How can we tell if things are getting better?

(SHERU) Scottish Health Equity Research Unit



Presentation to PHINS Conference: October 2024



Introduction

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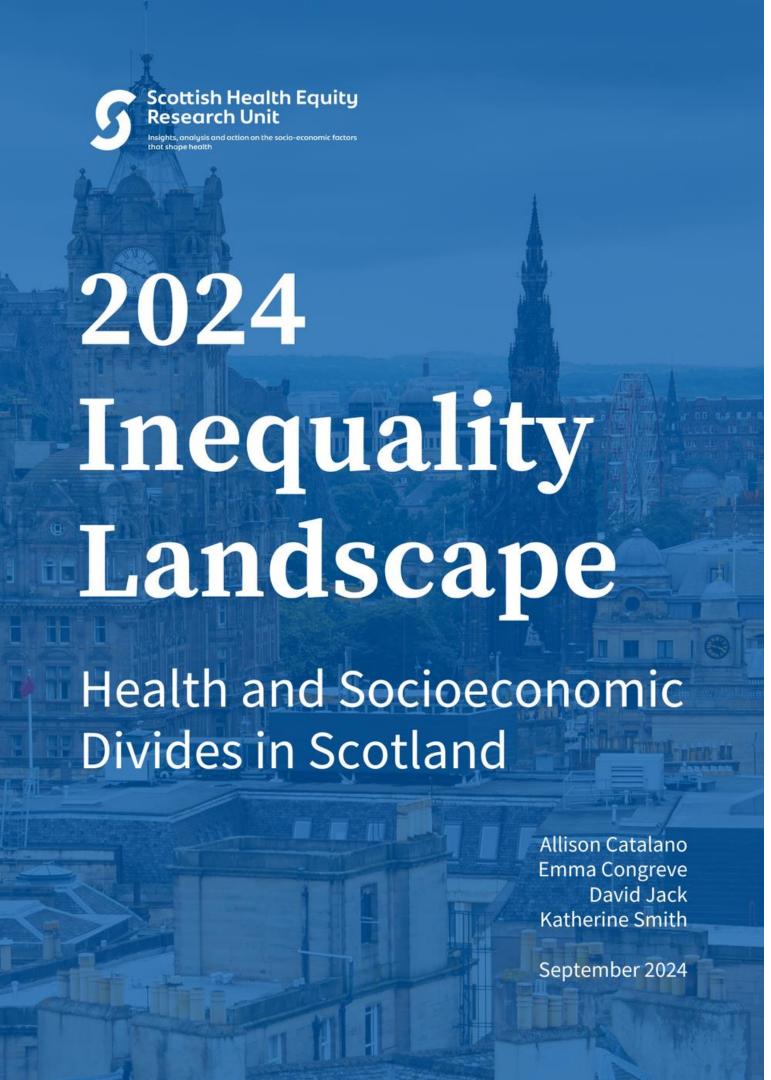


2024 Inequality Landscape

Health and Socioeconomic Divides in Scotland







This report looks at six topics:

- Trends in health inequality
- Poverty and household income inequality
- **Employment**
- Education
- Housing and homelessness
- Populations of concern: Families with children and Young adult men

The report brings together:

- Changes and outcome gaps in data since 2019
- The policy context surrounding each topic
- Spotlights on relevant policy areas or findings
- Thoughts on how to improve our understanding of trends
- Qualitative research behind the trends

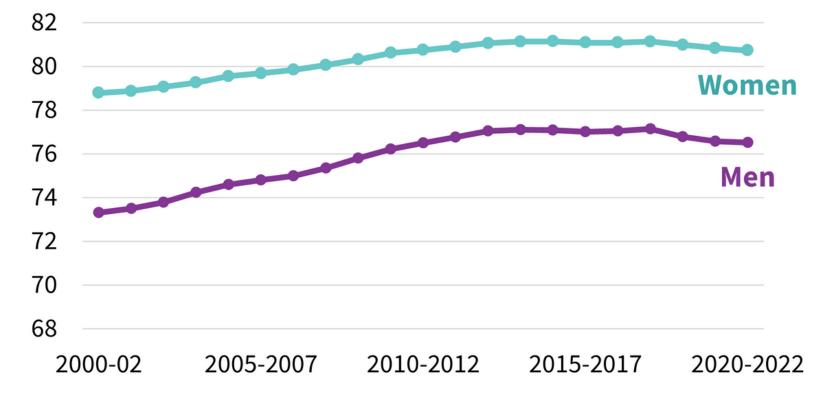
Key findings

- Key outcomes related to inequalities and health are not improving significantly
- Some are in fact getting worse
- We have not found evidence that policy is driving improvements in socioeconomic or health inequalities
- A lack of publicly available data of sufficient quality makes it very difficult for us to assess whether policies are working or not



