

DUMFRIES AND GALLOWAY  
INTEGRATION JOINT BOARD

# HEALTH AND SOCIAL CARE

THE FACTS OF  
WHAT MATTERS



DUMFRIES AND GALLOWAY  
**Health and Social Care**

## EVIDENCE



## Appendix 2 - The Facts of What Matters

Evidence used to inform the development of the Equality Outcomes



<b>AGE</b>		
EV1	D&G Community Survey, 2014	<p><b>Top 6 issues for over 60s</b>  <u>Community</u> - Transport, Physical Health, Mental Health, Assault/Violence, Prejudice/Discrimination, Money Issues <u>Family</u> - Transport, Physical Health, Mental Health, Anxiety/Depression, Lack of Voice, Unhappiness, Isolation, Invisibility.                      Respondents aged 60 or older were less positive about having good health (77%).                      The influence of age showed that respondents aged under 21 were significantly less positive about feeling happy (67%) and feeling safe in their community and around D&amp;G (67%, 58%). Respondents aged 31-40 were also less positive about feeling safe in their community (83%).                      The influence of age showed that there were a small number of questions that appeared to be statistically significantly different for people aged under 21 or aged over 60, however only one of these was also a substantial difference. People aged under 21 were much more likely to agree that the transport links to their home fit with their needs (63% vs. 46% all respondents).                      Young people were significantly and substantially less satisfied with NHS GP services (50% vs. 82%) although the number of respondents was very small and people with a disability were significantly less satisfied with NHS hospital services (60% vs. 79%).</p> <p><b>Top 6 issues for under 21s</b>  <u>Community</u> - Mental Health, Anxiety/Depression, Lack of Confidence/Self-Esteem, Prejudice/Discrimination, Money issues, Assault/Violence, Employment, Suicide/Self-harm, Bullying/Harassment  <u>Family</u> - Physical Health, Anxiety/Depression, Mental Health, Lack of Confidence/Self-esteem, Unhappiness, Suicide/Self-harm</p>
EV2	Scottish Health Survey, 2015  <a href="http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey">http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey</a>	<p>In 2015, the proportion of adults reporting to be in 'very good' or 'good' health declined with age from 88% of those aged 16-24 to 55% of those aged 75 and over.                      In 2015, the proportion of adults meeting both Moderate or Vigorous Physical Activity (MVPA) and muscle strengthening guidelines decreased with age, from 42% of those aged 16-24 to 7% of those aged 75 and over.                      In 2013/2015, prevalence of adults reporting an accident in the last 12 months was higher for those aged 16-24 (16%) than those aged 25 and over (9-12%).                      In 2015, prevalence of drinking at hazardous or harmful levels, or having a possible alcohol dependency, decreased with age from 35% of those aged 16-24 to 2% of those aged 75 and over.                      A significantly higher mean number of cigarettes were smoked by male smokers (13.9 per day) than female smokers (11.3), in 2015.</p>

		<p>In 2015, mean consumption of fruit and vegetables was lowest for those aged 16-24 (2.6 portions) and highest for those aged 55-74 (3.4 portions).</p> <p>In 2015, supplement use was highest among older adults (33-34% of those aged 65 or over), while consumption of vitamin D was highest among those aged 4-5 (25%).</p> <p>Levels of self-reported self-harm were highest among those aged 16-24 in 2012-2015 (18%) and, particularly, women in that age group (23%).</p> <p>In 2015, levels of 'very good' health for children ranged between 65% and 73% for those aged 0-11 but declined from 63% for those aged 12-13 to 52% for those aged 14-15.</p> <p>In 2012-2015, wellbeing scores among 13 to 15 year olds (as measured by WEMWBS) decreased with age for all children (52.3 for those aged 13 compared with 50.0 for those aged 15).</p> <p>In 2013/2015, prevalence of accidents in children tended to increase with age, from 9% among those aged 0-1 to 20-22% among those aged 12-15.</p> <p>In 2015, e-cigarette usage was higher for those aged 25-64 (7-9%) than other age groups. Younger adults were much more likely to have ever tried e-cigarettes than older ones (22-26% of those aged 16-34, compared with 4-10% of those aged 65 and over).</p> <p>Smoking prevalence in 2015 was highest among those aged 25-54 (24-26%), lower among those aged 16-24 (21%) and those aged 55-74 (15-21%) and lowest among those aged 75 and over (8%).</p>
EV3	<p>Social Care Survey/Care Home Census</p> <p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare">http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare</a></p>	<p>In 2015 the vast majority of both Social Care at home clients (75%) and long stay care home residents (89%) were aged 65 years old and over.</p>
EV4	<p>Scotland's Carers Report, 2015</p> <p><a href="http://www.gov.scot/Publications/2015/03/1081">http://www.gov.scot/Publications/2015/03/1081</a></p>	<p>17% of people aged 50 to 64 are provide unpaid care to a relative, friend or neighbour; This compares to 2% of under-25s, 10% of 25-49 year olds and 11% of over-65s.</p>
EV5	<p>ISD Scotland National Workforce Statistics</p> <p><a href="http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/">http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/</a></p>	<p>As at end June 2016, 14.4% of the NHS Scotland workforce (whole time equivalent) were aged under 30 years, whilst just under half (48.0%) were aged between 30 and 49 years, and 37.6% were aged over 50 years.</p>
EV6	<p>Inpatient Experience Survey</p> <p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/InpatientSurvey">http://www.gov.scot/Topics/Statistics/Browse/Health/InpatientSurvey</a></p>	<p>In the case of age, older patients were generally more likely to report a positive experience in both the primary care and inpatient surveys. However it is not clear how these differences can be explained, for example whether they can be accounted for by actual differences in the quality of care provided or different cultural expectations between population groups. For instance differences may be accounted for by lower expectations of quality of care among older people. More details can be found in these reports.</p>

EV7	<p>Age UK - Later life in the United Kingdom</p> <p><a href="http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true">http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true</a></p>	<p>There are now over 15 million people in the UK aged 60 and above. The number of people aged 60 or over is expected to pass the 20 million mark by 2030. The number of people aged 65+ is projected to rise by over 40 per cent (40.77%) in the next 17 years to over 16 million. By 2040, nearly one in four people in the UK (24.2%) will be aged 65 or over. The percentage of the total population who are over 60 is predicted to rise from 24.2% at present to over 29% in 2035. The number of people over 85 in the UK is predicted to more than double in the next 23 years to over 3.4 million. The population over 75 is projected to double in the next 30 years. Nearly one in five people currently in the UK will live to see their 100th birthday (see section on life expectancy below). This includes 29% of people born in 2011. However, according to the ONS the UK's population is ageing more slowly than other EU countries, predicted to be one of the least aged countries in the EU-27 by 2035.</p> <p>In England, 36.8% of people aged 65 and over have experienced perceived age discrimination. For those aged between 70 and 79 this figure rises to 37.2%. 9% of women and 10% of men aged 52 and over feel that they receive poorer service or treatment from doctors or hospitals because of their age. Around 11% of those aged 52 and over feel they are treated as though they are less clever because of their age. 60% of older people in the UK agree that age discrimination exists in the daily lives of older people.</p> <p>An estimated 4 million older people in the UK (36% of people aged 65-74 and 47% of those aged 75+) have a limiting longstanding illness. This equates to 40% of all people aged 65+</p>
EV8	<p>Stonewall 2012</p> <p><a href="https://www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing__2012_.pdf">https://www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing__2012_.pdf</a></p>	<p>46% of gay pupils who are bullied have symptoms consistent with depression</p>
EV9	<p>EHRC 'Is Scotland Fairer' Report, 2015</p> <p><a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a></p>	<p>Mortality among 15 to 44 year olds was a cause for concern, with no net improvement for either men or women since the mid-1980s. Male suicide and lung cancer in women contributed to early death in this population.</p> <p>Some inequalities in end of life care. It is estimated that around 11,000 people who need palliative care in Scotland are not accessing it.</p> <p>Some people – women, disabled people, older people and people who had never worked or were long-term unemployed – were more likely to report feeling unsafe.</p> <p>Age related employment gaps widened – young people were less likely to be in work and saw the greatest increase in unemployment between 2008 and 2013. Young people aged 16 to 24 have the lowest employment rates of any age group and have seen employment rates significantly decrease between 2008 and 2013. People aged 16 to 24 had the highest unemployment rate (20.1%) in 2013 of any age group, more than double the rate for people aged 25 to 34 (8.0%) who had the next highest rate.</p>

		<p>Average hourly pay declined in Scotland between 2008 and 2013. The steepest declines were for younger workers.</p> <p>Between 2008 and 2012, there was no specific change in the proportion of children and young people at risk of poor mental health. However, research looking specifically at emotional and behavioural issues found emotional problems have worsened between 2010 and 2013 for young people, particularly 15 year old girls.</p>
EV10	<p>NHS D&amp;G Equality and Diversity Workforce Data Report, 2016</p> <p><a href="http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf">http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf</a></p>	<p>We have an aging workforce - In April 2016, 67.7% of the workforce was over the age of 40 compared with 13% of the workforce aged between 16 and 29. The aging workforce presents a challenge, particularly in jobs like nursing with a significant physical component, and in the context of the removal of the retirement age and the likelihood that more of the workforce will want to work longer.</p> <p>More than a third (35%) of staff said they had not had a development review (KSF or equivalent) in the past 12 months. This was highest amongst those aged over 50 years (37%). Older staff are less likely to agree that the organisation acts fairly with regards to progression and promotion, with the proportion agreeing there is equality of opportunity falling from 86% of 16 to 20 year olds to 60% of those aged over 50.</p> <p>The percentage of applications received in 2015/16 from those aged 16-20 increased slightly from the previous year from 8.6% to 9.3%. Despite the challenges the Board faces in terms of an aging workforce, the proportion of applications which were shortlisted was statistically significantly lower for those in either the youngest or the oldest age bands (16 to 20 and 60+) than it was for those in other age bands. The proportion of applications which were offered a post was also statistically significantly lower amongst those in the 16 to 20 age band than it was in other age bands. The proportion of applications which resulted in a job offer being accepted was statistically significantly lower for those in the 16 to 20 age band than it was in other age bands.</p>
EV11	<p>Care Quality Commission (2014)</p> <p>From the pond into the sea Children's transition to adult health services.</p>	<p>A review by the Care Quality Commission spoke to 180 young people, or parents of young people, between the ages of 14 and 25 with complex disabilities. It found that the transition process is variable and that previous good practice guidance had not always been implemented. Young people and families are often confused, and at times distressed, by the lack of information, support, and services available to meet their complex health needs. They were often caught up in arguments between children's and adult health services as to where care should come from.</p>

## Disability

EV12	<a href="https://www.seemescotland.org/news/see-me-in-work-launches-1/">https://www.seemescotland.org/news/see-me-in-work-launches-1/</a>	<p>Nearly half (48%) of workers say people don't tell their employers about mental health problems for fear of losing their job. 55% thought people would be unlikely to disclose a mental illness as it could result in being passed over for promotion or moved to another post.</p>
EV13	<p style="text-align: center;">Mental Health at Work Report 2016</p> <a href="http://wellbeing.bitc.org.uk/system/files/research/bitcwellbeing_survey_report_oct_v1.pdf">http://wellbeing.bitc.org.uk/system/files/research/bitcwellbeing_survey_report_oct_v1.pdf</a>	<p>New Study shows that 63% of managers put business interests above employee wellbeing.  77% of employees have been affected by symptoms of poor mental health. 62% of employees attributed their symptoms of poor mental health to work or said that work was a contributing factor.  60% of Board members and Senior Managers believe their organisation supports people with mental health issues. Despite this, only 11% discussed a recent mental health problem with their line manager and half of employees said they would not discuss mental health with their Line Manager.  60% of Board members and Senior Managers believe their organisation supports people with mental health issues. Despite this, only 11% discussed a recent mental health problem with their line manager and half of employees said they would not discuss mental health with their Line Manager.  76% of Line Managers believe they responsible for employee wellbeing but only 22% have received training</p>
EV14	<p style="text-align: center;">EHRC 'Is Scotland Fairer' Report, 2015</p> <a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a>	<p>People with mental health problems experience higher mortality rates than those without.  No overall change in the proportion of adults who were at risk of poor mental health between 2008 and 2012. However, some groups such as women, disabled people and LGBT young people were at higher risk of poor mental health.  Compared with other mental health patients, patients with a LD or autism are likely to have longer stays in mental health, addiction or LD inpatient beds. The average time since admission for adult patients with a LD or autism is 33 months, compared with 5 months for other mental health patients.  There was little improvement in public attitudes to mental ill health. Scotland has had a long running mental health campaign called 'See Me' aimed at tackling stigma and discrimination. However, unlike in England and Wales where public attitudes have improved slightly, in Scotland attitudes to mental health saw little change over the last decade. Almost half of Scottish respondents to the Social Attitudes Survey 'wouldn't want people knowing' if they were suffering from a mental health problem. Almost one in five people said that they would find it difficult to talk to someone with a mental health problem, and more than one in five said they would not be willing to interact with a person with schizophrenia in any way.  Disabled people were much more likely to have no qualifications. In 2013, 24.3% had no qualifications, compared with 7.6% of non-disabled people. The size of the gap was unchanged between 2008 and 2013. Disabled people were less likely to have participated in learning activities.  Disabled people were less likely to have access the internet.</p>

