

Public Engagement and Research in North East Scotland: Perspectives from Ethnic Minority Communities

Grampian Regional Equality Council

Grampian Regional Equality Council (GREC) delivered a series of workshops with ethnic minority communities in Aberdeen during 2023. This project, funded by Research Data Scotland (RDS) to support public engagement in data research, specifically aimed to:

- a) Present GREC's current work on developing an evidence-based approach with a focus on inclusion and inequalities (see [How Fair is North East Scotland](#) resource).
- b) Situate GREC's work in the context of the drive in Scotland to improve data research, particularly around inequalities.
- c) Facilitate discussions with participants around attitudes to research generally and the implications of this for policy making.
- d) Explore how communities can be actively involved in further building an evidence base around inequalities in North East Scotland, including how lived experience can effectively sit alongside research data to inform the work of policy makers.

This report outlines how the project was implemented, its main findings and recommendations.

Project Delivery

In summer 2023, the workshops were advertised through community networks. Six were conducted during August and September 2023, based at Aberdeen Mosque and Islamic Centre, the GREC Language Café, Fountain of Love Church, and the GREC office. Participants were thanked with gift vouchers at the end of each session. Notes were taken by two facilitators for each session, covering topics, themes, and direct quotes.

There was a total of 40 participants: 15 men and 25 women, ranging in age from their 20s to their 60s, from a range of ethnic backgrounds. With one exception, all participants had lived experience of immigration into the UK. Most had arrived in the last year or two, but some had lived in Scotland for years or decades and had British citizenship. Their countries of origin included Nigeria, Cote D'Ivoire, Equatorial Guinea, Sri Lanka, Syria, Iran, Iraq, Ukraine, Hong Kong, India, and Pakistan.

Participants were invited to consider three key questions, first individually (writing on sticky notes) and then to discuss their ideas in the group:

- What is research? How does it work, and how do people get involved with it?
- What are some important topics or areas you would like to see more research in? (including areas related to inequalities).

- How would you like to get involved in the research process, or how might your community get involved? Are Lived Experience¹ groups of interest?

What is Research?

All participants were familiar with research, and many had experience conducting research projects themselves, as students and in previous jobs. Overall, participants had a solid understanding of research as a way of gathering information about a specific topic or finding answers to a question:

“Research means to ‘think again,’ finding the correct question and adding our work to the process or journey of getting the answer.”

“Research means getting to the bottom of things, searching for knowledge with the purpose of finding new facts, studying something deeply.”

“Research is a systematic way of getting information, learning facts.”

“Research is finding out about people’s preferences on certain issues.”

There was a strong sense of research as a process which can be applied to nearly anything. Scientific, medical, and market research were brought up, but the main focus was on social research.

What is research for?

Most participants felt that the role of research is (or should be) to solve problems or improve people’s lives. All groups used words like useful, applied, issues, problems, challenges, improvement, solutions, and recommendations. Other key phrases included “informed decisions,” “betterment of society,” “understanding a problem to see if it can be solved,” and “to achieve something [...] to make things better.”

This view of research was further developed throughout the workshops, as participants discussed topics they wanted to see researched – nearly all were focused on social problems or inequalities.

More broadly, some participants emphasised the administrative or bureaucratic role of research, for example in the provision of public services: “Essential facts that the government uses for planning and budgeting.”

In several parts of the discussion, there was a strong sense that participants saw ‘research’ as almost a synonym for communicating issues to decision-makers and people in power: “Finding out what’s of concern. What are the issues that the government should do something about?”

Key Topics

The most consistent theme for all workshops was participants' experiences of confusion, frustration, and anxiety during their first few months (or years) in Aberdeen. While everyone acknowledged that moving to a new country is never easy, there was deep concern about the lack of basic information and support for newcomers to the UK, who are expected to adapt quickly, without having the tools to do so. Memories of difficult transitions were woven throughout broader issues of integration: employment, navigating language barriers and unspoken rules, culture shock, and experiencing racism. Health was another major concern (including mental health), along with the experiences of children and young people at school.

Information and Support for Newcomers

There was broad consensus that more research is needed on the experiences of immigrants during their early weeks and months in the UK.

Key questions:

- What are the challenges newcomers face? What do people need?
- What kinds of information are most urgent?
- Where do people find relevant information? What is their starting point?
- How quickly are people able to find accurate/useful information?
- How can 'bad' or inaccurate information be avoided?
- Where are the best places to have key information available?