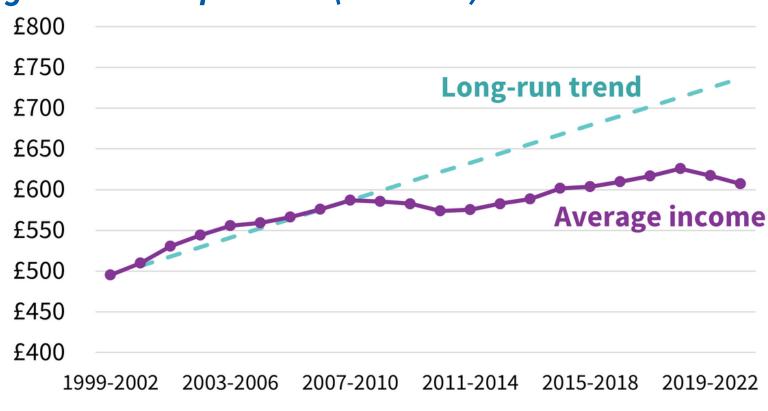
Life expectancy is no longer rising. While deaths relating to COVID-19 play a part in explaining recent falls, the deviation from the long-run trend dates back to the early 2010s.





Average living standards have never returned to pre-2010 levels of growth and have fallen since 2019.

Median weekly household incomes and the long-run growth trend pre-2010 (in 2023 £)

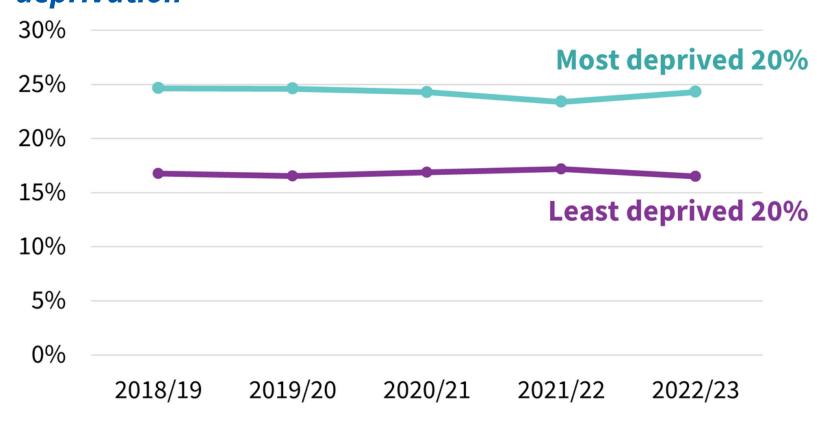




"Nearly every day I'm picking this paper up, I'm reading aboot the life expectancy wae me and [compared to] maybe staying doon in London...They're absolutely kicking you every way they can, like. And if you're in a poor area, you'll always be in a poor area... Naebody's gonna try and help you oot it, but if you're in an affluent area, to hell wae the rest..." John, cited in Mackenzie et al., 2017

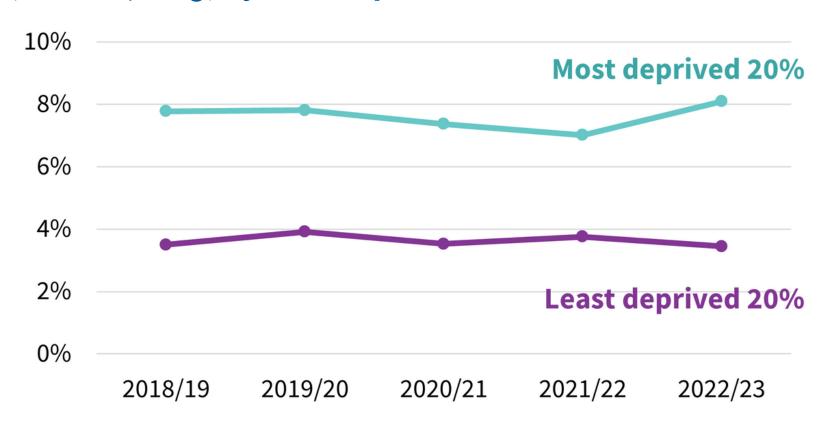
A higher number of children are born in **deprived areas** compared to non-deprived ones.