		<p>Disabled people are significantly less likely to be in work than non-disabled people. In 2013, the employment rate for disabled people was 43.3% compared with 80.3% for non-disabled people. The unemployment rate increased more for disabled people than for non-disabled people between 2008 and 2013. By 2013, disabled people were nearly twice as likely as non-disabled people to be unemployed.</p> <p>Modern Apprenticeships show clear gender segregation and low levels of access for ethnic minorities and disabled people Disabled people appear to have low levels of access to apprenticeships. The proportion of disabled new starts did not change between 2009/10 and 2013/14 remaining at 0.4%, Skills Development Scotland is concerned that there is under-reporting of disability.</p> <p>Disabled people were paid significantly less than non-disabled people in Scotland in both 2008 and 2013.</p> <p>Children, disabled people and ethnic minorities were more likely to be living in poverty.</p> <p>Between 2008 and 2012, the proportion of adults in Scotland who described their health as bad or very bad increased, from 7.1% to 8.6%.</p> <p>A higher proportion of disabled adults reported bad health compared with non-disabled adults. The proportion of disabled people who reported bad or very bad health did not change between 2008 and 2012. People with learning disabilities have poorer health than the general population. People with LD are more likely to be exposed to common causes of poor health such as poverty, poor housing, lack of employment and social isolation.</p> <p>Some inequalities in end of life care. It is estimated that around 11,000 people who need palliative care in Scotland are not accessing it. Lower levels of awareness and language differences among ethnic minorities may limit use of these services. There is worse access to palliative care for marginalised groups, including people experiencing homelessness, prisoners and people with learning difficulties</p> <p>The 2011 census highlights: 0.24% (12,500) reported using BSL at home</p> <p>In 2014, court action was raised against one Scottish Health Board for having failed to make reasonable adjustments under the Equality Act 2010, after allowing a deaf person to spend six days in hospital without any access to a sign language interpreter. This was despite her repeated requests for one to be provided. This health board now has in place a formal agreement with the EHRC to ensure that it will meet its duty so that all deaf patients have their communication needs met when accessing services.</p> <p>Disabled people were less likely than non-disabled people to perceive that they had an influence over local decisions.</p>
EV15	Skint, Shaken, Yet Still Caring Report Cavells Nurses Trust 2016	<p>The nursing profession rated their anxiety as 4.93 out of 10, compared to the general public who rated theirs just 2.93</p> <p>Only 61% (50% in Scotland) of nurses said their health was good or very good, this is 74% in the general public</p> <p>42.5% (49.6% in Scotland) of nursing professionals have a physical or</p>

		mental health condition expected to last longer than a year. This is just 34% in the general public.
EV16	Stress Report 2016 - Cascade HR	<p>Four out of five adults are stressed for at least some of the working week. Two thirds of those felt their employer could do something to reduce their stress levels. Top five things that caused the most stress were: workloads, deadlines, being understaffed, office politics and pressure to hit targets. UK workers felt stressed for 7.5 working days on average with one in four people struggling to sleep during the working week.</p> <p>In addition to causing severe problems for individuals themselves, it can also have an impact on business - reputation damage, increasing staff turnover, increase in sickness absence and productivity issues.</p> <p>Many workers felt that employers could improve the situation through implementing relatively small changes, such as caring and friendly management, office drinks on a Friday, flexible working hours and a pat on the back for a job well done.</p>
EV17	Breaking the Cycle Report 2016 - BHSF	<p>Nearly 25% of people have had time off work in the last year due to stress or personal issues. 28% of men compared to 21% of women. Job stresses are significant contributor but also issues outside of work. Family life (19%) and health issues (16%) were major causes of stress.</p> <p>Presenteeism is rife. 63% declared that stress has kept them awake at night and they have been less productive at work as a result. One of the stresses which is increasing year by year is the responsibility to care for elderly relatives</p> <p>More than 50% said there was pressure to return to work</p> <p>Majority of workers (69%) are comfortable approaching their employer with a physical health problem. Only 48% said they would feel comfortable approaching their employer with a mental health issues. Attached stigma</p>
EV18	<a href="#">Annual Participation Measure 2016, Skills Development Scotland</a>	<p>In 2015-16, young people with a disability were less likely to be in positive destinations. 82.8% of 16-19 year olds identified as having a disability were participating in education, employment, training or other development, compared to 90.6% of those not identified as having a disability.</p> <p>There was a smaller proportion of young people with a disability participating in education (64.4% compared to 71.5%) and employment (12.0% compared to 17.0%).</p>
EV19	<a href="#">Annual Population Survey Jan-Dec 2010</a>	In 2010, degrees were held by 12.5% of disabled persons, half of the rate of the non-disabled group.
EV20	<a href="http://www.businessdisabilityforum.org.uk/media_manager/public/261/Square%20Pegs_Final_GF.PDF">http://www.businessdisabilityforum.org.uk/media_manager/public/261/Square%20Pegs_Final_GF.PDF</a>	It is suggested that only 15% of adults diagnosed with autism are in full time, paid employment
EV21	<a href="http://www.gov.scot/Topics/People/Equality/disability">http://www.gov.scot/Topics/People/Equality/disability</a>	We know that nationally, only about half of disabled people of working age are in work compared with 80% of non-disabled people of working age. There are currently 1.2million disabled people in the UK who are available for and want to work. Employment rates vary greatly according to the type of impairment a person has. People with mental health issues have the lowest employment rates of all

		impairment categories at only 21%. The employment rate for people with Learning Disabilities is 26%. Disabled people are also more than twice as likely as non-disabled people to have no qualifications.
EV22	<p>NHS D&amp;G Equality and Diversity Workforce Data Report, 2016</p> <p><a href="http://www.nhs.uk/About_Us/Equality_Diversity/ED_Files/Workforce_Data_Report_2016.pdf">http://www.nhs.uk/About_Us/Equality_Diversity/ED_Files/Workforce_Data_Report_2016.pdf</a></p>	<p>In the 2011 Census, 32% of people locally indicated that they have a long term health condition or disability. This is higher than the national figure and is largely due to the older population profile of Dumfries and Galloway.</p> <p>In terms of our local 'staff in post' data on disability, our system currently recognises that 1.5% of our staff have indicated that they have a disability. This is a slight increase from 1.1% in 2015. There is however an issue with our workforce data on disability for staff by which the number of staff not specifying whether they have a disability has increased by 50.9%. This has been caused by an issue in the migration of data from the previous to the current HR system, and will hopefully be rectified as we continue to ask staff to check and complete their equality and diversity information.</p> <p>In 2015/16, 2.9% of applications for vacancies in the Board were from people who specified a disability and 3% of applications which were shortlisted were from those indicating a disability. 1.9% of offers of employment were made to people with a disability. There was no statistically significant difference in the proportion of applications shortlisted from those who had recorded a disability compared to those who did not report having any disability (34.9% of applications by those with a disability were shortlisted compared to 34.3% with no recorded disability shortlisted).</p> <p>This data indicates a significant under-representation of people with disabilities relative to the wider population. It should also be noted that the data which we do have is unlikely to be accurate as there may be staff who decide not to disclose their disability status for a range of different reasons.</p> <p>A statistically significantly higher proportion of staff with a disability said they had experienced bullying or harassment from their manager compared to the proportion who had experienced the same but did not have a disability (18% compared to 7%). A statistically significantly higher proportion of staff with a disability said they had experienced bullying or harassment from a colleague compared to the proportion who had experienced the same but did not have a disability (30% compared to 14%). A statistically significantly higher proportion of staff with a disability said they had reported the bullying or harassment that they had experienced compared to the proportion of non-disabled staff who had reported the incident (21% compared to 8%).</p>
EV23	D&G Community Survey 2014	<p>Respondents identifying as having a disability were statistically less positive than other respondents about having good health, feeling accepted by their family, feeling cared and achieving their aims in life. Although not all statistically significant, those identifying as having a disability scored all questions in "How do you feel about your community" lower than average - although some responses had improved since the 2011 survey</p> <p>The protected characteristic which seems to have had the most influence on responses about services is the whether or not people identified as having a disability.</p>

		<p>85% of people identifying as having a disability told us there were services they couldn't access. More than 60% of these respondents did not answer the question about children's access to education but those that did were both significantly and substantially less likely to agree they had the services they needed.</p> <p>In relation to the information and care needed to be in good health and care and support needs being met, people with a disability were much more negative than the rest of respondents. Only 71% of people said they had enough information (vs. 91%), 54% said they had sufficient care (vs. 84%) and only 50% of people said their care and support needs were met (vs. 81%).</p> <p>The only significant improvement seen between the two surveys for people identifying as having a disability was 'knowing where to get help in an emergency', rising from 84% in 2011 to 98% in 2014.</p> <p><b>Top 6 Issues</b></p> <p><u>Community</u> - Physical Health, Prejudice/Discrimination, Anxiety/Depression, Transport, Mental Health, Lack of Voice.</p> <p><u>Family</u> - Physical Health, Isolation, Invisibility, Anxiety/Depression, Transport, Lack of Confidence/Self Esteem, Unhappiness, Lack of Voice.</p> <p>The influence of specific protected characteristics is difficult to judge as the number of people responding to these questions is low in many instances, which in effect reduces the sample size even further. However, we were able to calculate that women and people aged over 60 were significantly more positive about library services (94% and 97% vs. 88% respectively) and that people with a disability were significantly less satisfied (73%). Women were significantly but only slightly more satisfied with Council customer services (66% vs. 60%) and Carers were less satisfied (50%).</p> <p>Young people were significantly and substantially less satisfied with NHS GP services (50% vs. 82%) although the number of respondents was very small and people with a disability were significantly less satisfied with NHS hospital services (60% vs. 79%).</p>
EV24	<p>Macmillan 2016</p> <p><a href="http://www.macmillan.org.uk/aboutus/news/latest_news/1-in-5-people-who-return-to-work-after-cancer-face-discrimination.aspx">http://www.macmillan.org.uk/aboutus/news/latest_news/1-in-5-people-who-return-to-work-after-cancer-face-discrimination.aspx</a></p>	<p>One in 5 people who return to work following Cancer face discrimination. The research, which explores the impact of cancer on working life, found that nearly a fifth of people (18%) who return to work after being diagnosed with cancer say they faced discrimination from their employer or colleagues. In addition, more than a third (35%) report other negative experiences, such as feeling guilty for having to take time off for medical appointments and a loss of confidence in their ability to do their job.</p>
EV25	<p>The Autism Employment Gap - National Autistic Society 2016</p>	<p>Just 16% of autistic adults are in full time paid work. Overall only 32% of autistic adults are in some kind of paid work. 80% of non-disabled people are in work, but only 47% of disabled people are in work and only 32% of autistic adults are in work.</p> <p>60% of employers would worry about getting support for an autistic employee wrong. 60% also said they did not know where to go for support or advice about employing an autistic person.</p> <p>When autistic people were asked about the single biggest thing that needed to change to help them into work, over 50% said support, understanding or acceptance.</p>

