



Poverty and Health Inequalities Forum



On the Day . . .

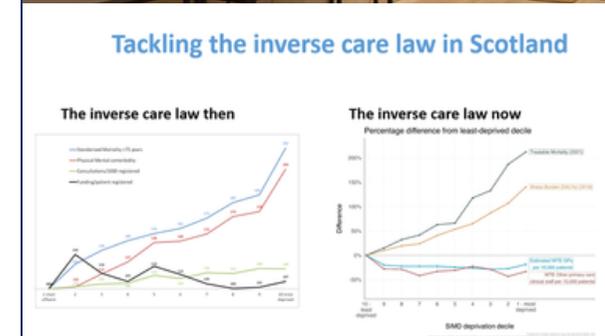
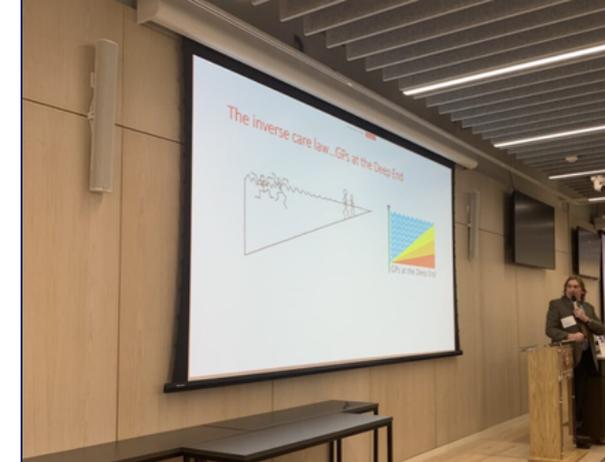
Over 100 people attended the **Poverty and Health Inequalities Forum** on 13 November 2025, in person or online. Attendees joined us from a wide range of different backgrounds – health and care services, public bodies, local authorities, voluntary and community organisations, and university staff and students.

The half-day event had three sessions: an Overview of Poverty and Health Inequalities, a session on health inequalities ‘At the Sharp End’ – looking at racism, destitution, migration, and homelessness -and a final session on Learning from Communities. In breaks between sessions, attendees enjoyed tea and coffee from **Social Bite**, a social enterprise working to end homelessness; and took in the fantastic **Health n Equalities art exhibition** created by Chance 2 Change Drumchapel – a peer support group working to challenge health inequalities.

The event began with **keynote talks** from Stewart Mercer (Professor of Primary Care and Multimorbidity, University of Edinburgh) and Lauren Wilks (Senior Research Officer, Poverty Alliance). Stewart outlined the stark challenge of poverty and health inequalities, especially in Scotland; and the way these are driven by unequal social circumstances, including unequal access to healthcare. He shared the history of the GPs at the Deep End Network, set up to take action on these inequalities; reminding us that change is possible if we work together.

Lauren then shared the work of the **Poverty Alliance**, and the context of poverty in Scotland. More than a million people – 20% of the country – are currently living in poverty. In practice, this means being unable to afford to pay rent, or buy essentials for your children, or heat your home. Children are disproportionately affected, but there is hope: since introducing the Scottish Child Payment, there seems to have been a small decrease in child poverty in Scotland, unlike the rest of the UK.

Some people are more at risk than others: disabled, ethnic minority and single-parent households are most at risk of poverty. In-work poverty is increasing, with low pay and exploitative contracts. Lauren outlined some of the Poverty Alliance's research and campaigns on poverty in Scotland, including several participatory research projects working with communities to address health inequalities and the social determinants of health.



Participation and lived experience

povertyalliance.org



Panel 1: Perspectives on Poverty and Inequality in Healthcare

We then moved to our first panel session, on Poverty and Inequalities in Healthcare. Panellists included Carey Lunan (Chair of the Scottish Deep End Network), Beth Bareham (Research Associate at Newcastle University), Roisin Hurst (Project Manager for the Scottish Community Links Worker Network, Voluntary Health Scotland) and Tricia Tooman (Research Fellow at the University of Edinburgh), facilitated by Kieran Sweeney (Wellcome PhD student).

The panel discussion was lively and wide-ranging. Here we share a few key take-aways:

-  A commitment to addressing health inequalities is ‘prevalent in policy but missing in action’: research on new health and care innovations shows that most don’t consider inequalities; while those that do, face practical barriers at every turn.
-  The ‘inverse care law’ means people in most need of primary healthcare are least likely to be able to access it – leading to worsening health and reduced economic activity.
-  ‘Proportionate universalism’ means that public services should be available to everyone, but delivered with more scale and intensity where the need is greatest.



(Panel 1 continued)



People with multiple health issues – such as co-occurring alcohol, mental health, and age-related needs – face huge barriers to accessing coordinated care. But co-producing research and services with people who are marginalised can help to improve accountability and inclusiveness.



Community Links Workers can help address the social factors making people unwell, by connecting them to community resources. But long-term funding is uncertain, and the voluntary sector is shrinking, making it increasingly hard for them to do their job.



Good preventive work needs long-term commitment, but short political cycles can undermine this. Building cross-party consensus is essential for sustainable change.

