



NHS Forth Valley

**Equality Delivery Mainstreaming Report 2013-17
Appendixes and Evidence**

APPENDIX 1: Equality Outcomes

This Equality Delivery Report is intended to inform and sets out our public commitment to our service users, their carers, visitors, and staff and partner organisations on how NHS Forth Valley will meet its general and specific duties set out under the Equality Act 2010.

Equality is supported by legislation that makes it illegal to discriminate, victimise and harass someone because of a real or believed difference. This Equality Delivery Report sets out how we propose to meet our legal equality duties over the next 4 years and will be regularly reviewed to ensure its continued relevance.

All Health Boards across NHSScotland are required to produce and deliver a set of equality outcomes to comply with one or more of the 3 needs of the public sector general equality duty (Equality Act 2010) and the specific duty on equality outcomes (Specific Duties) (Scotland) Regulations 2012. .

However, the challenge for the NHS is to translate these legislative requirements into equality outcomes that are systematically mainstreamed into health policy and practice, which has a fundamental aim to tackle health inequalities and improve health.

Meeting equality and health inequality outcomes are not mutually exclusive but intrinsically linked.

To ensure that we continue to mainstream Equality and Diversity into all we do we have framed our equality outcomes 2013 -17 by means of the Quality Strategy ambitions 2013/14.

The Quality ambitions sets out NHSScotland vision to be a world leader in healthcare quality, described through 3 quality ambitions: effective, person centred and safe. These ambitions are articulated through the 6 Quality Outcomes that NHSScotland is striving towards.

NHS Forth Valley Outcomes are:

Long term NHS outcome 1: Within NHS Forth Valley, everyone has the best start in life and is able to live longer and healthier lives,

Outcome 1: LGB &T, Disabled, ethnic minority and people of various ages have a positive experience of services that are equality informed and are sensitive to their diverse needs and potential impact of discrimination

Long term NHS outcome 2: Within NHS Forth Valley everyone has a positive experience of health care.

- **Outcome 2a:** NHS Forth Valley promotes and delivers on patient centred care to people meet best practice standards in relation to equality and diversity.
- **Outcome 2b:** All healthcare developments, policies and plans are informed by information on profile/protected characteristics of patients in the community
- **Outcome 2c** NHS Forth Valley is equitable in the way it employs and supports its workforce.

Long term NHS outcome 3: Within NHS Forth Valley, people are able to live well in the community.

- **Outcome 3: a** People in Forth Valley are confident that diversity is respected; discrimination challenged and actively encouraged to report hate incidents motivated by malice or ill will based on racism, religious discrimination, homophobia, transphobia
- **Outcome 3 b.** In collaboration with partner agencies, NHS Forth Valley will improve the early identification of women and men experiencing Gender Based Violence within local health services; particular focus on A&E, Mental Health, Substance Abuse, Community Care, Sexual Health and Women and Children's Services
- **Outcome 3c:** NHSFV Employees (women and men) affected by GBV, including those with protected characteristics, are confident that they will receive support in the workplace and improved safety, health and well being
- **Outcome 3d** Through the 'Keep Well' health promotion initiative, NHS Forth Valley in partnership with other agencies will increase opportunities for health improvement and disease prevention in deprived and vulnerable populations

Appendix 2a – Equality Legislation

The purpose of the public sector equality duty

The purpose of the public sector equality duty is to ensure that as a public body carrying out a public function we consider how we can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be more transparent, accessible and accountable and
- deliver improved outcomes for all.

The public sector equality duty requires equality to be considered in all the functions of public authorities, including decision-making, in the design of internal and external policies and in the delivery of services, and for these issues to be kept under review.

The public sector equality duty is set out in sections 149–157 and schedules 18 and 19 of the Equality Act. It replaces the previous public sector equality duties, the Race Equality Duty, introduced in 2002, the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

The previous public sector equality duties shifted the onus away from an individual having to seek redress after suffering discrimination, and onto public authorities being required to take a proactive and organised approach to tackling ‘institutional discrimination’ and focusing on organisational change. These duties aimed to mainstream equality into public sector culture in practical and demonstrable ways.

These principles continue to apply to the public sector equality duty.

The public sector equality duty covers the following protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

The General Equality Duty

We refer to the public sector equality duty as set out in the Equality Act 2010 as the ‘general equality duty’.

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

To comply with the general equality duty, a public authority must have due regard to all three of the needs as identified above.

The Equality Act explains that the second need (advancing equality of opportunity) involves, in particular, having due regard to the need to:

- Remove or minimise disadvantage suffered by people due to their protected characteristics
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Act also sets out that:

- meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities
- fostering good relations means tackling prejudice and promoting understanding between people from different groups
- meeting the general equality duty may involve treating some people more favourably than others.

The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These specific duties came into force on 27 May 2012.

Meeting the General Duty

NHS Forth Valley will follow the requirements of any specific duties and will demonstrate that it is meeting the requirements of the general duty through the following means:

- By reporting on progress towards mainstreaming equality in relation to all protected characteristics. **(Section 2)**
- By assessing the impact on equality of all new policies and practices, including changes to, or redesign of, existing policies and practices, based on evidence. **(Section 3)**
- By publishing employment data in relation to sex, disability and ethnicity, including data about the pay gap and the other protected characteristics if possible. **(within the Employee Equality Report)**
- By publishing equality outcomes targets, based on evidence and involvement of protected groups, and to report on progress towards these outcomes. **(Section 4)**
- Staff Awareness & Understanding **(Section 5)**
- By setting out where equality outcomes will be published and where progress on all aspects of the duties will be reported, including the timeframe for reporting **(Section 6)**
- Demonstrating what evidence we have used to influence our choices and decisions in relation to setting our Equality Outcomes.

Specific Duties

The purpose of the specific duties in Scotland is to help those authorities listed in the regulations in their performance of the general equality duty.

Who is subject to the Specific Duties?

Many of the authorities that are subject to the general duty are also covered by the specific duties; this includes NHS Service providers.

The Specific Duties in summary

We are required to:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices
- gather and use employee information
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Further information on the Equality Duty 2010 can be found on [Equality and Human Rights web site](#).

The Advancement of Equality

In certain circumstances positive action is permitted to address any disadvantage suffered by a protected group, to meet the different needs of those in a protected group or to increase participation by a protected group where participation is disproportionately low. NHS Forth Valley is thus entitled in respect of all of its roles and in relation to both members of the public and our employees to take special measures to address any particular disadvantages identified, and in particular to treat disabled people more favourably

The following sections of this Equality and Diversity Delivery Report are devoted to considering each of these activities in turn, and to setting out the actions which NHS Forth Valley has taken or intends to take with a view to meeting the general duty.

While it is intended that these activities will aim to meet the requirements of any specific duties in general terms the activities and actions of NHS Forth Valley set out in this Equality and Diversity Delivery Report are not limited to these activities, and NHS Forth Valley aims to meet the general duty through this strategy and throughout our work in general.

Appendix 2b: Equality Duty Time Frame		
Specific Duty	Output	Timescale
Duty to report progress on mainstreaming the equality duty	Publish report on progress on mainstreaming equality into business	30 April 2013
Duty to publish equality outcomes and report progress	(1) Publish a set of equality outcomes	30 April 2013 (then every 4 years thereafter)
	(2) Engage with persons who share a protected characteristic in the setting of outcomes	May 2012 – Jan 2013
	(3) If not all protected characteristics are covered by the outcomes, must publish reasons for this.	30 April 2013
	(4) Report on progress to achieve agreed equality outcomes	30 April 2015 (every 2 years thereafter)
Duty to assess and review policies and practices	Complete and publish results of SIA / EQIA	Ongoing
Duty to gather and use employee information	(1) Gather equality data for staff in respect of each of the protected characteristics	Ongoing
	(2) Show how this data is being used to meet the equality duty	Annually
	(3) Publish a report on the breakdown of staff using the data gathered, showing progress in collating this information and how it is being used to better perform the equality duty	30 April 2013
Duty to publish gender pay gap information	Publish information on the percentage difference between men's average hourly pay and women's average hourly pay	30 April 2013 (every 2 years thereafter)
Duty to publish statements on equal pay, etc.	<p>Publish an equal pay statement containing NHS Forth Valley's policy on equal pay and occupational segregation between:</p> <p>(i) men and women;</p> <p>(ii) persons who are disabled and persons who are not; and</p> <p>(iii) persons who fall into a minority racial group and persons who do not;</p>	<p>30 April 2013 (every 4 years thereafter)</p> <p>2013 - Statement on equal pay and occupational segregation relating to men & women gender only</p> <p>2017 – Statement on equal pay and occupational segregation for gender, race and disability.</p>

Duty to consider award criteria and conditions in relation to public procurement	When undergoing quotation and tendering processes for contracts, NHS Forth Valley should be considering conditions (which are related to and proportionate to the subject matter) which enables NHS Forth Valley to better perform the equality duty.	Ongoing and where appropriate
Duty to publish in a manner that is accessible, etc.	Information on equality outcomes, gender pay gap, equal pay and workforce breakdown requires to be published in an accessible format	30 April 2013
	Information on equality outcomes, gender pay gap, equal pay and workforce breakdown requires to be published using existing performance reporting	30 April 2013
Duty to consider other matters	Any additional activity to better perform the equality duty as specified by Scottish Ministers	Details available after 31 December 2013
Duty of the Scottish Ministers to publish proposals to enable better performance	Scottish Ministers will publish proposals to support public bodies in meeting their requirements of the equality duty	31 December 2013 (every 4 years thereafter)
	Scottish Ministers will publish a report on the progress.	31 December 2013 (every 4 years thereafter)

Appendix 3 Involvement Activities

Feedback and engagement

As part of our equality and mainstreaming commitments we will build on the success of the **Patient Experience Programme** through implementing improvements based on feedback from patients and carers. We want to provide patient centred care that is responsive to individual patient preferences.

