Scotland wide figures. It reinforces that Glasgow has a more youthful profile, with a large group of younger working age people and a lower percentage of older people.



Source: Based on data from mid 2008 Census estimates

The Future Age Profile – 2020 and 2033

Mid 2008 Census estimates predicts that the population of Glasgow City will positively change in the next two decades. The figures suggest a 1.9% increase between 2008 and 2020 or an overall increase of 1.4% between 2008 and 2033.

It also predicts that the age profile (based on births and migration rates) is likely to change substantially. The table below shows the predicted percentage change in each age group by 2020. The figures relating to younger and older people show:

- An increase in the number of people in the 0 to 14 age group. In particular, the number of children aged between 5 and 9 will increase by 15.8%.
- A fall in the number of people in the 15 to 24 year old age group (which is likely to fall between 20 and 25% by 2020).
- A significant increase in the number of people aged 60 to 69.

Table 8.2 Projected age profile of Glasgow (based on mid 2008 Census figures)

Age Group	Actual number of people (base)	Projected number of people in 2020	Percentage change between 2008 and 2020
0-4	32,579	32,925	1.1%
5-9	27,852	32,252	15.8%
10-14	29,448	30,524	3.7%
15-19	36,980	29,358	-20.6%
20-24	53,663	39,441	-26.5%
25-29	56,583	47,138	-16.7%
30-34	44,772	52,401	17.0%
35-39	43,479	53,243	22.5%
40-44	43,436	42,659	-1.8%
45-49	42,024	37,928	-9.7%
50-54	35,733	39,060	9.3%
55-59	29,161	39,471	35.4%
60-64	26,099	33,459	28.2%
65-69	22,071	25,384	15.0%
70-74	20,938	20,854	-0.4%
75-79	17,710	14,753	-16.7%
80-84	11,752	11,981	1.9%
85-89	6,900	8,022	16.3%
90+	3,060	4,244	38.7%
Total (all ages)	584,240	595,097	

Source: Census Mid 2008 estimates

8.3 The Characteristics of Younger and Older People in Glasgow

Age and Sex

The table below outlines the percentage of men and women in different age groups and compares Glasgow with the rest of Scotland. It shows that:

- In Glasgow, as in the rest of Scotland, women have an older profile than men. The average age of a woman in Glasgow is 39 compared with a man which is 36. This is mainly attributed to women living longer than men (on average) and the impact of the Second World War on the male population.
- 21% of women in Glasgow are of pensionable age compared with 11% of men. The difference between men and women is due in part to the fact that women received their pensions at an earlier age than men.

Table 8.3 Age and sex structure in Glasgow compared to Scotland, 2008

	Males				Females				Sex Ratio ¹¹⁹
	Average Age ¹²⁰	under 16	working age	pensionable age ¹²¹	Average Age	under 16	working age	pensionable age	
Glasgow City	36	17%	71%	11%	39	16%	63%	21%	0.93
Scotland	39	19%	67%	14%	41	17%	59%	25%	0.94

Source: Census Mid 2008 estimates

Age and Disability

The 2001 Census figures provide us with the most up-to-date picture of the number and profile of disabled people in Scotland. According to 2001 Census figures (shown in the table below) the largest number of people with a limiting long term illness are aged 65 and over. Almost two thirds (64%) of people over the age of 65 are affected and 55 per cent of those aged 60 – 64.

Table 8.4 Prevalence of limiting long term illness by age group

Age group	Total number of People	Number with a LLTI	Number without LLTI	Percentage of age group with a LLTI
0-15	106,498	6,646	99,852	6
16-24	77,668	5,968	71,700	8
25-34	93,010	12,181	80,829	13
35-59	182,703	53,581	129,122	29
60-64	27,298	14,981	12,317	55
65+	90,692	57,788	32,904	64

Source: 2001 Census

Age and Ethnic Origin

The 2001 Census figures provide us with the most up-to-date picture of the ethnic profile of Glasgow. The 2001 Census data shows that minority ethnic groups have quite different age profiles to one another. The table below shows these differences. It shows that at that time the white Irish community had an ageing population profile, while all other minority ethnic communities had considerably more youthful profiles.