Participants discussed their own experiences: many did not know where to seek trustworthy information, or even struggled with identifying the type of information required. For those with IT skills and access, Internet searches could be patchy, and they often struggled to find the right search terms for their queries – especially if English was not their first language. Those who used the Aberdeen City Council website found it confusing and difficult to navigate, and others complained that the Council did not provide much information for newcomers, whether online or in print.

Those who were part of religious communities were able to access information and support through a mosque or church, and others found shared language or cultural communities. However, the latter were sometimes problematic, because misinformation and rumour could spread alongside legitimate information. For example, there was a common misconception mentioned that people who seek help for domestic abuse will have their children taken away.

For some participants, opportunities to ask questions came from schools – though several waited weeks or even months for school places to become available for their children. Many also reported that teachers and other school staff did not have time to speak with them, or even harboured negative stereotypes about their families (more information below).

Some participants were able to connect with other parents, especially from fellow migrant communities. However, many were unable to access information and support at their children's schools due to work schedules, lack of confidence, uncertainty about social norms, and language barriers. This was also the case in terms of getting information from neighbours, community centres, and libraries.

Broadly speaking, participants were concerned with how people access four types of information:

- **Basic everyday information**, including about shops and where to find culturally appropriate food and toiletries; services like buses, banking, mobile phone or Internet providers, bin collection, childcare, libraries, English classes; how and where to seek accommodation and jobs (discussed below); and social opportunities and sports facilities.
- **Health information**, including the necessity of signing up with a GP and dentist; how to get appointments, medication, immunisation for children; and how to access specialists, including mental health services.
- **Rules and responsibilities**, including general laws; traffic rules; expectations about family life (disciplining children, domestic abuse, etc); queuing; social etiquette; responsibilities as a tenant/neighbour; and what to expect from other people.
- **Rights and entitlements**, including benefits; rights at work; tenants' rights; where to seek help or support, especially for people with No Recourse to Public Funds;ⁱⁱ and how to contact authorities when there are problems.

There were many suggestions to ensure newcomers can access information and support without hardship. These included information packs in multiple languages to be sent alongside visas, or available at the airport or community centres; an 'official' website or YouTube channel with all the relevant information in one place; a clearly signposted 'help desk' at community centres or other Council buildings, or networks of immigrants and locals who can help; and cultural awareness or orientation sessions at schools, for both families and teachers, or for international students at universities.

While these kinds of resources are unlikely to come from the public sector, the discussions could provide useful ideas for charities and community groups who wish to provide what one participant called "on-boarding for immigrants."

Employment

Participants felt that employment, as a major part of social integration, should be a research topic – especially the issue of under-employment among skilled immigrants. There is also the obvious point that unemployment and under-employment contribute to poverty. As one participant said, “It’s difficult to make enough money to take care of our families.”

Key questions:

- Why are so many immigrants under-employed?
- What are the barriers to skilled employment for immigrants, aside from language?
- What ‘unspoken rules’ are different in the UK? How did immigrants learn them?
- What skills do immigrants have that are needed locally?
- Where do people look for jobs initially? Does this change over time? Do immigrants take advantage of apprenticeships, training programmes, and similar opportunities? Are these accessible?
- To what extent do immigrants and other ethnic minorities face prejudice in the workplace?

In all groups, participants expressed frustration about qualified professionals from other countries doing unskilled or less skilled work in the UK, if they are employed at all. The frustration was often based on people not being able to contribute to their full potential:

“The wider community needs to understand what ethnic minority people can offer. A lot of skills aren’t being used.”

“What skills do people have? What skills do organisations need? [...] There should not be a mismatch, but there is.”

“Immigrants can benefit this country and contribute to the workforce. The government should focus on this.”

Language barriers were often an issue, along with difficulty understanding Doric or North East Scots, and other regional dialects. However, there was also an unexpected *assumption* of language barriers for participants from English-speaking countries like Nigeria, and those with qualifications from British universities:

“Back home I’m a doctor and I came here to study. I want to get back into a practice [but] there are so many barriers to show my level of English [...] even though all my education was in English.”

More broadly, there was a strong sense that not understanding ‘unspoken rules’ holds people back. For example:

“There are different norms around work in different countries. Lots of people don’t know how to get professional jobs [...] they don’t know where to look. They don’t know the process for jobs. There’s a big gap between skills, opportunity and actually getting a job. [...] Sometimes people pass the exams but fail to get a job because of unspoken rules.”

“At home, the system is different. You need to adjust. But nobody tells you what to do. It’s very confusing.”

