

Midlothian Equalities Outcomes Evidence Table

Outcome and protected characteristic	Evidence	Duty
<p>Outcome 1: Older people, people with disabilities and people from minority ethnic groups in Midlothian will have more equitable access to health and social care services and information.</p>	<ul style="list-style-type: none"> • The data from the EOST2 Diabetes programme shows a clear gender gap. Although ethnicity is broadly in line with demographics there is a need to set targets which are proportional to both demographics and risk of Type 2 Diabetes. • The use of video consultations risks excluding those with low digital literacy and confidence, and/or limited access to the technology (The impacts of COVID-19 on Equality in Scotland, 2020) • The needs, rights and preferences of people from minority ethnic communities are often overlooked; ...communication support for people with sensory impairments and learning disabilities is often inadequate. (Independent Review of Adult Social Care in Scotland, 2021) • People with learning disabilities have problems accessing and using primary care services and healthcare information is not accessible and understandable for people with learning disabilities. (The Care Inspectorate: The Keys to Life, Unlocked Futures for People with Learning Disabilities, 2019) • The Confidential Inquiry into premature deaths of people with a learning disability found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability (Heslop et al. 2013). The inquiry concluded that there was a high likelihood of avoidable deaths of people with intellectual disabilities, attributable to untreated ill health and shortcomings in the provision of health care. 	<p>Advance equality of opportunity</p>
<p>Outcome 2: People in Midlothian, in particular people with disabilities, adults identifying as</p>	<ul style="list-style-type: none"> • Midlothian has seen a 4% increase in suicide in men (Midlothian Joint Needs Assessment) • Midlothian Primary Care Mental Health Team data on service users shows under-representation of men across all ages in their services. 	<p>Advance equality of opportunity</p>

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<p>LGBT, and men will have better awareness of and access to, community mental health support, information and treatment.</p>	<ul style="list-style-type: none"> • A quarter of LGB&T people in Scotland reported that they felt they received poor treatment from mental health services (Stonewall Scotland 2014). • People with learning disabilities are more often depressed and anxious than the general population, but are underrepresented as users of mainstream mental health services (Better health and care for all, NIHR, 2020) • Some lesbian, gay, bisexual and transgender (LGBTQ+) people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings. (Carnegie UK Trust) • Some transgender people, people who experienced homelessness and asylum-seeking women reported that they experienced discrimination in accessing healthcare services. (Carnegie UK Trust) 	
<p>Outcome 3: People in Midlothian, in particular people with disabilities, women people from ethnic minorities and adults identifying as LGBT and, will experience safer and more inclusive communities.</p>	<ul style="list-style-type: none"> • The most common hate crime type recorded by police in Midlothian the last 12 months was Race related, accounting for 47% of the total crime. Sexual orientation hate crime accounted for 33% of all crimes in 2019/20, up 17% from the three-year average of 16%. Religion/belief hate crime accounted for 12% of all crimes¹ • There has been a continued increase in the number of domestic abuse incidents recorded by the Police in Midlothian. In the 2018/19 reporting period 1160 incidents were recorded • Where gender information was recorded, around four out of every five incidents of domestic abuse in Scotland in 2018-19 had a female victim and a male accused • In 2019, adults with a long-term limiting physical/mental health condition were more likely to have experienced discrimination in the previous 12 months (12%) compared to adults without any health conditions (6%). Adults with a long-term limiting physical/mental health condition were also more likely to have experienced harassment (9%) than adults without any health conditions (5%)Source: Scottish Household Survey 2019 	<p>Eliminate unlawful discrimination, foster good relations</p>

¹ In order to provide the level of detail required, information was sourced from local systems and may differ slightly to national figures published

