Welcome to the
Poverty & Health Inequalities Forum

We will get started at 13:00

Poverty and Health Inequalities Forum

13 November 2025 │ 1300 – 1645

Session 1: Overview

Keynotes and Panel One
1300 – 1425

Welcome and Housekeeping

Emilie McSwiggan, PhD student

Welcome

- Today we hope to:
  - Make a space for people with an interest in poverty and health inequalities to come together and **share challenges and solutions**
  - **Raise awareness** among researchers and policy-makers who could help to make meaningful change
  - Create opportunities for **positive connections and future collaborations.**

- Everyone welcome. Everyone's voices matter. Everybody has something worth sharing.

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ACRC Advanced Care Research Centre

THE UNIVERSITY *of* EDINBURGH Centre for Homelessness and Inclusion Health

Some acknowledgments

- Our focus is Scotland – but poverty is an important, global challenge.

- The 'cost of living' crisis, and workplace insecurity, affects many of us.
  - Do what you can
  - Self-care matters
  - Follow-up resources

- There'll be some tough stuff today – step away if you need to.

Housekeeping (1 of 2)

- **Fire**
  - If the alarm goes off, we need to leave!
- **Comfort**
  - Come and go as you need to
  - Break-out spaces on all floors
  - 15-minute breaks at 14:25 and 15:30
  - Tea and coffee will be served
  - **At the end:** This building closes at 17:00 sharp

Housekeeping (2 of 2)

- **Inclusion and Engagement**
  - Please use the mic at all times
  - If you're not sure, ask us!
  - Online spaces for sharing questions
  - Want to stay in touch? Let us know via the evaluation form
- **Photography and recording**
  - Speakers and panellists only (and spoken questions)

Thanks

- **For funding:** to enable community involvement, as well as tea and coffee from Social Bite – Usher Small Grants Fund and ACRC
- **For organisation and support:** Event co-organisers – Emily Adams, Livvy Swann, Carey Lunan and Stewart Mercer
- **For behind-the-scenes practical help:**
  - Usher Reception: Christy and Brenda
  - ACRC Programme Office: Rob, Janice, Lucy, Gregor, Daria and Simba
  - Usher Small Grants and Finance: Andrew, Oscar and Paula
- **All our speakers, contributors, volunteers and attendees**

Agenda for today

- **1300-1425 Session 1: Introduction to Poverty and Health Inequalities in Scotland**
  - Keynote speakers and Panel session (Inequalities in Healthcare)
  - Break @ 1425 (tea and coffee; community artwork)
- **1445-1530 Session 2: At the Sharp End – Racism, Destitution, Migration & Homelessness**
  - Panel session
  - Break @ 1530 (community artwork)
- **1545-1645 Session 3: Learning from Communities**
  - Presentations, short films and closing remarks – event ends at 1645

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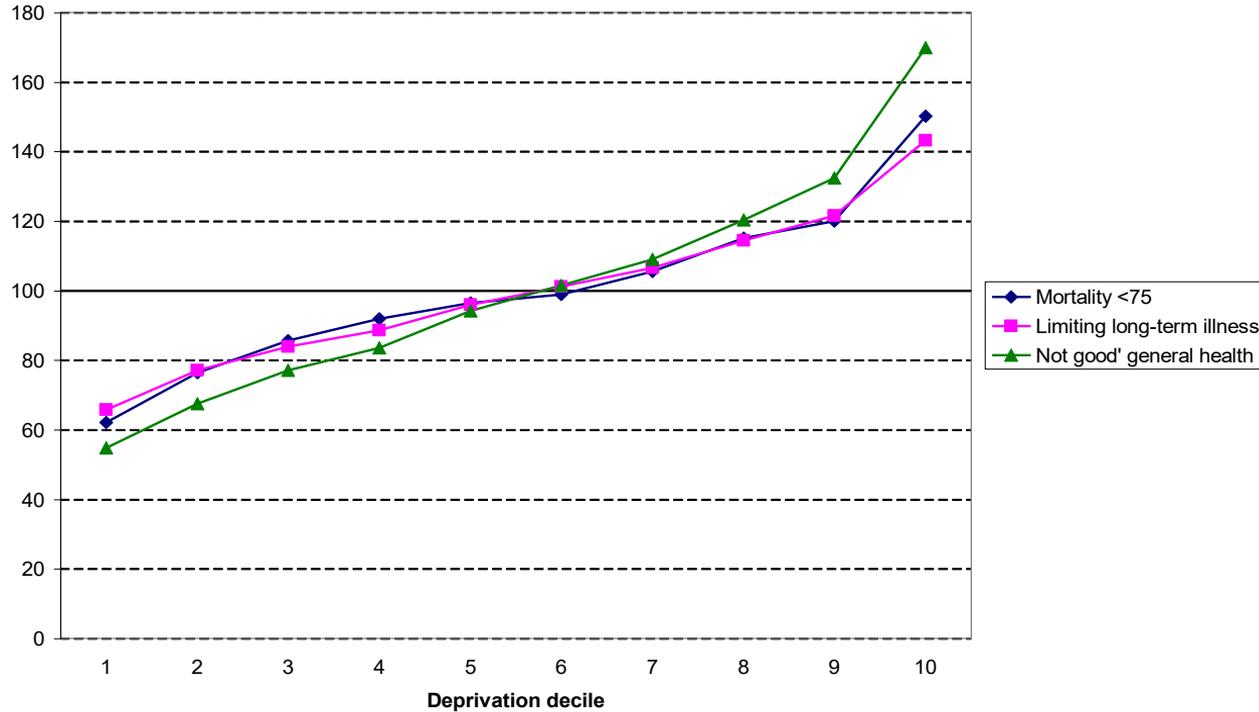
ACRC Advanced Care Research Centre

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Problem? What problem?

Scotland has the widest health inequalities in Western Europe

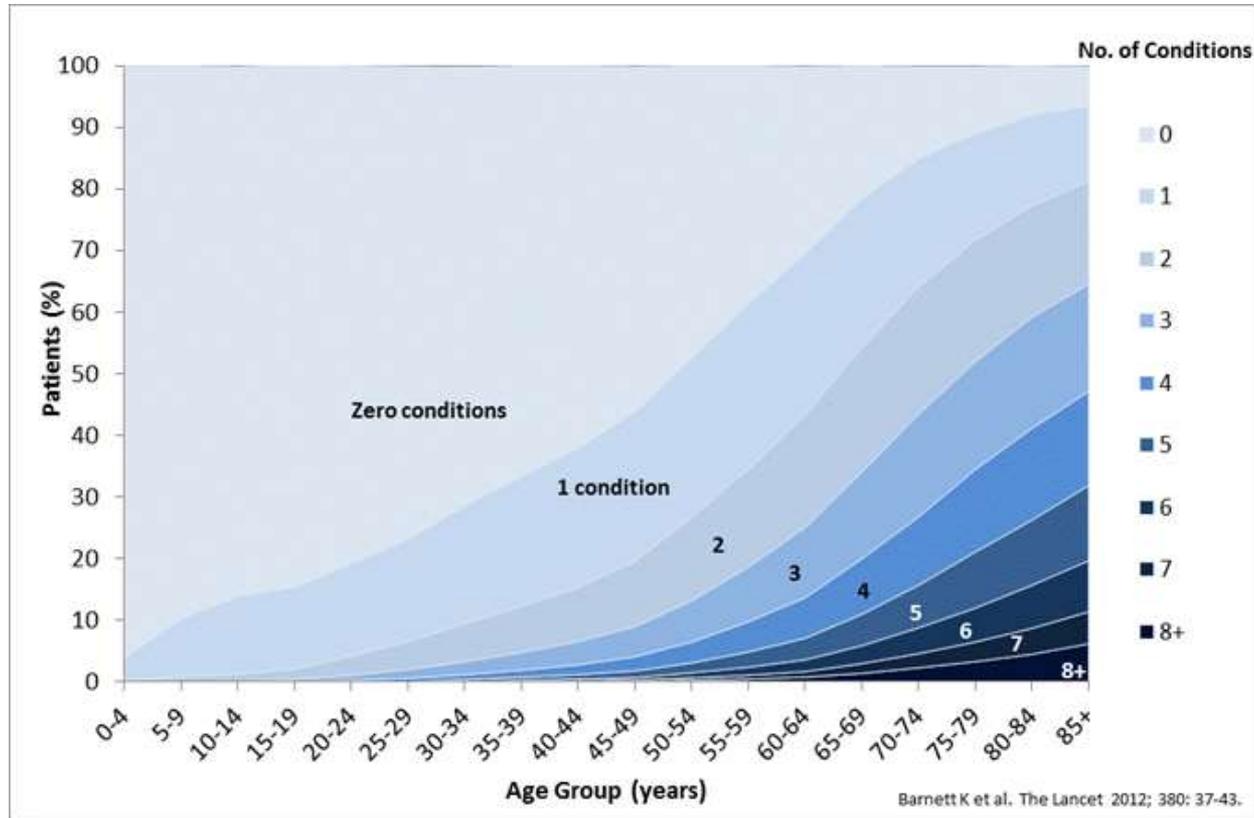|	HEALTHY LIFE EXPECTANCY years	TOTAL LIFE EXPECTANCY years
MEN		
RICHEST 10%	72	83
POOREST 10%	47	69
DIFFERENCE	**25**	**14**
WOMEN		
RICHEST 10%	72	86
POOREST 10%	50	76
DIFFERENCE	**22**	**10**

As we get older, multimorbidity becomes the norm...