“Ethnic minorities have to work harder to prove ourselves and overcome misperceptions.”

“I want to know, what are we doing wrong? What are migrants doing wrong?”

Other issues around employment included lack of recognition for qualifications from other countries, the need for local references, barriers to career progression for ethnic minority people, and discrimination at work.

Integration, Culture Shock and Mental Health

Similar to struggles with employment, integration was a concern among all groups – especially culture shock, social isolation, and mental health issues.

Key questions:

- What are people’s experiences when moving to Aberdeen? Which elements have been helpful or unhelpful, positive or negative?
- How have these experiences affected mental health? Has social isolation played a role?
- To what extent have immigrants experienced culture shock? Is it more frequent in certain groups? (e.g. nationalities, ages, genders, or other characteristics) What can help mitigate culture shock?
- What are the most important ‘unspoken rules’ for immigrants to know?
- What are some strategies for developing community integration?
- How do local people feel about immigrants? How do immigrants feel about Aberdonians?

Discussing their experiences, many participants seemed relieved that their struggles with integration were not unique. This led to a desire to see more research with people navigating similar situations:

“There should be research on the effect of moving to another country. What’s the experience like? What helps? How do local people feel about immigrants?”

“There should be more research on [people from my country], their experiences in Scotland, how they’re perceived by Scottish people. For example, Scottish people think they’re loud and rude when they’re being passionate.”

“How do we live in the community, people from all different backgrounds who come to the UK? I want to learn from everyone. If you live in Rome, you live like the Romans.”

“There are new rules we need to learn. We are judged by rules that nobody explains.”

Alongside integration, participants talked about mental health, especially relating to social isolation:

“Isolation for housewives is a big problem. Women need to socialise outside, educate themselves, connect with others. If you don’t it affects your mental health.”

“When I arrived, I was mentally sick because I felt so lonely and down. [...] I’m so happy [my friend] brought me to the Language Café. It brings me together with other people. It’s so helpful.”

“Struggles adapting to a new country cause mental health issues.”

“Not understanding cultural differences can lead to mental health issues.”

“Mental health is a serious issue. A girl in my congregation committed suicide because she was bullied.”

Culture shock was mentioned in a few groups, though there was not time to explore exactly what participants meant by this phrase. The discussion focused mostly on strategies to overcome culture shock:

“I’m interested in people’s experiences of culture shock. [...] Sometimes people [from my country] go on living like they’re still [there] – but we’re not [there] anymore.”

“Research on culture shock. We need to organise and get communities together, overcome culture shock. We need to research connections between different people and cultures, the process of socialisation, how to organise more community interfaces, for example play groups or community activities.”

Racism & Unequal Treatment

Alongside culture shock and social isolation, most participants talked about racism, both overt and structural, passive and active. All groups felt this was an important research area.

Key questions:

- How does treatment differ between different groups? (e.g., ethnicities, ages, genders, or other characteristics).
- To what extent do immigrants experience racism, including microaggressionsⁱⁱⁱ? What kind of experiences do they have?
- Is racism more frequent or severe in certain neighbourhoods or circumstances? Or for certain groups? (e.g. ethnicities, ages, genders, or other characteristics)
- What strategies can help reduce racism?
- What can be done about racism in public institutions such as schools and local services?

All groups were aware of racism in Aberdeen, and most participants had experienced it personally:

“I’ve experienced racism, I feel this here. I would like to see research on racism and how people experience it.”

“In terms of racism, when I’m with my family we’ve had some experiences in public spaces. You feel there is racism here.”

“My children’s experience with school has been good. But there was an incident where they treated my family different to another one. There was no reason apart from racism.”

“I would like to see examples of people experiencing subtle racism. That might help other people to see what we experience.”

“Children from my country get into fights at school and face racism.”

In one group, participants discussed an example of unequal treatment in the different experiences of Ukrainians and people seeking asylum from other countries, all living in hotels:

“In our hotel, there are Ukrainian staff. One woman knows how to cook Ukrainian food, so we eat Ukrainian and Scottish food together. It gives Ukrainian people jobs, and we can exchange knowledge and ideas. They understand where we’re coming from.”

“I don’t like the food in the hotel. It’s very spicy. Too many flavours. So, I always eat salad or bread, simple things. Other people in the hotel feel this way. Nobody asked us what food we want to eat, and we can’t cook for ourselves.”