¹¹⁹ The sex ratio is the male population divided by the female population

¹²⁰ The average is the arithmetic mean age of a population count for a particular area

¹²¹ Pensionable age is 65 for men and 60 for women

Table 8.5 Age profile by ethnic origin					
Community	0 to 15	16 to 24	25 to 34	35 to 59	60 plus
White Irish	5.7%	11.5%	15.5%	33.2%	34.1%
Other White	12.2%	24.2%	28.8%	24.6%	10.2%
Indian	23.5%	18.6%	22.4%	26.6%	8.8%
Pakistani	33.8%	18.4%	18.3%	23.3%	6.2%
Chinese	17.7%	23.2%	22.7%	27.1%	9.2%
Bangladeshi	19.4%	21.9%	24.9%	26.2%	7.6%
African	23.3%	17.5%	28.2%	27.5%	3.5%
Caribbean	14.6%	16.9%	22.5%	35.8%	10.3%
Mixed	36.5%	22.8%	18.5%	16.3%	6.0%
Other	24.4%	17.4%	31.1%	25.4%	1.7%
All	18.4%	13.4%	16.1%	31.6%	20.4%

Source: 2001 Census, Table S235

Age and Economic Activity

The 2001 Census figures provide information about the economic activity of working age people. The activity of younger people is shown in the table below. This shows that employment levels steadily increase to peak at two thirds for 25 to 34 year olds, before declining to just 4 per cent for 65 to 74 year olds. Unemployment is a significant issue for 16 to 19 year olds, with over 10 per cent unemployed in 2001.

Table 8.6 Age profile by economic activity							
	All people	16 – 19	20 – 24	25 – 34	35 – 54	55 – 64	65 – 74
In employment ¹²²	46.9%	24.3%	42.3%	65.7%	61.1%	30.8%	4.1%
Economically active full-time students	3.5%	20.0%	13.6%	1.9%	0.5%	0.1%	0%
Unemployed ¹²³	5.5%	10.9%	7.6%	6.8%	5.6%	2.8%	0.3%
Economically inactive	44.1%	44.8%	36.5%	25.6%	32.8%	66.3%	95.6%

Source: 2001 Census, Table CAS041

Age, Disadvantage and Vulnerability

The 2001 Census provides information on the socio economic status of 16 to 74 year olds in Scotland, but does not provide information on children. Because many older people do not fall within a socio economic group (as many receive pensions) this information is difficult to interpret.

But existing research does tell us something about disadvantage for older and younger people in Glasgow. According to recent health research carried out in 2009¹²⁴:

¹²² 'In employment' excludes full-time students.

¹²³ 'Unemployed' excludes full-time students.

¹²⁴ ¹²⁴ Glasgow City Council, CHCP DEMOGRAPHICS Report - population estimates, vulnerability, disability and support, and analysis of SWS clients, November 2009

- It is estimated that there are 42,520 vulnerable children (aged 0 – 17) in Glasgow City. This represents just under two-fifths of the child population (38.4%)¹²⁵.
- In some areas of the City, about half of the children are considered vulnerable. For example, 54.5% of the child population in the North and 46.6% in the East Community Planning areas. In some neighbourhoods of Glasgow (Parkhead and Dalmarnock, Castlemilk and Drumchapel) more than 9 out of 10 children are considered vulnerable.
- Across Scotland, a disproportionately high number of very young children live in deprived areas¹²⁶.

The same research assessed the number of vulnerable older people in Glasgow¹²⁷. It estimated that there were 51,000 vulnerable older people in Glasgow City. People were considered “older vulnerable people” if they were older people aged 75+; older people aged 60/65+ living alone; older people aged 75+ living alone; and older people aged 60/65+ receiving pension credit. This is equivalent to just over half of the pensionable age (60/65+) population (52.9%).

8.4 Needs, Strengths and Opportunities

There is significantly more information available about the needs and experiences of younger people in Glasgow, than older people in Glasgow. Although there is a body of research at national level, there is less specific research into older people in Glasgow. However, this does not mean that older people do not experience disadvantage. National research demonstrates that the circumstances and needs of older people vary considerably. Many are relatively well off, enjoy good health and are well housed. But “old age can bring disadvantages and less favourable social and economic circumstances”¹²⁸.

Overall, older people live on lower incomes than the population as a whole and the gap between the wealthiest and poorest pensioners is growing. Older people live in poorer housing than the population as a whole. They are more likely to experience poor health and are the greatest consumers of health and community care services¹²⁹.

¹²⁵ This report identifies children aged 0-17 living in neighbourhoods with multiple socio-economic challenges, which could increase the odds of them requiring social work intervention and support compared to those living elsewhere. It is estimated based on the SIMD (2006) and the most up-to-date child population figures, and it calculates the number of children in each CHCP who live in Scotland’s most deprived neighbourhoods (officially set at most deprived 15%) across three deprivation domains.