EV26	Mencap Research 2016 - half-of-people-prefer-to-work-for-a-company-that-employs-people-with-a-learning-disability-survey-shows	Just 5.8% of people with a learning disability known to local authorities are in employment, yet just over half of the public - 52% say they would prefer to work for a company that employs people with a learning disability
EV27	Social Care Survey 2015 (SG Evidence Finder)	In 2015, 30% of home-care clients had physical disabilities.
EV28	Scotland's Carers Report, 2015 <a href="http://www.gov.scot/Publications/2015/03/1081">http://www.gov.scot/Publications/2015/03/1081</a>	16% of people who provide unpaid care to a relative, friend or neighbour are deaf or have partial hearing loss; 16% have a physical disability; 11% have a mental health condition.
EV29	How do adults with physical disability experience primary care? A nationwide cross-sectional survey of access among patients in England. British Medical Journal Open, Aug 8:4(8). Popplewell, N.T. et al (2014)	Adults in England with physical disability experience worse physical access into primary care buildings than those without. Physical disability is also associated with increased unmet healthcare need due to difficulty getting to GP premises, compared with the experience of adults without physical disability. Increasing age further exacerbates these problems. Access to primary care in England for patients with physical disability needs. Unmet need in 20% of disabled people was due to difficulty accessing health service buildings.
EV30	Confidential Inquiry into premature deaths of people with learning disabilities - Final report. Heslop, P. et al (2013)	The median age of death for people with learning disabilities (65 years for men; 63 years for women) was significantly less than for the UK population of 78 years for men and 83 years for women As with the general population, the most common underlying causes of death were heart and circulatory disorders (22%) and cancer (20%), although both were less prevalent than in the general population (29% and 30% respectively). The final event leading to death was most frequently a respiratory infection in the people with learning disabilities. Fewer deaths of people with learning disabilities (38%) were reported to the coroner compared with the general population (46%)
EV31	The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study. The Lancet, Volume 383, No. 9920, p889–895. Heslop, P. et al (2014)	The quality of health and social care given to those with a learning disability is shown to be deficient in meeting their needs. Many health professionals are not aware of the specific needs of those with learning disabilities or are unable to adapt their practice to suit the needs of this group of patients. 37% of deaths were found to be avoidable for people with a learning disability as compared to 11% in the general population
EV32	Care Quality Commission (2014) From the pond into the	A review by the Care Quality Commission spoke to 180 young people, or parents of young people, between the ages of 14 and 25 with complex disabilities. It found that the transition process is

	sea Children's transition to adult health services.	variable and that previous good practice guidance had not always been implemented. Young people and families are often confused, and at times distressed, by the lack of information, support, and services available to meet their complex health needs. They were often caught up in arguments between children's and adult health services as to where care should come from.
EV33	NIHR School for Social Care Research (2014) Domestic violence and women with learning disabilities	National Institute for Health Research, School for Social Care Research highlighted high levels of gender based violence experienced by women with learning disabilities
EV34	British Deaf Association & Scottish Government (2012) Report on NHS BSL/English interpreting provision within health settings in Scotland.	<p>102 participants (of 170) reported problems with making an appointment to see their GP and were forced to rely on family, friends or others to do this. 40 participants said that they had to visit the surgery in person in order to make an appointment with their GP, and 20 said that they did so themselves, by using the text to speech relay service called 'Text Relay'</p> <p>41 participants commented that they struggled in waiting rooms because staff sometimes failed to notify them that it was their turn. This issue was felt to be significant, with several participants reporting that they have missed appointments and not be treated, or been marked down as not having arrived, despite having reported as present at reception.</p> <p>A male participant related a story of waiting in a hospital for treatment, stating that he told staff at reception that he is Deaf. He added that time passed and he was still waiting to see the doctor after seeing other patients come and go. He approached the reception to ask about the delay, to be told that reception had not informed the nurse of his request. The result was that he missed his appointment. He was very disappointed and critical of the service provided; a scenario that was echoed by other participants</p> <p>30 participants reported that they felt their GP practices provided a good service, with 20 commenting that poor systems for booking BSL/English interpreters caused issues with communication. There were widespread variations between regions in terms of the extent to which booking systems met patient need according to participants.</p> <p>55 participants confirmed that BSL/English interpreters were provided for their appointments consistently, but were concerned that difficulties occurred due to some being unregistered with a professional body or were unqualified. Others commented that they should be given more choice of female or male BSL/English interpreters for their appointment</p> <p>Most participants felt that NHS staff, doctors and nurses would benefit from BSL and Deaf awareness training and recommended that this training be provided to all NHS staff.</p> <p>17 participants mentioned problems with communication when attending as inpatients due to BSL/English interpreters not being booked despite requesting this. Provision of BSL/English interpreters was thought by some to be hit and miss, with some health service departments providing cover and others failing. Doctor's rounds within hospitals were an example given, where BSL users reported instances of having to write down information in English, their second</p>

language, thus reducing the quality of information available to both patient and health professional, and impeding choice in how they are treated.

70 participants said that the NHS did not provide alternatively formatted information about services, such as DVDs with BSL interpretation or localised websites.

30 participants felt that the NHS does not provide them with full information about their health or give them choice in how they are treated.

Overall participants were not satisfied with the health information provided by the NHS. They were critical of English based information and the medical jargon it contained, preferring instead more visual information and plain English to improve accessibility and to help remove barriers.

45 participants said that they have never attended at NHS groups or events due to communication barriers. However, some said they would be willing to attend NHS focus groups if these barriers were addressed. Indeed, for many their first question on being asked to attend such a meeting was 'will they provide BSL/English interpreters?'

46 participants reported difficulties with written correspondence. In particular, letters often asked for telephone confirmation of attendance at appointments, which resulted in reliance upon hearing family members or friends. Subsequent delays in response times were reported. There was agreement that communication barriers exist, and that a range of alternative communication methods should be offered, for example, Short Message Service (SMS) text, email, fax, minicom and BSL format letters.

8 participants commented that they did not realise that their correspondence contained an instruction to confirm their appointment by telephone.

30 participants were critical of the limited access offered to BSL users on health service websites, stating that they are not 'Deaf friendly'. Again English was an issue, together with the large amount of 'jargon' used.

There was thought to be too much information on NHS websites making navigation confusing, an absence of plain English, and not enough onscreen BSL. A participant from Shetland commented that Deaf people are not aware of health information available through the NHS website and more publicity is required. Another stated that all information available to hearing people should also be available to Deaf people and it would be useful if information could be downloaded to tablets, laptops and PCs. Participants were keen to highlight inequalities in terms of access to information, comparing their service with that of hearing people.

The following health service improvements were suggested by participants:

- An increase in Deaf and BSL awareness training for NHS staff, particularly frontline staff.
- An increase in BSL format health information, and in particular website based BSL, with clear direction & signposting on the homepage. It should have clear BSL translation.

		<ul style="list-style-type: none"> <li>• Where English is used it should be plain and with minimal jargon.</li> <li>• Electronic notification equipment fitted in waiting rooms within hospitals, clinics and GP surgeries to notify Deaf patients that it is their turn.</li> <li>• Online BSL/English interpreter provision in remote areas, for example Shetland, for making contact with hospitals, clinics and GP surgeries.</li> <li>• Improved interpreter booking systems across the regions to ensure consistent access to the range of services offered by the NHS, designed with input from Deaf community members, ensuring that systems are relevant and needs-led.</li> <li>• Patient records to prominently show that the patient is Deaf, and uses a BSL/English interpreter, in order that interpreters are booked automatically and well in advance. It was thought that this would also help ensure that NHS staff would always know that a patient attending their appointment is Deaf and will need additional support.</li> <li>• An increase in BSL format health promotion resources covering a range of health issues available through websites and DVD's for those without internet access.</li> </ul> <p>Research on the NHS within Scotland shows that Deaf peoples' access to the NHS is affected by the provision of British Sign Language interpreters. Feedback from Deaf people highlighted the following areas of concern: management of communications support and the process of booking interpreters in hospitals; confidentiality, as the Deaf community is small and close-knit; choice of interpreter, including the sex of interpreters; appropriateness of online interpreting in some situations.</p>
EV35	Greater Glasgow Smart Metrics Report	Previous NHS Scotland Staff Surveys have shown that disabled staff who have received support from their managers to do their job are among the happiest in the workforce. However, when they do not tell their manager they are the least content
EV36	Equality and Human Rights Commission (2015) Equality and the economy, spreading the benefits	Less than 0.5% of all Modern Apprenticeship placements are taken by someone with a declared disability. Around 8% of the target population (16-24) is disabled

**Gender (Sex)**

<p>EV37</p>	<p>EHRC 'Is Scotland Fairer' Report 2015 <a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a></p>	<p>Women and disabled people remained more likely to have no qualifications Women were less likely to be in work than men, and those women who were in work were less likely to be in senior positions and more likely to be in part time work. Women were over-represented in part time work – 13.1% of male employment was part time in 2013 compared with 42.9% of female employment. Employment rates for women were significantly lower than employment rates for men in Scotland in both 2008 and 2013. In Scotland in 2013, men were still significantly more likely to be in manager, director or senior official occupations than women – 10.4% of men in employment compared with 5.9% of women. Public Boards in Scotland currently have 36% female representation but only 21% of Board Chairs are women. Despite at national level, the gender balance of our elected representatives is improving, at a local level, women are not represented so well. Modern Apprenticeships show clear gender segregation and low levels of access for ethnic minorities and disabled people. Women are concentrated in specific sectors, including early years care, education social care and hairdressing. These sectors attract low levels of pay and poorer labour market outcomes than others. Average hourly pay declined in Scotland between 2008 and 2013. The steepest declines were for younger workers. Women continue to be paid significantly less than men. Mortality among 15 to 44 year olds was a cause for concern, with no net improvement for either men or women since the mid-1980s. Male suicide and lung cancer in women contributed to early death in this population. Women saw higher than average increases in reported bad health between 2008 and 2012. The proportion of women reporting bad or very bad health increased from below average in 2008 (6.7%) to above average in 2012 (9.0%). There was no difference in the proportion of men who reported bad or very bad health. The suicide rate is higher for men and for people living in deprivation Higher proportions of girls smoked compared with boys Number of domestic abuse incidents recorded by the police increased between 08/09 and 12/13. Incidents with a female victim and male perpetrator represented 80% of all domestic abuse incidents recorded in 12/13. Some people – women, disabled people, older people and people who had never worked or were long-term unemployed – were more likely to report feeling unsafe.</p>
<p>EV38</p>	<p>Skint, Shaken, yet Still Caring Report - Cavells Nurses Trust 2016</p>	<p>Nursing professionals are 3 times more likely to have experienced domestic abuse in the last year than the average person in the UK</p>

EV39	<p>NHS D&amp;G Equality and Diversity Workforce Data Report, 2016</p> <p><a href="http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf">http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf</a></p>	<p>Women are over represented within the NHS Dumfries and Galloway workforce. In April 2016, women made up 82.5% of the workforce, despite only comprising around 51.5% of the local population. This has been the case within health and caring jobs for many years.</p> <p>The percentage of applications from women in 2015/16 was 67.5%. The proportion of applications by women which were shortlisted was statistically significantly higher than the proportion of applications by men (37.7% vs 32.2%). However, the proportion of applications by women which translated into a job offer was not statistically significantly different to the proportion of applications by men which translated into a job offer (7.3% vs 5.5%). The proportion of applications which resulted in a job offer being accepted was statistically significantly higher for women than it was for men (6.2% vs 4.2%).</p> <p>In terms of Job Family, 55% of the female workforce are employed within Nursing/Midwifery. Most (79%) of the male workforce is employed in the Medical and Dental, Support Services and Nursing/Midwifery Job Families. Despite the over representation of women within the workforce, 3.9% of the male workforce are employed at Band 8A and above compared with only 2.9% of the female workforce.</p> <p>Male staff appear to be happier with their staff development opportunities than female staff. 85% of male staff said they have received the training they expected based on their development plan. The figure for women was lower at 74%. Similarly 69% of men agreed the organisation offered equality of opportunity with regards to career progression and promotion, a sentiment shared with only 61% of female staff.</p>
EV40	<p>D&amp;G Community Survey 2014</p>	<p>Women answered more positively than the previous survey about being accepted by their family and for the 3 safety questions. Women were more positive than the male reference group about feeling accepted by their family, feeling cared and achieving their aims in life.</p> <p>Responses since the 2011 survey have improved for all protected characteristics on the issue of 'feeling safe in my local community' but significantly so for females, LGBTI and Nithsdale.</p> <p>The perception of being able to access public services has worsened across all the protected characteristics, significantly so for female.</p> <p>Within the 2014 responses, women were statistically significantly more likely to have agreed their care and support needs were met (85%), but not a substantial different (vs. 81%). From the previous time period, women were significantly more negative about accessing services (45% inaccessible changed to 62%), children having access to education (a drop from 88% to 81%), and having a say in services (56% to 41%).</p>