Proportion of total live singleton births by area deprivation



Gaps in early health outcomes, such as low birthweight and developmental concerns, **are** wider than they were pre-pandemic.

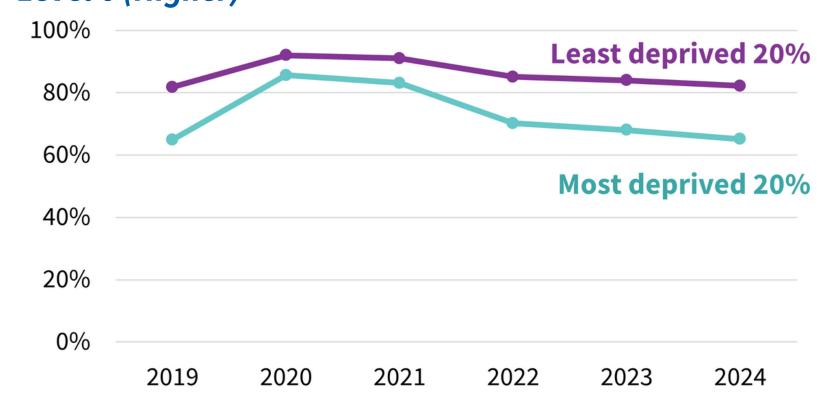
Proportion of live singleton births at a low birthweight (under 2,500g) by area deprivation





Gaps in attainment narrowed during the pandemic, but are now wider than they were in 2019.

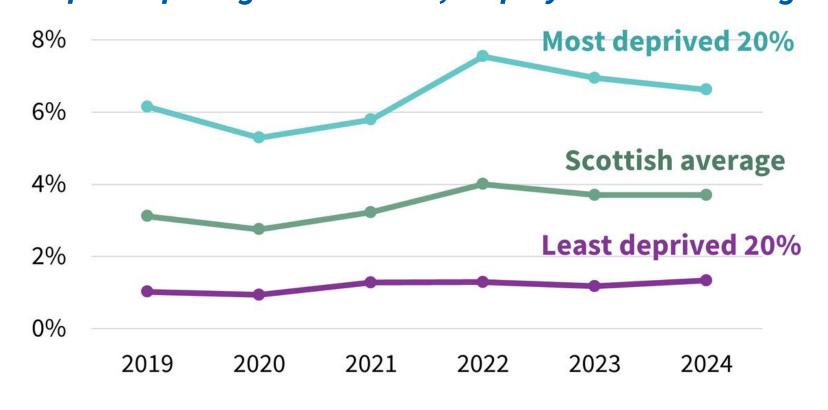
Proportion of candidates attaining grade A-C at SCQF Level 6 (Higher)



Young adults in Scotland are more likely to not participate in education, employment, or training than they were pre-pandemic.

Gaps in participation are wider than they were pre-pandemic.

Proportions of those aged between 16 and 19 that are not participating in education, employment or training

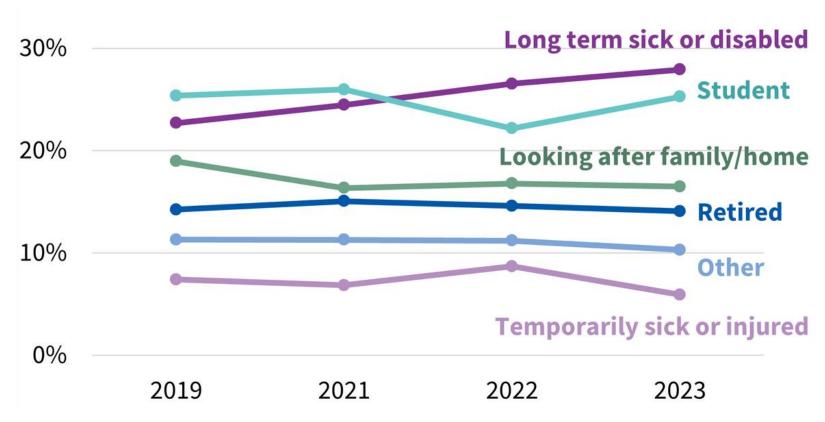




"It was just quite frustrating that... all of these people that were going to fail... when all of the grades came out but they got predicted higher because, like, maybe the area they were in. Like, I remember seeing people online that was like, they went to a good school but they were performing badly, but because they went to a good school, their grades got picked up massively. [...] I felt, like, helpless, like, 'cause there was nothing I could do about it, and it just kind of got, like, taken away from me." 18 year old male group participant, discussing the Scottish approach to grading during the COVID-19 pandemic, cited in Fergie et al, in press.