Barnett K et al. The Lancet 2012; 380: 37-43.
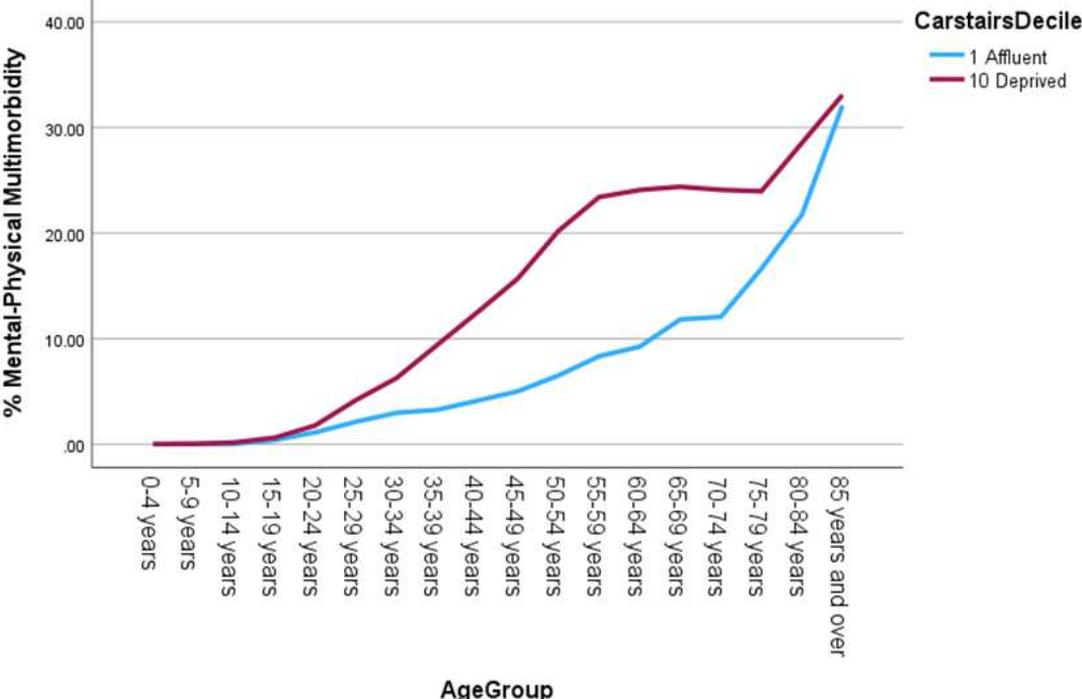
Multimorbidity is socially patterned occurring 10-15 years earlier in the most deprived areas of Scotland

Barnett K et al. The Lancet 2012; 380: 37-43.
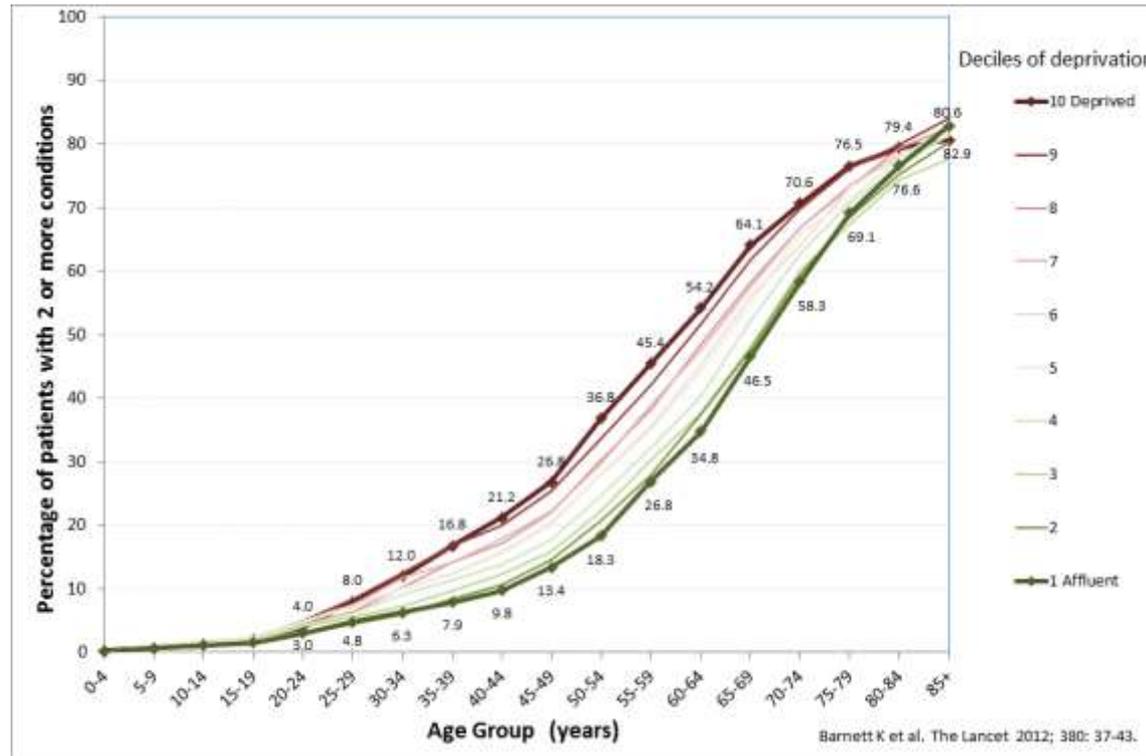
Multimorbidity is also more severe in deprived areas
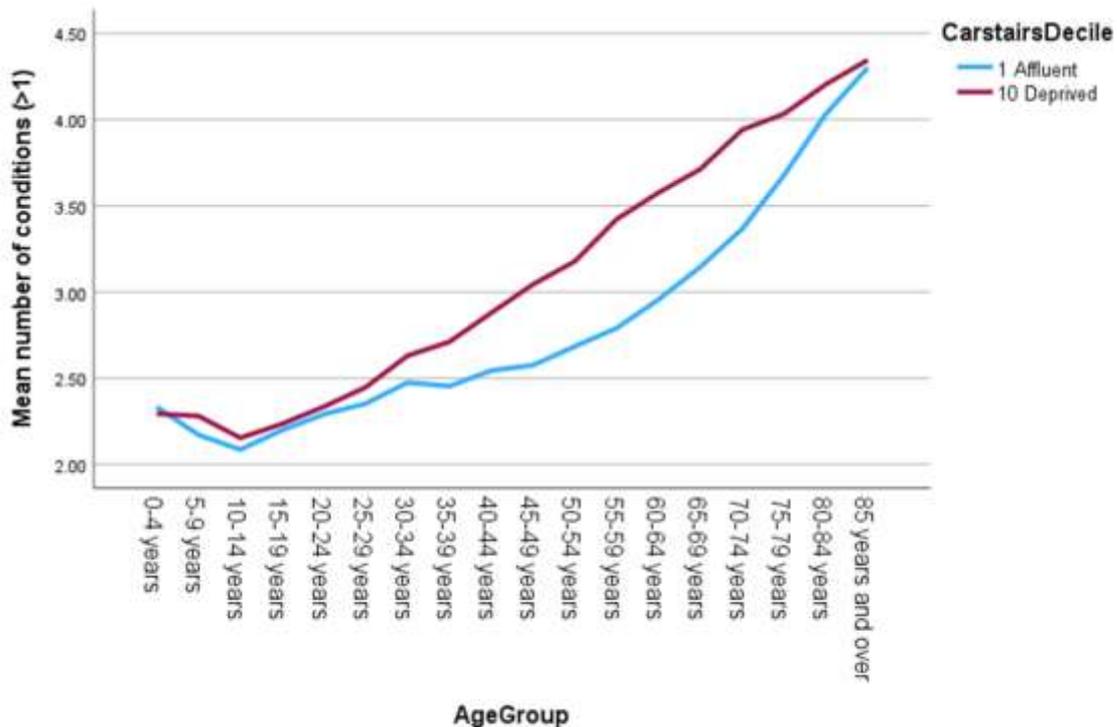
Mental-physical multimorbidity is MUCH more common in deprived areas (40 year gap)