¹²⁶ ScotPHO, Dimensions of Diversity Report, 2010

¹²⁷ Glasgow City Council, CHCP DEMOGRAPHICS Report - population estimates, vulnerability, disability and support, and analysis of SWS clients, November 2009. The model used here estimates OPPD vulnerability generally and is derived from a number of sources: the 2006 GRO(S) Datazone Estimates, the 2001 Census, and pension credit estimates from the DWP (November 2008), and it is calculated on the basis of a number of vulnerable indicators where individuals fall within two or more of them.

¹²⁸ Age Concern Scotland. Older People in Scotland in 2005 Information Leaflet

¹²⁹ <http://www.ageconcernandhelptheagedscotland.org.uk>

A Safe Glasgow

In 2003, over 1,500 young people participated in Glasgow Youth Survey – a survey of primary and secondary school pupils aged 11 to 18¹³⁰. This explored young people's experiences and thoughts on crime, punishment and their perception of the police. It found that over a third of respondents (39%) had been threatened by someone else, with almost a fifth (18%) having been physically attacked.

Young people in Glasgow felt that the media portrayed them as badly behaved, noisy and troublesome, whereas in reality they were friendly, fun, happy and hard working. Girls had more positive images of themselves than boys, who often related with being 'troublesome'.

Many young people had a poor impression of the police. Although they generally respected the police, they felt that the police could be unfair to young people. Boys, particularly 14 and 15 year olds, tended to be more negative about the police than girls. Fourteen year olds were the most likely to have been told off by the police, with almost three quarters (74%) having been told off or told to move on.

Although some young people were slightly nervous about personal safety, this did not stop them from going out. One in ten young people felt 'not at all safe' out of school, with the most common problem being gangs. In 2008, the Centre for Social Justice found that there were 170 teenage gangs in Glasgow¹³¹. It stated that this was the same number of gangs as in London, which has over six times the population.

We did not identify any research specifically into safety in Glasgow for older people.

A Vibrant Glasgow

In 2003, over 1,500 young people participated in Glasgow Youth Survey – a survey of primary and secondary school pupils aged 11 to 18¹³². This survey found that the top priorities for young people in Glasgow were more cinemas, bowling centres, leisure centres and sports facilities in their local area. Although most people (57%) were happy with their neighbourhood, they generally felt that there wasn't enough for young people to do.

Confidence and aspirations were identified as key barriers to young people achieving what they want from life.

A Healthy Glasgow

There is a wealth of evidence about the health of children and young people in Glasgow. In its report 'Let Glasgow Flourish'¹³³, the Glasgow Centre for Population Health reviewed health in Glasgow and the West of Scotland. In relation to young people, this found that:

- One fifth of pre-school children are either overweight or obese.

¹³⁰ Being Young in Glasgow: The Views of 11 to 18 Year Olds,

¹³¹ Breakthrough Glasgow, Centre for Social Justice, 2008

¹³² Being Young in Glasgow: The Views of 11 to 18 Year Olds,

¹³³ Let Glasgow Flourish, Glasgow Centre for Population Health, 2006

- The dental health of children is slowly improving – but between 40 and 70 per cent of all five year olds in Glasgow have decayed teeth.
- It is estimated that in 2003 more than 6,000 children in Glasgow lived with a parent with a substance misuse problem.
- Almost 1,000 children in the West of Scotland were on a child protection register, and in Glasgow 2,500 were looked after by the Council. Both figures were rising.
- Many teenagers smoke, drink and take drugs. Trends suggest smoking levels are decreasing while alcohol levels increase. Teenage alcohol related hospitalisation is increasing.
- Although teenage pregnancies have reduced in Glasgow, rates remain higher than average for Scotland. More deprived areas tend to have far higher rates of teenage pregnancy.
- There is strong evidence that health is strongly influenced by social, cultural and economic factors from an early age.

In 2008, the Centre for Social Justice demonstrated that rates of teenage pregnancy were eight times higher in the most deprived areas of Glasgow compared with the least.

The report did not have any findings specifically in relation to older people. There is little research into the views of children, young people and older people towards health. A small scale evaluation of three youth health projects¹³⁴ found that the three priority issues for the 21 young people consulted were sexual health, mental health and addictions.

A Working Glasgow

Figures from the Glasgow Centre for Population Health demonstrate that a far higher proportion of children and young people live in workless households than is average for Scotland.