With further discussion, it became clear that Ukrainians' food preferences were catered for much more actively than other people seeking asylum in hotels. While other hotels host people from a range of different countries, staff seem to assume that all ethnic minority people prefer spicy food – which can be inedible for people who are not used to it and can also trigger gastrointestinal problems. In this case, stereotypes can lead directly to adverse health outcomes.

Some forms of unequal treatment seemed more explicitly racist to participants. For example:

“Some bus drivers don't stop for [people from my country]. They're swearing at people and calling us dumb. [...] And when they do stop, they don't wait for us to get off the bus or on the bus, even though they're right there.”

Additionally, participants discussed how authority figures often witnessed racism, but did little or nothing to address it:

“I saw children stealing and they were racist to us in a store and we couldn't do anything about it. The shop owner ignored it.”

“Children in schools are violent, I learnt of one child saying, 'go back to your country' but the teacher didn't do much.”

While participants emphasised the importance of dealing with racism, some also stressed that racist incidents were the exception rather than the rule. Participants in two groups felt that Aberdeen is a particularly good place for immigrants:

“Aberdeen is a very calm city. They welcome everybody. People here are very compassionate and understanding.”

“Aberdonians are very motherly. Once they open up, they're very loyal. Once you've won them over, you've won them over for life.”

Children and Schooling

For many participants, the tensions of cultural differences and unclear expectations came to the fore in experiences with their children's schools. All groups felt that education and the experiences of children and young people were an important research topic. As one participant put it, “I'm interested in childhood struggles for the children of immigrants in Scotland.”

Key questions:

- What are the experiences of school for immigrant children and their parents and families? What are the challenges? What has helped? How have families adapted?
- How do immigrant families see their relationships with teachers and other school staff?

- What are the main concerns of immigrant parents about their children's schooling?
- How do immigrant children feel about their schooling and opportunities for the future?
- How have relationships between parents and their children changed in Scotland? (especially in terms of discipline, tradition and involvement with education)
- To what extent do children and their families experience racism at schools?
- To what extent are ethnic minority families represented on parent councils?

There was a strong sense of uncertainty and anxiety that parents expressed about their children:

"Everybody that looks like me cares about our teenagers. We don't know what will happen with their future. We're afraid about what they'll do."

"There's a lot of insecurity among parents about the new generation. We need to find a balance between tradition and new values."

"My kids grew up too soon. My son had to leave school and start working. My daughter in S5 was working, she gave pocket money to my younger son. I couldn't work, and we had No Recourse to Public Funds, so we had no choice. I don't know what their future will be like."

"Children have everything provided by their parents. So why aren't they happy? Don't tell me about your mental health if you don't have a mortgage to pay. What are the questions that we can ask young people? [...] There is a problem where parents don't understand their kids."

One of the key concerns came from new expectations for children's behaviour and family discipline, even a sense of inversion of parent-child relationships:

"It's hard to discipline and teach the children. Parents were stricter before. Now kids do not behave, and parents cannot do anything. Children scold their parents, not the other way around. Maybe there needs to be research on what works in terms of child raising."

"It's different in our countries, where it's ok to spank, but here it isn't and you need to do as they do here. But lack of discipline causes children to learn brat behaviour, and parents feel helpless. Children are taught first about rights, not responsibilities – it should be the other way around."

"The children here are empowered to self-destruct. They're left to have tantrums, left without boundaries, because we're afraid of social services. How do we create boundaries without hitting? What are the expectations here?"

“Someone’s cousin was mugged by a child. Nothing was done about it. No consequences. People fear children more than the Police. Children are doing drugs, drinking, the system encourages them to make mistakes. Parents don’t know how to handle this.”

Linked with concerns about discipline, several participants discussed teachers and other school staff making racist assumptions about children’s home lives:

“Teachers shouldn’t ask children, ‘how does your mum treat you?’ But they ask this all the time. They seem to ask more from ethnic minority kids.”

“Teachers assume there are problems where there’s not. They ask children if their parents beat them, and they ask it more from children of immigrant parents. It makes you scared, like they’re going to take away your children.”

Participants were also frustrated about the unspoken expectations placed on their children, and teachers’ lack of understanding about other cultures:

“They ask children to be at certain level in schools, but if they’re not the teachers complain to parents, instead of teaching the children.”

“There should be discussion on expectations between parents and teachers every six months, for example. Parents don’t know what teachers expect and teachers don’t understand the children’s home life.”

“There’s lots of negativity in the media, and teachers make so many assumptions about our kids. We have to fight against stigma and labelling. We have to fight for everything for our kids.”