		<p><b>Females Top 6 issues</b></p> <p><u>Community:</u> Physical Health, Mental Health, Prejudice/discrimination, Bullying/Harassment, Anxiety/Depression, Employment</p> <p><u>Family:</u> Transport, Physical Health, Anxiety/Depression, Mental Health, Lack of Confidence/Self-esteem, unhappiness</p>
EV41	<p>ISD Scotland National Workforce Statistics</p> <p><a href="http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/">http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/</a></p>	<p>As at end June 2016, over three-quarters (77.1%) of NHS Scotland workforce (whole-time equivalent) were female (106,533.9 WTE employees out of 138,125.4 WTE)</p>
EV42	<p>Social Care Survey/Care Home Census (SG Evidence Finder)</p>	<p>In 2010, a clear majority of social care at home clients (62%) and long stay care home residents (69%) were female.</p>
EV43	<p>Scotland's Carers Report, 2015</p> <p><a href="http://www.gov.scot/Publications/2015/03/1081">http://www.gov.scot/Publications/2015/03/1081</a></p>	<p>Carers - 41% of people who provide unpaid care to a relative, friend or neighbour are men; 59% are women.</p>
EV44	<p>Variations in the Experiences of Primary Care Patients: Analysis of the Scottish Patient Experience Survey of GP and local NHS services 2011/12. (SG Evidence Finder)/Variations in the Experience of Inpatients in Scotland: Analysis of the 2010 Inpatient Survey (SG Evidence Finder)</p>	<p>The Scottish Government collects information on the experiences of people in relation to healthcare services through the Scottish inpatient and primary care experience surveys. In the case of gender, females were generally less likely than males to report a positive experience. It is not clear how any differences can be explained, for example whether they can be accounted for by actual differences in the quality of care provided or different cultural expectations and perceptions between population groups or a combination of these factors. More details can be found in these reports.</p>
EV45	<p>Scottish Health Survey, 2015</p> <p><a href="http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey">http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey</a></p>	<p>In 2014-2015, the average mental wellbeing (WEMWBS) score for 13 to 15 year old boys (52.0) was significantly higher than for girls of the same age (49.9).</p> <p>In 2014/2015, the proportion of women with two or more symptoms of anxiety (15%) was higher than for men (9%).</p> <p>In 2015, male drinkers consume around twice as much a week on average as female drinkers.</p> <p>The proportion of non-smokers aged 16 and over who said they'd been exposed to second-hand smoke in their own or other people's homes was significantly higher in 2015 for women (14%) than men (11%).</p> <p>More women than men took supplements in 2015; 30% of women and 24% of men took any supplement, and 16% of women and 12% of men took vitamin D.</p> <p>men were more likely than women to meet the Moderate or Vigorous Physical Activity guidelines in 2015. More boys than girls met the physical activity guidelines in 2015</p> <p>Men remained significantly more likely than women to be overweight including obese (67% compared with 62%) in 2015, with women being more likely to have a BMI within the healthy weight range (36% compared with 32% of men). There was no statistically significant difference between the proportion of women (30%) and men (28%) who were obese (including morbidly obese).</p>

		<p>In 2014/15, around two-thirds of all women (66%) and three in five men (59%) had an increased risk of disease based on their BMI and waist circumference.</p> <p>In 2015, 15% of boys and 14% of girls were at risk of obesity, figures which were identical to those in 1998.</p>
EV46	<a href="#">Scottish Crime and Justice Survey 2014/15: Drug Use, Edinburgh: Scottish Government</a>	Self-reported drug use in Scotland is higher for men than for women. In 2014/15 8.9% of men reported illicit drug use in the last year compared with 3.4% of women.
EV47	Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland in 2012/13	In 2012/13, 70% of problem drug users (people engaged in problematic use of opiates and/or benzodiazepines) in Scotland were male and 30% were female.
EV48	Fawcett Report 2014 The Changing Labour Market	<p>In a sample of low paid women: 1 in 10 who had returned from maternity leave recently (in the last 5 years) had been given a more junior role. For 40 per cent of those in a more junior role, this was either because their role had been made redundant (10 per cent) or given to someone else against their wishes (30 per cent).</p> <p>In a sample of low paid women: Nearly 1 in 4 (23 per cent) of those recently returning from maternity leave felt that their opportunities for promotion were now worse. By far the biggest obstacle was the perceived need to be full-time to progress (53 per cent) up the organisation's hierarchy. This points again to the importance of ensuring that flexible arrangements, such as job-shares, are encouraged at all levels.</p> <p>In a sample of low paid women: 1 in 5 of those who felt their opportunities were worse put this down to senior staff either believing that they would no longer be interested in promotion (22 per cent) or capable (22 per cent). This was even more marked for women over 35, with nearly 1 in 3 attributing lessened opportunities to senior staff not believing they are capable.</p> <p>Fawcett is concerned that, with the introduction of employment tribunal fees in July 2013, low paid women in particular may be being denied access to justice to tackle instances of maternity discrimination.</p> <p>Early figures show that since the introduction of fees, the number of sex discrimination tribunals has fallen sharply – by 58 per cent when comparing figures 2012–13 to 2013–14 – suggesting that this is a real factor.</p>
EV49	NHS Health Scotland (2015) A brief guide to intimate partner violence and Abuse	Gender based violence significantly impacts on women's physical, psychological, sexual and reproductive health. Forty-two percent of women who have been physically and/or sexually abused by their partners have experienced injuries as a result of that violence. Whilst it is mostly women and girls who are affected by GBV some men are also survivors of GBV.
EV50	Scottish Government (2009) What health workers need to know about Gender based violence: an overview	Intimate partner violence and abuse can include physical assault and injury or unprotected sex and pregnancy or sexually transmitted infections. Health staff have a unique and crucial role in identifying and supporting all those affected by GBV

EV51	NIHR School for Social Care Research (2014) Domestic violence and women with learning disabilities	National Institute for Health Research, School for Social Care Research highlighted high levels of GBV experienced by women with learning disabilities
EV52	Gender Equality Pays – The Economic Case for addressing women’s labour market inequality, Close the Gap (2016)	<p>Clear business case for individual enterprises to consider gender equality key to enhancing profitability and corporate performance. A wealth of research data from the academic and corporate fields indicated that considering gender equality enabled firms to:</p> <ul style="list-style-type: none"> <li>• Recruit from the widest talent pool;</li> <li>• Improve staff retention and</li> <li>• Improve decision making and governance</li> </ul> <p>The balance of evidence suggests that businesses can benefit from addressing gender inequalities around two main areas:</p> <ul style="list-style-type: none"> <li>• Workforce diversity with particular reference to gender balance in the boardroom and</li> <li>• Flexible or ‘agile’ working, which promotes gender equality by facilitating the reconciliation of work and family commitments.</li> </ul> <p>Evidence shows that enactment of effective flexible working can reduce sickness absence and improve staff recruitment and retention.</p> <p>In the context of economic downturn, there are studies that indicate that flexible working policies can help companies to manage their workplace more effectively when recession hits.</p> <p>Studies have also indicated productivity gains from flexible working, associated with enhanced employee wellbeing and morale, and reputational benefits that make the company more attractive to the best candidates.</p>
EV53	Higher Education Students and Qualifiers at Scottish Institutions 2014-15	<p>Over half (56%) of students in Higher Education in 2014-15 were women.</p> <p>In Higher Education in 2014-15, most students in Science and Engineering subjects were men (63.9%), while most students were women in Medical Studies (75.7%), Business and Social Studies (61.2%) and Education and the Arts (67.7%).</p>
EV54	Modern Apprenticeship Statistics Full Year Report 2015-16	<p>In 2015/16, there were more men starting Modern Apprenticeships than women (59% of new starts were men).</p> <p>In 2015/16, 74% of Modern Apprenticeship frameworks had a gender balance of 75:25 or worse.</p> <p>In 2015/16, the framework groupings with the highest proportion of men were Automotive (97%), Construction &amp; Related (98%), Other Manufacture (98%). The framework groupings with the highest proportion of women were Administration &amp; Related (28%), Sport, Health &amp; Social Care (16%), and Personal Services (91%).</p>
EV55	Annual Participation Measure	In 2015-16, young men were slightly less likely than women

	2016, Skills Development Scotland	to be in positive destinations. 91.0% of 16-19 year old women were participating in education, employment, training or other development, compared to 89.7% of 16-19 year old men. Young men were more likely to be participating in employment (20.3%) than young women (13.4%).
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**Gender Reassignment /Transgender**  
**(Please also see Sexual Orientation evidence sources)**

EV56	<p>EHRC 'Is Scotland Fairer' Report, 2015  <a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a></p>	<p>No national survey to measure unfair treatment, harassment or bullying at work. Most claims relate to either disability or sex discrimination. Decrease in claims related to age discrimination. Other evidence indicates that discrimination in the workplace is experienced by LGBT people</p> <p>No overall change in the proportion of adults who were at risk of poor mental health between 2008 and 2012. However, some groups such as women, disabled people and LGBT young people were at higher risk of poor mental health.</p> <p>A survey by LGBT Youth Scotland in 2012 found that LGBT young people are at risk of experiencing mental health problems. This can be as a result of prejudice and discrimination, negative responses and rejections, pressures to conform to gendered norms and expectations of heterosexuality and fears of experiencing homophobia, biphobia or transphobia.</p> <p>Evidence suggests that some groups including transgender people who need palliative care can experience problems accessing healthcare services.</p> <p>LGBT people are less likely to access some key health services such as GP surgeries and are more likely to use A&amp;E services and minor injury clinics. LGBT people who have been to their GP in the last year were more likely to rate their experience as poor or extremely poor than the general population</p> <p>Specific evidence on the health of trans people is limited. However, at UK level there is research which indicates that trans people can experience problems accessing health services. A study found that 6 out of 10 respondents had experienced negative questions, attitudes or services in relation to gender identity clinics, mental health services and general health services.</p>
EV57	<p>NHS D&amp;G Equality and Diversity Workforce Data Report, 2016  <a href="http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf">http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf</a></p>	<p>Around half of the NHS Dumfries and Galloway workforce have currently not answered the question on gender reassignment, with 44.4% saying that no and only 4.4% declining to answer this question. We do not currently have any employees to identify themselves on the system as transgender, despite 0.2% of applications from people who identify as transgender.</p>
EV58	<p>D&amp;G Community Survey, 2014</p>	<p>Respondents identifying as LGBTI answered statistically significantly less positive about feeling respected, and being in good health. Difficult to demonstrate statistical significances for Trans as numbers so small but feeling respected was dramatically different enough (only 46%) to demonstrate statistical significance.</p> <p>Compared to 2011, LGBTI respondents felt significantly</p>

		<p>safer in their local community (78% vs 67% in 2011)  Responses since the 2011 survey have improved for all protected characteristics on the issue of 'feeling safe in my local community' but significantly so for females, LGBTI and Nithsdale. However, despite improving over time the response from people identifying as transgender is still the lowest level of feeling safe in my local community.</p> <p><b>Top 6 Issues</b></p> <p><u>Community</u> - Prejudice/discrimination, Assault/Violence, Mental Health, Lack of Confidence/Self-Esteem, Anxiety/Depression, Invisibility.</p> <p><u>Family</u> - Physical Health, Mental Health, Anxiety/Depression, Unhappiness, Isolation, Lack of Confidence/Self-Esteem.</p>
EV59	<p>McNeil et al (2012) Trans Mental Health Study. Scottish Transgender Alliance.</p>	<p>People who have reassigned their gender, experience high levels of discrimination in society and this is reflected in their experience of the NHS. In this study, for nearly 30% of respondents a healthcare professional had refused to discuss a gender reassignment-related health concern. Anecdotal evidence among trans groups suggested trans people are experiencing high levels of depression, anxiety, self-harm and suicidal ideation related to transphobic discrimination experiences and lack of appropriate health service provision (especially in regard to lack of access to timely, good quality and patient-centred NHS gender reassignment services)</p> <p>66% of respondents reported that they had used mental health services for reasons other than access to gender reassignment medical assistance</p>