Table 8.7 Percentage of children and young people living in workless households				
	All Dependent Children	Dependent Children with No Working Adult	%	% Above Scotland Average
West Glasgow	22168	7595	34.3	86.5
North Glasgow	20690	8526	41.2	124.4
South East Glasgow	20738	6636	32.0	74.2
South West Glasgow	25755	8979	34.9	89.8
East Glasgow	27357	10676	39.0	112.5

Source: Glasgow Centre for Population Health

A report in 2008¹³⁵ found that the proportion of young people not in employment, training or education in Glasgow was around 18 per cent – 50 per cent higher than the Scottish average.

¹³⁴ A Summary Report on the Evaluation of Three Youth Health Services in Glasgow, NHS Greater Glasgow, undated

¹³⁵ Breakthrough Glasgow, Centre for Social Justice, 2008

Figures for 2008 to 2010 show that recorded the proportion of 18 year olds claiming Job Seekers Allowance among 18 year olds has increased from 9 per cent in February 2008 to 14 per cent in February 2010. For the 20 to 24 year old age group this increased from 5 per cent to 9 per cent.

A Learning Glasgow

There was very limited information about the experiences, needs or strengths of young people or older people in Glasgow in relation to learning. Most research was Scotland or UK wide. Research which did focus on Glasgow tended to focus on young people experiencing multiple disadvantage – particularly young people from minority ethnic groups. This research is discussed in Chapter Three which focuses on minority ethnic groups in Glasgow.

The Centre for Social Justice Research in 2008 found that Glasgow has the second worst exam pass rate at standard level Scotland. The percentage of pupils in Glasgow gaining three or more results at Higher level or better is 38 per cent lower than the Scottish rate. It stated that just one in five young Glaswegians goes to university compared to over a third in Edinburgh and Aberdeen.

8.5 Summary

- Population predictions for 2010 based on the Census show that 30% of people living in Glasgow are aged under 24. This is slightly higher than the Scottish average.
- Although there are many people aged 60 and over living in Glasgow, the proportion is significantly lower than the rest of Scotland.
- Projections based on 2008 estimates suggest that the population of Glasgow will increase by about 2 per cent by 2020. But it shows substantial changes in the younger and older populations:
 - the 0 to 14 age group will increase – particularly the 5 to 9 group;
 - the 15 to 24 age group will decrease substantially, by between 20 and 25 per cent; and
 - the 60 to 69 age group will increase substantially.
- In Glasgow, as in the rest of Scotland, there are many older women than older men.
- Older people are substantially more likely to have a disability or limiting long term illness – with almost two thirds of the 65 and over population affected, compared with just 6 to 8 per cent of people aged under 25.
- Age profiles vary between ethnic groups. While most minority ethnic groups have a youthful age profile, the white Irish population has an ageing profile.
- It is estimated that about two fifths of young people aged under 18 in Glasgow are vulnerable. This increases to over half in the North and East. In some neighbourhoods, more than 9 out of 10 children are considered vulnerable.

- Approximately half of the pensionable age population is considered vulnerable.
- Issues for younger people include:
 - Safety – Issues around image – including self image, community and media images of young people; and some issues around personal safety.
 - Vibrant – Top priorities include cinemas, leisure and sport opportunities for young people; and confidence was identified as a barrier to achievements.
 - Health – Issues around obesity increased teenage alcohol abuse, parental substance abuse, teenage pregnancy and dental health. There is strong evidence that social, cultural and economic factors significantly impact on health.
 - Working – Unemployment has increased significantly for young people under 25, over the last three years. Many children also live in workless households.
- We identified very little research into the needs of older people.

9. Our Consultation with People from Equalities Groups

9.1 Introduction

We consulted with people from equalities groups about the data we found. We spoke with the four Equality Networks in Glasgow about how best to do this. We received clear advice that our study should be strongly based on the extensive research and consultation already undertaken in Glasgow. As a result, we agreed a light touch programme of consultation during February and March 2010. Our full methodology is described in Chapter One.

9.2 People from Minority Ethnic Groups

We conducted an online survey with people from minority ethnic groups. Twenty seven people responded in total. We also held a small discussion group with three members of the minority ethnic network.

The survey asked people to rank the community planning themes in order of importance. The most important issues were working and health:

- Working and Health – 85 per cent rated each as ‘very important’
- Community – 78 per cent rated as ‘very important’
- Learning – 74 per cent rated as ‘very important’
- Safety – 67 per cent rated as ‘very important’

Although support with **working** was rated as a high priority, over half (56%) of respondents felt that community planning partners were not doing well in this area. The main reason given was that specific support for enterprise and minority ethnic communities had closed recently, with mainstream service providers seen as lacking in expertise, cultural awareness and resources. Some respondents felt that resource availability for this type of support was an issue for all communities. But many identified the need for support to address barriers to employment and training – including ESOL classes to address language barriers, and provision of childcare.