Homelessness in Scotland – shocking stats

- >53,000 homeless/threatened with homelessness in 2024/25
- One household in Scotland becomes homeless every 15 minutes
- 41 children in Scotland become homeless every day
- 1 in 8 people experience homelessness in Scotland
- Scotland has > twice the rate of homeless deaths than England
- The mean age at death is 44 years

Health inequalities are caused by the social determinants of health

https://eachother.org.uk/
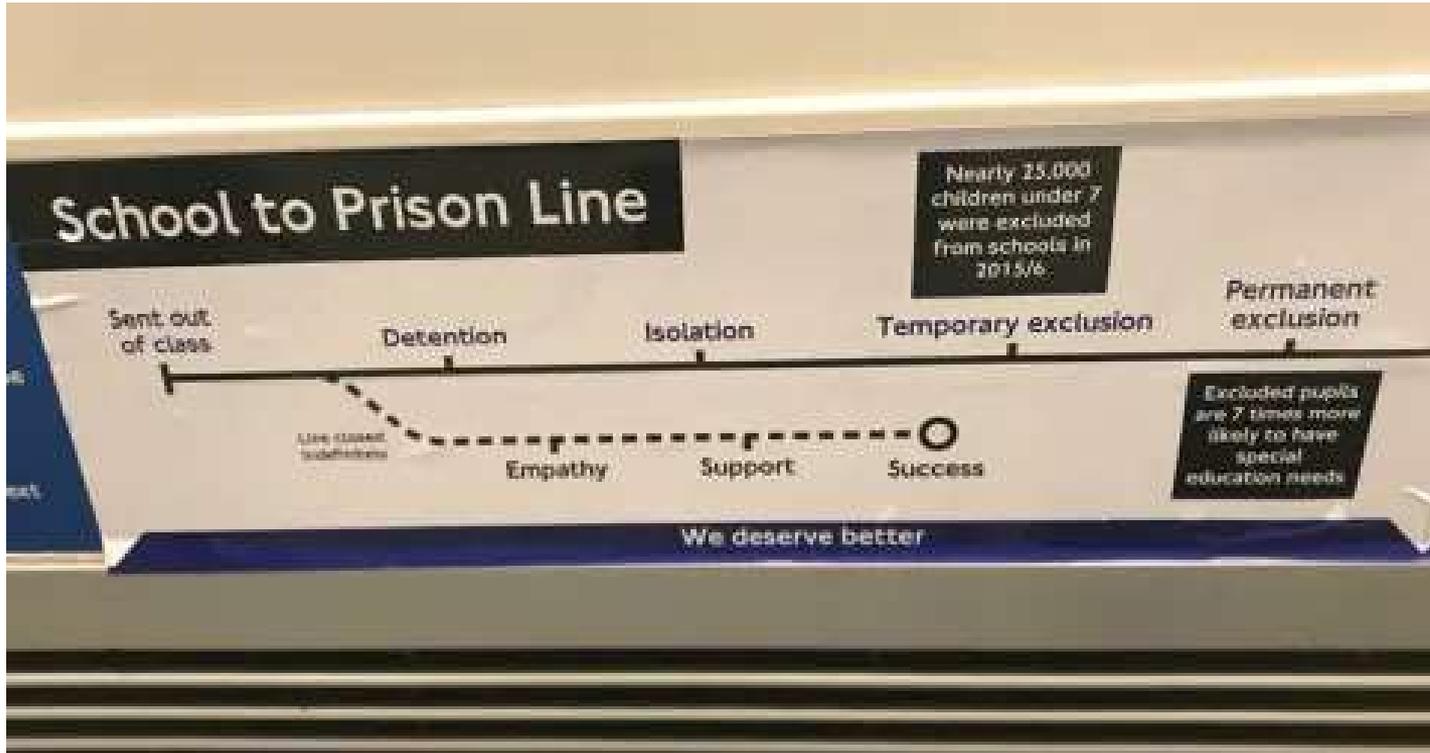
Healthcare is a social determinant too....

- If healthcare is delivered **inequitably** then health services will **widen** rather than narrow **health inequalities**
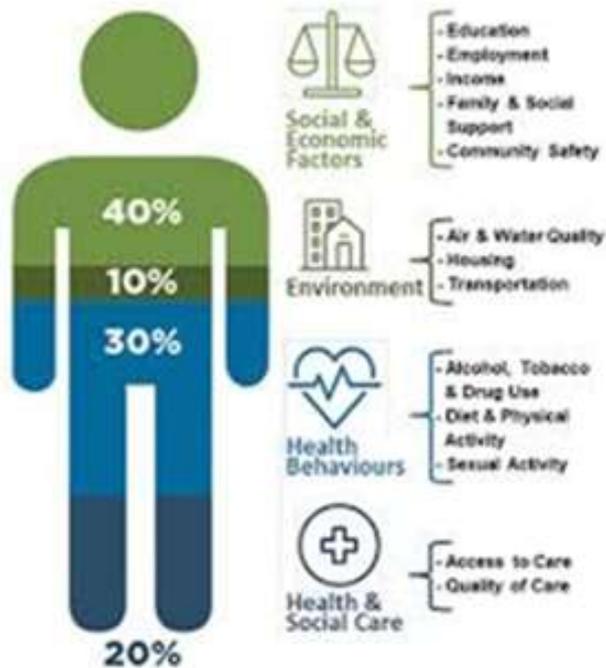
The inverse care law

- *"the availability of good medical care tends to vary inversely with the need for it in the population served." The Lancet 1971*

Dr Julian Tudor Hart, 1927-2018

2015: Percentage differences from least deprived decile for mortality, mental-physical multimorbidity, consultations and funding
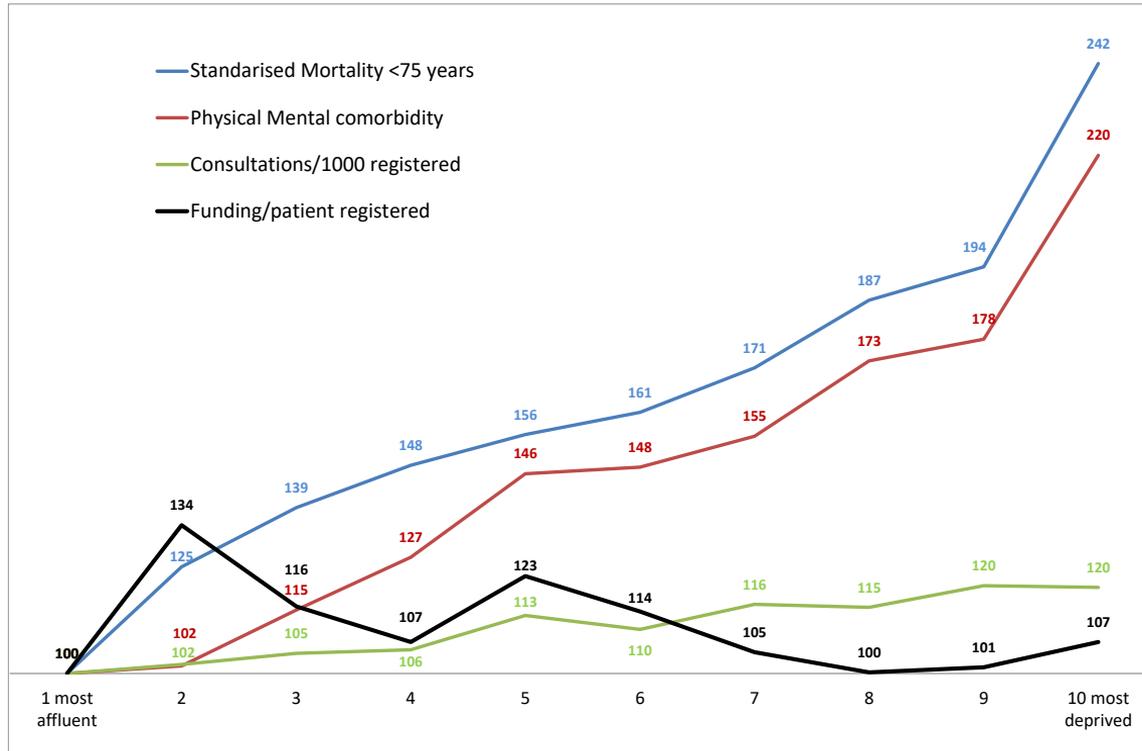
The inverse care law…GPs at the Deep End

GPs at the Deep End
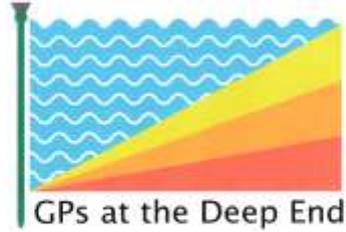
GPs at the Deep End

General Practitioners at the Deep End

Final report of a special meeting held on 16 September 2009 at Erskine Bridge Hotel