NHS

A photograph showing two protest signs pinned to a corkboard. The sign on the left is white with 'NHS' written in blue. Below it is a red heart with a jagged crack through the center. The sign on the right is pink with 'HELP US!' written in black. The corkboard is brown and the background is a plain wall.

HELP
US!



Panel 2: 'At the Sharp End' Racism, Destitution, Migration and Homelessness

After a break, we had our second panel session. Kevin Chalmers (Team Leader, Bethany's Rapid Re-accommodation Welcome Centre), Gwenetta Curry (Reader in Race, Ethnicity and Health, University of Edinburgh) and Sarah Johnsen (Director, Centre for Homelessness and Inclusion Health) made up the panel, which was facilitated by Emily Adams (ACRC PhD student).

The panel began by acknowledging the personhood and resilience of people who face the greatest disadvantages related to poverty and health inequalities. Some key issues discussed include:

- **Destitution** – this means lacking the resources to meet basic physical needs, to stay warm, dry, clean and fed. The number of people facing destitution in the UK is growing at an alarming rate, and is linked with the worst health outcomes and lowest access to care.
- **Racism and discrimination** – continue to affect people's access to healthcare and the quality of care they receive; as well as access to education, housing, and other factors that affect health, with evidence showing this is a real problem in Scotland as elsewhere.
- **Violence and trauma** – many women experiencing severe and multiple disadvantage (homelessness, substance use, and encounters with the criminal justice system) live lives marked by sustained violence leading to deep-rooted trauma, which heightens the barriers they face to accessing health and care services.

● **Migration** – migrants (especially refugees and asylum seekers) face additional barriers to support, further entangled with racial discrimination; while experiences of conflict and trauma can lead to greater needs. Government policies make many asylum seekers and refugees destitute by design, and many end up experiencing homelessness.

● **Hope** – places like the Welcome Centre meet people where they're at, seeing everyone as equal, showing empathy, and giving tailored support. Sharing lived experience can help people see that change is possible. But demand is sky-high, and the centre can only open over the cold months.

● **Homelessness** – in response to the housing emergency, it's vital to treat homelessness as a public health issue, prioritising investment in preventive initiatives alongside increased levels of house-building and bringing existing housing stock back into use.

● **Action** – across all the issues highlighted in this panel session, there are some good policy commitments (as well as a need to go further), but the priority must be action and accountability.

For women experiencing severe and multiple disadvantage, what is typically framed as 'recovery' is for many actually 'discovery' – of self-worth, identity, purpose, trust, and so on.



Part 3:

Learning from Communities

Our final session on Learning from Communities started with a ‘fireside chat’ with Tess Roxburgh, a **Community Links Worker** in Edinburgh. Tess works across two GP practices in areas with differing levels of deprivation. She reflected on some common challenges in both – especially around support for poor mental health and neurodivergence – but also some issues which are more evident in poorer areas, such as poor-quality housing, lack of access to healthy food, and high unemployment.

Tess shared her diverse workload – helping people who are in a food or fuel crisis, facing mental health difficulties or feeling suicidal, experiencing relationship breakdowns, social isolation, and homelessness – as well as her passion for a job which allows her to provide this all-round support. Tess also showed how small practical changes could make a big difference – for example, by making it possible for talented crafters from deprived areas to sell their handiwork at city-centre craft fairs, without the barrier of high fees or long waiting lists.





Ethical collaboration with communities

Livvy Swann (Senior Clinical Research Fellow, University of Edinburgh) then shared her work on the **Homes, Heat and Healthy Kids project**. 31% of homes in Scotland are fuel poor, and many homes are hard to heat, leading to an increased risk of respiratory infection. Livvy's study explores how best to make homes warmer and children healthier, drawing on data about health, housing, energy efficiency, air pollution, family finances, and more.

Livvy works with a 'Parent Group', representing families who face challenges heating their homes, from diverse backgrounds and remote and rural areas. She's committed to working in a restorative rather than extractive way with community members – this means addressing barriers to access (from childcare costs to confidence), and asking people what matters most to them. This has led to collaboration on every aspect of the research, with parents creating videos and educational games, leading workshops, and earning formal SQF Level 3 and 5 qualifications that reflect their work.

Livvy showed one of the Parent Group's videos – a short film by Anwar, who reflected on the impact of this work. In his own words, the group “turned lived experience into expertise, a community where no one apologises for needing help...

... Now when my child asks, will our home make me sick this winter? I can say we are fighting to make sure no child has to ask that again.”

We ended the day with a series of **film-poems by Chance 2 Change Drumchapel**, which accompanied their Health n Equalities art exhibition. These powerful and moving short film-poems brought to life the experience of living with health inequalities, and called researchers and decision-makers to account for hiding behind jargon ('nae mair jaggy words') and inaction ('you keep talking while we keep dying'). You can find links to the videos here: https://blogs.ed.ac.uk/poverty_and_health/chance-2-change-films/.