People in Scotland are more likely to be inactive due to long-term illness or disability.

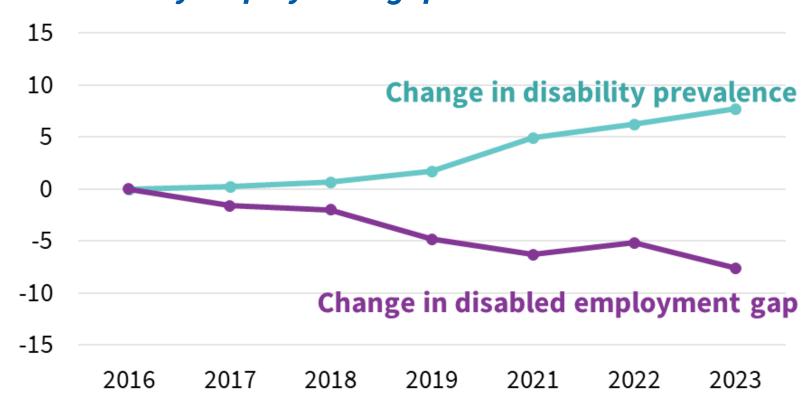
Proportion of inactive people by reason for inactivity in **Scotland**



^{* 2020} data is omitted due to sample size issues

Disabled people in Scotland are more likely to be in work, but working-aged adults are also much more likely to report a disability

Percentage point change in disability prevalence and the disability employment gap since 2016

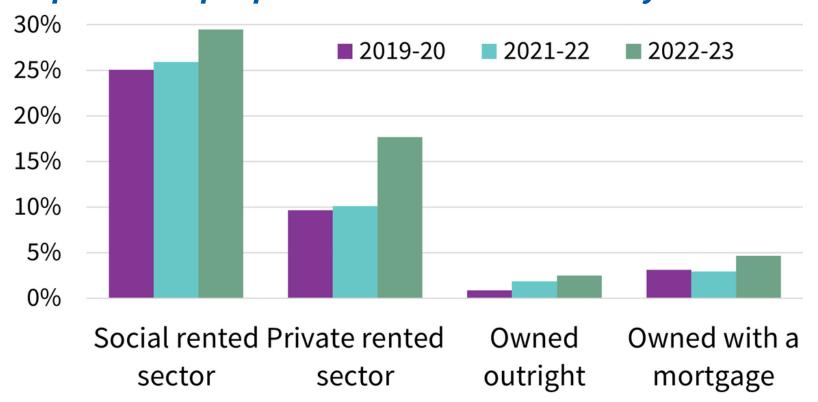


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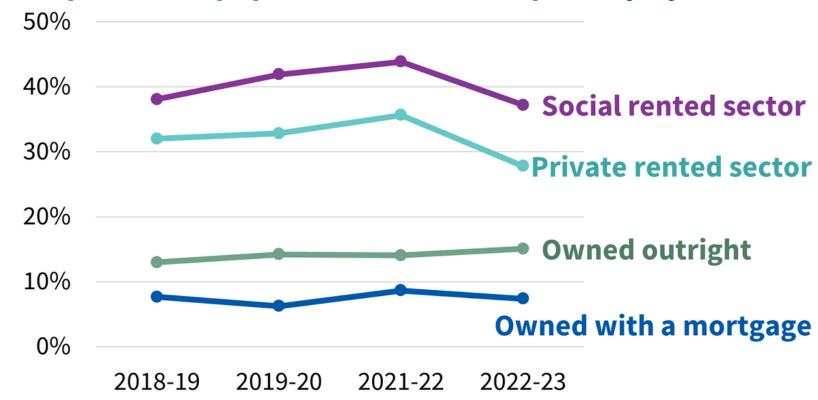
Food insecurity and fuel poverty are higher than they were pre-pandemic.

This is in spite of overall lower poverty rates for most housing tenures





Proportion of population in relative poverty by tenure





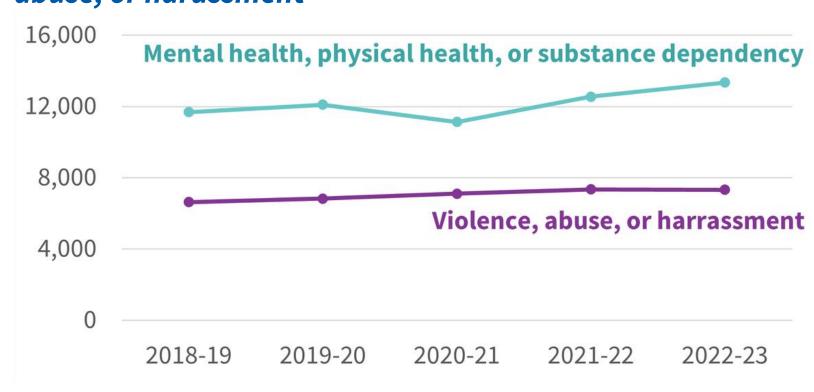
Homelessness applications are higher than they were pre-pandemic

Number of homelessness applications and applications citing rough sleeping



People experiencing homelessness are more likely to cite unsafe situations and mental health conditions in their applications.