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<p>Older people will be better able to enjoy human rights when residing in care or treatment facilities, or receiving care in their own home, including the right to make decisions about their care and the quality of their lives.</p>	<ul style="list-style-type: none"> • “Most people say they would like to live in their own homes for as long as possible. Nonetheless, people told us that there is still an almost automatic default to care home care in some areas, particularly for frail older people. This observation is especially striking in light of our human-rights based approach: moving into a care home must always be the informed choice of the person requiring care and support. We are concerned that at times the emphasis on residential care for older people is counter to that fundamental right to choose” (Independent Review of Adult Social Care in Scotland, 2021) • “We heard from many people that their human rights were not being upheld and that equality was not at all obvious, nor was there a focus on supporting and ensuring individual autonomy and participation in decision making.” (Independent Review of Adult Social Care in Scotland, 2021) • The Getting it Right project evidenced the number of challenges faced when making Self-directed Support a reality for older people. The potential of the Act to change the way social care is delivered has not been fully realised and we need to work collaboratively to address barriers and move towards a reality where social care empowers people to have choice and control and to know and claim their human rights. (A Human Rights Based Approach to Self-Directed Support for Older People, Scottish Care 2020) • There is evidence that public authorities do not always properly understand the needs of ethnic minority older people in care homes. Language barriers and cultural differences mean they do not always receive the same quality of care and support as others (EHRC Equality in Residential Care Covid-19/ A Care Cameo, reviewing the physical, emotional, cultural and spiritual care needs of ethnic minority older people in Scotland, Scottish Care, Oct 2019,) 	<p>Eliminate unlawful discrimination, Advance equality of opportunity</p>
<p>The Midlothian Integration Joint Board will support the participation of, and more accurately reflect,</p>	<ul style="list-style-type: none"> • 150 companies out of FTSE 256 companies (59%) did not meet the target of having at least one director of colour on their Boards (Parker Review 2020) • 74 (32.6%) NHS trusts in England have no BME representation on the board 	<p>Advance equality of opportunity, foster good relations</p>

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<p>the community it serves.</p>	<ul style="list-style-type: none"> • Even when the gender representation objective has been achieved a duty is still in place to encourage applications by women (Gender Representation on Public Boards (Scotland) Act 2018) • 1,722 people in Midlothian have a Learning Disability (a statistical estimate). There is a wide variation in reported rate, particularly for people with a mild learning disability. (Midlothian Joint Needs Assessment) • Around 4,800 people in Midlothian between the ages of 16-64 have a physical impairment which affects their ability to undertake normal daily living tasks (Midlothian Joint Needs Assessment) • 1.8% of the population belonged to a Minority Ethnic Community according to the 2011 Census • There is no reliable recent local information on sexual orientation for the Midlothian population. Extensive data is only available at a Scotland level. • Nationally it is estimated that 1 in 6 of the population have a hearing loss while significant sight loss is estimated to affect 1 in 30 of the population. We do not have accurate information on the numbers of people with sight or hearing loss in Midlothian. (Approximately 1,922 people reported a visual impairment) • It will take 257 years to reach gender equality in economic participation and opportunity, according to the World Economic Forums 2020 Global Gender Gap Report. • In 2015, 1 in 8 of the working age population were from a BME background, yet BME individuals makeup only 10% of the workforce and hold only 6% of top management positions. (Race in the workplace - The McGregor-Smith Review) • For Public appointment rounds undertaken in Scotland in 2017: <ul style="list-style-type: none"> ○ 39.5% of applicants and 52.8% of those appointed were women, ○ 27.1% of applicants are from people aged 50 years and under and 29.6% of those appointed. ○ 7% of applicants and 1.8% of those appointed were from a minority ethnic Background, ○ 11% of applicants and 6.5% of those appointed declared a disability, 	
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	<ul style="list-style-type: none">○ 3.9% of applicants declared that they belong to a non-Christian religion or belief with 3.6% being appointed.○ 4.6% of applicants declared they were lesbian, gay, bi-sexual, or other non-heterosexual (LGBO) and 5.4% of appointments were identified as LGBO	
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