## Pregnancy and Maternity

EV60	<a href="https://www.equalityhumanrights.com/en/managing-pregnancy-and-maternity-workplace/pregnancy-and-maternity-discrimination-research-findings">https://www.equalityhumanrights.com/en/managing-pregnancy-and-maternity-workplace/pregnancy-and-maternity-discrimination-research-findings</a>	<p>Majority of employers reported that it was in their interests to support pregnant women and those on maternity leave, and agreed that statutory rights relating to pregnancy and maternity are reasonable and easy to implement. However:</p>
EV61	<p>file:///C:/Users/lfitzpatrick1/Downloads/summary_of_key_findings_-_bis-16-145-pregnancy-and-maternity-related-discrimination-and-disadvantage-summary%20(1).pdf</p>	<p>Overall, three in four mothers (77%) said that they had a negative or possibly discriminatory experience during pregnancy, maternity leave and/or on return from maternity leave. If scaled up to the general population, this could mean as many as 390000 mothers a year.</p> <p>Around one in nine mothers (11%) reported that they were either dismissed, made compulsorily redundant, where others in their workplace were not; or treated so poorly that they felt they had to leave their job; if scaled up the general population this could mean as many as 54,000 mothers a year.</p> <p>One in five mothers said that they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and/or colleagues; if scaled up the general population this could mean as many as 100,000 mothers a year.</p> <p>10% of mothers said their employer discouraged them from attending antenatal appointments; if scaled up to the general population, this could mean up to 53.000 mothers a year.</p> <p>Over two thirds of mothers (68%) submitted a flexible working request and around three in four of these mothers reported that their flexible working request was approved. Around half of mothers (51%) who had their flexible working request approved said that they felt it resulted in negative consequences.</p> <p>Some employers thought particular statutory rights were unreasonable and difficult to manage: 28% said that enhanced protection from redundancy during Ordinary Maternity Leave was unreasonable and 13% of those this was applicable to, said it was difficult to facilitate.</p> <p>Most employers (70%) said they felt women should declare upfront during recruitment if they are pregnant. A quarter of employers felt it was reasonable during recruitment to ask women about their plans to have children.</p> <p>The majority of employers felt that pregnant women (80%) and mother returning from maternity leave (78%) were as committed to work as other employees; however some employers had negative attitudes:</p> <p>27% felt that pregnancy put an unreasonable cost burden on the workplace.</p> <p>17% believed that pregnant women and mothers were less interested in career progression and promotion than other employees</p> <p>7% did not think that mothers returning from maternity</p>

		leave were as committed as other members of their team.
EV62	<p>EHRC 'Is Scotland Fairer' Report, 2015</p> <p><a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a></p>	<p>No national survey to measure unfair treatment, harassment or bullying at work. Most claims relate to either disability or sex discrimination. Decrease in claims related to age discrimination. Other evidence indicates that discrimination in the workplace is experienced in relation to pregnancy and maternity</p>

Race		
EV63	Stonewall 2012	81% of black and minority ethnic lesbians and bisexual women say they felt anxious or nervous (compared with 74% of white women)
EV64	<a href="http://www.scotpho.org.uk/population-groups/ethnic-minorities/key-points">http://www.scotpho.org.uk/population-groups/ethnic-minorities/key-points</a>	Minority ethnic groups in general have lower mortality than the general population, but may have specific health problems, such as heart disease and diabetes among South Asians.
EV65	EHRC 'Is Scotland Fairer' Report, 2015 <a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a>	<p>60% of Gypsy Travellers went onto 'positive destinations' compared with 90% for all school leavers from publicly funded schools.</p> <p>In 2008, people from ethnic minorities were more likely to have a degree than White people. By 2013, the gap had increased.</p> <p>Unemployment rates were significantly higher for people from some ethnic minorities compared with White people. In 2013, 57.4% of people from ethnic minorities were in work compared with 73.8% of White people.</p> <p>Modern Apprenticeships show clear gender segregation and low levels of access for ethnic minorities and disabled people. Ethnic minorities and disabled people appear to have low levels of access to apprenticeships. Figures for 2013/14 show that 1.1% of MA new starts were from ethnic minorities, lower than in 2009/10 (1.7%).</p> <p>In 2013, children living in households headed by someone from an ethnic minority were more likely to be living in relative poverty after housing costs (AHC) compared with those in households headed by a White person.</p> <p>In both 2008 and 2013, younger households and ethnic minority households were more likely than others to live in overcrowded properties.</p> <p>The Scottish parliament raised concerns about the quality and location of sites for Gypsy/Travellers. It described 'shocking standards of living and accounts of discrimination'.</p> <p>Increasing proportion of adults described their health as bad or very bad between 2008 and 2012, driven by the increase in women describing their health as bad or very bad. Bad health particularly affected particular PCs groups including gypsy travellers.</p> <p>Self reported health status for people with some protected characteristics was worse (in the 2011 census) including Gypsy /Travellers (compared with the general population) and older Indian, Pakistani and Bangladeshi women (compared with men in these ethnic groups).</p> <p>Older Indian, Pakistani and Bangladeshi women reported considerably worse health than older men in these ethnic groups. Gypsy/Travellers reported poorer health than the general population. A greater proportion of Gypsy/Travellers rated their health as bad or very bad (15%) compared with the average for Scotland (6%). The</p>

		<p>majority of recent migrants (people born outside the UK and who had been living in Scotland for less than 10 years) report their general health was good or very good. Evidence suggests that some groups such as Gypsy/Travellers who need palliative care can experience problems accessing healthcare services. In 'How Fair is Britain' it was noted that the health of Gypsy/Travellers was poorer than the rest of the population, and this group experienced poorer access to GPs and other primary care services. Some inequalities in end of life care. It is estimated that around 11,000 people who need palliative care in Scotland are not accessing it. Lower levels of awareness and language differences among ethnic minorities may limit use of these services. Attitudes towards Gypsy/Travellers and Roma people remain an issue of concern. Qualitative research in Govanhill, Glasgow found that Roma people were subject to frequent unsubstantiated allegations of criminality, public nuisance, sanitation issues and overcrowding. An audit of published media articles over six months in 14/15 about Gypsy/Travellers found that around two-thirds contained negative coverage. Overall the proportion of people reporting support from family, friends and neighbours in their neighbourhood increased in 2013 compared with 07/08. However, some people reported lower levels of support than others: People from ethnic minorities compared to White people The 2011 census highlights: 1.4% (62,000) of people aged 3 and over were reported as being unable to speak English well. 1.1% (57,000) reported being able to speak Gaelic</p>
EV66	<p>NHS D&amp;G Equality and Diversity Workforce Data Report, 2016  <a href="http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf">http://www.nhsdg.scot.nhs.uk/About_Us/Equality___Diversity/ED_Files/Workforce_Data_Report_2016.pdf</a></p>	<p>56.8% of the NHS Dumfries and Galloway workforce have identified themselves as 'White Scottish'. A further 23.3% have not specified any information or have opted not to answer this question. 0.8% of the workforce have identified as Black, Asian or Minority Ethnic (BAME). The local BAME population in Dumfries and Galloway is 1.2% and is lower than that of Scotland as a whole. 2% of our applications received were from people who have identified as BAME. There was no statistically significant difference in the proportion of applications shortlisted based on the ethnic background of the applicant. Even grouping all White ethnic categories into a single groupings and comparing this against all non-White ethnic categories there was no statistically significant difference in the proportion of applications which were shortlisted.</p>
EV67	<p>D&amp;G Community Survey 2014</p>	<p><b>Top 6 Issues</b>  <u>Community</u> - Physical Health, Assault/Violence, Money Issues, Transport, Employment, Lack of Voice, Domestic Abuse, Housing/Homelessness.  <u>Family</u> - Physical Health, Anxiety/depression, Lack of Voice, Bullying/Harassment, Mental Health, Transport,</p>

		Prejudice/Discrimination, Suicide/Self-Harm.
EV68	EHRC - Healing a Divided Britain 2016	<p>Over the last five years, the number of young ethnic minority people in the UK who are long-term unemployed has almost doubled, whereas for young White people it fell slightly. People from ethnic minorities have disproportionately high unemployment rates. Our research on ethnicity and employment trends in 2013 found that White people had a higher employment rate (at 74.7 per cent) than those from ethnic minorities (59.3 per cent).<sup>9</sup> Across Great Britain, Black and Asian workers are also moving into more insecure forms of employment at higher rates than White workers. Black and Asian workers were more than twice as likely to be in agency work in 2014. In 2014, the probability of Black African women being detained under mental health legislation in England was more than seven times higher than for White British women. Ethnic minorities (along with women and disabled people) in the UK continue to be underrepresented in higher positions in public life.</p> <p>There was a considerable gap in the percentage of White and ethnic minority people starting apprenticeships (89% compared with 2-5%).</p> <p>In Scotland, there was a significant gap between the employment rate of people from ethnic minorities and that of White people in both 2008 and 2013. In 2013, 57.4% of people from ethnic minorities were in work, compared with 73.8% of White people. The lowest employment rates were for people with 'Other' ethnicity (56.0%) and for Pakistani and Bangladeshi people (42.9%).</p> <p>There are still stark health inequalities, particularly in mental health settings. Not only do ethnic minorities suffer poorer health they also suffer from poorer access to healthcare compared with the White population. There is limited data available for Scotland, however, these gaps do not relate to the absence of an issue, but simply an absence of data about the issue.</p> <ul style="list-style-type: none"> <li>• Stark disproportionalities for Black people in mental health settings include higher rates of hospital admission, longer stays and higher rates of re-admission.</li> <li>• In 2014, the probability of Black African women being detained under the Mental Health Act 1983 in England and Wales was more than seven times higher than for White British women.</li> <li>• In the 2011 Census, Gypsies and Travellers were found to suffer poorer physical health compared with the rest of the population in Britain: 14.1% in England and Wales rated their health as 'bad' or 'very bad'. In Scotland, a greater proportion of Gypsy/Travellers rated their health as 'bad' or 'very bad' (15%) compared with the average for Scotland (6%).</li> <li>• Studies reported lower access to palliative and end of life care services for ethnic minorities when compared with</li> </ul>

		<p>White British people.</p> <ul style="list-style-type: none"> <li>• Among migrants, Black African women had a mortality rate four times that of White women in the UK.</li> <li>• Gypsies and Travellers and migrants experienced poorer access to health and primary care services. They face multiple barriers when seeking to register with GPs, including prejudice and discrimination.</li> </ul> <p>In Scotland, higher proportions of ethnic minority respondents were at risk of poor mental health in 2008, but this was not the case in 2012.</p> <p>In Scotland, research by Marie Curie (2015) found that Black, Asian and 'Other' ethnic minority communities are underrepresented among those using palliative care services. Many people who are coming to the end of their lives do not receive the care they need and people from different ethnic minorities have very different experiences of accessing care. The barriers that can stop people from different ethnic minorities accessing end of life care include language problems, lack of awareness of palliative care within communities, and a lack of awareness and understanding by health professionals of the needs of ethnic minority communities.</p> <p>Gypsies and Travellers experience poorer access to GPs and other primary care services. They often face discrimination when trying to access health services. Their needs have been highlighted by various UN Committees, including those on the Elimination of Racial Discrimination and the Elimination of Discrimination against Women. Gypsies and Travellers remain unregistered with GPs for a variety of reasons that include: being turned down as 'problematic users', a lack of cultural awareness on the part of healthcare professionals, and their nomadic lifestyle presenting barriers to registration (RCGP, 2013). In Scotland, a range of approaches were being employed by health boards to improve services for Gypsy/Travellers. These included outreach initiatives and health visits to sites, as well as linking patients directly to GP practices and dentists (Scottish Parliament, 2012). However, some GP practices refused to register Gypsy/Travellers on the grounds that they had no fixed address or photographic ID, or that they could not guarantee that they would stay in the area for at least three months (Scottish Parliament, 2012).</p>
EV69	Social Care Survey 2015 (SG Evidence Finder)	In the year to 31 March 2015, 99% of the people who received home care and their ethnicity was known were of 'white' ethnicity.
EV70	Scotland's Carers Report, 2015 <a href="http://www.gov.scot/Publications/2015/03/1081">http://www.gov.scot/Publications/2015/03/1081</a>	96% of people who provide unpaid care to a relative, friend or neighbour are from a "White Scottish/British/Irish" ethnic background
EV71	Scottish Surveys Core Questions 2014 (SG Evidence Finder)	In 2014, when the differing age profile of ethnic groups are taken into account, the "White: Other British" and "White: Other" groups have significantly higher levels of good/very good general health compared to the "White: Scottish"