Deep End East of England

GPs at the Deep End 川崎/横浜

London Deep End Health Equity

GPs at the Deep End NENC

Deep End Greater Manchester

Deep End Ireland

YORKSHIRE/HUMBER
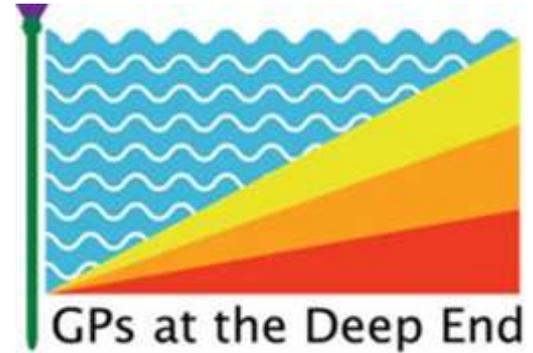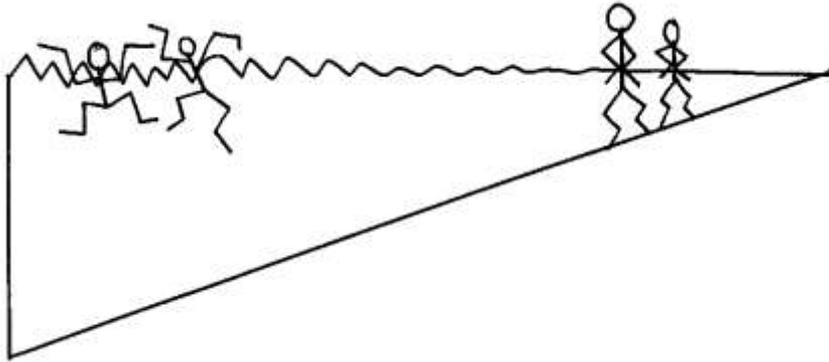
GPs at the Deep End

Deep End Canberra

GPs at the Deep End Bristol

General Practice at the Deep End Nottinghamshire

Meddygon Teulu yn y Pen Dwfn
GPs at the Deep End

Deep End Cheshire & Merseyside

DEEP END GPs | DENMARK

PLYMOUTH
DEEP END GENERAL PRACTICE

General Practice at the Deep End Cornwall

Deep End Living Lab
FRANKSTON, AUSTRALIA

Primary Health Care at the Deep End
Soins primaires en milieu défavorisé Canada

Emergency Medicine
at the Deep End

Deep End GP Northern Ireland

Is the inverse care law still a thing?

- Numerous policies and interventions over the last 20 years

- 2018 Scottish GP contract

- Expansion of the multidisciplinary team

- Roll-out of social prescribing link workers

- Welfare rights officers in general practices

Tackling the inverse care law in Scotland

The inverse care law then

The inverse care law now

2025

" Medicine is a social science and politics is nothing else but medicine on a large scale.

Rudolf Virchow

1848

"The NHS will last as long as there are folk left with the faith to fight for it."
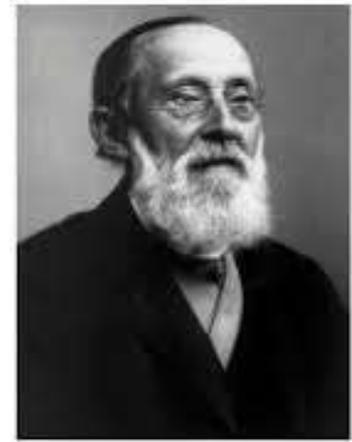
Nye Bevan
Founder of the National Health Service
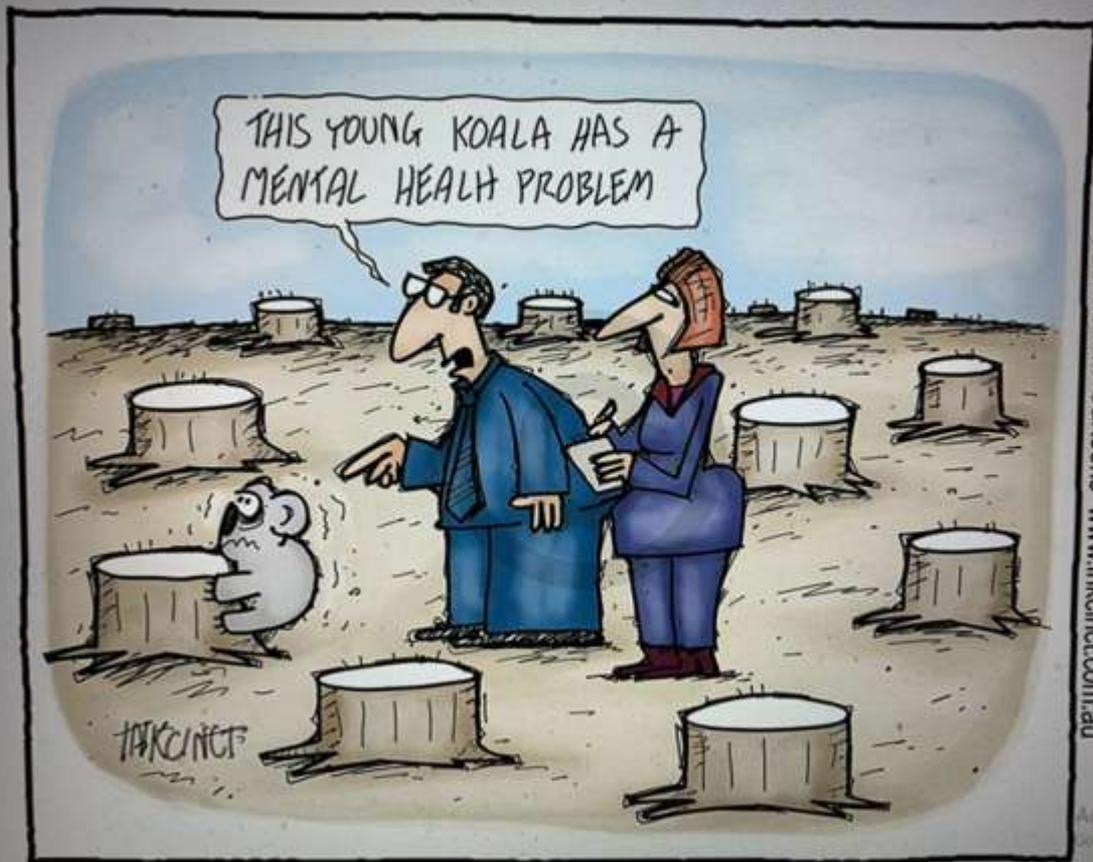
Green Social Prescribing

Welcome to Deep Green – a toolkit for Green Social Prescribing. It is designed to help GPs and other health and social-care practitioners working in primary care to prescribe outdoor, nature-based activities.

This toolkit provides support, information and evidence about Green Social Prescribing. It can be used by practitioners looking for help to add or expand Green Social Prescribing in their practice. It can also be used for people interested in the subject more generally.

https://www.deep green.scot/

Hey, that line's moving a lot faster!

ANSWERS
SIMPLE BUT WRONG
COMPLEX BUT RIGHT

GOCOMICS.COM/NON4EGUITUR

Solidarity
Helping others is like helping yourself.
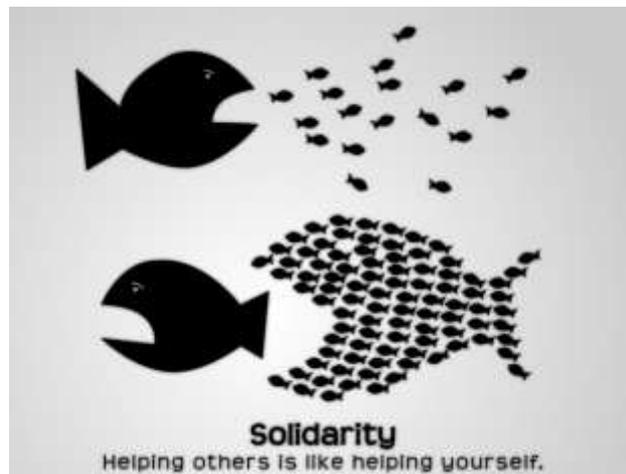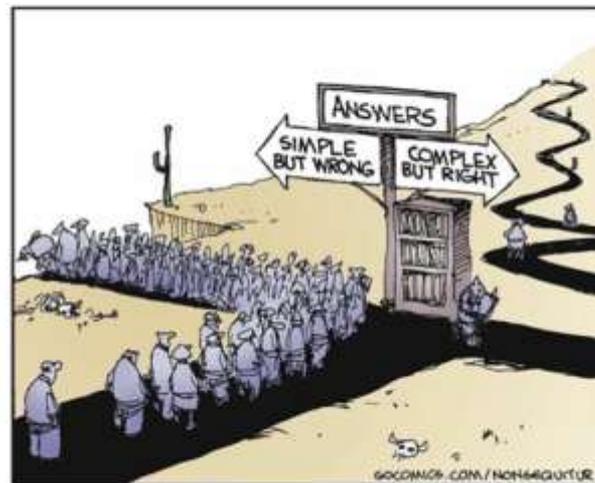
Thank you

