

**AN OVERVIEW OF THE
SOCIAL DETERMINANTS
OF HEALTH IN SCOTLAND:
THE COLLABORATION
FOR HEALTH EQUITY
IN SCOTLAND**

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CHAPTER 1

INTRODUCTION - THE COLLABORATION FOR HEALTH EQUITY IN SCOTLAND

THE COLLABORATION FOR HEALTH EQUITY IN SCOTLAND OVERVIEW

The Collaboration for Health Equity in Scotland (CHES) is a two-year partnership (2024-2026) between Public Health Scotland (PHS), the UCL Institute of Health Equity (IHE), led by Professor Sir Michael Marmot, and three places in Scotland [1, 2]. The partnership was established to develop and accelerate ongoing efforts to improve Scotland's health, promote well-being, and address health inequalities. Health inequalities in Scotland are widening and are steeper than in other countries in Europe.

The CHES will inform national and local approaches and support the development and implementation of policies to tackle health inequalities. To help deepen understanding of inequalities locally and address why existing approaches have not had the intended impacts on health and health inequalities, the CHES will work with three places: Aberdeen City, North Ayrshire and South Lanarkshire. The work with the three places is intended to both support and shape action within the three places and inform national stakeholders about ways to strengthen action on health and the social determinants of health. While many of the levers to reduce health inequalities are not within the remit or capacity of local areas, there are actions and systems can be better designed and delivered to support greater health equity and mitigate the impacts of broader structural inequalities.

The CHES will, where possible, strengthen existing analyses of inequalities, particularly at small area level in order to inform more effective action on health inequalities [3]. Data which is available at small area level is a proxy for individual disadvantage and, while still only being a summary of the extent of disadvantage in an area does allows better insight than data only available for larger areas.

The CHES will build on existing place-based work across Scotland, including the Fairer Futures Partnership [4], the Shaping Places for Wellbeing Programme [5] and the analysis provided by the Place Standard Tool [6]. The programme will also build on the IHE's work with 'Marmot places' in England and Wales, where places have strengthened the health equity system and the design and delivery of programmes in the social determinants of health to improve health and reduce health inequalities [7].

There are two main strands to the CHES programme:

- Work at a national level to provide new insights into the most effective ways to secure progress on health equity in Scotland through the lens of the Marmot 8 framework [8].
- Work with three places in Scotland to collaborate on developing and implementing interventions and policies to enhance health equity.

To achieve these goals, the CHES will:

1. Develop analyses which will provide new insights into the most effective ways to take action in Scotland through the Marmot 8 framework.
2. Show, through practical work with three places in Scotland, how local areas and partnership actions can strengthen action on health equity and improve wellbeing.
3. Develop recommendations for national and local organisations and sectors to strengthen delivery to reduce inequities in health and wellbeing.
4. Provide a catalyst for enhanced action in Scotland and renewed and strengthened partnerships for health equity.

REPORT OVERVIEW

The first stage of the CHES programme has been to overview inequalities in health and the social determinants of health in order to inform the second phase which is focussed on the development of recommendations for and implementation of approaches. CHES is still in the diagnostic phase and this report does not overview policies or programmes which have been implemented and is instead orientated around identifying particular trends and issues in the social determinants of health which are identifiable in available data. Subsequent reports from CHES will address the suitability of available policies and programmes in Scotland and the effectiveness of their implementation and make recommendations in these areas.

This is the second report from the CHES and relates to a previous report, published in May 2025, which overviewed inequalities in health across Scotland and the three collaborating places [7]. This second report provides a data overview of inequalities in the social determinants of health in Scotland and the three places, based on the Marmot 8 principles.

The Eight Marmot Principles

- 1

➔

Give every child the best start in life
- 2

➔

Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 3

➔

Create fair employment and good work for all
- 4

➔

Ensure a healthy standard of living for all
- 5

➔

Create and develop healthy and sustainable places and communities
- 6

➔

Strengthen the role and impact of ill-health prevention
- 7

➔

Tackle racism, discrimination and their outcomes
- 8

➔

Pursue environmental sustainability and health equity together

The analysis uses the modifications to existing indices of deprivation which were developed in our previous report (see technical annex). This report also provides an analysis of the link between deprivation and the allocation of some public expenditure funds to Scotland and across councils in Scotland. There is additional data available at national and local level which will be explored in subsequent work with the three collaborating places and assist with prioritisation within the three places and nationally.