Engagement is an intrinsic part of the NHS Equality Delivery Report. We encouraged genuine qualitative and quantitative engagement with patients, volunteers, staff, public members, and local interest groups which are protected under the Equality Act.

We also recognise that the equality duties requires a much more in-depth approach and require us to reach out to people who are not actively engaged in such processes therefore we have actively reached out to communities.

We are aware that this will require continued efforts to ensure clear and consistent messages are communicated and expert advice and support afforded at all levels, thereby using this as an opportunity for creativity and innovation.

We actively ensure that involvement, consultation and engagement are embedded within the workings of the organisation and are the means by which NHS Forth Valley is meeting service user's and staffs needs as well as fulfilling the various duties required by legislation.

All involvement actions completed have been built on genuine commitment from our Executive Equality Lead and senior managers as well as support from our Chief Executive, Chair and Board members.

We have used a range of methods in which people have given us feedback and input into the development of our services as well as the development of our equality outcomes.

Significant work was completed in all involvement activities to ensure they were:

- Well structured and focused
- Adequately resourced and accessible
- Influential and transparent
- Respectful of confidentiality and safety

We took a realistic view of when it would be appropriate to ask for details of attendees regarding their protected characteristic when attending our events and have reported as such.

Engagement and involvement in the development of our Equality Delivery Report has been undertaken in an interactive manner, with 1:1 meetings, group discussions, and surveys on-line questionnaires, data via facebook and twitter, involving staff from across our organisation, service users and community groups/public, Fair for All Development Group meetings as well as sessions held with partner organisations within the Forth Valley area.

On the advice of our younger participants we also highlighted what we hope to do via internet comments site, notification through face book and twitter.

Throughout the engagement process we have considered the particular needs and preferences of different participants to enable them to participate fully and have made relevant changes if identified, including accessible venues and systems put in place to accommodate any particular needs where possible.

Some groups within the community fed back that they had recently been involved in similar pieces of work with other public sector partners. This information, as well as that gathered during previous engagement exercises was used to identify our key equality and diversity priorities.

Examples of involvement events



Young Persons Event



Cultural Night

We took a new direction in some of our involvement activities by holding specific sessions with young people, young carers, a Joint Cultural Night with Central Scotland Police and discussions with people attending English as a Second and Other Language classes (ESOL), which were extremely informative in developing our outcomes.

We also held scoping events in relation to Gender Based Violence with a variety of local groups and a discussion on outcomes proposed along with Falkirk and Stirling Council and members of the community.

Reports are available on our [Equality and Diversity Consultations](#) web page as well as further details on **Appendix D**.

These actions and involvement events will be an ongoing process as we recognise that engagement requires meaningful and sustained communications.

Methods used

A few of the methods used for gaining feedback were as follows:

- 1:1 engagement/ interviews
- Presentations at three Public Partnership Forums in Falkirk, Stirling and Clackmannanshire
- Presentations to protected characteristics specific groups as well as to generic groups including:
 - Young Persons event 23rd May 2012
 - Young carers event August 2012
 - LGBT Youth Scotland meeting
 - Local Transgender Group
- Group discussions including Disability Specific event which focused on a range of topics which equality outcomes was one.
- NHS Disability Service Discussion Café's
- Cultural Evening which focused on fostering good relations with representatives from all protected characteristics; held in partnership with Central Scotland Police
- Web based Surveys
- Questionnaires both on line and disseminated to groups – developed in partnership with NHS Forth Valley 'Fair for All Development Group'
- Scoping exercises in relation to Gender Based Violence – [GBV Report available](#)
- Attendance at various internal and external meetings

- Presentations at a variety of events including Central Scotland Regional Equality Council AGM
- Meetings/events held with partner organisations incl: Central Scotland Regional Equality Council involvement events at Stirling and Falkirk with respective local authorities, police etc
- Joint working group with partner organisations through the Multi Agency Hate Response Strategy (MAHRS) Group: Stop Hate in Central Scotland
- Relevant feedback from previous engagement exercises including 'Beyond Barriers' with gypsy/traveller communities
- NHS Forth Valley Fair for All Development Group feedback as part of performance monitoring
- Feedback from National Organisations including NHS Forth Valley's submission for LGBT Youth Scotland's 'Foundation Award'. This was received in September 2012.

Some of the areas identified by community members

- To be more person centred – know the profile of our service users i.e. ethnicity, disability, LGBT and use this information sensitively
- Enhance staff training in Equality – help staff understand the needs of specific communities and thus influence positive attitudes and behaviours
- Specific health promotion campaigns including: smear testing gay women
- Accessible health care materials
- Location of NHS services and their uses: Minor injuries, when to use – pharmacy, GP, Minor Injuries, A&E
- Reporting of Hate Crime and Hate Incidents
- Enhance reporting of Gender Based Violence
- Reduction in Do not Attends
- Needs of young people should be considered.

Partnership

As an organisation we increasingly work in partnership with other agencies and organisations from the public, community, voluntary and private sector to plan and deliver services.

An example of partnership working would NHS Forth Valley working with Women's Aid in relation to delivering positive outcomes for people experiencing Gender Based Violence. Our joint approach to involvement activities and similarities in outcomes identified has enabled a more focused partnership effort, with better use of resources whilst tackling challenges in a coherent way which prevents stakeholders from becoming overstretched.

It has enabled a more transparent partnership approach in delivering positive outcomes for communities from each partner's perspective. An example being the work completed on Hate Incidences by the Multi Agency Hate Response Strategy, this was highlighted by the Equality and Human Rights Commission as an example of best practice. Although commenced prior to April 2013 the outcome measures are still in place.

What did we do with the results?

We have actively involved our Fair for All Development Group throughout the development of our Equality Delivery Report implementation plan and within our involvement exercises and the Drafting of our Equality Outcomes. This group is made up of lay advisors from the community representing the equality strands, NHS Forth Valley staff as well as partner agencies.

The focus is to ensure the equality needs of our communities are met, as well as to ensure involvement of an expert group to guide us in relation to community issues and increase the

opportunity to share experiences. This is increased by the participation of a range of other organisations working in the equality field and implementing their own equality work. They have been heavily involved in developing these outcomes and will be a key group in monitoring and questioning our progress.

In order to identify appropriate and relevant equality outcome targets for the period covered by this Equality and Diversity Delivery Report 2013-17, the Equality and Diversity Advisory Group (which is made up of NHS Forth Valley Equality Leads) and the Fair for All Development Group carefully considered the evidence and information gathered to identify the three key equality outcome targets at their meeting in January 2013.

Feedback regarding equality and diversity from other pieces of work both national and local were also helpful in identifying key themes including the results of the Christie Report; research completed by the Equality and Human Rights Commission and from our own patient satisfaction surveys.

We used this information to develop and consider different options and come to a set of DRAFT outcomes which were presented at 2 sessions in December 2012 to members of the public. These were further adapted and were made available for comments to a variety of people and in various formats during February 2013.

NHS Forth Valley through our Public Partnership Forum Coordinator and Patient Focused Public Involvement Coordinator we have a list of contacts that we regularly email, post information to and actively involve in meetings etc to ask them for comments and feedback regarding any plans or activities that we are undertaking. They were offered the opportunity to comment on the DRAFT outcomes prior to finalisation and approval by the Board on 16th April 2013.

Throughout this document we refer to the protected characteristics covered by the Equality Act 2010 (the Act). When we refer to “protected groups” we are referring to people who share these protected characteristics. In simple summary form these are:

Age

People of all ages are protected from discrimination because of their age group. In practice protection for children is limited because the under-18s are not protected from discrimination in relation to services or public functions. Age group can be defined by reference to a specific age or a range of ages.

Disability

Disability is defined as a physical or mental impairment having a substantial and long-term adverse effect on the ability of a person to carry out day-to-day activities.

Gender reassignment

A person, who is undergoing, has undergone or intends to undergo gender reassignment, is described in the Act as a transsexual person and is protected from discrimination.

Marriage and civil partnership

A person who is married or who is in a civil partnership is protected, although the protection does not extend to marital status, so single people are not protected from discrimination by the Equality Act 2010.

Pregnancy & maternity

A woman who is treated unfavourably because of; her pregnancy or because she has recently given birth or is on maternity leave is protected from discrimination.

Race & Ethnicity

Discrimination because of a person’s race, colour, ethnic or national origins or nationality is against the law. A person can belong to two or more racial groups.

Religion & Belief

Discrimination because of a person’s religion or lack of religion or because of a belief of lack of belief is prohibited. To qualify for protection, the religion or belief must be about a weighty and substantial aspect of human behaviour, be genuinely held, worthy of respect and compatible with human dignity and not in conflict with the rights of others.

Sex

Men and women (of all ages) are protected from discrimination because of their sex.

Sexual Orientation

Discrimination because of a person’s sexual orientation is prohibited. Sexual orientation covers orientation towards persons of the same sex (gay and lesbian people), persons of the opposite sex (heterosexual people), or persons of the same and of the opposite sex (bisexual people).