		<p>majority.</p> <p>In 2014, accounting for age differences, only the "White: Other British" groups is significantly different to the national average level of long-term limiting health conditions, around 4 percentage points lower than the "White: Scottish" majority.</p> <p>In 2014, the "White: Polish" group has higher smoking rates than the national average; for "White: Other British" and "Asian" subgroups, the rate is lower. There are also significant differences between sexes across most ethnic groups, the prevalence among women being lower.</p> <p>In 2014, mental wellbeing is lower in the "White: Scottish" group than in all other "White" ethnic subgroups.</p> <p>Differences for the "Asian" and "All other ethnic groups" are not statistically significant after age standardisation.</p>
EV72	<p>Scottish Health Survey Topic Report: Equality Groups (SG Evidence Finder)</p>	<p>White British respondents had the lowest levels of wellbeing of all ethnic groups (mean WEMWBS score of 49.8). This was significantly lower than that the scores of White Other (51.2), African, Caribbean or Black (53.7) and Asian Other (53.5) ethnic groups.</p> <p>Chinese respondents were the most likely to rate their health as good or very good (91%) and this was significantly different from the national average.</p>
EV73	<p><u>Variations in the Experiences of Primary Care Patients: Analysis of the Scottish Patient Experience Survey of GP and local NHS services 2011/12. (SG Evidence Finder)</u></p>	<p>For the patient primary care survey, it was possible to compare Asian, Asian Scottish or Asian British; Mixed or multiple ethnic groups; African, Caribbean or Black; and Other ethnic groups with the White group. The effects of ethnicity on experiences were generally quite weak, but where there were differences they showed that certain ethnic groups (Asian, Asian Scottish or Asian British and other ethnic groups) tended to report less positive experiences. African, Caribbean or Black patients reported a similar experience to White patients.</p> <p>It is not clear how any differences can be explained, for example whether they can be accounted for by actual differences in the quality of care provided or different cultural expectations between population groups. More details can be found in the following reports.</p>
EV74	<p>Variations in the Experience of Inpatients in Scotland: Analysis of the 2010 Inpatient Survey (SG Evidence Finder)</p>	<p>In the case of ethnicity, due to small numbers, responses in the inpatient survey were grouped into white and non-white. There were generally no differences in the experiences of white and non-white patients. However there may have been variations within these groups.</p>
EV75	<p>ISD Scotland National Workforce Statistics  <a href="http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/">http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/</a></p>	<p>As at end March 2016, 65.0% of staff employed by NHSScotland declared their ethnicity as White, 0.3% as Mixed, 1.9% as Asian, 0.6% as Black and 0.3% as Other. Ethnicity is unknown or not declared for 31.9% of staff. (Information on disability, ethnicity, religion and sexual orientation is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.)</p>

EV76	Modern Apprenticeship Statistics Full Year Report 2015-16	In 2015-16, 1.6% of Modern Apprenticeship starts self-declared as being from a minority ethnic group.
EV77	Coalition for Equality and Rights (2015) Race Equality Framework for Scotland, Community Ambassadors Programme - Findings Summary.	<p>Some of the key issues identified by Coalition for Equality and Rights through their Community Ambassadors Programme were as follows:</p> <ul style="list-style-type: none"> <li>- The NHS should be more aware of different needs and experiences and how they impact on health;</li> <li>- There are barriers to health services for Black / Minority Ethnic groups as a consequence of language, lack of knowledge of the health service, stigma around health conditions and lack of cultural sensitivity;</li> <li>- Concerns about surcharges to some migrant populations.</li> </ul>

**Religion or Belief**

EV78	<p>EHRC 'Is Scotland Fairer' Report, 2015  <a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a></p>	<p>People from ethnic minorities, religious minorities and women were more likely than others to be worried about physical attack, sexual assault and being the victim of an acquisitive crime.</p> <p>There were gaps in evidence in relation to: - Whether people feel able to practise their religion or belief freely - Islamophobia and anti-Semitism</p> <p>Overall 6% of adults had experienced harassment in the last 3 years and 7% had experienced discrimination. People with 'another religion' were more likely to report this than those having identified as no religion, Church of Scotland, Roman Catholic and 'Other Christian'.</p>
EV79	<p>NHS D&amp;G Equality and Diversity Workforce Data Report, 2016</p>	<p>31.6% of the NHS Dumfries and Galloway workforce has indicated that their religion is Church of Scotland, 22% of staff declined to answer this question, 20.8% specified no religion and 11.5% of staff left this question blank. All other religions had relatively smaller numbers, making up around 15% of the workforce.</p>
EV80	<p>D&amp;G Community Survey 2014</p>	<p>Despite having a very low response level, people identifying as belonging to a minority faith were significantly less likely to agree that got the information of care they needed to be in good health (60% vs. 91% all respondents and 38% vs. 84% all respectively).</p> <p>People of minority faiths also were significantly more likely to say that their childcare needs were not met (38% vs. 81% all people.) There were no observable statistical differences between the time periods for people identifying as belonging to a minority faith.</p> <p><b>Top 6 Issues</b></p> <p><u>Community</u> - Prejudice/Discrimination, Lack of Voice, Mental Health, Anxiety/Depression, Bullying/Harassment, Transport, Money issues, Employment, Housing/Homelessness</p> <p><u>Family</u> - Mental Health, Physical Health, Transport, Lack of Confidence/self-esteem, Anxiety/Depression, Lack of Voice</p>
EV81	<p>EHRC - Religion or Belief in the Workplace and Service Delivery Report (Findings from a call for evidence)</p>	<p>Positive experiences included respondents describing workplaces with an inclusive environment in which employees and employers were able to discuss openly the impact of religion or belief on employees or customers. Some respondents of different religions also reported they were easily able to take time off to celebrate religious holidays</p> <p>Some employees and students stated that they had encountered hostile and unwelcoming environments in relation to the holding, or not holding, of a religion or belief. The issues raised concerned the recruitment process, working conditions, including the wearing of religious clothing or symbols, promotion and progression, and time off work for religious holidays and holy days. Some reported that particular beliefs were mocked or dismissed in</p>

		<p>the workplace or classroom, or criticised unwelcome 'preaching' or proselytising, or the expression of hurtful or derogatory remarks aimed at particular groups. Employees and employers reported that requests relating to religion or belief issues were not always fairly dealt with in the workplace and some called for better guidance on how to achieve this.</p> <p>Many participants were concerned about the right balance between the freedom to express religious views and the right of others to be free from discrimination or harassment. Specific issues raised included conscientious objection in relation to marriage of same sex couples and how to protect employees from harassment and discrimination by staff, customers or service users with a religion. There was a marked divergence of opinion about when it was desirable and appropriate to discuss religious beliefs with service users during the delivery of a service.</p> <p>Some participants viewed the current equality and human rights legal framework relating to religion or belief favourably, arguing that it provided a single robust framework to deal with discrimination and equality. Others were broadly favourable, but felt a pluralistic approach had not yet gone far enough. A third group viewed the law negatively, with some Christian employers, service users and providers considering that Christianity had lost status as a result of the legal framework.</p> <p>Perceived discrimination. Some employees felt discriminated against in relation to recruitment processes, work conditions, promotion and progression, and time off work for religious holidays and holy days. Participants from the legal and advice sector referred to employees wanting to take time off for work for religious holidays and also to the wearing of religious dress and religious symbols.</p> <p>Perceived harassment of employees and students. This was linked to dismissive attitudes towards, and the mocking of, particular religions and beliefs, unwelcome 'preaching' or proselytising, and the expression of views that were hurtful or derogatory towards other faiths and/or towards lesbian, gay, bisexual and transgender (LGBT) people. Pupils with and without religious beliefs also described being mocked and ridiculed by teachers because of their beliefs.</p> <p>Fear of repercussions. Some employees felt unable to challenge the discrimination or harassment they felt they had experienced, or their sense of alienation because they feared repercussions; experienced pressures from managers not to complain; and/or lacked confidence that the situation would change.</p>
EV82	Scottish Survey core Questions (SSCQ) 2014	In 2014, after the age distribution of religion groups is taken into account, most of the apparent differences in good/very good general health disappear. Only the lower than average rates for the "Roman Catholic" and "Other" groups

		<p>are significant, at 72.5% and 70.4% respectively. In 2014, after age standardisation, the smoking rate for Church of Scotland, Other Christian and Muslims is considerably lower than the national average rate, and higher among Roman Catholics and those with no religious affiliation. Smoking rates are significantly higher for men compared with women in all religion groups except for those who identified as having 'no religion' and for Roman Catholics, where the rates for men and women are approximately equal</p>
EV83	<p>Scottish Health Survey Topic Report: Equality Groups</p>	<p>People identifying as Hindu had the highest self-assessed health (92% rated their health as good or very good) whilst those who reported their religious faith as Other were the least likely to rate their health as good or very good (67%). Respondents whose religion was Church of Scotland were slightly, but significantly, more likely to rate their health as good or very good (78%) than the Scottish average (76%) and Roman Catholics were significantly less likely to do so (72%).</p> <p>People who belonged to no religious group were most likely to drink excessively (26% drank at hazardous or harmful levels) whilst Muslims (5%), Hindus (6%) and Buddhists (10%) were the least likely religious groups to do so.</p>
EV84	<p>Variations in the Experience of Inpatients in Scotland: Analysis of the 2010 Inpatient Survey.</p>	<p>In the case of religion, in the inpatient survey there were some differences in the experiences of patients of different religions or beliefs compared to Church of Scotland patients: Church of Scotland patients were more positive. However the experience of Church of Scotland patients, Roman Catholics and other Christians were very similar.</p>
EV85	<p>Variations in the Experiences of Primary Care Patients: Analysis of the Scottish Patient Experience Survey of GP and Local NHS Services 2011/12</p>	<p>In the primary care survey, there were differences in the experiences of patients of different religions or beliefs compared to Church of Scotland patients: Church of Scotland patients were more positive compared to the other groups. However differences were generally weak. The experience of Church of Scotland patients and Roman Catholics were very similar. Where there are differences, it is not clear how they can be explained, for example whether they can be accounted for by actual differences in the quality of care provided or different cultural expectations and perceptions between population groups or a combination of these factors. More details can be found in these reports.</p>
EV86	<p>ISD Scotland National Workforce Statistics  <a href="http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/">http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/</a></p>	<p>As at end March 2016, 30.4% of staff employed by NHSScotland declared their religion as Christian. 5.7% of staff declared their religion as belonging to another faith group (Buddhist, Hindu, Jewish, Muslim, Sikh or Other). 15.8% declared they follow no religion, and religion is unknown or was not declared for 48.1% of staff. (Information on disability, ethnicity, religion and sexual orientation is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.)</p>

## Sexual Orientation

EV87	YouGov.com Aug 13-14 2015	<p>British Adults between the age of 18 - 24 were asked to place themselves on the Kinsey scale, which measures varying sexuality between heterosexual &amp; bisexual. 1 in 2 people are not 100% heterosexual.</p> <p>One in seven (13%) of gay and bisexual men are currently experiencing moderate to severe levels of mixed depression and anxiety compared to 7% of men in general</p> <p>74% of lesbians and bisexual women (in one year) say they felt anxious or nervous.</p> <p>higher rates of breast cancer among lesbians - stonewall 2012</p>
EV88	<p>EHRC 'Is Scotland Fairer' Report, 2015</p> <p><a href="https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report">https://www.equalityhumanrights.com/en/britain-fairer/scotland-fairer-introduction/scotland-fairer-report</a></p>	<p>Bullying is a particular issue for some children and young people who share particular protected characteristics – including disabled, and lesbian, gay and bisexual (LGB) children and young people</p> <p>No national survey to measure unfair treatment, harassment or bullying at work. Most claims relate to either disability or sex discrimination. Decrease in claims related to age discrimination. Other evidence indicates that discrimination in the workplace is experienced by LGBT people</p> <p>No overall change in the proportion of adults who were at risk of poor mental health between 2008 and 2012. However, some groups such as women, disabled people and LGBT young people were at higher risk of poor mental health.</p> <p>A survey by LGBT Youth Scotland in 2012 found that LGBT young people are at risk of experiencing mental health problems. This can be as a result of prejudice and discrimination, negative responses and rejections, pressures to conform to gendered norms and expectations of heterosexuality and fears of experiencing homophobia, biphobia or transphobia.</p> <p>LGBT people are less likely to access some key health services such as GP surgeries and are more likely to use A&amp;E services and minor injury clinics. LGBT people who have been to their GP in the last year were more likely to rate their experience as poor or extremely poor than the general population.</p> <p>Police recorded hate crime in relation to disability and sexual orientation increased</p> <p>Overall 6% of adults had experienced harassment in the last 3 years and 7% had experienced discrimination. LGB people were more likely to experience harassment than heterosexual/straight people.</p>
EV89	D&G Community Survey 2014	<p>Respondents identifying as LGBTI answered statistically significantly less positive about feeling respected, and being in good health. Difficult to demonstrate statistical significances for Trans as numbers so small but feeling respected was dramatically different enough (only 46%) to demonstrate statistical significance.</p> <p>Compared to 2011, LGBTI respondents felt significantly</p>