Poverty and Health in Scotland

Lauren Wilks, Senior Research Officer, The Poverty Alliance

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Centre for Homelessness and Inclusion Health

Poverty and Health Inequalities Forum

13th November 2025, Usher Building, University of Edinburgh

Poverty and health in Scotland:
Data, trends, and listening to lived experience

Dr Lauren Wilks, The Poverty Alliance; Lauren.Wilks@povertyalliance.org

the **POVERTY ALLIANCE**

WORKING TOGETHER TO COMBAT POVERTY

Poverty and health in Scotland: Data, trends, and listening to lived experience

What I'll cover today:

- The Poverty Alliance – who we are and what we do
- Poverty in Scotland – definitions, data, trends, key messages
- Poverty and health in Scotland – data, trends, key messages
- Drivers of poverty and mechanisms for tackling poverty in Scotland
- Participatory approaches/research and listening to lived experience

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The Poverty Alliance

- The Poverty Alliance is Scotland's network of organisations and individuals working together to end poverty

- Established in 1992, the Alliance is a membership organisation, which has extensive experience in addressing issues related to poverty

- Together, we influence policy and practice, support communities to challenge poverty, provide evidence through research and build public support for the solutions to tackle poverty.

povertyalliance.org

The Poverty Alliance

The change we want to see:

1. Social security provides a more reliable source of adequate income
2. More jobs that reduce in-work poverty
3. Services more effectively help to reduce and prevent poverty
4. More organisations and individuals collaborate to address poverty

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How is poverty defined and measured?

"Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertain, and impossible decisions about money. It means facing marginalisation – and even discrimination – because of financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society."

The Joseph Rowntree Foundation

Measures include:
- Relative poverty – where households have less than 60% of median income.
- Absolute poverty – where households have less than 60% of the median income in 2010/11, uprated by inflation.

Poverty trends in Scotland

Figure 1: Relative poverty rate for all individuals in line with previous stable trend

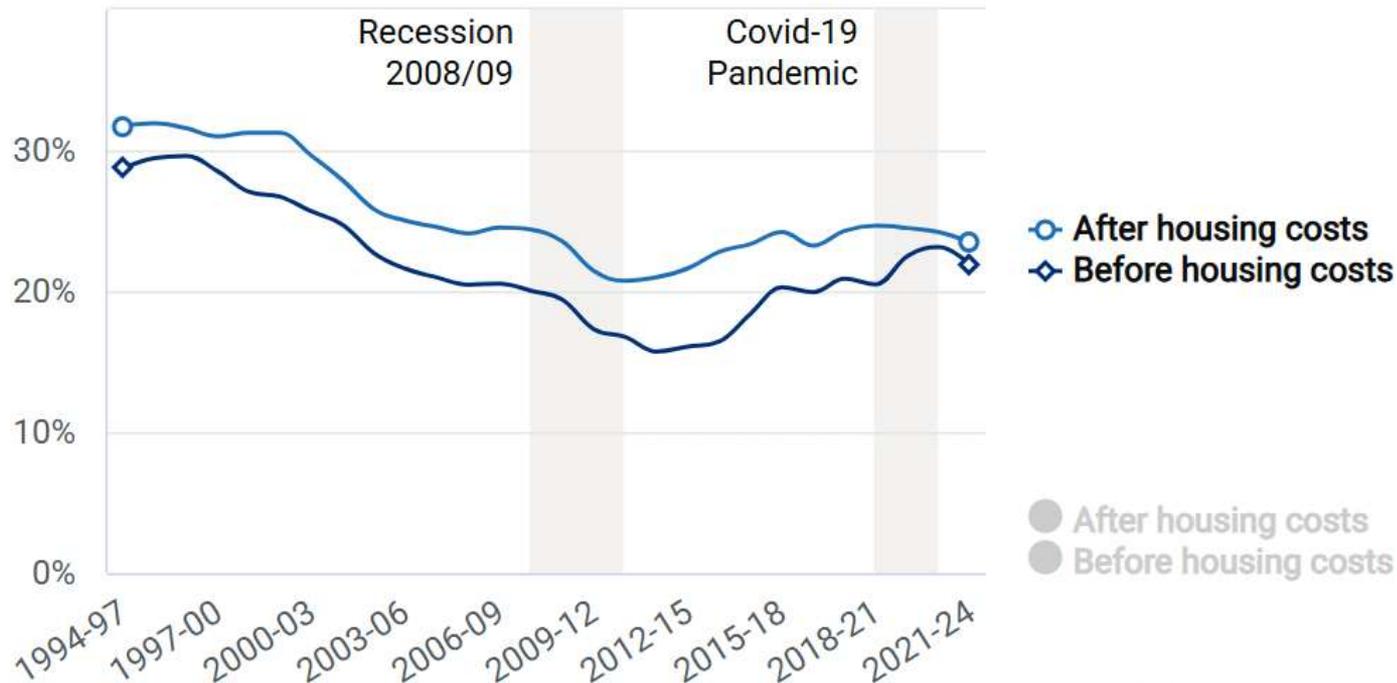Proportion of people in relative poverty, Scotland

Source: Family Resources Survey

povertyalliance.org

Scottish Government (2025)
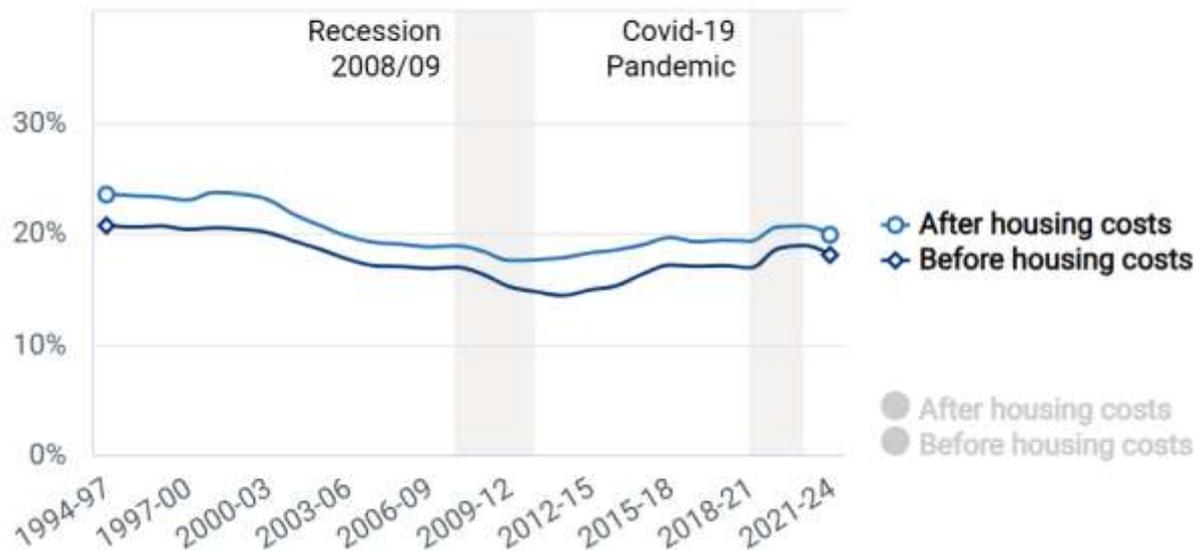
Who is most likely to be affected by poverty in Scotland?

- **Children:** In the period 2021-24, 23% of children were living in in poverty. This is higher than the 20% of working-age adults and 15% of pensioners living in poverty. Nearly 9 in 10 children in poverty are in Scottish Government's 'priority families' identified as being at higher risk of child poverty. These are: Families where someone is disabled; Single-parent families; Families with a baby under 1; Large families (3 or more children); and Minority ethnic families.

- **Disabled people** 38% of people living in a family where someone is in receipt of a disability benefit are in poverty, excluding income from disability benefits.

- **Minority ethnic households** Minority ethnic households are more likely to be in poverty compared to white British households.

- **Adults under 25** Adults under 25 are more likely to be in poverty than older adults.

- **Single parent families** a third of children living in a single parent family are in poverty.