Although no new protected characteristics were introduced by the Equality Act 2010, some **minor** changes were made to the scope of protection for disabled people and for transgender people, so it is worth providing a little more information on these two areas below:

Disability

The Equality Act 2010 sets out the circumstances in which a person is considered 'disabled'. A person is disabled if they have: a mental or physical impairment which has an adverse effect on their ability to carry out normal day-to-day activities.

The adverse effect must be substantial (that is not minor or trivial) and it must be long-term (meaning it has lasted, or is likely to last, more than 12 months). There is no longer any need for a disabled person to show that their impairment affects a particular capacity such as mobility or ability to concentrate, which should make it more likely that some people with mental I impairments are protected.

Transgender

The Equality Act 2010 refers to “transsexuals”, that is people undergoing gender reassignment. There is no requirement for a person to show that they are receiving medical treatment because this is a personal rather than a medical process.

Association and perception

Perhaps one of the most important changes introduced by the Equality Act 2010 relates to protection for people who associate with another person from one of the protected groups. A person therefore no longer requires to be disabled to benefit from the protection of the Act. If a person associates with someone who is disabled, for example a carer of a disabled child, and are discriminated against as a result then they will be protected. If someone discriminates against a person because they believe them to be disabled even if they are not, then they can also pursue a claim under the Equality Act.

The same is true for gender reassignment: people, such as transvestites, although not directly protected, may be able to challenge discriminatory treatment if someone believes them to be undergoing gender reassignment.

These protections, for people who do not themselves have a relevant protected characteristic but associate with someone who has, or who are thought to have a protected characteristic even if they don't, extend across all of the protected characteristics.

What protection is offered?

The definitions of prohibited conduct were streamlined across the protected characteristics by the Equality Act 2010. The four key areas in which protection is offered are:

Direct Discrimination

This is where a person is treated less favourably than another in a similar situation because of a protected characteristic. This includes any less favourable treatment because they associate with someone from a protected group or because they are thought to be from a protected group but is not.

Indirect Discrimination

This is where a rule or practice is applied across the board, but it operates to particularly disadvantage a protected group when compared to others outside the group, unless there are good sound objective reasons for the rule and it is applied in a fair and reasonable way.

Victimisation

This is where an individual who has sought to enforce their rights under the Equality Act, or has helped another to do so, has as a result suffered a detriment because of their actions. There is no requirement to make a comparison with others; the focus is on the reason for the detriment.

Harassment

This where an individual is subjected to unwanted conduct related to a protected characteristic which has the purpose or effect of violating his or her dignity or of creating an intimidating, hostile, humiliating, or offensive environment. Conduct which is not directly targeted at an individual would be covered.

Two additional areas to consider relating to disability are:

Discrimination arising from disability

A person who is treated unfavourably because of something arising from their disability will be discriminated against unless there is a good reason for the treatment and it is fair and reasonable in the circumstances. This form of discrimination will only arise if the person alleged to be discriminating knew the person was disabled or it was reasonable to assume they knew. This is different from direct discrimination in that the reason for the treatment arises from the disability, but is not the disability itself.

Duty to make reasonable adjustments

This is where a practice, procedure or policy, or a physical feature or the absence of an auxiliary aid, places a disabled person at a substantial disadvantage compared to a non-disabled person. Reasonable steps must be taken to avoid the disadvantage.

Adjustments must be made where it is reasonable to do so to overcome the physical feature or by providing the auxiliary aid or services.

Appendix 5 Public Involvement Meetings Completed

Date of meeting	23 rd May	12 th June '12	20 th June 2012	26 th June 2012	2 nd August	6 th September 2012	8 th Sept '12
Organisation or Group	Schools 'young people event'	PPF Clackmannanshire	PPF	PPF	Young carers	Cultural night	Transgender Ladies night
Location	FVRH	Whins Centre	SRI	Falkirk Town Hall	RSNH	Alloa Town Hall	Dunblane
NHSFV Rep	Lynn Waddell	Lynn Waddell	Lynn Waddell	Lynn Waddell	Lynn Waddell	Lynn Waddell	Lynn Waddell
Lay Advisor in attendance	Scottish Health Council	T. McNally	PPF Rep in attendance	PPF Rep in attendance		Various	K. Burrows
No's	30	13	23	25	8 + 4 staff	118	9
Key themes emerging from discussions	<ul style="list-style-type: none"> ○ Listen to young people & explain things ○ Treat me like the young adult that I am ○ Reduce time taken ○ Don't talk to my parents rather than me ○ Should speak to me directly- don't make me feel invisible ○ People should be more polite – don't be rude because I 	<ul style="list-style-type: none"> ○ Concerns about lack of information being sent from GP's to Acute services in particular about disability ○ Poor attitudes of staff ○ Lack of thought of needs of carers being given 	<ul style="list-style-type: none"> ○ Attitudes of staff ○ Poor signage at new hospital ○ Problems parking ○ Referral to treatment re cancer inadequate ○ Access to health information 	<ul style="list-style-type: none"> ○ Concern about sexual orientation of staff, wished staff to disclose prior to treatment (illegal) ○ Concerns about amount of BME communities in G' Mouth and disturbances they cause to communities. Needs to be more community safety thought about ○ Lack of information about health needs 	<ul style="list-style-type: none"> ○ Use a variety of social media to contact people or inform young people ○ Develop a young carer's card to enable them to demonstrate to staff that they perform this role, and have been given consent by the person being cared for to be involved/informed (Staff to be made aware of the card once developed). ○ Discussions to be held with Information Governance re guidance for NHS if young person is under 16 years ○ Develop a 	<ul style="list-style-type: none"> ○ Dental appointments ○ Less risk adverse about info sharing ○ More Patient Focused ○ Mass screening BME ○ More awareness GBV ○ Waiting times GP too long ○ More staff ○ Better Health Promotion ○ Access to information ○ Better signage at 	<ul style="list-style-type: none"> ○ Concerns expressed about DNA's at clinics ○ Access to information ○ Be smarter with Social media to et information across to people ○ Staff training on E&D and transgender is key ○ One point of contact in NHS re transgender ○ Awareness for GP's & Receptionist about Transgender.

	<p>am young.</p> <ul style="list-style-type: none"> o Better triage o Let young people take own responsibility for their health o Explain things to me don't offend me <p>Comments on how can we inform young people about health</p> <ul style="list-style-type: none"> o More events like this o Use social networking and media – Apps, you tube or TV Radio o Visit the schools to talk to us o Have a dedicated web page o Practical help about healthy lifestyles o Bright coloured posters <p><u>Young Persons Event – Report available</u></p>				<p>training film for NHS staff on the role of young carers to be used as training or accessed on the intranet</p> <ul style="list-style-type: none"> o Staff training should include attitudes towards young people and the specific role of young carers o Some staff show an interest or have a positive attitude 'learn from them' even smiling can help – particular credit was given to the staff by the young people to the Children's Ward for their smiles and attitudes o Make the new hospital brighter and easier to get around – in particular at night. o Develop e-receptionist <p><u>Young Carers Event - Report available</u></p>	<p>hospital</p> <ul style="list-style-type: none"> o Use community advisor to help in staff training o Get out to communities o Treat staff better o Doctors aware of medication suitable for vegetarians o Improve LGBT Friendly info incl fertility treatment o Continue to build on work with young people o Lack of MBE support workers <p>N.B More positive comments than negative noted</p> <p><u>Cultural Night Report available</u></p>	
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Date of meeting	10 th September '12	1 st October '12 – 11th	10 th October '12	30 th October '12
Organisation/ Group	Larbert Round Table	English as a Second and Other Language Classes (ESOL) Classes	LGBT Youth Scotland	People with a disability
Location	Larbert	10 visits completed	Stirling 5.30 – 8.30	Sensory Centre
NHSFV Rep	Lynn Waddell	Lynn Waddell	L Waddell	C. Condeco
No's	12	50 approx	6	24
Key themes	<p>Discussion focused on GBV and how to inform men about it.</p> <p>Report being developed</p> <ul style="list-style-type: none"> ○ Other themes use of social media ○ Poor signage in hospital <p>GBV report being developed</p>	<ul style="list-style-type: none"> ● GP Appointment can take too long to arrange – some patients waiting a week ● How do they contact medical records don't have an interpreter (LL Solution) Pts suggested A/Machine ● Information should be made available in alternative formats and easily accessible ● Would welcome translated materials on web site ● No problems using L/L identified but required interpreter for intimate procedures and discussions. ● Identified 110 Hungarian women working in factory would welcome some data being sent there. ● ask NHS24 to translate data into Hungarian (Done) ● Felt access to GP's good although attitudes of staff were problematic. ● Explained difference with accessing NHS in Poland to here. ● Information required for communities about registering with a GP & Dental services ● Info on access to NHS24 and out of hours as well as appropriate use of Pharmacies, GP's Minor injuries and A&E ● Majority of people expressed their 	<p>Concerns about being asked to disclose in front of parents</p> <p>More information in GP Practices and images on publications about LGBT</p> <p>Staff attitudes and responses concerning</p> <p>ID Training given to staff: would welcome involvement</p> <p>Publicise how to make a complaint or raise concerns more</p> <p>App required to give information to young people incl sexual health</p>	<p>Happy with text reminder services</p> <p>Consultants not clear and concise with information</p> <p>Clinic times running over</p> <p>Gender sometimes a problem not having same sex of interpreters</p> <p>More information on Emergency services.</p> <p>Response from BSL service provider</p> <p>Sign Language Interactions provides NHS Forth Valley with BSL interpretation and translation services. A key reason for the success of the service is due to the support and dedicated efforts of the NHSFV Disability team.</p>

		<p>satisfaction with NHSFV services.</p> <ul style="list-style-type: none"> • Simple info on how to use NHS Service would be good. • Would welcome pharmacy access to Language Line • More information required on Women's Health in various formats 	<p>Highlight face book and twitter more</p> <p>Training needed re LGBT in Mental Health services</p>	<p>They take a partnership approach, engaging and working closely with members of the Deaf community, NHS staff and our team of interpreters to ensure the barriers which Deaf people face are overcome. As a result, Deaf people have a much clearer pathway into NHS services.</p> <p>BSL interpretation and translation is widely promoted throughout NHSFV & the local Deaf community.</p> <p>Deaf people are regularly consulted with regarding NHS services and policies. If Deaf people have a concern or need answers regarding NHS services, our team have confidence in directing them to the disability service for assistance</p>
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Online & postal questionnaire Summary Results – December 2012

Returns 27

1. Do you think that NHS Forth Valley is good at providing services to the diverse groups of people within the local community?