“A teacher complained that my three-year-old would not eat a snack. I said, ‘did you put the food on the table?’ He knows he should eat food at the table and nowhere else. He won’t eat if he’s sitting on the floor, which is where they give them snack. In my culture, you eat at the table. Teachers need cultural awareness training. What are schools doing to understand diverse cultures?”

Participants in one group were concerned about lack of funding for schools:

“They don’t provide enough education for special needs and support for families. In the classes you see different needs, but there’s no specific support provided in class, and then everyone in the class suffers because of it.”

“We need to influence more funding in schools. It was very long for my children to start classes, more than four months. And it takes the children 45 minutes to reach their school. Waiting lists for schools are too long.”

Healthcare

Whether participants had children or not, most had some contact with the NHS, where unfamiliarity with the system added an extra layer of frustration. As one participant put it, “The health system is a big challenge. It took me a long time to understand how it works. I’m not sure I understand how it works now. It can be very confusing and contradictory.” All groups felt that health and healthcare was an important research topic.

Key questions:

- How do immigrants experience the health service? Where are the main difficulties?
- To what extent do people struggle to get interpreters for healthcare appointments?
- Where do newcomers get information about the health service? Is it accurate?
- To what extent are adverse health outcomes for immigrants associated with difficulties accessing the health service?
- How does the general health of immigrants compare with the rest of the population?^{iv}

Most participants’ concerns were not unique to ethnic minority communities: difficulties getting appointments, long wait times, needing to use telephone or online systems rather than seeing a doctor in person, poor communication, lack of support for families with special-needs children, among others. For some participants, travelling to another country proved quicker and more straightforward than accessing NHS care:

“We pay a health surcharge and can’t access health care. It feels like a scam. When there’s a medical emergency, there’s no help. Lots of migrants leave for medical treatment. People go to India, Nigeria or Poland for medical attention, or to get medicines because they don’t want to wait.”

Additionally, several issues were compounded by a person’s status as an immigrant, especially with No Recourse to Public Funds (NRPF):

“It’s hard to get interpreters for medical appointments, even in maternity. I had two babies in Aberdeen without an interpreter.”

“I almost became homeless due to cancer. There should be exceptions to No Recourse to Public Funds. The cancer treatment was free on the NHS, but I had to beg for money to get to the hospital.”

“I had to do a TB test to enter the UK. But I was told I had to do another TB test before I could see a GP. They don’t trust the system in other countries. What was the point of the first test? I don’t have time or money to get another test, so I haven’t been to the GP.”

Other Topics

Other relevant topics discussed in one or two groups included public transport, Scottish culture around dogs (including the issue of dog waste), homelessness, medical research, diversity in the school curriculum and in libraries, cultural differences in schools, digital exclusion, access to halal food, and how the law affects men and women differently.

Involvement in Research

Lived Experience Groups and preferred formats

Nearly all participants were enthusiastic about getting involved with a Lived Experience group, and most preferred a discussion format with more participants:

“It’s good to participate in research with others. Group conversation in a small group is best, not individual interviews or a big group. [...] Discussion can help recognise patterns between different people. [...] I hate writing type research, but I like this kind of conversation.”

“Group discussion is better than questionnaires. It lets you get information in real time and make a human connection. It’s good to meet each other and listen [...] It’s good to have an idea what will be discussed in advance so people can prepare and think about it.”

“You can get more information in a conversation with a group, and people feel they’re not alone.”

“You need to go to where people are, go during weekends to their spaces. Do not wait for people to come to you, adapt and compensate, show appreciation. In the end it’s about respect.”

“I’m really happy about being in a [Lived Experience Group], I’d like to have more discussions like that.”

Some participants argued for questionnaires, or mixed formats:

“For some people, it’s easier to write. We studied writing English in school, but not speaking. It’s hard for me to understand and think fast enough to be in the conversation in English. So, both discussion and surveys are useful.”

“Questionnaires are helpful. They give you plenty of time to think, and you’re not put on the spot. Some people aren’t ready to share their experiences, or they’re shy, or their English isn’t good. It can be helpful to have options to choose from.”

Recommendations and Next Steps

Workshop discussions revealed many areas where policymakers are not meeting the needs of Aberdeen's ethnic minority communities – but there was a clear appetite for involvement in research to help address this. In general terms, we can recommend that any institution should **actively build relationships** with marginalised groups, seek to **understand their needs**, and **prioritise those needs** when planning and delivering services. However, this is nothing new. What might the process look like in practice?