“Each of these areas are vitally important for any group of people. The key is to identify what specific needs within these areas are for different groups of people i.e. from different cultural backgrounds, with different language capabilities.”

Working was also identified as a high priority at our discussion group. Participants felt that community planning partners need to take responsibilities as employers and take more visible steps to target recruitment. They emphasised that by focusing on working, this can help to improve many other issues – like safety and health.

Survey respondents felt that mental health, diabetes and obesity were significant health problems for people from minority ethnic groups, and that a lack of bi-lingual support means that these can go un-detected. Discussion group participants emphasised that there was a need to raise awareness about access to services, and change perceptions about service providers. They suggested that a more diverse workforce could help.

The discussion group also raised the following issues:

- **Safety** – There is anecdotal evidence that fear of racism results in people not going out or changing their travel patterns. This can result in mental health issues. A lack of confidence can also result in territorialism. There are now issues arising between young Scottish Asian people, and new migrants from Eastern European countries.
- **Learning** – People need to feel safe and comfortable in their educational environment. There can be barriers to this – such as mixed classes, no prayer room, or lack of crèche facilities.
- **Vibrant** – Community facilities are a particular issue for women. Young men tend to use mainstream services more. There is a lack of leisure services generally in some areas with high minority ethnic populations – like Pollokshields.

Generally, consultees felt that specialist provision for minority ethnic communities was reducing, and that partners needed to compensate for this by improving mainstream services. Survey respondents highlighted that local community groups are often dependent on continued funding to offer early intervention and support for minority ethnic communities.

Overall, consultees stressed that equality and diversity needed commitment from all partners at a senior level. The new strategy should have clear actions, timescales and responsibilities – with regular feedback on achievements.

9.3 Disabled People

As the Glasgow Disability Alliance had recently conducted their own survey of 500 of its members – we decided not to undertake further wide ranging consultation again – but to use the learning from the Alliance’s own consultation. This has been built into this report.

However, we attended a meeting of the Glasgow Disability Alliance Board and discussed with them the major issues for disabled people in Glasgow. This stressed the over-arching importance of independent living for disabled people. Within this, a wide range of issues required to be considered, including:

- Work and employability;
- Learning;
- Housing;
- Direct payments for care services;
- Advocacy;
- Housing;
- Individual and community capacity building

There was considerable discussion about the impact of the move to mainstream equality issues. The experience of many disabled people of mainstream services was not a happy one. It was important to make sure that there were truly effective services in place before ‘ripping out’ specialised services that were delivering what disabled people wanted. There was also a need to look across budgets and for

service providers to design services to 'suit the users, not the providers'. Providers of care services needed to be able to be flexible to the needs of the individual disabled person. This was not seen to be the case at the moment – and was one of the main attractions of using direct payments.

There was seen to be a reluctance of public agencies to give control (and power) to disabled people. Too often professionals thought that they knew best – rather than working with the service user to solve problems in a way that suited the user.

There was seen to be a need for better data – asking better questions in the Census and other surveys. The community planning partners in the city should work with disabled people so that there was agreement about the 'right questions'.

Much of the discussion at the meeting focused on whether a community planning partnership Equality and Diversity Strategy would have any teeth. If it was to be a positive strategy, there needed to be ongoing engagement with equalities groups in its development and regular feedback on progress.

9.4 Minority Faith Groups

We ran an online survey with people from minority faith communities. In total, 22 people responded to the survey. The biggest issues for minority faith communities were learning, safety and health:

- Learning – 82 per cent rated each as 'very important'
- Safety and Health – 77 per cent rated each as 'very important'
- Working – 73 per cent rated each as 'very important'
- Community – 59 per cent rated each as 'very important'

There were significant concerns about stigma and discrimination based on faith, resulting in barriers to accessing learning and working opportunities, as well as services more widely. Respondents stressed that there was a need for learning for new arrivals to Glasgow – including English classes and developing new skills. For people of minority faiths more generally, participants felt that there was a need to raise awareness of the services available, and work to address barriers to participation.

A number of respondents highlighted the need to develop collective skills and capacity, as well as individual skills. Many stressed that it was important not just to work with 'leaders' and to recognise the multiple identities and varied needs of people from minority faith communities. Others stressed the need for work between different faith communities.