NEXT STEPS

In the final report due in 2026, IHE will make recommendations, informed by analyses and work with Public Health Scotland, the three collaborating places and other stakeholders to tackle inequalities in health.

IHE will also provide advice regarding prioritising action on the social determinants of health for the greatest impact. This will include an updated analysis of the impacts of intervening in the early years, reducing material deprivation and improving the quality of housing on inequalities in healthy life expectancy. The analysis will consider the impacts on inequalities at both an individual and an area level and, where possible, will provide an upper and lower bound estimate of these impacts to reflect the variability in the evidence of the effect sizes of different types of intervention. The analysis will provide information that will help officials understand the scale of action needed to reduce inequalities in healthy life expectancy through improvements in the social determinants of health.

CHAPTER 2

PUBLIC EXPENDITURE AND INEQUALITIES

This section provides an overview of public expenditure in Scotland and examines how the General Revenue Funding Grant, a major funding stream from the Scottish Government to councils, is distributed. We assess whether, despite the many complex funding needs of councils, the allocations relate sufficiently to each council's level of deprivation. In this context, we raise questions about whether the scale of action made possible by this funding stream is sufficient for councils to reduce inequalities in health. We also examine how rurality and island uplifts are taken into account in funding. The intention is to provide context to Scotland's and individual councils' capacity to tackle inequalities in key social determinants of health, rather than make recommendations about increasing or redistributing funds to enable councils to have more capacity to take action.

Based on latest available outturn figures, in 2023-24 overall identifiable public expenditure in Scotland was £81 billion out of a UK total of £885 billion, nine percent of the total. However, expenditure per head of population was 14 percent above the UK average (£14,759 compared to an average of £12,958) [9]. This greater level of spending per person consists of a combination of expenditure by the UK Government, the Scottish Government and local authorities. Excluding spend by the UK Government on matters that are not devolved, the Scottish budget was £58 billion in 2023-4 (around £6 billion of which was for capital projects, 11 percent of the total), of which £37 billion was a block grant from the UK Government, much of which was based on the Barnett formula [10, 11], the rest (£21 billion) is raised in Scotland. For Scotland, population is the only consideration of 'need' in the Barnett formula, although the Calman Commission and several UK Parliamentary committees have recommended replacing the Barnett formula with a needs-based formula [12]. The remaining elements of the block grant are designed to maintain parity, in real terms, with what the UK Government spent in Scotland prior to fiscal devolution, rather than reflecting needs that go beyond population growth, such as deprivation.

Councils in Scotland spent about £26 billion in 2023-24 (£4,700 per person). This was mainly funded from four sources: The Scottish Government Grant, service income, non-domestic rates, and Council Tax [13]. Service income is generally income that councils receive directly linked to services they provide. It is treated separately and can only be used for the stated purpose. That left £15 billion of general funding from the other three sources in that year. For 2025-26, councils will receive £16.3 billion of general funding.