		<p>safer in their local community (78% vs 67% in 2011)  Responses since the 2011 survey have improved for all protected characteristics on the issue of 'feeling safe in my local community' but significantly so for females, LGBTI and Nithsdale.</p> <p><b>LGBTI Top 6 issues –</b>  <u>Community</u> - Prejudice/discrimination, Assault/Violence, Mental Health, Anxiety/Depression, Money issues, Bullying/Harassment.  <u>Family</u> - Mental Health, Anxiety/Depression, Physical Health, Lack of Confidence/Self-esteem, Unhappiness, Prejudice/Discrimination</p>
EV90	Stonewall Unhealthy Attitudes	<p>Stonewall interviewed NHS staff and identified evidence of: bullying and discrimination in health and social care; failure to support LGBT patients; staff afraid to speak up and unequipped to challenge prejudice. Eliot et al reported that sexual minorities were two to three times more likely to report having a longstanding psychological or emotional problem than heterosexual counterparts. Sexual minorities were also more likely to report fair/poor health than the rest of the population.</p> <p>A quarter (24 per cent) of patient-facing staff have heard their colleagues make negative remarks about lesbian, gay or bisexual people, or use discriminatory language like 'poof' or 'dyke', whilst at work in the last five years. One in five (20 per cent) have heard similar disparaging remarks about trans people</p> <p>One in twenty (five per cent) patient-facing staff have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.</p> <p>A quarter (26 per cent) of lesbian, gay and bisexual staff say they have personally experienced bullying or poor treatment from colleagues in the last five years as a result of their sexual orientation.</p> <p>Almost one in ten (nine per cent) health and social care staff are aware of colleagues experiencing discrimination or poor treatment because they are trans. One in fourteen (seven per cent) say they would not feel 'comfortable' working alongside a trans colleague.</p> <p>There is a lack of confidence among health and social care staff, including those most relevant health and social care practitioners with direct responsibility for patient care, in their ability to understand and meet the needs of LGBT patients and service users.</p> <p>Almost six in ten (57 per cent) health and social care practitioners with direct responsibilities for patient care, such as social workers, nurses and mental health workers, say they don't consider sexual orientation to be relevant to one's health needs.</p> <p>One in ten (ten per cent) say they are not confident in their ability to understand and meet the specific needs of</p>

		<p>lesbian, gay or bisexual patients and service users. A quarter (24 per cent) are not confident in their ability to respond to the specific care needs of trans patients and service users.</p> <p>One in ten (ten per cent) have witnessed staff within their workplace expressing the belief that someone can be 'cured' of being lesbian, gay or bisexual.</p> <p>One in six (16 per cent) patient-facing staff say they would not feel confident challenging colleagues who make negative remarks about lesbian, gay or bisexual people or use discriminatory language such as 'poof' and 'dyke' towards patients or service users.</p> <p>Almost three in four (72 per cent) patient-facing staff have not received any training on the health needs of LGBT people, the rights of same-sex partners and parents or the use of language and practices that are inclusive of the LGBT community.</p> <p>Trans issues often remain unaddressed in training, with only a quarter of those trained reporting that the legal rights of trans staff (27 per cent) and trans service users (23 per cent) were included.</p> <p>One in four (25 per cent) of all health and social care staff say their employer has never provided them with any equality and diversity training.</p> <p>A third (33 per cent) (of health and social care staff) say that the NHS and social care services should be doing more to meet the needs of lesbian, gay and bisexual service users.</p> <p>Just three in five (59 per cent) of all health and social care staff agree that their employer takes effective steps to prevent and respond to discrimination or poor treatment as a result of a person's sexual orientation, and just under half (48 per cent) on the basis of a person's trans identity.</p>
EV91	Stonewall LGB People in later life	<p>Lesbian, gay and bisexual people over 55 are:</p> <ul style="list-style-type: none"> <li>● More likely to be single. Gay and bisexual men are almost three times more likely to be single than heterosexual men, 40 per cent compared to 15 per cent.</li> <li>● More likely to live alone. 41 per cent of lesbian, gay and bisexual people live alone compared to 28 per cent of heterosexual people.</li> <li>● Less likely to have children. Just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women.</li> <li>● Less likely to see biological family members on a regular basis. Less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people</li> </ul> <p>Lesbian, gay and bisexual people share many worries about ageing with their heterosexual peers but are consistently more anxious across a range of issues</p>

		<p>including future care needs, independence and mobility, health including mental health and housing. Half feel that their sexual orientation has, or will have, a negative effect on getting older.</p> <p>Older lesbian, gay and bisexual people:</p> <ul style="list-style-type: none"> <li>● Drink alcohol more often. 45 per cent drink alcohol at least ‘three or four days’ a week compared to just 31 per cent of heterosexual people.</li> <li>● Are more likely to take drugs. 1 in 11 have taken drugs within the last year compared to 1 in 50 heterosexual people.</li> <li>● Are more likely to have a history of mental ill health and have more concerns about their mental health in the future.</li> <li>● Lesbian and bisexual women are more likely to have ever been diagnosed with depression and anxiety – two in five have been diagnosed with depression, one in three with anxiety.</li> <li>● Gay and bisexual men are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men.</li> <li>● 49 per cent of lesbian, gay and bisexual people worry about their mental health compared to 37 per cent of heterosexual people.</li> </ul> <p>Three in five are not confident that social care and support services, like paid carers, or housing services would be able to understand and meet their needs.</p> <ul style="list-style-type: none"> <li>● More than two in five are not confident that mental health services would be able to understand and meet their needs.</li> <li>● One in six are not confident that their GP and other health services would be able to understand and meet their needs.</li> </ul> <p>As a result nearly half would be uncomfortable being out to care home staff, a third would be uncomfortable being out to a housing provider, hospital staff or a paid carer, and approximately one in five wouldn’t feel comfortable disclosing their sexual orientation to their GP. Significant numbers of disabled lesbian, gay and bisexual people also report that they have not accessed the health, mental health and social care services in the last year that they felt they needed.</p> <p>The cumulative experience and concerns of older lesbian, gay and bisexual people leave them specifically concerned about the prospect either of living alone without support or having to enter care homes which will not meet their needs.</p>
EV92	NHS D&G Equality and Diversity Workforce Data Report, 2016	45.7% of the NHS Dumfries and Galloway workforce identify as heterosexual. Almost as many staff (41.4%) have declined to answer this question and 12.1% have left this question blank. 0.4% of the workforce have identified as Lesbian, Gay or Bisexual (LGB). A recent local study carried out by LGBT Youth suggested that around 7.8% of

		<p>the population identified as LGB. Other national studies suggest this figure is around 6%.  77% of applicants in 2015/16 identified themselves as heterosexual during the application process. 1.9% of applicants identified as LGB.  A statistically significantly higher proportion of staff who reported not being heterosexual said they had experienced bullying or harassment from a colleague compared to the proportion who had experienced the same but reported being heterosexual (26% compared to 14%). There was no statistically significant difference in the proportion of people who said they had experienced bullying or harassment from a manager based on their sexual orientation (7.8% of gay men/women/bisexuals reported harassment from a manager compared to 6.0% of heterosexual staff)</p>
EV93	LGBT Plus 2014	<p><b>Identity</b> - LGBT people in rural areas (which can be more conservative and traditional) are often not confident to be open about their sexual orientation or gender identity for fear of prejudice, discrimination and losses of friends and family. Due to this fear, LGBT people often come out later in life or at times do not come out at all, but instead 'live a lie' which can greatly impact on their mental health. This can be particularly true for men who have sex with men and transgender people. Bisexual people in opposite sex relationships may also face pressure to deny their same sex attraction.</p> <p><b>Mental Health</b> is one of the biggest problems for LGBT people in Dumfries and Galloway, with those consulted expressing issues including low self-esteem and self-worth, lack of confidence; generalised fear, anxiety and depression; personality disorders; agoraphobia; body-image issues and eating disorders, self-harm and suicidal thoughts, feelings and behaviours. Although all identities within the LGBT community are significantly affected by mental health issues, bisexual and transgender people can be particularly vulnerable to poor mental health.</p> <p>Sexual Health can be a particular problem for men who have sex with men, with risk taking behaviours often associated with a lack of access to condoms/ relevant sexual health information, low self-worth, sexual coercion or not being 'out'. There is also a dearth of information for lesbian women, bisexual people and transgender people around sexual health and relationships.</p> <p><b>General Health</b> - local LGBT people experience other health issues, often related to poor mental health including alcohol and drugs misuse (in particular self-medicating using prescription drugs to numb feelings); obesity, poor diet and lack of physical activity (and associated illnesses); poor dental health and personal hygiene. Gay and bisexual men, and transgender women may also have prostate issues; while lesbian and bisexual women and transgender men may experience gynaecological issues, both of which</p>

may be difficult to talk about with health professionals.

**Parenting** - many LGBT people, particularly those who come out later in life, may have children from previous relationships, and many others want to have children once they have come out. Many of these prospective parents, however, lack the information, support or finances to plan for a family, or may not even realise that policies now support assisted conception and adoption for LGBT people. LGBT families are largely invisible within communities of Dumfries and Galloway, or may be considered 'less valid' and few services are set up to support LGBT parents, the children of LGBT people, or the parents of LGBT children. The children of LGBT people are also commonly targets of homophobic, biphobic and transphobic bullying.

**Education, employment and training** with the threat (and reality) of workplace prejudice and discrimination, many of the local LGBT people often did not find it easy to be 'out' at work, and with employment hard to find, they found it tempting to either hide themselves, or put up with harassment for fear of ending up unemployed. There are currently no LGBT staff networks in Dumfries and Galloway, and few visible LGBT people within larger employers in the Region. Transgender people can find it particularly to negotiate workplace issues, particularly during the process of transition.

**Subsistence and security** - although is sometimes believed that LGB people are more affluent than the general population due to the (wrong) assumption that they are in high paid jobs and have no dependents, most of the local LGBT people who took part in the consultation were not in employment (often due to poor mental health or fears around safety in the workplace) and were experiencing financial difficulties which impacted on other areas of their lives including housing, transport, parenting and health. Many people also experienced insecurity and a lack of safety in their housing situation due to the negative attitudes of neighbours towards their sexual orientation or gender identity.

**Personal Safety** - although social attitudes towards LGBT people are improving, the local LGBT people who took part in our consultation experience widespread prejudice, discrimination, harassment and hate crime in all areas of their lives (family, community, services, employment). In smaller towns and more rural areas, lack of acceptance of LGBT identities was more pronounced, and LGBT people found themselves scapegoated, bullied, labelled, stereotyped and even assaulted or abused. This left many of the individuals feeling fearful and unsafe, and their experiences seriously impacted on their mental health. It was recognised that transgender people (and in particular male to female transgender people) were particularly vulnerable to prejudice, discrimination and hate crime.