Respondents suggested that in the future, it was important to:

- identify gaps in service provision that lead to exclusion or disadvantage for minority faith communities;
- encourage joint working between community planning partners and other service providers;
- provide training for service providers on the needs of people from faith communities;

- improve access to translation services;
- invest in grassroots level work with communities across Glasgow; and
- take action and ensure anything that is discriminatory is challenged.

9.5 Older People

We held a focus group with six members of the West of Scotland Seniors Forum. Key themes emerging include:

- **Working** - There was a general consensus among the group that older people are not valued in the workplace. All the participants described themselves as “working but not waged”, with several suggesting that they had been ‘pushed’ into the voluntary sector.
- **Learning** - There were concerns that a lack of funding could lead to classes closing, and older people becoming isolated in their homes as they have nowhere to go. It was felt that ‘colleges are becoming more like businesses’ and participants were finding that they now had to pass modules to evidence their achievements to funders.
- **Safe** - The group discussed the decline of the ‘community’ and now people do not know their neighbours. One participant thought that the private rented sector had led to the increase in transient communities – an increase of those who do not plan to stay in the area and consequently do not have an interest in the area.
- **Healthy** - Discussion that funding and resources are not targeted at older people who need it most.

“Given that older people are expected to work until they are 65....but there is no support to help them do this – for example, there is no health support, no out of hours appointments to help access health services.”

- **Vibrant** - The older people felt that people (especially young people) did not have a sense of pride in their city.

“Older people have a sense of pride and heritage that they want to retain – but younger ones don’t – they have no pride.”

9.6 Younger People

We spoke with 15 young people aged 16 to 19 who are participating in the Commonwealth Apprenticeship scheme with Glasgow City Council. They discussed the key community planning themes for Glasgow, and identified the key issues they were concerned about and key changes they would like the Community Planning Partnership to make.

Key concerns included:

Working and Learning

- Although there are training opportunities, there are a lack of work placements and job opportunities.
- Learning in school needs to be more practical and less formal because classroom learning doesn't suit everyone.

"We are all individuals"

Safety

- Attitudes towards young people – particularly from the police and teachers. The young people we spoke to felt that people stereotype young people, and are often suspicious of them.
- Crime – particularly knife crime, drugs and abuse of young children. They felt that the police and others often focus on less serious issues – like antisocial behaviour – rather than tackling bigger problems.
- A lack of physical activity amongst young people

"We are the future"

The young people we spoke with would like to see the Community Planning Partnership:

- Provide more and better activities for young people – this was seen as something that would help learning and prevent crime;
- Consult more with young people on what and how they want to learn and provide more flexible learning opportunities that suit individuals;
- Support people into work and work placements, as well as provide training; and
- Tackle stereotyping of young people in local services.

"We are ok if you know us"

"We need to be given a chance"

9.7 Lesbian, Gay, Bisexual and Transgender People

We met with the West of Scotland Lesbian, Gay, Bisexual and Transgender Forum and agreed that an online survey would be the best way of consulting with these equality groups. We had a separate survey for LGB people and one for Transgender people. We had three responses in total.

Each of the community planning themes was to be important. One respondent mentioned that the Police had introduced training on LGB and Transgender issues and that this should be replicated across all services in Glasgow.

"The Police seem to be really trying and that is visible in my community and across the city. Clearly good training has been set up - do it across the services."

One respondent mentioned that there were significant issues around harassment and hate crime:

“Homophobia/transphobia is still very prevalent in all areas of the community.”

Another respondent highlighted the need to provide culturally sensitive services and to ensure that LGB and Transgender people are made to feel welcome.

We also attended a workshop organised by the West of Scotland LGBT forum. Approximately 25 people attended this event where the five community planning themes were considered.

Working

- The most important issues were to tackle discrimination at work to allow everyone to feel safe – whether out or not. Bullying at work was also mentioned as a concern.
- It was felt there should be policies in place to protect LGBT people at work and that training on equalities and legislation should be compulsory for managers and staff.

Safe

- Continued homophobia and hate crime were the biggest concerns over safety.
- To address these, the police should be more proactive in encouraging people to report hate crimes and work should be done to help build confidence for people to report incidences of homophobia.

Learning

- Bullying and homophobia are still concerns for people in schools – particularly faith schools. This includes not just pupils but teachers who should be allowed to be free about their sexuality if they wish.
- Tackling abusive language would be a start to addressing the bullying in schools, but it was felt that teachers need resources, training and support to help with this.
- Schools should increase exposure to LGBT issues and groups through talks and discussions.