Summing up, Carey Lunan (Chair of the Scottish Deep End Network) reflected on '**hope, trust and discovery**' as key ideas emerging from the discussion, to help steer us through the difficult work of addressing poverty and disadvantage. She acknowledged the diverse, multi-professional group that had come together, and the importance of continuing to work across boundaries – to challenge the policy-to-action gap, and to advocate for meaningful action on health inequalities wherever we can.



A 3D rendering of a recycling bin overflowing with various types of paper waste, including newspapers, magazines, and office paper. The bin is a light-colored, textured plastic container. The paper waste is piled high, with some items like a newspaper and a magazine clearly visible. The scene is set on a light-colored, textured floor. The word "Feedback" is overlaid in the center of the image in a large, bold, dark blue font.

Feedback



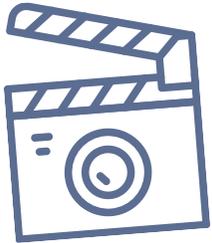
195 people registered to attend the Forum. At least 100 showed up – more than 60 in the Usher Building and around 50 online, at the busiest point of the event. We had 19 responses to our feedback form. Attendees rated the event on average **9 out of 10 stars** (responses ranged from 7 to 10 stars). 89% of respondents said that either the whole event (73%) or at least one panel (16%) was **relevant to their area of work or volunteering**.

80% of respondents said that they learned something new and helpful from the event, and 47% said that **they would do something differently** in their work or volunteering because of what they had learned. Several respondents expressed interest in collaborating more closely in future, and we will follow this up beyond the event.

People reflected that they were **made to feel welcome**, with the friendliness of other attendees, the thorough communication, and the option to join online being especially valued. Participants reported that the event was **accessible, inclusive and compassionate** overall, despite some logistics challenges and some issues with online audio quality.



Attendees were asked about their ‘star’ moment – something they enjoyed or were interested to learn – and **every single speaker session or panel** was mentioned. In addition, attendees commented that the format was excellent, the discussion was engaging, and the energy and positivity in the room was amazing, with a real sense of **being in this together** and striving for better.



The chance to meet some new people was welcomed, and the **films** from the Parent Group and from Chance 2 Change Drumchapel were singled out for praise.



“I thought the format was excellent, with very stimulating discussion.”

“I loved meeting some new people.”

Improvements & Next Steps





When asked **what could be improved** in future, participants' feedback remained very positive. There were calls for more time to explore the topics, and more opportunities to engage in discussion, as well as connecting with others – suggestions included a workshop, a whole-day event, and a structured networking session. Attendees would have liked to hear more about the policy response to poverty and health inequalities; to spend more time learning from lived experience; and to explore more of the social determinants of health – that is, broader issues outside health which lead to health inequalities.

95% of respondents said they would welcome **more events like this**, and come along whenever possible; while 5% would welcome more events, but in a different format.

We asked attendees what topics they would like a future Poverty and Health Inequalities Forum to focus on. Topic areas include learning disability, neurodiversity, and mental health; reproductive justice; climate change; racialised health inequalities and human rights; obesity and commercial determinants of health inequality; and missingness in healthcare.



Attendees also talked about the need to focus on **practical actions we can take** in response to the ‘knowledge-to-action gap’. This covered the whole pipeline from designing research or policy to implementing changes in practice.

On the design side: academics and policy-makers wanted to learn more about how to **include lived experience**, or use research methods that take account of inequalities.

On the action (or implementation) side: attendees wanted to hear from more grassroots and community groups, who could show **what good practical action looks like**.

More insight into the impact of research, policy and community-led action was also encouraged.

“Absolutely amazing event, I can’t wait for the next one!”

Creative contributors: Everyone at Chance 2 Change Drumchapel (art and film-poems); Anwar and the Parent Group (short film).

Speakers and panellists (in order of appearance): Stewart Mercer*, Lauren Wilks, Kieran Sweeney, Carey Lunan, Tricia Tooman, Roisin Hurst, Beth Bareham, Emily Adams*, Kevin Chalmers, Sarah Johnsen, Gwenetta Curry, Tess Roxburgh, Livvy Swann*, Carey Lunan* and Emilie McSwiggan* (*also event co-organisers).

Refreshments: Social Bite.

Behind the scenes: Sarah Anderson (volunteer photographer); Christy Vaughan and Brenda Saetta (Usher Building reception); Rob Mackie, Janice Murray, Lucy McCloughan, Gregor Hall, Daria Ihnatenko, Simba Doka, Jenn Yoo (ACRC); Rachel Thomsen, Christian Newman, Mark Lucherini (volunteer helpers); Andrew Castle, Oscar Rubio, Paula Grieve (Usher Small Grants and Finance); Ida Pederson Halvorsen and David Blane (practical help on the day).

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**Thank you to everyone who attended for your time, engagement,
and valued contributions!**

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Event recording and resources are available at:
https://blogs.ed.ac.uk/poverty_and_health/

The photos in this report were taken by Sarah Anderson
They feature speakers at the Poverty and Health Inequalities Forum, and
Health n Equalities artwork created by Chance 2 Change Drumchapel

Report written by Emilie McSwiggan on behalf of the Organising Team
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