		<p><b>Information and services</b> - LGBT people lack information and services which cater to their particular needs, and as such have less support to enable them to make positive choices and to deal with the issues which affect them. This includes a lack of basic information about their rights and the policies and laws which are designed to protect them. Despite some examples of good practice, overall Dumfries and Galloway has a lack of LGBT affirming services and spaces, not least in rural areas, with LGBT specific services currently focussed around larger towns, and few mainstream agencies feeling equipped to support LGB and particularly T people effectively. There was also a general feeling that national LGBT services did not fully appreciate the particular needs of LGBT people from rural areas and that 'central belt' approaches would not be effective in rural areas like Dumfries and Galloway. Bisexual and transgender people also felt (at times) excluded by both LGBT and mainstream services. The transgender people also faced particular issues when accessing services, not least having to navigate NHS and gender specialist services (including having to travel to Glasgow), being mis-gendered by services and having to access toilets, buy clothes and access other gendered spaces and services.</p> <p><b>Lack of voice and influence</b> - many of the individuals consulted expressed having a lack of voice within their communities and within the design and delivery of public services. In addition, very few services collect demographic information relating to sexual orientation or gender identity within consultations, and the census still does not include this, therefore the specific needs of LGBT people cannot be properly identified and considered. There also seemed to be a general apathy within the groups consulted with regards to activism and voice, with a lack of confidence to voice their needs to services and decision makers, and a feeling that their views didn't matter, or wouldn't be taken seriously. This reflects the fact that LGBT people who have been discriminated against legislatively, societally and personally can have lower expectations for themselves than the wider population, and can 'settle' with a second class service.</p>
EV94	LGBT Plus 2016	<p><b>Personal Barriers</b></p> <ul style="list-style-type: none"> <li>• enforced and self-enforced isolation - shutting self away (due to fear / experience of prejudice)</li> <li>• lack of self-esteem and confidence</li> <li>• cross over with issues of age and disability compounding barriers</li> </ul> <p><b>Societal Barriers</b></p> <ul style="list-style-type: none"> <li>• rurality - most LGBT services in Dumfries / isolation within rural communities</li> <li>• negative attitudes and hate crime towards LGBT plus people</li> </ul> <p>lack of public displays of acceptance of LGBT plus people</p>

within communities

**Institutional Barriers - Poor Practice**

- Breaches of the Gender Recognition Act in relation to disclosure of transgender people's identity
- Mis-gendering of transgender people and lack of awareness of transgender issues in general
- assumptions / stereotyping of LGBT people including not recognising same sex partnerships (calling husbands / wives / partners "friend")
- lack of easy read information including info on LGBT issues
- inappropriate staff being assigned to LGBT plus people e.g. those who are visibly uncomfortable with LGBT plus identities
- lack of person centred care - not enough time given for GPs and carers to get to know people and lack of skill in finding out what matters to them, and lack of a rights based approach which respects choice

**Institutional Barriers - Service Gaps / Developments**

- lack of region wide specialist social / support services for LGBT plus people
- lack of visible, confident and skilled volunteers / activists within the LGBT community to drive the agenda forward
- lack of training for professionals around LGBT and other equality related issues
- lack of outreach to hidden LGBT plus people
- lack of public statements/ advertising of support by services which are inclusive
- lack of forward looking care plans which take into consideration LGBT plus needs
- care home, care at home and supported housing sector is not safe or supportive for LGBT plus people, and does not cater to their needs, including their (common) desire to live near or with their LGBT community as they age

**Findings - Most Important Support Required**

Service improvements

- robust training for staff across all services on LGBT plus and equality and diversity (key focus GPs and paid carers), including identifying LGBT experts or champions
- training to develop more person centred care, including being able to spend more time with people to get to know them and their needs
- improving assessment processes including forward looking care plans to ensure staff are confident in asking the question about LGBT needs / identity
- more information in easy read
- some services / professionals are very good - share when it's working well
- services need to advertise they are LGBT friendly - can remove a big barrier to access
- services to focus on increasing personal confidence / resilience

		<p><b>Addressing service gaps</b></p> <ul style="list-style-type: none"> <li>• more accessible and developed region wide services for LGBT people including outreach, support, social opportunities, befriending, volunteering and activism</li> <li>• rural transport solutions to ensure access to centralised and other services</li> <li>• localised support / outreach clinics from Glasgow for people undergoing gender reassignment or IVF</li> <li>• affirming care home, care at home and supporting housing for LGBT plus people</li> </ul> <p>Areas which should be our main area of focus (in order of priority)</p> <p>I. thorough investigation of the feasibility of LGBT friendly / LGBT focussed care homes, care at home services, supported housing or co-housing solutions. Market facilitation plan and housing policy should reflect this priority</p> <p>II. development of robust training packages / roll out of high quality training to staff across the health and social care sector on LGBT plus and other equality and diversity issues. This could include having a list of LGBT friendly practitioners / champions so LGBT plus people can have a choice of who supports them</p> <p>III. updating systems and providing training for professionals so they become confident in 'asking the question' and are able to capture LGBT plus needs in all assessment paper work and forward looking care plans</p> <p>IV. providing funding to support the development of accessible, region wide services for LGBT plus people including outreach, support, social opportunities, befriending, volunteering and activism</p>
EV95	<p>Scottish Surveys Core Questions (SSCQ) 2014 (SG Evidence Finder)</p>	<p>In 2014, after age standardisation, the proportion of the "LGB &amp; Other" group reporting good or very good general health is significantly lower than the rest of the population (65.6% compared with 74.5%).</p> <p>In 2014, the "LGB &amp; Other" group has a lower mental wellbeing score on average than the heterosexual group (1.4 points lower).</p>
EV96	<p>Scottish Health Survey Topic Report: Equality Groups</p>	<p>People who self-reported as bisexual reported poorer self-assessed health (68% had good or very good health) and lower mental wellbeing (mean WEMWBS score of 47.9) than average.</p> <p>The mental wellbeing of gay men and lesbians (48.8) was not significantly different from the average.</p>
EV97	<p>Variations in the Experience of Inpatients in Scotland: Analysis of the 2010 Inpatient Survey.</p>	<p>The Scottish Government collects information on the experiences of people in relation to healthcare services through the Scottish inpatient and primary care experience surveys. In the case of sexual orientation, there were some differences in the experience of patients according to reported sexual orientation. In the primary care survey, gay or lesbian and bisexual groups had similar experiences</p>

		<p>compared to the heterosexual/straight group. Where there are differences, it is not clear how they can be explained, for example whether they can be accounted for by actual differences in the quality of care provided or different cultural expectations and perceptions between population groups or a combination of these factors. More details can be found in these reports.</p>
EV98	<p>Variations in the Experiences of Primary Care Patients: Analysis of the Scottish Patient Experience Survey of GP and Local NHS Services 2011/12</p>	<p>The Scottish Government collects information on the experiences of people in relation to healthcare services through the Scottish inpatient and primary care experience surveys. In the case of sexual orientation, there were some differences in the experience of patients according to reported sexual orientation. In the primary care survey, gay or lesbian and bisexual groups had similar experiences compared to the heterosexual/straight group. Where there are differences, it is not clear how they can be explained, for example whether they can be accounted for by actual differences in the quality of care provided or different cultural expectations and perceptions between population groups or a combination of these factors. More details can be found in these reports.</p>
EV99	<p>ISD Scotland National Workforce Statistics  <a href="http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/">http://www.isdscotland.scot.nhs.uk/Health-Topics/Workforce/</a></p>	<p>As at end March 2016, 43.7% of staff employed by NHSScotland declared their sexual orientation as Heterosexual and 0.9% as Lesbian, Gay or Bisexual. Note that 17.2% of staff declined to declare their sexual orientation, and the sexual orientation of 37.8% of staff is not known. (Information on disability, ethnicity, religion and sexual orientation is based on data from a self-reported questionnaire. As this is not mandatory, response rates and completion are variable across NHSScotland.)</p>
EV100	<p>Measuring Sexual Identity: An Evaluation Report (2010), Office for National Statistics</p>	<p>In April 2009 to March 2010, a higher proportion of gay/lesbian people were in the managerial and professional classifications (48.8%) than heterosexual people (29.7%) or bisexual people (26.5%). A higher proportion of bisexual people had never worked or were long-term unemployed than either gay, lesbian or heterosexual respondents. 68.6 per cent of heterosexual/straight respondents aged 16 to 64 were in employment compared with 74.5% of gay/lesbian respondents. Bisexual people were lower with 62.6%. Unemployment rates for lesbian, gay and bisexual people were higher than heterosexual respondents: 9.8% and 8.7% respectively. Almost one-quarter (24.7%) of heterosexual respondents were economically inactive, compared with 29.1% of bisexual respondents and 18.0% of those aged 16 to 64 who identified as gay/lesbian.</p>
EV101	<p>Age UK - Later life in the UK</p>	<p>The LGBT rights charity Stonewall estimates there are 1 million lesbian, gay and bisexual people aged over 55 in Britain</p>

EV102	<p>Elliott, M. N. et al (2014) Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey Journal of General Internal Medicine. Journal of General International Medicine DOI 10.1007/s11606-014-2905-y</p>	<p>Eliot et al reported that sexual minorities were two to three times more likely to report having a longstanding psychological or emotional problem than heterosexual counterparts. Sexual minorities were also more likely to report fair/poor health than the rest of the population.</p>
EV103	<p>Marie Curie - End of Life Care for LGBT people</p>	<p>LGBT people experience significant barriers to getting palliative care when they need it. Many older LGBT people have significant fears about palliative and end of life care services. They are concerned that service providers and health and social care professionals will be indifferent to their sexuality and gender identity, or, at worst, actively hostile. They worry that palliative and end of life care services are simply 'not for them', or that they will receive worse treatment than their straight peers. People access palliative care services late or not at all, either because they anticipate stigma or discrimination or they think the service is not for them. Stonewall reports that three in five older gay people are not confident that social care and support services will be able to understand and meet their needs. Health and social care staff often make assumptions about people's sexuality or gender identity that have an impact on their experience of palliative and end of life care. Evidence suggests that some clinicians do discriminate on the basis of sexual orientation</p>

## Marriage and Civil Partnership

EV104	Stonewall 2011	<p>Same-sex relationships have recently been compared with child abuse, slavery, polygamy and bestiality. This suggests civil partnerships have not been sufficient to diminish the remaining prejudice against gay people. By insisting marriages and civil partnerships be kept separate, organisations and individuals perpetuate the notion, even if inadvertently, that relationships between same-sex couples are not as stable or valid as those between heterosexual couples. This offensive discourse has led many people to conclude that the extension of marriage is an appropriate remedy to the discrimination that blights the lives of many of Britain's 3.7m lesbian, gay and bisexual people</p>
EV105	Six Reasons by Equality Network	<p>Intersex and trans people who do not identify as either male or female, have been excluded from legal recognition of their relationships or have feared that their marriages or civil partnerships were open to challenge.</p> <p>Defining same-sex couples as "other", promotes stigma, prejudice and discrimination against LGBT people. This can lead to bullying and hate crime.</p> <p>We all want to see a fair and progressive future for Scotland, where everyone can play an equal and valued role. Ending discrimination against LGBT people is part of that fairer future.</p> <p>people being referred to as "not really married"; banks not understanding why civil partners wanted a joint account; employers refusing to change Miss to Mrs on documentation; hospitals refusing to recognise the civil partner as next of kin; forms not including civil partnership status options alongside marital status. These kinds of discrimination and less favourable treatment are in part due to an ignorance of what civil partnership is, and are in part due to prejudice for which the separate status of civil partnership provides an excuse.</p> <p>In many countries civil partnership is not recognised at all or affords fewer legal rights and responsibilities than marriage</p> <p>A Scottish same-sex marriage would be recognised in any other country which allowed same-sex marriage, because of the well-established international legal framework for recognising marriage</p> <p>As the law stands, a bereaved partner in a civil partnership can get much less from an occupational pension scheme than a bereaved wife or husband in the same scheme</p> <p>Discrimination against samesex couples also affects their children. Equality Network research suggests that around 20% of same-sex couples have children, whether from a previous mixed sex relationship, through adoption, or through assisted conception.</p>
EV106	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324174/Civil_Partnership_Review_Report_PDF.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324174/Civil_Partnership_Review_Report_PDF.pdf</a>	<p>Respondents who thought opposite sex couples should be able to enter civil partnerships put forward a range of arguments, of which the main ones are the following: As a basic democratic and human rights right principle, everyone</p>

		should be equal before the law. To deny opposite-sex couples the right to have a civil partnership is discrimination and discrimination is wrong. It cannot be justified, no matter how many or how few opposite-sex couples may want a civil partnership. (Peter Tatchell Foundation) □ This is needed for fairness and equality and to eliminate discrimination between opposite sex and same sex couples. All couples should have the same options for formalising their relationship in law
EV107	North Lincolnshire Council Diversity Leaflet Diversity@northlincs.gov.uk	11% of men and 21% of women forming a civil partnership in the UK had been in a previous marriage or civil partnership