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Joseph Rowntree Foundation (2021 & 2025)
Scottish Government (2025)

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Child poverty trends

Proportion of children in relative poverty, Scotland

Source: Family Resources Survey

povertyalliance.org

Scottish Government (2025)
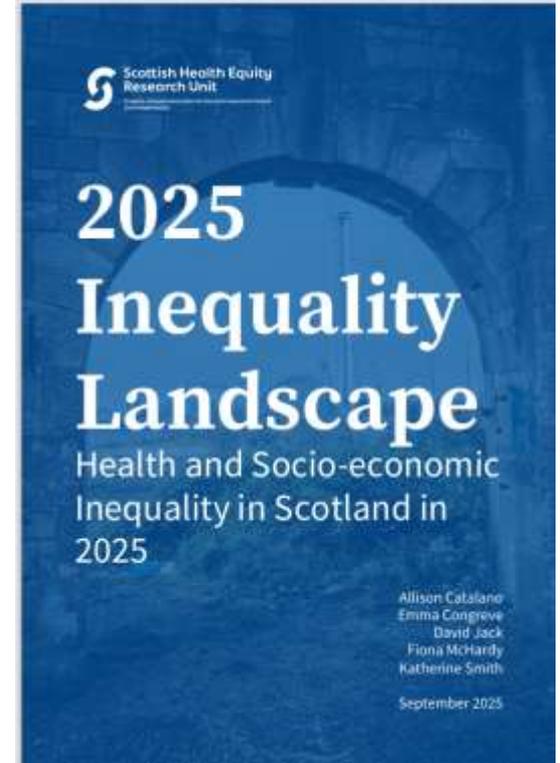
Health and poverty in Scotland

Progress on key trends: what changed this year?

- Some modest improvements in incomes; some child-poverty measures are not yet translating into material reductions in health inequality. Structural drivers – housing insecurity and quality, working conditions, and the long shadow of austerity – continue to shape outcomes.

- Young adult men and preventable deaths: Scotland's rates of drug-related deaths, alcohol-specific deaths and deaths from suicide remain the highest in the UK, with drug misuse mortality among the highest in Western Europe.

  SHERU (2025)

Scottish Health Equity Research Unit

Insights, analysis and action on the socio-economic factors that shape health

povertyalliance.org

Scottish Health Equity Research Unit

2025 Inequality Landscape

Health and Socio-economic Inequality in Scotland in 2025

Allison Catalano
Emma Congreve
David Jack
Fiona McHardy
Katherine Smith

September 2025
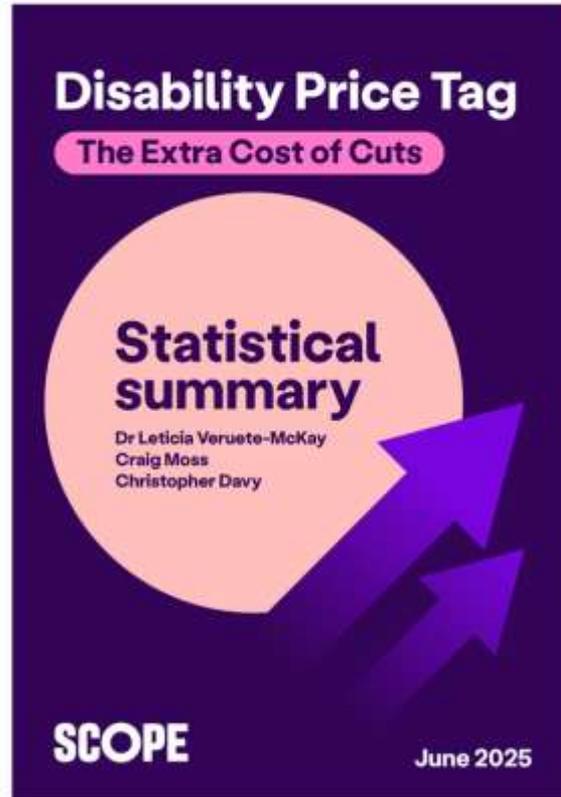
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Health and poverty in Scotland

SCOPE

Uses data from the Family Resources Survey to calculate the extra costs faced by disabled households.

Disability Price Tag
The Extra Cost of Cuts
Statistical summary
Dr Leticia Veruete-McKay
Craig Moss
Christopher Davy
SCOPE
June 2025

- Disabled households need an extra £1,095 each month on average to have the same standard of living as non-disabled households.
- With inflation, the extra cost of disability is estimated to reach £1,224 per month by 2029 to 2030 financial year.
- Proposed welfare reforms could push disabled people in a more precarious financial position into deep poverty.

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the POVERTY ALLIANCE
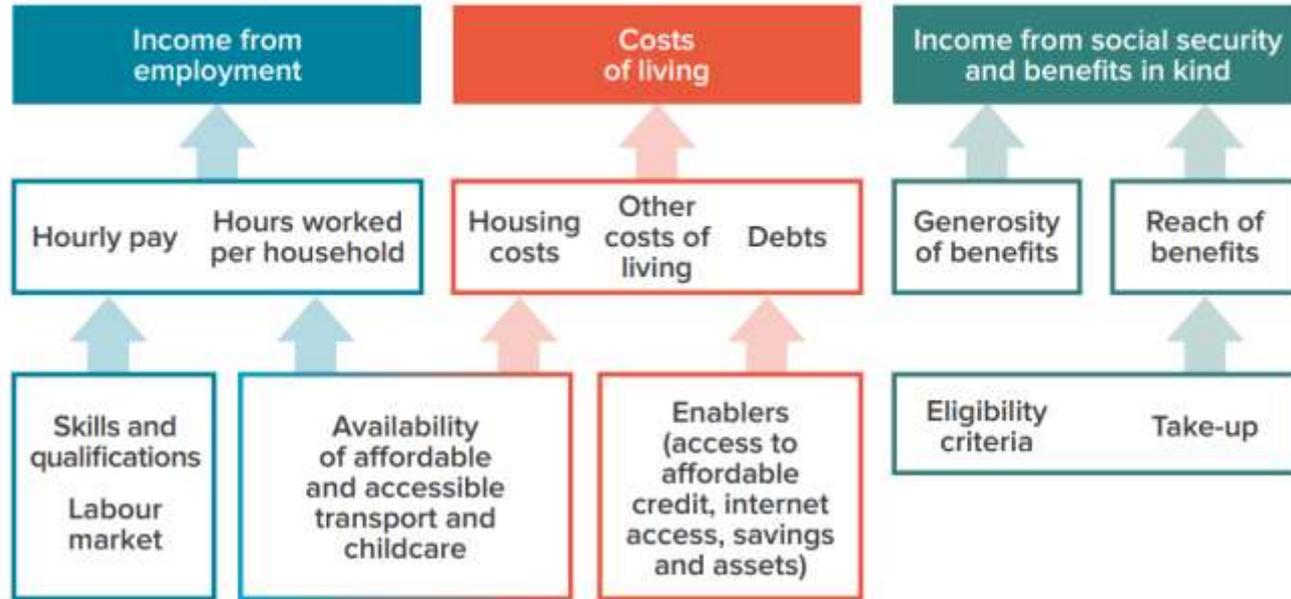WORKING TOGETHER TO COMBAT POVERTY

What causes poverty?

Poverty is **structural**. This means it's a consequence of economic, political and social forces that exist outside the immediate control of the individual.

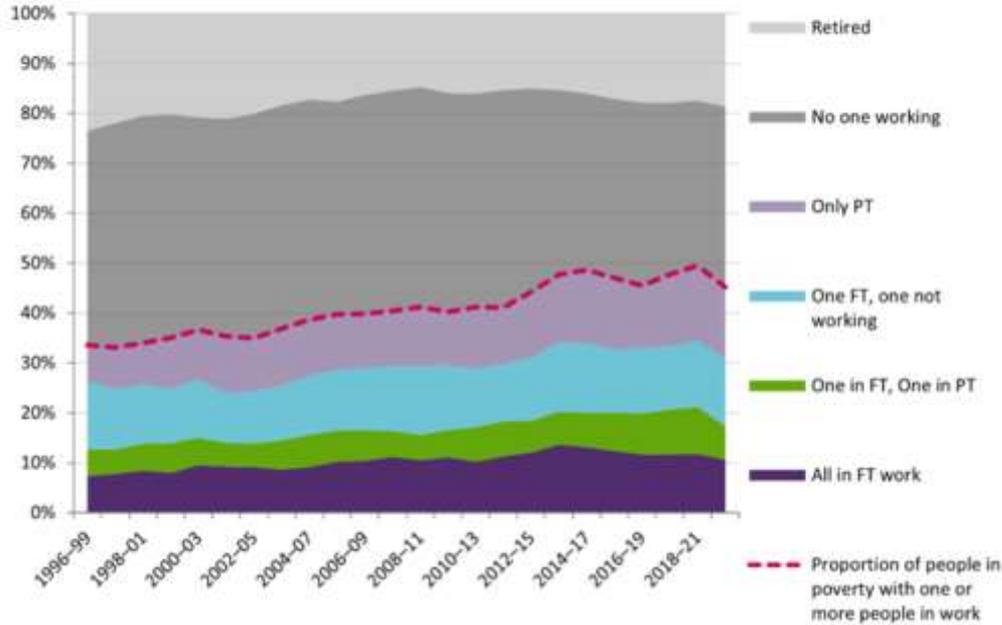Poverty is both a cause and a consequence of a lack of power

povertyalliance.org

Drivers of poverty

Scottish Government (Best Start, Bright Futures Tackling Child Poverty Delivery Plan 2022-2026)

povertyalliance.org

In-work poverty

Figure 7: Composition of people in poverty by family work status

JRF (2023)

povertyalliance.org

Solutions to poverty: Scottish Government priorities

- Social Security Scotland
- Child Poverty
- Establishment of the Poverty and Inequality Commission
- Action on Youth Unemployment
- Participation and listening to lived experience

povertyalliance.org

Solutions to poverty: Other mechanisms for change

- Better jobs for everyone who needs one, with fair conditions and wages that pay the bills.
- Better investment for life's essentials, like affordable homes, good public transport, a thriving natural environment and strong public services.
- Better social security so that all of us have a foundation for the future.