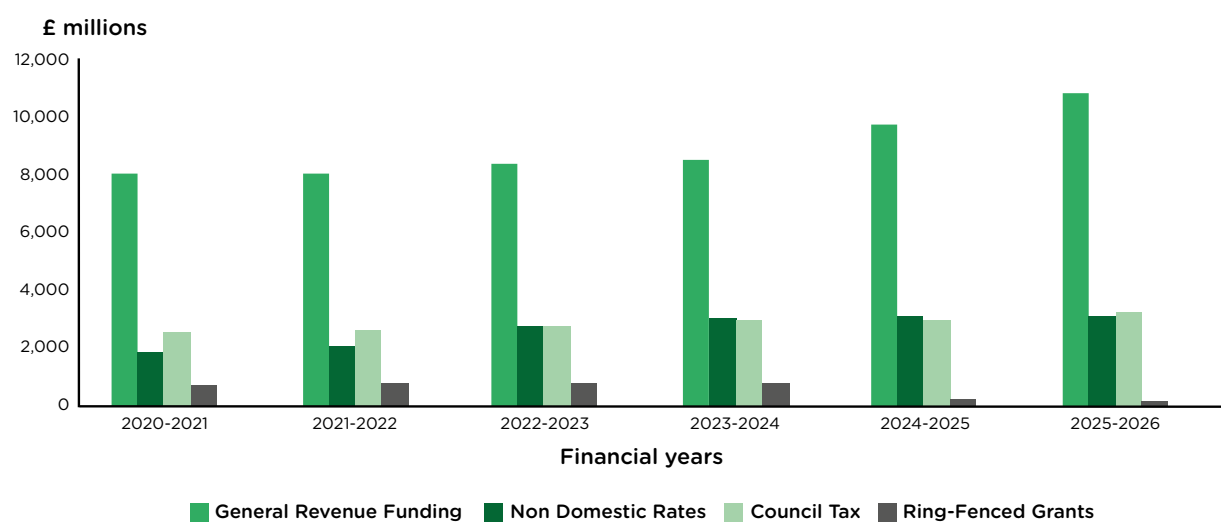
The Scottish Government seeks to distribute this general funding fairly between councils. It does this by agreeing the method of distribution with the Convention of Scottish Local Authorities (COSLA) and councils. This fair share is based on the need to deliver services across 143 different areas of expenditure. While 133 indicators are used across the 143 areas of expenditure, some types of indicators predominate in the final estimate of service costs – population, pupil numbers and deprivation [13]. Councils make spending decisions based on local needs and are generally not expected to spend the amounts distributed, based on each service area, on those specific services. From the estimate of a fair share, the estimated income each council will receive from a proportion of Council Tax and non-domestic rates is subtracted and the remainder given as grants, mainly the General Revenue Funding Grant and Ring Fenced Grants [13].

The amount Scottish Government estimates each council might raise from Council Tax mainly depends on the size of their population and the number of domestic properties in each Council Tax band [14]. Some councils are assumed to be able to generate more funding per head of population from council tax (such as East Dunbartonshire, Argyll and Bute and East Renfrewshire) than other, generally more deprived, council areas (such as Dundee, North Lanarkshire, Glasgow and Inverclyde). Similarly, The Scottish Fiscal Commission forecast how much each council would collect from non-domestic rates, which mainly depends on the number, and size and rateable values of business premises. There is huge variation in business rates assumed to be generated per head of population – with Shetland islands, South Lanarkshire and West Dunbartonshire generating most and East Renfrewshire and East Dunbartonshire least. The Scottish Government Grant therefore works as a balancing item with the aim of ensuring that these variations do not undermine what is considered to be a “fair share” by providing the remainder of the funding needed to achieve this.

As well as working as a balancing item, it includes mechanisms (e.g. the so called “Floor”) to ensure continuity between years. The Floor is used to provide protection against most year-on-year changes [16]. In essence, the Floor sets a limit on the percentage change in funding that councils receive. The Floor is self-funding, that is it is a transfer of funding between councils, not additional so that where one council receives more this means another receives less and vice versa. In 2025-26 councils were allowed at least a 2.04 per cent increase in their regular funding. Where the funding formula had given councils an increase greater than the Floor, they pay into a pool. This pool is then distributed to the other councils to bring them up to the Floor. Whereas the funding formula gave an additional £104 million to certain councils, compared to if everyone had just received the same percentage increase. Once the Floor was applied, they kept £34 million of it. In short, the Floor maintains continuity with funding in previous years, that is changes to funding in the current year suggested by the formula are to an extent discounted if they radically change what was actually allocated in the previous year. As the floor is designed to maintain continuity and prevent volatility rather than responding to year on year changes in levels of need it reduces councils' flexibility to respond to need acknowledging that there are many complexities in the calculation of councils grants. In 2025-26, two councils would have had a reduction in funding without the floor (Eilan Siar and Argyll and Bute) while seven others had potentially small increases lifted to 2.04 percent (including Shetland islands, Glasgow, West Dunbartonshire, North Ayrshire, Edinburgh and Dundee), an important adjustment to the funding of these seven councils.