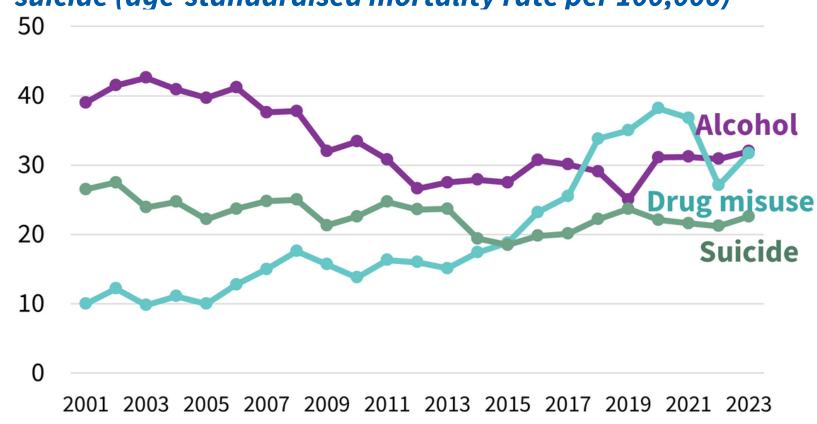
Number of homelessness applications citing mental health, physical health, a drug or alcohol dependency, violence, abuse, or harassment





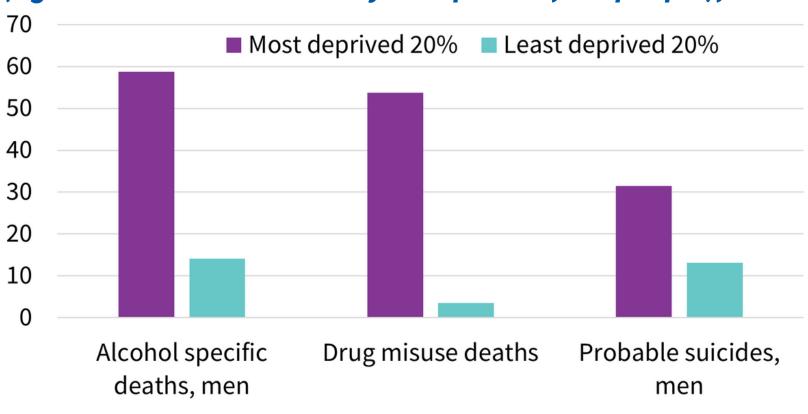
Men are of particular concern, with higher mortality rates from alcohol, drug misuse, and suicide.

Average mortality rates for men from alcohol, drug, and suicide (age-standardised mortality rate per 100,000)



These "deaths of despair" have wide gaps in outcomes between deprived and non-deprived parts of Scotland.

Alcohol, drug, and suicide mortality rate and deprivation (age-standardised mortality rate per 100,000 people), 2023





"What made me keep doing it [using drugs]? Fear. In the fear in thinking there's no hope for any kind of decent life [...] So, I think that's why I continued, just try to block it all out. Wasn't caring about the consequences. I overdosed something like 28 times. Pronounced dead something like 18 times. And did it stop me doing it? Nothing stopped me doing it." Lee (interviewee), cited in Farmer et al., 2023

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The Scottish Health Equity Research Unit is supported by the Health Foundation, an independent charitable organisation working to build a healthier UK, as part of its Driving improving health and reducing health inequalities in Scotland programme.

he Scottish Health Equity Research Unit (SHERU) was set up in 2024 to provide insights and analysis on the socio-economic factors that shape health. The unit brings together expertise on public health and socioeconomic analysis in a joint collaboration between the University of Strathclyde's Centre for Health Policy and Fraser of Allander Institute, supported by the Health Foundation.

Our aim is to offer an independent voice and robust scrutiny to Scottish policy debates. We will work with people from the public, private and third sectors and the wider public to drive the practical action needed to improve health and reduce inequalities in Scotland.

For more information go to www.scothealthequity.org.