Healthy

- Access to appropriate services was the key issue for health and wellbeing. This includes access to mental health services and Family Planning services.
- The LGBT forum did not want to see specific services ‘mainstreamed’.
- Training should be mandatory for those working in mental health and family planning services – particularly in how to talk to patients.
- LGBT people want to be treated equally – not the same.

Vibrant

- Funding for specific LGBT events – such as Pride and organisations such as LGBT Youth Scotland should continue as these encourage people to feel positive about LGBT people.
- There should be a ring fenced budget for equality groups to support events and celebrations like Pride.

9.8 Women

Seventeen women in total responded to our online survey. Safety was the biggest issue, followed by work, learning and health and finally community.

There was a very strong feeling that women experience significant barriers which can prevent women from accessing activities in their community, education and work. Safety and fear of violence can contribute to barriers, as can lack of childcare. Caring and family responsibilities and confidence can also have an impact.

“Childcare provision can be a barrier for women in terms of accessing education and employment - therefore feel opportunities need to be flexible to allow to access them.”

There were concerns around funding for services – particularly where dedicated services for women are closing or reducing their levels of support. It was seen as important to ‘improve services not downsize’. Respondents highlighted that there should be both specialist and mainstream services for women. Specialist services can help women to overcome the barriers they face, and ensure that additional opportunities are available to women to help them to overcome the barriers they face.

“Recent funding cuts to services such as the Women's Support Project and Castlemilk Stress Centre impact on women and the range of support they can access.”

We also attended a meeting with 6 members of the Glasgow Women’s Voluntary Sector Network. This group felt strongly that women’s issues needed to continue to be prioritised – as there was often a perception that women no longer experienced disadvantage. The group stressed the need for partners to take a gendered approach to service planning, considering the way in which all decisions would impact on women and men differently. Other key priorities included:

- Realistic funding for women’s services. Making links between demand and supply, thinking through the implications of funding cuts, and providing continuity of funding to allow longer term work.
- Training and awareness raising for partners. This should be embedded into mandatory training and delivered by specialists.
- Partners as responsible employers. Community planning partners should take proactive action to create diversity and equality in employment.
- Recognising multiple discrimination. For example women who are asylum seekers in Glasgow can experience multiple disadvantage.

This group felt that the Women’s Network was a key strength for Glasgow, working well as a group and bringing considerable experience and expertise on a range of issues. The Network emphasised that community planning partners should appoint a dedicated officer or team for delivering the Equality and Diversity Strategy – with authority, visibility and responsibility for monitoring and reporting.

10. Key Findings

10.1 Key Priorities by Theme

This report sets out the key characteristics, needs and experiences of people from equalities groups in Glasgow. It is clear that different groups and individuals experience different opportunities and disadvantage, and have different skills and strengths. Below, we summarise the main issues arising by community planning theme.

However, this is a simple summary based on trends in experience. It is important to remember that each individual's experiences are different, and there are variations in needs and strengths within groups. Furthermore, people don't belong to just one equalities group. People have multiple identities, with age, gender, sexual orientation, faith, ethnic group and disability all affecting their experiences in a multitude of ways.

The summary is also based on the information that was available to assist with this study. In some cases, the information available was very limited. This is a particular issue for older people and minority faith groups. There is substantially more information about minority ethnic groups in Glasgow than other equalities groups.

Table 10.1 Key priorities by theme

Equalities Group	Safe	Vibrant	Healthy	Working	Learning
People from minority ethnic groups*	Tackling racial harassment, violence and territorialism	Providing culturally sensitive sport and leisure services – both mainstream and targeted	Tackling isolation for all – including young people, older people and carers	Accessible information and advice on training and employment opportunities	Providing accessible English language classes for new arrivals to Glasgow
	Building confidence in policing	Proactively engaging people, building capacity and awareness	Building awareness of services	Encouraging community planning partners to take proactive approach to building a diverse workforce	Introducing opportunities for youth learning and socialising – such as youth cafes
	Strength – Young people willing to discuss their experiences.	Tackling language barriers to information and advice	Strength – Involving communities in service planning and design can help.	Assessing the impact of targeted support in regeneration areas on minority ethnic communities	Strength – A high proportion of people from many minority ethnic groups are in further or higher education
		Strength – Can learn from and link with experienced targeted and specialist services.		Strength – This is a high priority area for many minority ethnic people in Glasgow.	
Disabled people	Tackling discrimination and harassment	Independent living - training organisations and providing better support for	Accessible and inclusive healthcare.	Improving recruitment practices and training staff in disability equality and human rights	Flexible and accessible learning opportunities.