Figure 1 shows the increases that have taken place in each element of council funding, with the greatest increases since 2023-24 in General Revenue Funding. In 2024-25, most former Ring Fenced Grants were incorporated in general allocations, resulting in a shift of around £0.5 billion to General Revenue Funding (out of a total increase of £1.2 billion) [17, 18]. Most of the remaining increase related to pay uplifts for adult social care workers, teachers and local government staff.

Figure 1. Total Funding of Scotland Councils by source, 2020-2021 to 2025-2026



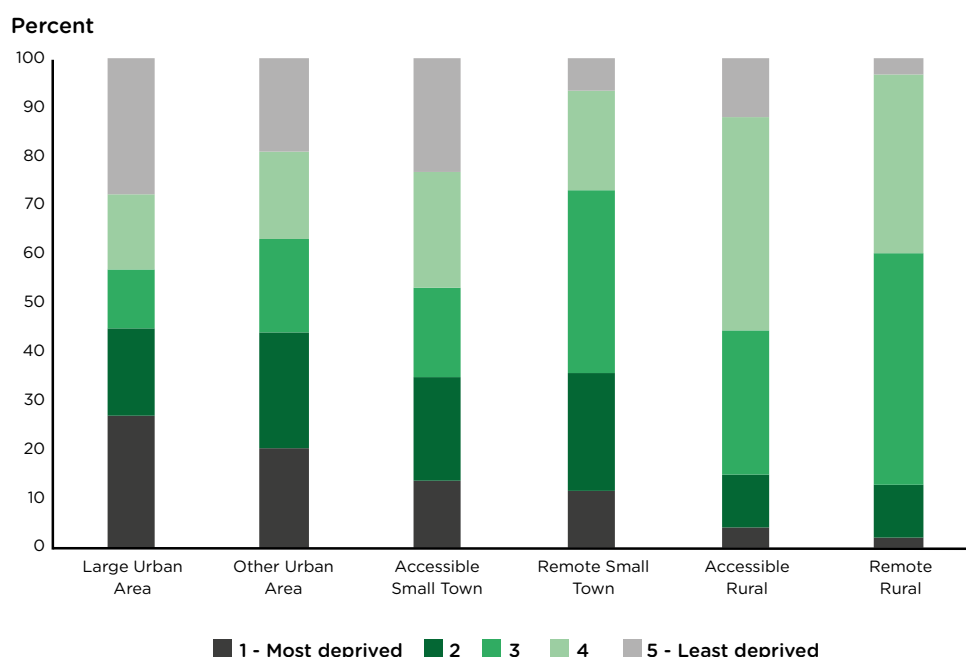
Source: Scottish Government (2025) [17]

FUNDING AND RURALITY

An important element to consider in analyses of funding is rurality. Rural areas in Scotland have additional funding to mitigate the costs of delivering services in remote areas and to meet some additional needs in remote areas [18]. Rurality is an important consideration for the CHES as inequalities in health and the social determinants of health may differ in rural areas compared with urban areas and are often ‘hidden’ as area-based indicators of deprivation do not provide a sufficient level of granularity to pick up small pockets of deprivation in rural areas. Additionally rural poverty may have different dimensions to urban deprivation, for example the extent of social isolation which are often overlooked in accounts of deprivation. These are important caveats to the analysis of funding related to deprivation presented in this section. Many of the existing formulae used in the allocation calculations incorporate the increased cost of delivering services in remote rural areas. There are also specific island grants included in the calculation of funding. The CHES will consider these issues further in subsequent reports and also consider the feasibility of analysing other funding streams.

Figure 2 shows the distribution of deprivation, based on population in each SIMD quintile, within each urban/rural typology of areas. Large urban areas have the highest proportion of population in the most deprived areas, based on SIMD, at 26.9 percent but also the highest proportion of population in the least deprived areas at 28 percent. Conversely rural areas have the lowest proportions of their population in both the most and least deprived areas which has implications for understanding the adequacy of funding to tackle deprivation in key social determinants of health.