SCOTLAND *DEMANDS* **BETTER**

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Participation and lived experience

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Poverty Alliance participatory research – Listening to lived experience

"The life of Glasgow pigeons is more certain": Mental health and wellbeing amongst people navigating the asylum process May 2023

Research findings:

- Importance of mental health 'nourishment' - through social activities including volunteering, *but the* cost of transport often prevented participants from being able to engage in such activities.
- Navigating the asylum system consistently undermined participants' efforts to maintain and improve their mental health and wellbeing

Rights in Action!

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Poverty Alliance participatory research – Listening to lived experience

povertyalliance.org

Research findings:

- Significantly reduced incomes due to long periods of sick leave, having to substantially reduce working hours, job loss, or becoming reliant on social security.
- Future insecurity due to negative implications for pension contributions, having to draw down pensions early, and eating into savings.
- A lack of employment support including poor awareness and understanding of Long COVID among employers.
- Difficulties with diagnosis and recognition.
- Additional costs - paying for adaptions, employing carers etc.
- Barriers to accessing social security.

Poverty Alliance participatory research – Listening to lived experience

References

- Joseph Rowntree Foundation (2025). *Poverty in Scotland 2025.*
- Joseph Rowntree Foundation (2021). *Ethnicity, poverty, and the data in Scotland.*
- Joseph Rowntree Foundation (2023). *A minimum income standard for the UK in 2023.*
- Scottish Government (2022). *Best Start, Bright Futures Tackling Child Poverty Delivery Plan 2022-2026.*
- Scottish Government (2025). *Poverty and Income Inequality in Scotland 2021-24.*
- Scottish Health Equity Research Unit (2025). *2025 Inequality Landscape.*
- The Poverty Alliance and Robert Gordon University (2025). *Long Covid, Long Consequences: Financial, employment and social security impacts in Scotland.*

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Questions for Keynote Speakers:

In the room: raise a hand, we'll come to you with the mic!

Online (or in person): Share your questions on Wooclap

Go to **wooclap.com**
Enter code **LERNET**

(or scan the QR code!)

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Panel One

Perspectives on Poverty and Inequalities in Healthcare

Perspectives on Poverty and Inequalities in Healthcare

- Panellists:
  - **Carey Lunan**, Chair, Scottish Deep End Network
  - **Beth Bareham**, Research Associate, Newcastle University
  - **Roisin Hurst**, Project Manager (Scottish Community Links Worker Network), Voluntary Health Scotland
  - **Tricia Tooman**, ACRC Research Fellow, University of Edinburgh

- Facilitated by **Kieran Sweeney**, G.P. and PhD student

Questions for the Panel:

In the room: raise a hand, we'll come to you with the mic!

Online (or in person): Share your questions on Wooclap

Go to **wooclap.com**
Enter code **LERNET**

(or scan the QR code!)

Break

Enjoy tea and coffee from Social Bite
Artwork from Chance 2 Change
We'll start again at 14:45

Session 2: At the Sharp End

Panel Two
1445 – 1530

Panel Two

At the Sharp End: Racism, Destitution, Migration and Homelessness

At the Sharp End: Racism, Destitution, Migration and Homelessness

- Panellists:
  - **Kevin Chalmers**, Team Leader, Bethany's Rapid Reaccommodation Welcome Centre
  - **Gwenetta Curry**, Reader in Race, Ethnicity and Health, Usher Institute, University of Edinburgh
  - **Sarah Johnsen**, Chair in Homelessness and Inclusion Health, University of Edinburgh

- Facilitated by **Emily Adams**, PhD student, University of Edinburgh

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Poverty and Health Inequalities at the Sharp End: Racism, Destitution, Migration and Homelessness

Professor Sarah Johnsen

Dr Gwenetta Curry

Kevin Chalmers

We were open for **181 nights** during the coldest part of the year

618 individual people accessed our service

58 nationalities were represented

11,583 times when a person was protected from sleeping on the streets for a night

62 people on average used the service every day

23,000[†] **meals** were provided by 40 church and 2 corporate volunteer catering teams

99% of known outcomes are positive[††]

[†] This number includes the roughly 6,270 breakfasts that were funded by the Scottish Government

[††] 55% of outcomes are known

Impact

2024-25 Season

Justice and the racial dimensions of health inequalities: A view from COVID-19

Agomoni Ganguli-Mitra[1] ⊙ | Kaveri Qureshi[2] | Gwenetta D. Curry[3] | Nasar Meer[2]

[1]School of Law, University of Edinburgh, Edinburgh, UK

[2]School of Social and Political Science, University of Edinburgh, Edinburgh, UK

[3]Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Edinburgh, UK

Abstract

In this paper, we take up the call to further examine structural injustice in health, and racial inequalities in particular. We examine the many facets of racism: structural, interpersonal and institutional as they appeared in the COVID-19 pandemic in the UK, and emphasize the relevance of their systemic character. We suggest that such inequalities were entirely

Impact of the COVID-19 Pandemic and Scottish Public Sector Response on Refugees and Asylum Seekers: Stage 2 Report (Evidence Review)

Emilie McSwiggan, Emily Adams, Keira Charteris, Anna Gordon, Damilola Iduye, Aimee Kelley, Christa St Jean, Thulani Ashcroft, Marshall Dozier, Ruth McQuillan, Evropi Theodoratou and Gwenetta Curry **on behalf of UNCOVER Applied Evidence Synthesis**

UNCOVER
Applied Evidence Synthesis

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Hard Edges:
The Reality for Women Affected by Severe and Multiple Disadvantage

Sarah Johnsen & Janice Blenkinsopp

HERIOT WATT UNIVERSITY

I·SPHERE

Tackling Scotland's Housing Emergency

Housing Emergency Action Plan

September 2025

Scottish Government
Riaghaltas na h-Alba

References

Rapid Re-accommodation Welcome Centre report Winter 24-25

https://www.bethanychristiantrust.com/wp-content/uploads/2025/08/RRWC-Report-24-25.pdf

Justice and the racial dimensions of health inequalities: A view from COVID-19

https://onlinelibrary.wiley.com/doi/epdf/10.1111/bioe.13010

Impact of the COVID-19 Pandemic and Scottish Public Sector Response on Refugees and Asylum Seekers

https://www.covid19inquiry.scot/sites/default/files/2024-04/Portfolio-1-UNCOVER-Refugees-and-Asylum-Seekers-STAGE-2-accessible.pdf

Hard Edges: The Reality for Women Affected by Severe and Multiple Disadvantage

https://pure.hw.ac.uk/ws/portalfiles/portal/107153525/HardEdges-RealityForWomen_FullReport_logo_.pdf

Tackling Scotland's Housing Emergency

https://www.gov.scot/publications/tackling-scotlands-housing-emergency/documents/

Race, Ethnicity and Homelessness in the UK

https://pure.hw.ac.uk/ws/portalfiles/portal/152675515/HW_Homelessness_BEM_Exec_Summary_amended_A4_report_Aug25_1.0.pdf

Questions for the Panel:

In the room: raise a hand, we'll come to you with the mic!

Online (or in person): Share your questions on Wooclap

Go to **wooclap.com**
Enter code **LERNET**

(or scan the QR code!)