Strongly Agree	26%	Disagree	3.5%
Agree	41%	Strongly Disagree	
Don't know	26%	Not completed	3.5%

2. If yes which groups do you feel we are particularly good at meeting the needs of?

(Some gave more than 1 answer)

Age – 26%	Disability – 30%	Gender -11%	Gender Reassignment – 0%	Marriage & Civil Partnership – 4%
Maternity & Pregnancy – 30%	Race/Ethnicity 18.5%	Religion & Belief – 15%	Sexual Orientation – 15%	Don't know or No answer – 37%

Other Comments:

- Some services could be better
- Good translation service
- Too much emphasis is being put on race to the detriment of actual illness
- More staff training re dementia
- Some facilities not good enough for disabled
- More needs done to make men look after their own health
- Communication vital to diverse groups to help patient journey & impact on health

3. Have you had any difficulties when accessing our services?

Yes 26% **No** 63% **Not answered** 11%

For those identifying yes: this was in relation to Age (3 people) -

- Don't feel staff always listen to me, can be patronising. Perception is that I am threatened this way because of my age. Husband feels same
- Lack of communication between NHS, patient, spouses and next of kin

Further comments: Not specifically relating to protected characteristics

- Access waiting times
- Phoning Falkirk Community Hospital is a nightmare the 'so called' automated service.
- Walk from Falkirk Hospital front door to eye clinic is too long & tiring. Back entrance needs to be highlighted for access.
- Difficulty accessing through GP to adult psychology services

4. What in your opinion are the most important priorities for meeting peoples equality needs during 2013-17 for NHS Forth Valley?

- Access to information in a format that is clear and understandable
- Signposting to other services & access
- Training on how to speak to the aged & communication
- Access from rural areas – travel time too long and difficult
- Being threatened by someone that can speak and understand English clearly
- Faster response & less waiting times
- Translator – Punjabi & Hungarian
- No age discrimination
- Health Lifestyles and education
- Work with young people and schools
- Good coverage on all aspects via local papers
- Listen: everything appears to be done and dusted before going to PPF – appears any ideas are disregarded – PARKING!
- Doctors when needed
- Continue to treat everyone as equal – including awkward patients too!
- No comments – 7 people

5. What in your opinion is the best way to keep you informed about the progress completed on our 'equality outcomes'?

Comments:

- Annual reports in various formats & published on web site
- Local Press incl. Falkirk Herald
- Public Meetings
- Summary in GP surgeries
- Web site
- Patient Public Forums
- Meet with service users regularly – not just with patient panel but go out to communities
- No comments – 8 people

6. Do you have any other comments or suggestions?

- Through care after hospital discharge needs to be improved
- An individual felt that too much money was spent on translation and interpreter services and that people should be supported to learn English
- Loads!
- Good that you are getting young people more involved. Their awareness will improve next generation’s attitude to their health and diverse groups who have to be considered.

Demographic break down summary of responders

Age:

16- 29 –3.5%	30 – 39 – 14%	40 – 49 – 3.5%	50 – 59 - 7%
60 – 69 – 37%	70 – 79 – 7%	80+ 7%	Prefer not to answer 21%

Do you consider yourself to have a disability? No – 60% Prefer not to answer – 10.5%

Yes – 29.5%. Disabilities highlighted were:

- Angina
- Arthritis: Rheumatoid, stress & Osteoarthritis arthritis
- Type 2 diabetes
- High blood pressure
- Mobility difficulties & Worn lumber disc

Gender: Men – 30% Women 66.5% Prefer Not to answer 3.5%

Race/Ethnicity

White Scottish – 65%	British – 3.5%	Northern Irish – 7%	Polish 10.5%	Indian Scottish/British 3.5%
Hungarian – 3.5%	Prefer not to answer – 7%	Other fields not completed		

Religion, religious bodies or denominations

Church of Scotland – 41%	Roman Catholic – 26%	Episcopalian – 3.5%	Other Christian 3.5%	Hindu – 3.5%
None 3.5%	Humanist 3.5%	Prefer not to answer – 15.5%		

Sexual Orientation

Heterosexual/Straight 78%	Gay (man) 3.5%	Prefer not to answer 18.5%
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Do you have caring responsibilities? Yes - 19% No – 55% prefer not to answer – 26%

Of those who identified yes 12% looked after children and 88% looked after adults

Which local authority area do you live in?

Clackmannanshire – 22%	Falkirk - 37%	Stirling 15%	No answer 26%
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The following information is a brief summary of the key points found in a range of literature and more wide-ranging evidence review completed to inform our mainstreaming report as well as final outcomes, using specific NHS Forth Valley or local demographic data wherever possible.

The following information has been compiled to present a simplistic picture of some of the key issues affecting the communities defined by the main equalities groups (protected characteristics). This review is not exhaustive; but was used as a baseline to inform the development of a set of equalities outcomes for NHS Forth Valley

As the census has not been published in full to enable us to use more up to date demographic profile information, we have had to use the data comes from the 2001 census and the general Office for Scotland reports, and may not accurately reflect the current profile of NHS Forth Valley communities in April 2013.

Initial results from to the 2011 census were due to be published in 2013, but maybe out with the time period for the Equality Delivery Report and its respective outcomes.

It is recognised however through all the statistics collated that people within the Forth Valley area may fit within one or more of a protected characteristic, but may not define themselves as such.

National and Local Information available:

Population Projections

The United Kingdom population is projected to increase by more than 4 million over the next 10 year period to 65.6 million by 2018 and 71.6 million by 2033. Within this, the major population increases are predicted to occur in England with constituent countries not expected to significantly change. The predicted population increase for Scotland rising from 5.3 million in 2013, 5.4 million in 2018 to 5.5 million by 2033.¹ However, the spread of Scotland's population is predicted to change dramatically. Between 2013 and 2023, the 75+ population, who are the highest users of NHS services, is expected to rise by 31.6% and by 2033 will have risen by 67.1%. Similar patterns are predicted for the 65+ age group which is expected to rise between 2013 and 2023 by 13.3% and by 2033 will have risen by 32.7%.

Forth Valley had an estimated mid year 2010 population of around 293,386 with Stirling estimated at 89,850, Falkirk at 153,280 and Clackmannanshire at 50,6304 Table 1 shows the projected population to 2033 by council area and Forth Valley Health Board area (2008 based data). The table shows that by 2033 Forth Valley area will have an increase in population of 10% with the biggest percentage increase in the Clackmannanshire area

	2013	2018	2023	2028	2033
Clackmannanshire	52,900	55,400	57,900	60,400	62,600 (+18.3%)
Falkirk	155,900	160,200	164,400	168,100	171,200 (+9.8%)
Stirling	89,500	90,800	92,300	93,600	94,300 (+5.4%)
Total	298,300	306,400	314,600	322,100	328,100 (+10%)
FV Health Board Area	298,000	306,100	314,300	321,600	327,800 (+10%)

Table 1 Registrar General Office (Scotland) (www.gro-scotland.gov.uk)

Age:

Table 2 shows how the population of the Forth Valley Health Board area is predicted to rise by age band between 2013 and 2033 (2008 based data). The table also highlights that the biggest increase is within the 75+ age group and mirrors the trend nationally. It also illustrates changes from previous predicted figures. The update shows a predicted reduction in the 50-64 age groups whereas previous projections based on 2006 data suggested that figures would rise in this age group and would reduce in the 30-49 age groups which had traditionally been a significant element of the national workforce. **Table 2**

	2013	2018	2023	2028	2033
0-15	53,900	54,700	55,500	55,500	55,900 (+3.7%)
16-29	53,600	53,800	52,500	52,900	53,900 (+0.6%)
30-49	79,100	75,700	76,000	79,500	81,300 (+2.8%)
50-64	58,400	62,900	65,500	61,400	56,600 (-3.1)
65-74	29,800	32,300	32,700	35,700	39,800 (+33.6%)
75+	23,200	26,700	32,100	36,600	40,300 (+73.7%)
Total	298,000	306,100	314,300	321,600	327,800 (+10%)

Registrar General Office (Scotland) (www.gro-scotland.gov.uk)

Changes to the state pension age and the number of people who will be of working age will have a bearing on how health services can continue to be delivered in future years.