		individuals	Training for staff on disability equality and human rights	A decent income (state benefits) for those unable to work – poverty is high among disabled people.	
		More support to enable volunteering	Consultation with service users	Adapting workplaces to ensure that they are accessible	
	GDA is committed to tackling discrimination through and building confidence and skills through its Independent Living Movement.	Strong disabled person's alliance in the city and people committed to being involved. GDA membership is the biggest groundswell of disabled members in Scotland (550).			GDA provides information; advice and life-long learning through Learning For Change helping disabled people build confidence to reach their full potential.
Women	Tackling violence against women		Reduce levels of mental distress associated with role overload, low autonomy and poor access to resources	Delivering equal pay for equal work	Tackling subject segregation
	Increasing confidence in the justice system in relation to rape and other crimes against women		Reducing gender based violence would improve women's health	Considering the impact of the high number of women who work part time	
		Strength – strong			Strength – good

		and active women's network for city			performance by young women in school examinations
Transgender people	High levels of harassment		High level of disability (both mental health and physical disability)	High unemployment levels and low incomes	High levels of educational qualification
			Access to culturally sensitive services		
Minority faith communities	Tackling faith based harassment and hate crime	Support and capacity building activity to develop skills and structures for participation			Raising awareness of service provision and rights
		Evidence that people are keen to be involved in their community			Providing accessible English classes for new arrivals to Glasgow
Lesbian, gay and bisexual people	Tackling hate crime and harassment		Addressing significant health inequalities around areas including drug addiction, smoking, depression, eating disorder, self harm, suicide and physical exercise.		Tackling discrimination experienced at school
					Ensuring appropriate support, information and advice is

					available
Younger people	Promoting positive images of young people	Ensuring sport and leisure activities for young people	Tackling health inequalities including obesity, substance abuse, teenage pregnancy and dental health	Tackling unemployment for young people	
		Building community capacity and confidence	Reducing link between disadvantage and health inequality		
Older people**		Tackling high levels of vulnerability	Supporting people to live with disability and long term illness		

*The issue of appropriate quality housing also arose for minority ethnic communities. This does not fit neatly into a community planning theme.

** Very limited information was available on the needs of older people in Glasgow.

10.2 Wider Policy and Decision Making Issues

Our consultation with people from equalities groups also identified a number of wider issues, relating to the way in which community planning partners take decisions about service planning and provision in Glasgow.

- **Impact assessment** – Consultees stressed the need to routinely assess the impact of decisions on people from equalities groups. This should involve a holistic assessment of the impact that decisions could have, and an honest assessment of how this could result in advantage or disadvantage for certain groups. It should be undertaken by people with a clear understanding of equalities issues, and by staff who are able to join up different policy and practice issues, and see how implications of decisions are linked to other areas. This does not always require a full, written Equality Impact Assessment. But where an EIA is undertaken, this should be made publicly available.
- **Balancing specialist and mainstream services** – Consultees felt that there was a place for both specialist and mainstream services for people from equalities groups. Specialist services are needed either where there are particular needs, or where people experience barriers to accessing mainstream services. Most felt that ideally, mainstream services should be accessible to all reducing the need for specialist services. But some were concerned that as specialist services in Glasgow were reducing, mainstream services were not improving to address barriers for disadvantaged groups.
- **Joint working** – Many consultees welcomed the production of a joint Equality and Diversity Strategy, feeling that this would provide consistency. Others emphasised the need for services to work together on the ground, to join up service provision for people from equalities groups – and provide a more streamlined service. It was felt that this could help to address issues around lack of awareness of services.
- **Developing the strategy** – Many felt that there was a big step between identifying priority issues, and producing a clear strategy. Some stressed the need to be involved in or consulted on draft versions of the strategy.
- **Time for action** – Overall, consultees stressed that it was now time that the community planning partnership took clear action to address inequalities in Glasgow. Many stressed the need for clarity about who was responsible for ensuring delivery of the Equality and Diversity Strategy, and clear action planning and monitoring of activity. Some felt that a central team or individual with responsibility for the Strategy could help to raise the profile of equality and diversity, and ensure that partners took it seriously. Consultees felt that it was important that people could clearly see that the community planning partners were truly influenced by the needs and experiences of people from equalities groups in Glasgow.