Figure 2. Urban/rural classification by SIMD quintile, Scotland, 2023



Source: Scottish Government (2023) [19]

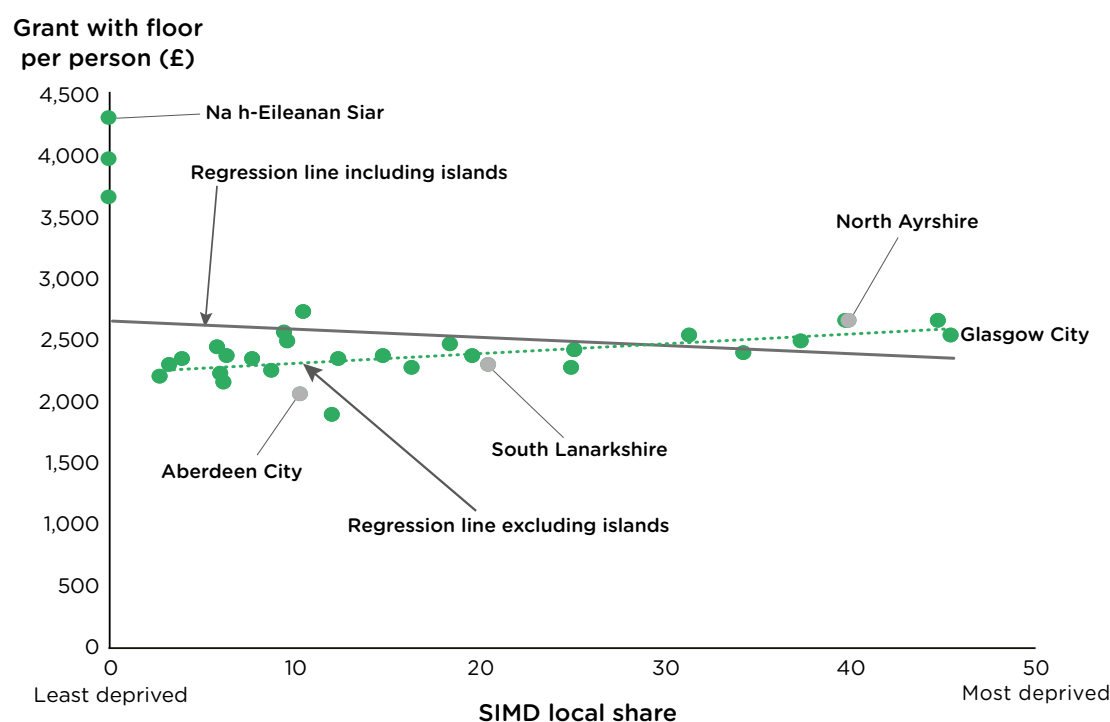
Note: Definitions of categories [20]:

- Large Urban Area: populations of 125,000 or more
- Other Urban Area: populations of 10,000 to 124,999
- Small Towns: populations of 3,000 to 9,999
- Rural Areas: populations less than 3,000
- Accessible Rural: Areas within a 30 minute drive time of a Settlement with a population of 10,000 or more
- Remote Rural: Areas that are more than a 30 minute drive time (6-fold classification), or areas that have a drive time between 30 and 60 minutes (8-fold classification) from a Settlement with a population of 10,000 or more.