Notwithstanding the demographic implications affecting the future delivery of healthcare services, NHS Forth Valley remains committed to providing the best possible care for all residents on an equitable basis.

Disability

In 2007, nearly one in five people in households in Scotland (18.5%, 952,500) had a longstanding illness, health problem or disability: 447,400 men and 505,100 women. The 2001 census gave similar numbers: 19.6% of the population (978,376 people) reported a limiting long-term illness. The difference between the two sources reflects the inclusion of people living in care homes and other long-stay establishments (who are more likely to have disabilities or long-term health problems) in the census. (*Dimensions of Diversity 2010*)

Within NHS Scotland's recent report 'Dimensions of Diversity' (2010) NHS Health Scotland it identified that the percentage of people with a disability within the three local authority areas is:

- Clackmannanshire approx 17%
- Falkirk approx 19%
- Stirling approx 9%

Race/Ethnicity

In 2001, there were 101,677 people from non-white minority ethnic backgrounds living in Scotland: 2% of the population. Of these, the largest distinct groups represented were Pakistani, Chinese, Indian and those of Any Mixed Background.

In addition, the latest available data suggest that there were 1,547 gypsies/travellers in Scotland in January 2008 and 2,455 in July 2008. The nature of travelling life means that this population can vary considerably at different times. This is particularly true between the winter and summer months. (Scottish Government. Gypsies/Travellers in Scotland: The Twice Yearly Count – No. 13: January 2008 and No. 14: July 2008. Edinburgh: Scottish Government; 2008 and 2009. www.scotland.gov.uk/publications/2008/07/17140725/0; www.scotland.gov.ukpublications/2009/03/30145009/6)

The 2001 Census

The 2001 Census showed that the total population of the NHS Forth Valley area was 279,480. Of this figure, 3,180 or 1.14% of the population recorded themselves in an ethnic group other than white. This compares with a total non-white population in Scotland of 101,677 or 2.01%.

When comparing results by Local Authority area within Forth Valley, Stirling Council area had the highest proportion of residents from a minority ethnic group (1.49%); Stirling ranked 7th highest in Scotland (out of 32 council areas), Falkirk ranked 14th with 1.03%, whilst Clackmannanshire with 0.84% of its population from minority ethnic groups ranked 19th.

Ethnic Group	Forth Valley		Scotland
	%	N	%
White Scottish	90.37%	252566	88.09%
Other White British	6.55%	18296	7.38%
White Irish	0.74%	2057	0.98%
Other White	1.21%	3381	1.54%
Total White	98.86%	276300	97.99%
Indian	0.12%	344	0.30%
Pakistani	0.40%	1125	0.63%
Bangladeshi	0.01%	35	0.04%
Other South Asian	0.05%	126	0.12%
Chinese	0.16%	455	0.32%
Caribbean	0.03%	79	0.04%
African	0.05%	142	0.10%
Black Scottish or Other Black	0.01%	35	0.02%
Any Mixed Background	0.18%	516	0.25%
Other Ethnic Group	0.12%	323	0.19%
Total Other Ethnicities	1.14%	3180	2.01%
Total	100.00%	279480	100.00%

Source: Registrar General Office (Scotland) Census 1991 & 2001

In 1991, 1,947 Forth Valley residents were recorded as coming from a minority ethnic group; this represented 0.73% of the total population. In 2001, this figure had increased by 63% to 3180 (1.14% of population).

The white population showed an increase of 4%, just slightly below the percentage change in the overall population. However the Pakistani and Bangladeshi population showed an increase of 64% whilst the 'other ethnic group' population increased by 75%.

The minority ethnic population has a much younger age profile than the white population of Forth Valley. 66% of the minority ethnic population is under the age of 35, this compares with just 44% of the white population. On the other hand, only 6% of the minority ethnic population are over the age of 60, this compares with 21% of the white population.

Although no precise figures are available, it is apparent that the numbers of people from minority ethnic backgrounds in Forth Valley has continued to increase significantly since 2005.

The number of international students at the campuses of Forth Valley College and the University of Stirling has risen, as has the number of migrant workers from the expanded European Union, as well as the number of tourists from overseas visiting the area. Whilst the overall numbers of minority ethnic community numbers may be rising and is still relatively small, the challenges remain as to how best to meet the health needs of these specific groups.

This Equality and Diversity Delivery Report represents a significant vehicle for ensuring the needs of our communities are met and that the NHS Forth Valley operates consistently on the basis of race equality.

Languages

NHS Forth Valley Interpreting 2011/12

Language	Ratio	Language	Ratio
Polish	40.69%	Latvian	0.38%
Sign Language	23.55%	Turkish	0.31%
Arabic	7.77%	Italian	0.25%
Mandarin	6.39%	Spanish	0.18%
Indian	4.03%	Indonesian	0.06%
Russian	3.68%	Bulgarian	0.03%
Cantonese	2.95%	Romanian	0.19%
Slovak	2.10%	German	0.02%
Lithuanian	3.61%	French	0.14%
Urdu	1.70%	Japanese	0.07%
Hungarian	1.03%	Amharic	0.08%
Thai	0.26%	Portuguese	0.01%
Czech	0.43%	Nepalese	0.08%
		Total	100%

Religion and Belief 2001 Scottish National Census

Current religion	NHS Forth Valley		Scotland
	%	No's	%
Church of Scotland	46.67	130 421	42.40
Roman Catholic	11.86	33 141	15.88
Other Christian	6.01	16 789	6.81
Total Christian	64.53	180 351	65.08
Buddhist	0.09	246	0.13
Hindu	0.04	122	0.11
Jewish	0.05	130	0.13
Muslim	0.47	1320	0.84
Sikh	0.06	158	0.13
Another Religion	0.51	1431	0.53
Total Others	1.22	3407	1.88
None	29.23	81679	27.55
Not Answered	5.02	14043	5.49
Total	100%	279480	100%

Targeted Violence and Discrimination

Age

- 72% of children tell no one about the sexual abuse experienced at the time and 31% tell no one by early adulthood (National Society for the Prevention of Cruelty to Children). Much of what is known about child sexual abuse is learned from adult survivors.
- Of the 527 potential victims of human trafficking referred to the National Referral Mechanism, 27% were described as children and half of these were believed to be less than 16 years old.

Disability

- Disabled people are no more likely to be a victim of crime than non-disabled people (rates of around 17-18% for each in 2010-11).
- Some studies indicate that disabled people may be more likely to be victims of antisocial behaviour, although more research is needed.
- Fear of crime and its impact are greater for disabled people.
- Harassment takes place in many different settings, including in the home, on public transport and in public places, and at school or college.
- Harassment can be perpetrated by strangers, but also by friends, partners and family members.

Gender - Domestic Abuse ⁽⁵⁾

In October 2012 the Statistical Bulletin ' Domestic Abuse Recorded by the Police in Scotland , 2010-11 and 2011-12 stated that there were 59,847 incidents of domestic abuse recorded in 2011-12, compared to the 55,698 incidents recorded in 2010-11, an increase of 7% and continuing the generally increasing trend. 54% of incidents recorded in 2011-12 (32,369) led to the recording of a crime or offence down from 58% (32,370) in 2010-11.

- There were 3705 incidents of domestic abuse recorded by Central Scotland Police during 2011-12, a slight increase compared to 3500 in 2010-11. In Falkirk, the incident of domestic abuse per 100,000 of the population in 2011-12 was 18% higher than the Scotland average.
- Scotland has one of the lowest rape conviction rates in Europe (3%).

[NHS Forth Valley Gender Based Violence Scoping Exercise](#) was completed in relation to Gender Based Violence. Respondents to the survey appeared to have awareness of the issues surrounding domestic abuse and the consequences for victims, but there was an indication that people may lack knowledge regarding psychological abuse and its severity.

Worryingly, it appeared there is a tendency to allocate a certain amount of blame to the victim. From these results, raising awareness within the community is an important aspect of taking this work forward.

In addition, it was noted that on several occasions, on contacting a group organiser, the researcher was told that there weren't any women at their group that had experienced anything like that but they were welcome to come along anyway. At each of the women's groups the researcher attended, however, she was approached by at least one woman who disclosed that they had experienced domestic violence.

Consequently it is recommended that any awareness raising delivered in the community should highlight the prevalence of domestic abuse and emphasise that everyone knows someone, whether they are aware of it or not and that assumptions should NEVER be made.

The sample of men was relatively small but there was a lot of goodwill and interest shown in the issue. It is important that this is utilised as soon as possible.

Further scoping exercises targeted at LGBT and ethnic minority communities should be completed to ensure their needs are met and that any materials, resources or information designed are informed by the respective communities to enable them to be fit for purpose.

Innovative methods of providing people with information about gender based violence require to be developed as well as the support available. The suggestions made by community members were considered and actions put in place as part of meeting Equality Outcomes.

Ongoing work will be completed with community or staff representatives who wish to become actively involved in any future activities will be encouraged to take forward this agenda.