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Break

Enjoy tea and coffee from Social Bite
Artwork from Chance 2 Change
We'll start again at 15:45

Session 3: Learning from Communities

Speakers and Short Films
1545 – 1645

Homes, Heat and Healthy Kids: Ethical collaboration with community members

Olivia Swann, Senior Clinical Research Fellow, Centre for Medical Informatics, University of Edinburgh

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Homes, Heat and Healthy Kids:
Ethical collaboration with community members

Dr Livvy Swann
Senior Clinical Research Fellow | Consultant Paediatrician | Usher Institute

Dr Tracy Jackson
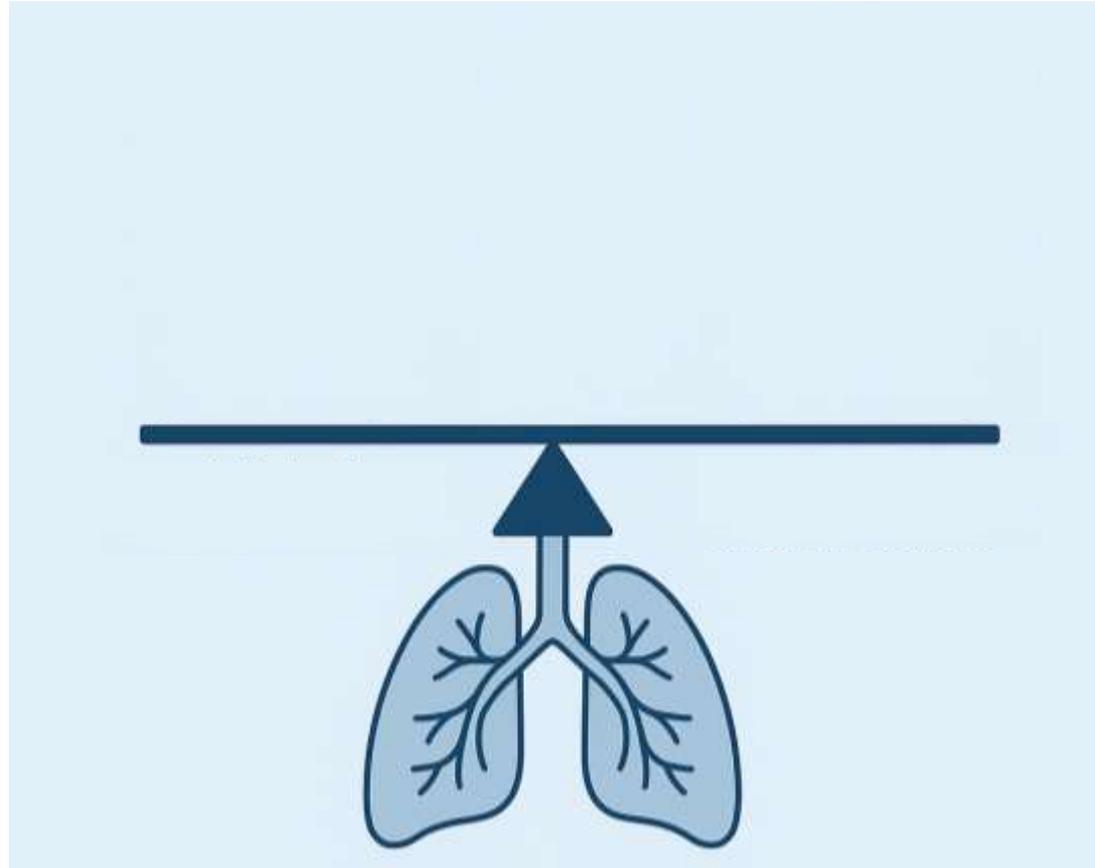Senior Research Fellow | PPIE Lead | Usher Institute
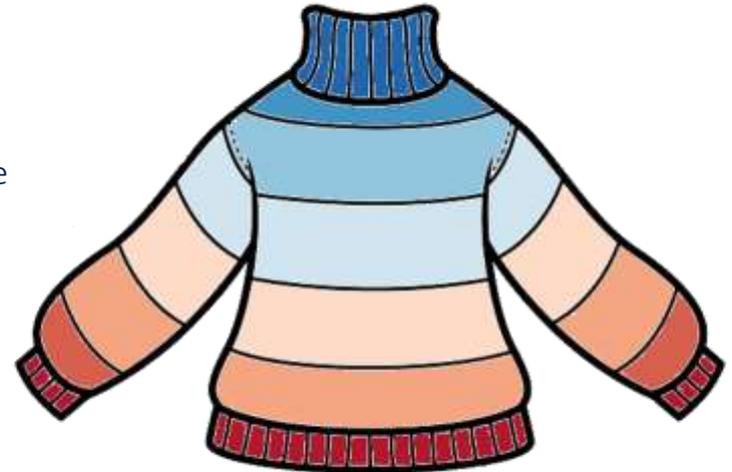
"Our homes provide the living environment that dictates our future health"

Sir Michael Marmot

Homes, Heat and Healthy Kids Study

What is the best way to make a home warmer AND children healthier?

Where could these findings lead?

- Reduce respiratory infections
- Improve lifelong respiratory health

- Inform policy
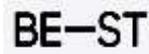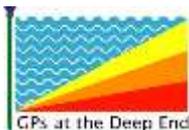- Reduce inequalities from net zero policies

- Powerful, flexible methodology
- Adaptable for any population or condition

The Parent Group

- Meaningful collaboration with parents facing heating challenges across diverse communities

- Poverty Alliance, word of mouth

- Outer Hebrides to the Scottish Borders

- Minoritised ethnic communities and asylum seekers

- Non-hierarchical – co-enquirers

- Individual approach to barriers to involvement

- Meet online and at times suitable to the group

- Childcare for in-person meetings

- Time - relationships, trust, permission, listening
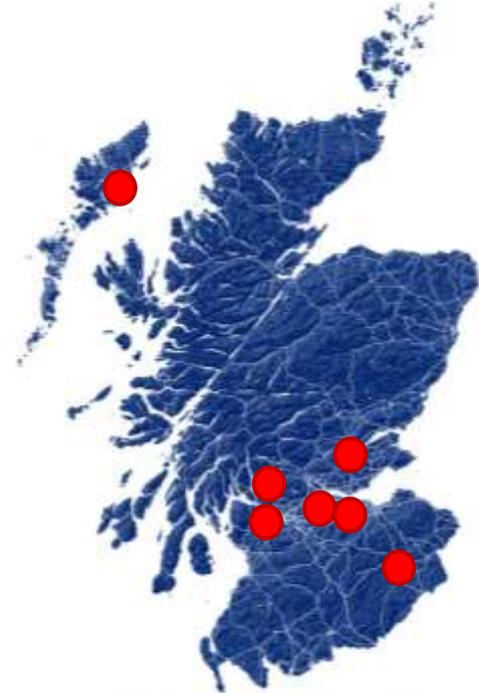
Parent Group

"Classical" PPI
- Research questions
- Data discussions
- Stakeholder meeting

Beyond!
- Animation
- Personal videos
- Ethical storytelling workshops
- Hard to Reach or Easy to Ignore?
- Interactive game

Breathe easy
Homes, heat and healthy kids

HEAT IS A RIGHT
ARISTON

Have you ever had
to stretch a pound?
By Andrew

Beyond Remuneration

NIHR guidelines for payment

- £25 per hour

- Power gradient

- Extractive or restorative?

Meaningful Recognition

- Validate expertise

- Partnered with Media Education → recognised qualifications

- SCQF Level 3 qualification - Access to Media

- SCQF Level 5 qualification - Community Leadership

- UoE Impact award

Impact

Local Leadership Development

- Established as recognized local leaders for change
- Built confidence in public speaking and advocacy
- Created networks for ongoing community leadership

Research Advocacy Skills

- Established as local advocates for responsible research
- Developed understanding of ethical research practices
- Built capacity to influence future research priorities

Skills and career enhancement

- Development of communication and presentation skills
- Attained SCQF Level 5 qualifications for career advancement
- Overcame traditional barriers to education and professional development

Thank you

Eleanor Harrison
Tim Wilding
Caroline Fyfe
Chris Dibben
Tom Clemens
Steve Cunningham
Ruth Doherty
Richa Kulkarni
Freya Semple
Milly Young

Grainne McGill
Tim Sharpe

Aziz Sheikh

Abi Whitehouse

Pia Hardelid
Ian Hamilton
Russell Viner

Vittal Katikireddi
Duncan Lee

Jonathon Taylor

Community Involvement

Tracy Jackson
Laura Gonzalez-Rienda
Kate Deacon

The Parent Group
Andrew Anderson
Gloria Odhi
Anwar
Shogufta Haq
Elizabeth Mueller

Funders

"Kids are the fuel in society's rocket.
There's no second chance to support this generation"

Lord Victor Adebowale

Olivia.Swann@ed.ac.uk

Website

Health n Equality

Chance 2 Change film-poems

(please bear with us while we switch over to video, and pause the Teams recording)

Reflections on Session 3:

We can't take questions live in this session, but please share your thoughts online

Go to **wooclap.com**
Enter code **LERNET**

(or scan the QR code!)

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ACRC
Advanced Care Research Centre

THE UNIVERSITY *of* EDINBURGH
Centre for Homelessness and Inclusion Health

What can we do in our own work?

Closing Remarks and Reflections
Carey Lunan, Chair, Scottish Deep End Network

Feedback

Please complete the evaluation form!

Or send your thoughts to the organisers via
emilie.mcswiggan@ed.ac.uk

Reminder: this building closes at 5pm sharp!

Poverty and Health Inequalities Forum