FUNDING AND DEPRIVATION

As an initial examination of the relationship between deprivation and the implementation of funding formulae, Figure 3 shows the relationship between deprivation and the General Revenue Funding Grants made to councils in 2025-26, after applying the Floor that maintains continuity with funding in previous years. Although more deprived councils receive slightly more per head of population than less deprived councils, island councils with relatively low levels of deprivation receive a much greater grant per head of population due to remoteness and the cost of delivering services there and island populations are usually given a 14 per cent uplift because of these additional costs [13]. As a result, if islands are included in the assessment the resulting allocations appear regressive, that is less deprived councils receive slightly more per head on average than more deprived councils. If islands are removed from the comparison for this reason, then there is a slightly progressive association, more deprived councils receive slightly more allocations, amounting to around 15 percent - reflecting the estimated cost of deprivation and homelessness in providing services which are included in the formula-based allocations. In 2025-26, these elements were of the order of £2.4 billion, shared between all councils [13]. It is also worth noting that the application of the Floor very slightly improves the relationship between deprivation and funding per head (excluding the islands) compared with what would have been allocated without the Floor. However, it is clear from this that, were the deprivation element of the funding formula to be increased in a particular year, its effect would be nullified by the current Floor mechanism. Improving the role of deprivation in the amount available to councils would require changes to both the formulae and the Floor mechanism.

Figure 3. General Revenue Funding Grants (per person) to local authorities by index of deprivation, Scotland, 2025-26



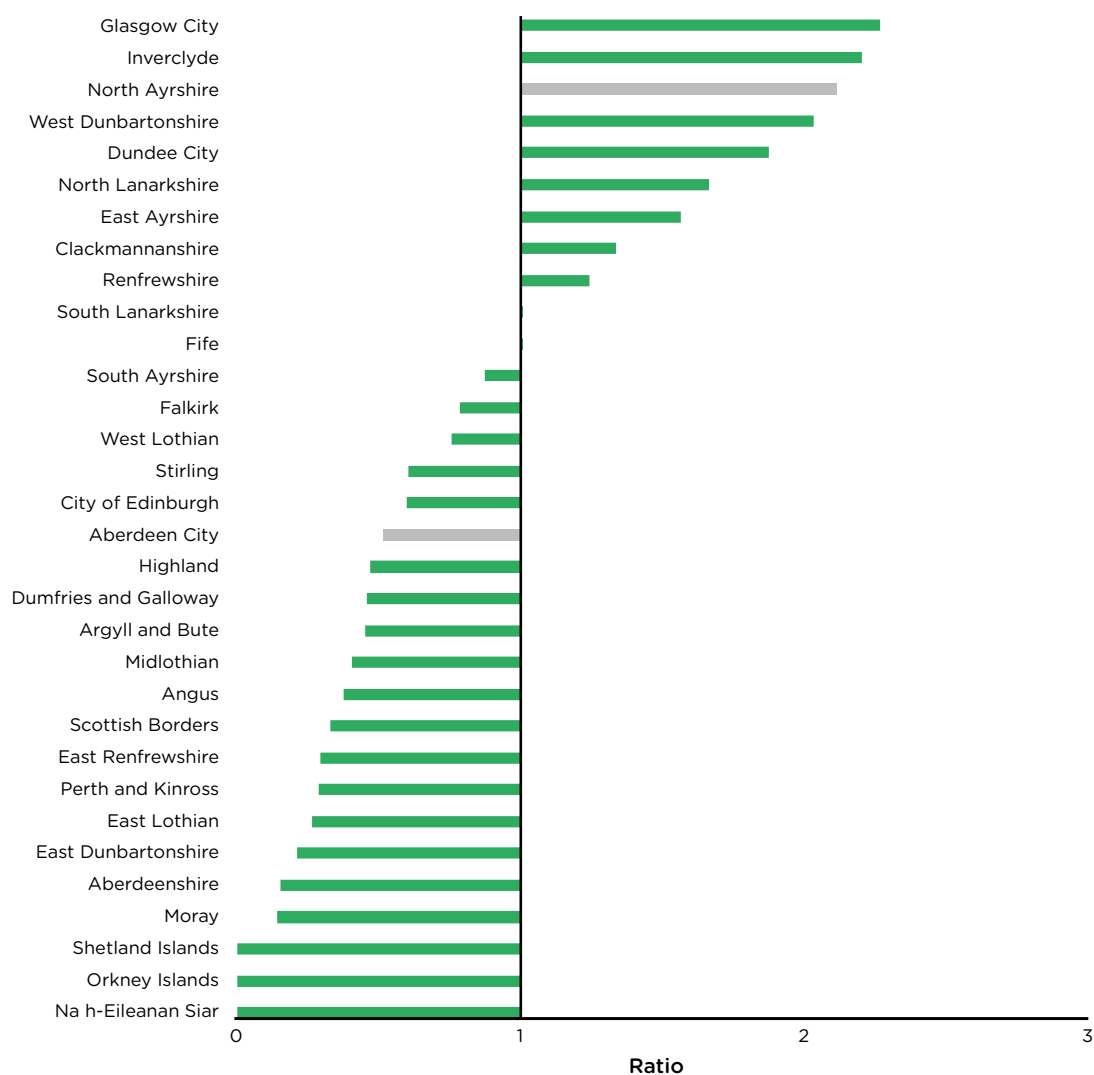
Source: Scottish Government (2025) [15, 16]