Lesbian, Gay, Bisexual and Transgender (LGBT)

- In 2012, LGBT Youth Scotland undertook a survey on Life in Scotland for LGBT young people, aged 13-25. It found that within education, schools appear to be the place where LGBT young people feel least protected. A slight improvement was seen in college, with university providing the least homophobic, biphobic or transphobic environment. Detailed findings include:
 - 69.1% of all LGBT respondents had experienced homophobic or biphobic bullying in school, 24.6% in college and 13.8% at university.
 - Over 4 out of 5 respondents were aware of homophobic or biphobic bullying occurring at school, reducing to 2 out of 5 at college and less than 2 out of 5 at university.
 - Transgender young people faced an even harder time: 76.9% of transgender respondents had experienced homophobic, biphobic or transphobic bullying in school (69.2% in college and 37.5% in university), whilst awareness of transphobic bullying was lower: 1 in 4 respondents in school, 1 in 5 in college and 1 in 4 at university.
 - Less than half of the respondents would feel confident reporting homophobic, biphobic or transphobic bullying in schools.
 - These experiences lead to long-lasting impacts on the lives of LGBT young people.
 - More than half of those who had experienced homophobic and biphobic bullying believed that it had negatively impacted on their education, rising to more than 88% of those who had experienced transphobic bullying.
 - 10% of all LGBT young people had left education as a result of homophobia, biphobia or transphobia within the educational establishment.
 - 14.3% all LGBT young people had left education as a result of their direct experience of homophobic or biphobic bullying rising to 42.3% for those who had experienced transphobic bullying.
 - 32.5% of those who had experienced homophobic or biphobic bullying in education felt that discrimination had negatively affected their employment opportunities.

- To improve the educational experience of LGBT young people, respondents identified the need for more visibility and 'normalisation' of LGBT identities, more inclusion of LGBT issues in discussions, and the need to address homophobia, biphobia and transphobia head-on from school onwards as and when they occur.

The Scottish Transgender Alliance Survey report (2008) stated that 46% of respondents had experienced physical, sexual, mental abuse or violence in their domestic relationships. 62% of respondents stated that they had experienced transphobic harassment from strangers in public places who perceived them to be transgender.

Race

- The number of racist incidents recorded by the police in Scotland has reduced for the fourth consecutive year, with 4,907 racist incidents recorded in 2010-11, an eight per cent reduction on the 5,322 incidents recorded in 2006-07.
- Gypsy Travellers experience inequality across a number of domains; they fall at the bottom of the league in terms of health outcomes, education, housing, and victimisation. The Scottish Social Attitudes report confirmed that discriminatory attitudes are still common in relation to Gypsy Travellers.
- A survey showed that African and Caribbean people were significantly more likely to experience racism and discrimination than Pakistani and Indian respondents.
- 8% of all black and minority ethnic lesbian and gay people have experienced a physical assault as a homophobic hate incident, compared to 4% of all lesbian and gay people.

Religion and Belief

The Scottish Government report on the experiences of Muslims living in Scotland (2011) found that:

- For many Muslims, their area of residence was a site of unpleasant encounters. For some young women the most common incidents involved unwanted intrusive attention from men, sexism or sexual harassment rather than racism, but in some areas, both young women and men were subjected to frequent racist insults. Experience ranged, according to place of residence, from frequent physical intrusions and regular verbal abuse to almost never experiencing even verbal insults.
- The issue of fear of and misunderstanding of Islam was seen as a problem by the research participants. A sense that their religion was little understood and often misrepresented to the detriment of Muslims permeated the discussions and emerged when discussing a range of topics. The participants' understandings of religious discrimination recognised the interaction between their localities and global events, a finding supported by the literature (see Hopkins 2007a). They were acutely aware of negative stereotyping of Muslims, which link Islam and terrorism in global circulation and stressed the local impact of these stereotypes.
- Typically, the research participants were concerned at the lack of understanding for their religion and they wished that others would learn more about their religion. While some were aware of anti-racist campaigns and appreciative of actions against racism, many felt little was being done to combat anti-Muslim sentiments. It was widely felt that education could help improve relations between communities, alongside greater support for the participation of Muslim women and young people in civic society.
- There is evidence that Muslims across Britain have experienced discrimination based upon their ethnicity and their religious identity. This research found evidence that young Muslims experience specific challenges of discrimination.

The first results from the 2011 Census - population and household estimates for Local Authority areas - are expected to be published around the end of this year, with more detailed data becoming available in stages throughout 2013/14.

Clackmannanshire

Population ⁽¹⁾

The 2011 population for Clackmannanshire is 50,770; an increase of 0.3 per cent from 50,630 in 2010. The population of Clackmannanshire accounts for 1.0 per cent of the total population of Scotland.

Age ⁽¹⁾

In Clackmannanshire, 17.0 per cent of the population are aged 16 to 29 years. This is lower than Scotland where 18.7 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.3 per cent of Clackmannanshire. This is higher than Scotland where 23.3 per cent are aged 60 and over.

Since 1985, Clackmannanshire's total population has risen overall. Scotland's population has also risen over this period.

Births ⁽¹⁾

Between 2010 and 2011 Clackmannanshire experienced a 9.0 per cent decrease in the number of births, dropping from 620 in 2010, to 564 in 2011. The number of births in Scotland fell by 0.3 per cent. Fertility in Clackmannanshire decreased from 64.4 births per 1,000 women aged 15 to 44 in 2010, to 59.5 in 2011. For Scotland as a whole, the general fertility rate decreased from 56.5 births per 1,000 women aged 15 to 44 in 2010, to 56.4 in 2011.

Deaths ⁽¹⁾

- The number of deaths in Clackmannanshire increased from 461 in 2010 to 477 in 2011.
- Over the period 2009 to 2011 the overall death rate was higher for males than for females.
- Compared to Scotland over the period 2009 to 2011, Clackmannanshire had a lower death rate: 9.5 per 1000 compared to Scotland 10.3 per 1000.
- The main cause of death in Clackmannanshire was circulatory disease, followed by cancer.

Life Expectancy ⁽¹⁾

Female life expectancy at birth (80.6 years) is greater than male life expectancy (75.6 years), only female life expectancy is higher than the Scottish average. Male life expectancy at birth in Clackmannanshire is improving more rapidly than female life expectancy.

In Clackmannanshire, female life expectancy at age 65 (19.1 years) is greater than male life expectancy at age 65 (16.6 years).

Migration ⁽¹⁾

On average in 2009-11 there was a net outflow of 36 people from Clackmannanshire per year, meaning that less people entered Clackmannanshire (1,601 per year) than left (1,637 per year). The 16 to 29 year olds age group accounted for the largest group of in-migrants into Clackmannanshire. The largest group of out-migrants was also the 16 to 29 year olds.

Marriage & Civil Partnership ⁽¹⁾

There were 154 marriages in Clackmannanshire in 2011; a decrease of 8.9 per cent from 2010. In Clackmannanshire 43.8 per cent of people marrying in 2011 were aged 25-34. In Scotland as a whole 48.9 per cent of people marrying were in this age group. Since 2001 the number of marriages in Clackmannanshire has fallen by 14.4 per cent. Scotland has seen an increase during the same period of time. Civil partnerships in Clackmannanshire have decreased in 2011 to 3 compared with 6 in 2010. Scotland has seen an increase during the same period of time.

Population Projections ⁽¹⁾

By 2035 the population of Clackmannanshire is projected to be 57,629, an increase of 13.8 per cent compared to the population in 2010. The population of Scotland is projected to increase by 10.2 per cent between 2010 and 2035.

Over the 25 year period, the age group that is projected to increase the most in size in Clackmannanshire is the 75+ age group. This is the same as for Scotland as a whole

The population aged under 16 in Clackmannanshire is projected to increase by 7.5 per cent over the 25-year period.

Race and Ethnicity

In the 2008-2011 Scottish Health Surveys, the combined non-white population accounted for only 3% of the total sample. The majority of respondents were white (97%). The largest non-white ethnic groups were Pakistani (0.7%), Indian (0.5%), Asian other and mixed (both 0.4%) and Chinese (0.3%). There were very few Bangladeshi and Black other respondents (0.03%).

When categories were combined, African, Caribbean or Black respondents represented 0.5% of the population.

These figures compare to a non-white population of 2% in the 2001 census. At that time, Pakistani was also the largest non-white ethnic group (0.6%) followed by Chinese and Indian (both 0.3%) ⁽⁴⁾

Sexual Orientation ⁽²⁾

The Dimensions of Diversity report suggests that lesbian, gay and bisexual 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 and higher levels of smoking and substance use.

The Equality and Human Rights Commission report ⁽³⁾ estimates the proportion of lesbian, gay and bisexual people to be more like 6%, although actually the true proportions are unknown

According to the Household Survey experimental statistics 2010/11, 1.4% of Scotland's population is Gay, Lesbian or Bisexual. Based on these figures the LGBT population in Clackmannanshire would be 710 ⁽⁴⁾

Households and dwellings ⁽¹⁾

The 2011 estimate of the number of households in Clackmannanshire is 22,949. This is a 0.0 per cent decrease in the 2010 figure of 22,953, compared to a 0.5 per cent increase in Scotland as a whole. The proportion of these households receiving a single adult Council Tax discount is 39 per cent. For Scotland, this figure is 38 per cent.

With regards to the dwellings in Clackmannanshire, 97 per cent are occupied, 3 per cent are vacant or are second homes. (Vacant and second homes data cannot be separated for this council.) The proportions of dwellings in Scotland which are vacant and second homes are 2.8 per cent and 1.5 per cent, respectively.

