

Health in our Multi-ethnic Scotland: Future Research Priorities

Response from the Scottish Council of Jewish Communities

1. Do you think the report gives a fair overview of what is known about the ethnic diversity of the Scottish population?

We strongly support the report's emphasis on monitoring, and stress the importance of obtaining data that are unambiguous, intelligible and useful. What is being monitored must be relevant and meaningful to those from whom data is obtained, as well as to those who require to use it. Ethnic monitoring poses particular difficulties in this respect since there is no single factor identifiable as "ethnicity", but rather a variety of factors that contribute to an individual's sense of "identity", including the respondent's nationality, descent, race, religion, culture, and language, among others. All of these must be taken into consideration if the data are to provide useful information in this complex and often sensitive area.

Partly as a result of the 2001 census classifications, "Black" and "White" have come to be used as if they were synonymous with "minority" and "majority" communities. This has had the effect that some minority communities are excluded both from the majority and from the officially recognised minority, a particularly significant failing at a time when the largest communities of new immigrants are from Eastern Europe.

When "black" is used as if it were synonymous with "minority community", non-black communities such as the Polish, Jewish, and Gypsy Traveller communities are excluded because they are not in any sense black. When "white" is used as if it were synonymous with "the majority community" these same communities are excluded once again because they are not part of the majority community. This double exclusion is particularly divisive and alienating.

As is evident from the glossary, there is no single, clearly understood meaning of "Black". In fact, the term is so ambiguous as not to be useful for identifying which group or groups are intended, and recent publications have used it variously to refer to:

- i) all minority communities regardless of skin colour
- ii) all visible minority communities (based solely on skin colour)
- iii) visible minority communities excluding Asians
- iv) minority communities that are neither "white", "Asian" nor "Hispanic".

It does not matter which, if any, of these uses is correct. All that matters is that the term "black" is clearly multiply ambiguous, and that is sufficient to vitiate its use in categorising ethnicity. Since respondents can interpret the term differently, their ticks on a monitoring form may mean different things, so their responses cannot be aggregated to produce reliable data. There is no point in collecting unintelligible data, so acceptable classifications must be agreed before commencing the proposed scheme of monitoring.

We are therefore pleased to note the comment that "*While ["Black"] was widely supported in the late 20th century there are signs that such support is diminishing*", and agree that "*If this lack of information [about the diversity of the population of Scotland] is to be improved, an overhaul of our data recording system is needed.*"

2. Do you think the report gives you a good understanding of the research on ethnicity and health in Scotland that has been published so far and on what is known about the health of ethnic minorities?

This is an extremely thorough report, which should lead to high quality research in health care for some of the more vulnerable sections of Scotland's population. It also acknowledges the health problems in the general population with regard to issues such as diet, alcohol and smoking.

3. The review of published research was not intended to be exhaustive but to highlight all the publications which the working group considered made an important addition to knowledge. These were largely publications in peer reviewed journals or readily accessible reports. If you know of any publications we have omitted which you think should be mentioned, please give the references below.

We suggest the addition of *Be Well ! Jewish Immigrant Health and Welfare 1860-1920* (KE Collins, East Linton, 2001), which covers many relevant issues from an historical perspective.

4. Do you think that we have adequately addressed in our discussion the issues of research ethics and methods as they relate to research involving ethnic minorities?

We welcome the purpose, depth, and sensitivity of this discussion, and the authors' awareness and understanding of the ethical implications of research involving people from ethnic minority communities.

It is clearly important that ethical principles are applied consistently, regardless of the community or individuals who are the subject of research. However, "consistently" should not be understood to mean "in the same way", and, as the report suggests, it may be necessary to use a variety of methods to ensure that all potential participants are fully-informed about the research, and to record their consent to participate in it.

5.13 We do not agree with the recommendation to use the ethnicity classification developed for the Scottish census.

The 2001 census question, which offered an irrational mix of colour, nationality and geography as answers to a question about "cultural background" resulted in classifications that were '*confusing, inconsistent and inaccurate*' ('Ethnic Identity and the Census', Scottish Executive, 2005) both as regards the question itself and the range and structure of the possible responses. Furthermore, many of the same problems are perpetuated in "Scotland's New Ethnicity Classification for Scottish Official Statistics and Recommended for Scotland's 2011 Census" (Scottish Government, July 2008). These include:

- Top-level headings of "White" and "Black" that alienate large sections of the population. As quoted above, support for the term "Black" is diminishing, and in any event "ethnicity" is defined not by skin colour, but by culture and descent. The use of colour as an identifier of ethnicity should therefore be discontinued in both the census and other surveys.
- The creation of an offensive apartheid-style hierarchy, by listing categories in order of "White", "Mixed", "Asian", "Black". This is particularly apparent from the position of "Mixed" (analogous to the South African "coloured"), which should logically appear last since one must first be aware of all single categories before knowing whether a "mixed" category will apply.

- The use of misleading categories such as "Asian Scottish". Research has shown that these have frequently been misunderstood as indicating multiple ethnicity, when what was intended was to capture data relating to people of Asian origin who feel Scottish.

Health is an area in which it is particularly relevant to obtain as much information about ethnicity as possible, rather than to force people to choose just one ethnic identity. For example, the report states that "*the incidence of heart attack is higher among South Asians in Scotland than in the rest of the population*", and it is also known that there is a higher than average incidence of BRCA2 mutation amongst Ashkenazi Jewish women, causing a greater risk of breast cancer. It is evidently more useful for both clinical and research purposes, to collect data that reveal the dual ethnic heritage of a woman with a South Asian father and Ashkenazi Jewish mother, than to oblige her to identify as only one.

In place of either the 2001 or proposed 2011 census categories, we therefore suggest the use of a single level list (i.e. not grouped into categories) headed by the instruction to "tick as many as apply". (The list could include both "White" and "Black" since we recognise that some people do choose to identify by these terms – indeed, their inclusion would provide valuable information about those groups that do so identify.)

5. Do you disagree with any of the priorities and recommendations in Chapter six? If so, please indicate which ones and briefly explain why.

We do not disagree with any of the priorities, and, moreover, strongly agree that "*the creation of a system that ensures consistent ethnic coding*" should be the top priority, since this is a pre-requisite for undertaking relevant and meaningful research. We do, however, emphasise that this will not be achieved by use of the ethnicity classification developed for the Scottish census

6. Are there any major issues which you think have not been addressed in the report?

No.

7. Are there any significant inaccuracies which you think should be corrected?

No.

8. In the final report we want to include a section on current research on ethnicity and health in Scotland. If you are involved in research of this kind at the moment and would like it mentioned, please give brief details below.

We are not involved in research.

Note: The Scottish Council of Jewish Communities (SCoJeC) is the representative body of all the Jewish communities in Scotland comprising Glasgow, Edinburgh, Aberdeen, and Dundee as well as the more loosely linked groups of the Jewish Network of Argyll and the Highlands, and of students studying in Scottish Universities and Colleges. SCoJeC is Scottish Charity SC029438, and its aims are to advance public understanding about the Jewish religion, culture and community. It works with others to promote good relations and understanding among community groups and to promote equality, and represents the Jewish community in Scotland to government and other statutory and official bodies on matters affecting the Jewish community.