GREC's challenge is to explore how to set up effective and engaging Lived Experience groups and how evidence coming from these groups can help shape public policy. By amplifying the voices of seldom heard communities, Lived Experience groups can contribute to research and help build a body of evidence that supports decision-making processes. In addition, as these are co-produced spaces, they offer a potentially more sustainable infrastructure whilst contributing to building capacity at a grassroots level.

There is a wealth of material available with guidance and best practice on setting up lived Experience groups, notably a guide produced by Refugee Action on 'Experts by Experience' groups and Baljeet Sandhu's research on 'The Value of Lived Experience in Social Change.'^v

There are also several examples in healthcare policy and health research settings:

- In health research: journals.sagepub.com/doi/10.1177/17579139221102229
- In healthcare for homeless people: pathway.org.uk/wp-content/uploads/Best-Practice-Guidance-Lived-Experience.pdf
- In health and social care policy: demsoc.org/projects/best-practices-of-engaging-and-involving-people-with-lived-experience-in-decision-making
- In mental health research: ucl.ac.uk/psychiatry/sites/psychiatry/files/lsimhrn_cog_-_benefits_tips_le_group_for_research_06.05.2022.pdf

Reviewing this type of material to identify best practice will be the first step in developing our approach to building Lived Experience groups, both internally and with relevant stakeholders and partner organisations. There are key questions to consider around format, providing compensation for people's time, and which topics or equality issues to focus on first. Locally, we will also aim to incorporate the experience of the No Recourse North East Partnership's Lived Experience group for people with a NRPF condition on their visas.^{vi}

We will share the main findings of this research with key stakeholders and with workshop participants, and the report will contribute to the How Fair is North East Scotland (HFINES) resource. As we move forward, we will keep in touch with those who expressed interest in Lived Experience groups, seeking their views and co-creating the process wherever possible.

Endnotes

- ⁱ Prior to its popularity in policy circles, the phrase ‘lived experience’ was originally used in qualitative research, to describe a person’s first-hand knowledge of a particular topic, rather than the kind of second-hand knowledge gained through reading or study. Social science has traditionally valued an ‘objective,’ approach more akin to ‘hard’ sciences, but in recent decades, some researchers have recognised that we cannot understand the human social world in the same way we understand chemistry or astronomy. One way of developing a more accurate picture is by considering Lived Experience alongside other sources of knowledge, like statistics or surveys. This also allows marginalised people a larger role in creating ‘legitimate’ knowledge about issues that affect them. Kimberley Neve, from the Social Research Association, outlines several methods for conducting Lived Experience research, including group discussion and policy/intervention design: “Participants are encouraged to draw on their own experiences, expertise and knowledge [...] to think about and propose change, so that policies resulting from the research are relevant and context-specific, [with] the potential to be more sustainable.” (the-sra.org.uk/SRA/SRA/Blog/Methodsforlivedexperieresearch.aspx).
- ⁱⁱ No Recourse to Public Funds (NRPF) is a condition placed on people in several immigration categories, including those with student visas and post-study work visas. Those with NRPF may access the NHS (having paid a surcharge) but they are excluded from other forms of support, such as emergency or social housing or benefits. (No Recourse to Public Funds Network, 2023. *Immigration status and entitlements*. Available online: nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements/who-has-no-recourse-to-public-funds).
- ⁱⁱⁱ Microaggressions include “Everyday verbal, non-verbal and environmental slights, snubs or insults, whether intentional or unintentional, which communicate hostile, derogatory or negative messages to target persons based solely upon their marginalized group membership” (Sue *et al* 2019, quoted by the University of Edinburgh: ed.ac.uk/equality-diversity/students/microaggressions).
- ^{iv} According to 2011 Scottish Census data, ethnic minorities tend to have better health than the wider population. Given that a large proportion of ethnic minority people, especially in Grampian, tend to be immigrants, this is likely related to the younger age profile of this group (see: grec.co.uk/hfines/general-health, grec.co.uk/hfines/disability-health-conditions, grec.co.uk/hfines/age-distribution).
- ^v Refugee Action, 2023. *Good Practice, Experts by Experience*. (ragp.org.uk/guidance/experts-by-experience/groups); Sandhu, 2017. *The Value of Lived Experience in Social Change, The need for Leadership and Organisational Development in the Social Sector*. (knowledgeequity.org/wp-content/uploads/2021/06/The-Value-of-Lived-Experience-in-Social-Change.pdf)
- ^{vi} No Recourse, North East Partnership, 2023. nrnepartnership.org/lived-experience-group