The 2011 estimate of the number of dwellings in Clackmannanshire is 23,720. This is an increase of 0.2 per cent from 2010 and compares to a 0.5 per cent increase across Scotland as a whole.

Household Projections ⁽¹⁾

The total number of households in Clackmannanshire is projected to change from 22,950 in 2010 to 29,370 in 2035, which is an increase of 28 per cent. In Scotland as a whole, the projected number of households is set to increase by 23 per cent over the same 25 year period.

In Scotland, the number of lone adult households is projected to increase by 49 per cent over the 25 year period. In Clackmannanshire, the number of lone adult households is projected to increase by 62 per cent, and the number of larger households in Clackmannanshire is projected to fall, with the number of households of 2 or more adults with children decreasing by 29 per cent over the 25 year period.

The average household size is projected to decrease from 2.16 in 2010 to 1.92 in 2035. In Clackmannanshire, households headed by 60-74 year olds are projected to increase in number by 28 per cent, and those headed by the 75+ age group are projected to increase in number by 122 per cent between the years 2010 and 2035.

Further information on Clackmannanshire Ward Profile

<http://www.clacksweb.org.uk/document/874.pdf>

Falkirk Statistics

Population

Age group ⁽¹⁾

The 2011 population for Falkirk is 154,380; an increase of 0.7 per cent from 153,280 in 2010. The population of Falkirk accounts for 2.9 per cent of the total population of Scotland.

In Falkirk, 17.0 per cent of the population are aged 16 to 29 years. This is lower than Scotland where 18.7 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.0 per cent of Falkirk. This is lower than Scotland where 23.3 per cent are aged 60 and over.

Births ⁽¹⁾

Between 2010 and 2011, Falkirk experienced a 6.2 per cent decrease in the number of births, dropping from 1,874 in 2010, to 1,757 in 2011. The number of births in Scotland fell by 0.3 per cent.

Fertility in Falkirk decreased from 62.1 births per 1,000 women aged 15 to 44 in 2010, to 58.3 in 2011. For Scotland as a whole, the general fertility rate decreased from 56.5 births per 1,000 women aged 15 to 44 in 2010, to 56.4 in 2011.

Deaths ⁽¹⁾

- The number of deaths in Falkirk increased from 1,506 in 2010 to 1,548 in 2011.
- Over the period 2009 to 2011, the overall death rate was lower for males than for females.
- Compared to Scotland over the period 2009 to 2011, Falkirk had a lower death rate: 9.9 per 1000 compared to Scotland 10.3 per 1000.
- The main cause of death in Falkirk was circulatory disease, followed by cancer.

Life expectancy ⁽¹⁾

Female life expectancy at birth (80.3 years) is greater than male life expectancy (76.4 years); only male life expectancy is higher than the Scottish average. Male life expectancy at birth in Falkirk is improving more rapidly than female life expectancy.

In Falkirk, female life expectancy at age 65 (18.8 years) is greater than male life expectancy at age 65 (16.6 years).

Migration ⁽¹⁾

On average in 2009-11, there was a net inflow of 597 people into Falkirk per year, meaning that more people entered Falkirk (3,874 per year) than left (3,277 per year). The 16 to 29 year olds age group accounted for the largest group of in-migrants into Falkirk. The largest group of out-migrants was also the 16 to 29 year olds.

Marriage and Civil Partnerships ⁽¹⁾

There were 801 marriages in Falkirk in 2011; a decrease of 5.3 per cent from 2010.

In Falkirk 56.4 per cent of people, marrying in 2011 were aged 25-34. In Scotland as a whole 48.9 per cent of people marrying were in this age group.

Since 2001, the number of marriages in Falkirk has risen by 42.0 per cent. Scotland has seen an increase during the same period.

Civil partnerships in Falkirk have remained the same in 2011 compared with 2010: seven. Scotland has seen an increase during the same period.

Population Projection ⁽¹⁾

By 2035, the population of Falkirk is projected to be 168,688, an increase of 10.1 per cent compared to the population in 2010. The population of Scotland is projected to increase by 10.2 per cent between 2010 and 2035.

Over the 25-year period, the age group that is projected to increase the most in Falkirk is the 75+ age group. This is the same as for Scotland as a whole.

Sexual Orientation ⁽²⁾

The Dimensions of Diversity report suggests that lesbian, gay and bisexual 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 and higher levels of smoking and substance use.

The Equality and Human Rights Commission report ⁽³⁾ estimates the proportion of lesbian, gay and bisexual people to be more like 6%, although actually the true proportions are unknown

According to the Household Survey experimental statistics 2010/11, 1.4% of Scotland's population is Gay, Lesbian or Bisexual. Based on these figures the LGBT population in Falkirk would be 2361 ⁽⁴⁾

Households and dwellings ⁽¹⁾

The 2011 estimate of the number of households in Falkirk is 68,974. This is a 0.5 per cent increase in the 2010 figure of 68,655, compared to a 0.5 per cent increase in Scotland as a whole. The proportion of these households receiving a single adult Council Tax discount is 37 per cent. For Scotland, this figure is 38 per cent.

With regards to the dwellings in Falkirk, 97 per cent are occupied, 2 per cent are vacant and 1 per cent are second homes. The proportions of dwellings in Scotland, which are vacant and second homes, are 2.8 per cent and 1.5 per cent, respectively.

The 2011 estimate of the number of dwellings in Falkirk is 71,303. This is an increase of 0.4 per cent from 2010 and compares to a 0.5 per cent increase across Scotland as a whole.

Household Projections: ⁽¹⁾

The total number of households in Falkirk is projected to change from 68,660 in 2010 to 84,230 in 2035, which is an increase of 23 per cent. In Scotland as a whole, the projected number of households is set to increase by 23 per cent over the same 25-year period.

In Scotland, the number of lone adult households is projected to increase by 49 per cent over the 25-year period. In Falkirk, the number of lone adult households is projected to increase by 54 per cent, and the number of larger households in Falkirk is projected to fall, with the number of households of 2 or more adults with children decreasing by 29 per cent over the 25-year period. The average household size is projected to decrease from 2.21 in 2010 to 1.97 in 2035.

In Falkirk, households headed by 60-74 year olds are projected to increase in number by 26 per cent, and those headed by the 75+ age group are projected to increase in number by 91 per cent between the years 2010 and 2035

Further information available on Falkirk Council Ward Profiles

http://www.falkirk.gov.uk/services/corporate_neighbourhood/policy_performance_review/research_information/ward_constituency_profiles/ward_maps_profiles/ward_maps_and_profiles.aspx

Stirling Statistics

Population

Age group ⁽¹⁾

The 2011 population for Stirling is 90,770; an increase of 1.0 per cent from 89,850 in 2010. The population of Stirling accounts for 1.7 per cent of the total population of Scotland.

In Stirling, 20.6 per cent of the population are aged 16 to 29 years. This is larger than Scotland where 18.7 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.8 per cent of Stirling. This is larger than Scotland where 23.3 per cent are aged 60 and over.

Births ⁽¹⁾

Between 2010 and 2011 Stirling experienced a 0.4 per cent decrease in the number of births, dropping from 836 in 2010, to 833 in 2011. The number of births in Scotland fell by 0.3 per cent.

Fertility in Stirling decreased from 45.4 births per 1,000 women aged 15 to 44 in 2010, to 44.7 in 2011. For Scotland as a whole, the general fertility rate decreased from 56.5 births per 1,000 women aged 15 to 44 in 2010, to 56.4 in 2011.

Deaths ⁽¹⁾

- The number of deaths in Stirling decreased from 846 in 2010 to 782 in 2011.
- Over the period 2009 to 2011, the overall death rate was lower for males than for females.
- Compared to Scotland over the period 2009 to 2011, Stirling had a lower death rate 9.1 per 1000 compared to Scotland 10.3 per 1000.
- The main cause of death in Stirling was cancer, followed by circulatory disease.

Life expectancy ⁽¹⁾

Female life expectancy at birth (81.9 years) is greater than male life expectancy (77.8 years), and both were greater than the Scottish average. Male life expectancy at birth in Stirling is improving more rapidly than female life expectancy. Stirling female life expectancy at age 65 (20.2 years) is greater than male life expectancy at age 65 (17.9 years).

Migration ⁽¹⁾

On average in 2009-11, there was a net inflow of 764 people into Stirling per year, meaning that more people entered Stirling (5,066 per year) than left (4,302 per year). The 16 to 29 year olds age group accounted for the largest group of in-migrants into Stirling. The largest group of out-migrants was also the 16 to 29 year olds.

Marriage and Civil Partnerships ⁽¹⁾

Marriages: There were 669 marriages in Stirling in 2011; an increase of 0.3 per cent from 2010. In Stirling 54.6 per cent of people marrying in 2011 were aged 25-34. In Scotland as a whole 48.9 per cent of people marrying were in this age group. Since 2001 the number of marriages in Stirling has fallen by 16.0 per cent. Scotland has seen an increase during the same period.

Civil partnerships: Civil partnerships in Stirling have increased in 2011 from 9 to 11, compared with 2010. Scotland has seen an increase during the same period.

Population Projection ⁽¹⁾

By 2035 the population of Stirling is projected to be 104,292, an increase of 16.1 per cent compared to the population in 2010. The population of Scotland is projected to increase by 10.2 per cent between 2010 and 2035.

Sexual Orientation ⁽²⁾

The Dimensions of Diversity report suggests that lesbian, gay and bisexual 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 and higher levels of smoking and substance use.

The Equality and Human Rights Commission report ⁽³⁾ estimates the proportion of lesbian, gay and bisexual people to be more like 6%, although actually the true proportions are unknown.

According to the Household Survey experimental statistics 2010/11, 1.4% of Scotland's population is Gay, Lesbian or Bisexual. Based on these figures the LGBT population in Stirling would be 1270

Households and dwellings ⁽¹⁾

The 2011 estimate of the number of households in Stirling is 38,280. This is a 0.6 per cent increase in the 2010 figure of 38,048, compared to a 0.5 per cent increase in Scotland as a whole. The proportion of these households receiving a single adult Council Tax discount is 33 per cent. For Scotland, this figure is 38 per cent.

With regards to the dwellings in Stirling, 96 per cent are occupied, 3 per cent are vacant and 1 per cent are second homes. The proportions of dwellings in Scotland, which are vacant and second homes, are 2.8 per cent and 1.5 per cent, respectively.

The 2011 estimate of the number of dwellings in Stirling is 39,509. This is an increase of 0.7 per cent from 2010 and compares to a 0.5 per cent increase across Scotland as a whole.

Household Projections: ⁽¹⁾

The total number of households in Stirling is projected to change from 38,050 in 2010 to 49,400 in 2035, which is an increase of 30 per cent. In Scotland as a whole, the projected number of households is set to increase by 23 per cent over the same 25-year period.

In Scotland, the number of lone adult households is projected to increase by 49 per cent over the 25-year period. In Stirling, the number of lone adult households is projected to increase by 54 per cent, and the number of larger households in Stirling is projected to fall, with the number of households of 2 or more adults with children decreasing by 11 per cent over the 25-year period.

The average household size is projected to decrease from 2.25 in 2010 to 2.01 in 2035. In Stirling, households headed by 60-74 year olds are projected to increase in number by 14 per cent, and those headed by the 75+ age group are projected to increase in number by 89 per cent between the years 2010 and 2035.

Further information available on Stirling Council Ward Profiles

<http://www.stirling.gov.uk/services/council-and-government/council-information-performance-and-statistics/census-information>

Additional Information on 3 Local Authority areas obtained via

- (1) www.gro-scotland.gov.uk
- (2) ScotPHO. *Dimensions of Diversity: Population differences and health improvement opportunities*. Edinburgh: ScotPHO: 2010
- (3) Aspinall, P.J. (2009) Estimating the size and composition of the lesbian, gay, and bisexual population in Britain. Equality and Human Rights Commission Research Report 37: 67-71
- (4) www.scotland.gov.uk/Publications/2004/02/18876/32937
- (5) <http://www.scotland.gov.uk/Resource/0040/00408658.pdf>

Gaps identified in statistics and information

General

- Census data from 2001 is out of date now. The 2011 Census data should reveal some changes and provide a more accurate dataset however we are still waiting on the results of same.
- We still require to build confidence within communities about why we are asking equalities data information and inform them of the benefits.
- We need to expand our scope in involving communities, rather than always going to the well-known sources.
- There can still be some aspects of hierarchy in equality or the assumption that we should treat 'everyone the same'.

Disability

- Data on disability is fairly limited; however work being completed locally by NHS Forth Valley Disability Service should enhance current results.
- Apart from the Census data, a question on disability is often included in questionnaire surveys but these suffer from a lack of comparability and sampling error
- Some people don't consider themselves to have a disability so therefore recording is sometimes inaccurate

Lesbian, Gay, Bisexual and Transgender (LGBT)

- There is no data on sexual orientation apart from high-level surveys. Questions on sexual orientation have only been asked in surveys in the last few years.
- Robust estimates of the number of lesbians, gay, bisexual and transgender people in Forth Valley area or Scotland do not exist. There is almost no data on this topic and none at a council area level. The data that is currently offered is speculative rather than exact.
- We do not have robust statistics about the sexual orientation of people from minority ethnic groups.
- The Census does not gather data on the number of transgender and transsexual people within the UK. There is no publicly available statistical data on which to make a firm estimate. Estimates for UK vary from 1,550 (Office for National Statistics) to 300,000.
- In the UK, 2,801 Gender Recognition Certificates were issued by the Gender Recognition Panel between 2005 and 2010. This data suggest that the lowest estimate of 1,550 in the Office for National Statistics paper is too low and the number must be considerably higher.

Marriage and Civil Partnership

- In Scotland, there are no regular updates of marital status except for the Census although questions on marital status are often included in surveys.
- Data on civil partnership will suffer from the same issue as information on marriages to a greater or lesser extent – people often have their ceremonies in areas other than those in which they live.

Race and ethnicity

- It is always difficult to examine ethnic minority groups in Scotland using data from the large population surveys because the small ethnic minority sample sizes involved limit the analyses that are possible. This is even more acute at a local level.
- There is limited information about in and out flows of population. We do not have sufficient information about migrants who leave, and we also do not know what proportion have dependents with them.

Additional Information and resources used;

NHS Forth Valley Patient experience Survey Results 2012: <http://www.patientexperience-bettertogether.scot.nhs.uk/Results2012/HB-Reports/NHS-Forth-Valley-2012.pdf>

Scottish Government Data Grid: www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid

Also:

- Health Inequalities in Scotland (2012)
www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf
- Health in our multi-ethnic Scotland - future research priorities (2009)
www.healthscotland.com/uploads/documents/11136-Health%20in%20our%20multi-ethnic%20Scotland%20-%20full%20report.pdf
- Equalities Measurement Framework
www.equalityhumanrights.com/key-projects/equality-measurement-framework
- LGBT Variety of resource materials and survey results www.lgbtyouth.org.uk/pro-resources
- Joseph Rowntree Foundation (2011)
www.irf.org.uk/publications/review-poverty-and-ethnicity-scotland
- Christie Commissioning Report (2011) highlights developments on inequalities and the need for preventative spends www.scotland.gov.uk/Publications/2011/06/27154527/0.
- NHSScotland Quality Strategy 2010 - putting people at the heart of our NHS
www.scotland.gov.uk/publications/2010/05/10102307/0
- Valuing Young People 2009 www.scotland.gov.uk/Publications/2009/04/21153700/0
- Scottish Government equality evidence finder
www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid
- Scottish Official Statistics www.scotland.gov.uk/Topics/Statistics/scotstat
- Scottish Inpatient experience survey (2011) www.scotland.gov.uk/Publications/2011/08/25164241/0
- www.scotland.gov.uk/Resource/Doc/1125/0086626.pdf The housing and support needs of older lesbian, gay, bisexual and transgender (LGBT) people in Scotland - ODS in partnership with Stonewall Scotland: A Report to Communities Scotland April (2005)
- Ethnicity data collection August 2012 www.isdscotland.org/Publications/index.asp?ht=Equality-and-Diversity
- General Registers of Scotland – Population trends www.gro-scotland.gov.uk/statistics/at-a-glance/annrev/2011/index.html
- Community Safety Partnerships' Policies in Relation to Disabled People and LGBT People - A Scoping Study – DRC Scotland (2007)
www.leeds.ac.uk/disabilitystudies/archiveuk/DRC/DRC%20CSP%20report%20revised%20version.pdf

- www.scotland.gov.uk/Publications/2006/01/24135346/2 (Sexual Orientation Research Phase 3 - A Stock take of Local Authority Policy and Practice – 2006)
- www.scotland.gov.uk/Resource/Doc/362943/0122956.pdf Religiously Aggravated Offending in Scotland 2010-11, Scottish Government)
- www.britishcouncil.org/scotland-society-muslims-integration-in-scotland-report.pdf Muslim integration in Scotland, British Council (2010)
- www.equalityhumanrights.com/uploaded_files/Scotland/Research/significan_inequalities_in_scotland_exec_summary.pdf Significant inequalities in Scotland: Identifying significant inequalities and priorities for action. Equality and Human Rights Commission Scotland and the Office for Public Management, (2010)
- www.scotland.gov.uk/Resource/Doc/355763/0120175.pdf (Experiences of Muslims Living in Scotland, Scottish Government (2011)
- www.scotland.gov.uk/Publications/2011/01/25121451/0 Adult Literacy in Scotland Strategic Guidance Dec '10
- www.scotland.gov.uk/Resource/Doc/355716/0120166.pdf Scottish Social Attitudes Survey 2010: Attitudes to Discrimination and Positive Action, Scottish Government)
- www.scotland.gov.uk/Publications/2009/10/28104046/3 Scottish Index of Multiple Deprivation: 2009; Scottish Government)
- www.scotland.gov.uk/Resource/Doc/317198/0101035.pdf (Scottish Government (2011). *'Reporting on Progress Towards equality of opportunity for women and men made by public authorities in Scotland: Ministerial priorities for gender inequality: Tackling occupational segregation'*)
- www.stonewall.org.uk/documents/living_together_2012.pdf (British Attitudes)
- [www.stonewall.org.uk/documents/school_report_2012\(2\).pdf](http://www.stonewall.org.uk/documents/school_report_2012(2).pdf) (Experiences in British Schools)
- www.stonewall.org.uk/documents/sexual_orientation_hate_crimes_paper.pdf
- Stonewall research 'prescription for change' (2008) Health care survey
www.stonewallscotland.org.uk/documents/prescription_for_change_scotland_final.pdf
- Stonewall Various Health Surveys 2012 www.stonewall.org.uk/what_we_do/2583.asp#Health