Note: SIMD local share used here is the proportion of data zones in a local authority which are among the 20 percent most deprived in Scotland (see Technical Annex for more details).

Several observations arise from this analysis of funding from the General Revenue Funding Grant. First, the £2.4 billion associated with deprivation and homelessness is part of “revenue spend” - day-to-day running costs needed as a result of the level of deprivation and homelessness in a council area [13]. What is unclear is the extent to which, given other pressures, councils have had the flexibility to spend this sum (and other discretionary funding) on reducing inequalities effectively rather than just meeting the day-to-day pressures arising from deprivation. In summary, firstly the amount available to councils from General Funding related to deprivation and homelessness represents less than two percent of all public expenditure in Scotland. Given the burden that deprivation places on services, it alone is inadequate for tackling inequalities and reducing deprivation. Other funding and spend in deprived areas will increase the amount available for tackling inequalities. We aim to extend this analysis to a more holistic examination of the adequacy of resources available to address inequalities in subsequent reports.

Second, as we noted in the health inequalities report (see Figure 3 of that report) [7], some councils have a disproportionately larger share of the most deprived 20 percent of the Scottish population than others compared to the size of their population. Glasgow City, Inverclyde, North Ayrshire and West Dunbartonshire - alone contribute 38 per cent of the population in deprived Data Zones but only contain 17 percent of Scotland’s population. However, Figure 3 of this report suggests that final funding increases linearly with share of deprivation. There is not a linear relationship between share of deprivation and total population as illustrated by Figure 4 below, which shows the ratio of share of deprivation to share of total population of Scotland. This suggests that the linear relationship between final level of General Revenue Funding and deprivation does not accurately reflect how deprivation varies between council areas. A curved line would provide a better fit to the relative size of the deprived population in each council area, especially if the Islands are excluded from the comparison, for reasons discussed above. Consequently, the current formulae for distributing the £2.4 billion to councils, related to deprivation and homelessness need do not seem to match the likely distribution of costs between councils. As indicated, this analysis is intended to provide context around individual councils’ capacity to take action on health inequalities and the social determinants of health rather than provide specific recommendations about how to increase or redistribute available funds.

Figure 4: Ratio of (a) proportion of population in the 20 percent of most deprived Data Zones to (b) proportion of the total Scottish population, by Council area, 2017



Source: Scottish Index of Multiple Deprivation Website (2020) [21]

Note: Deprivation is based on the share of national population in the 2020 SIMD quintiles, calculated from the 2017 populations used in SIMD.

CHAPTER 3

INEQUALITIES IN THE SOCIAL DETERMINANTS OF HEALTH

MARMOT PRINCIPLE 1: GIVE EVERY CHILD THE BEST START IN LIFE

Children’s experiences during their early years have lifelong impacts. Evidence has repeatedly shown that positive experiences and good development in the early years are closely associated with a range of beneficial long-term outcomes, including higher levels of attainment at school, better social and emotional development, improved employment outcomes, higher income and better lifelong health, including longer life expectancy [22-25].

Conversely, less positive experiences early in life, particularly experiences of poverty, adversity and trauma, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health [22, 23, 26-29]. Socioeconomic inequalities in child development are already recognisable by the second year of life [8, 22]. These inequalities have an impact by the time children enter school and persist and may deepen during their school years [30].

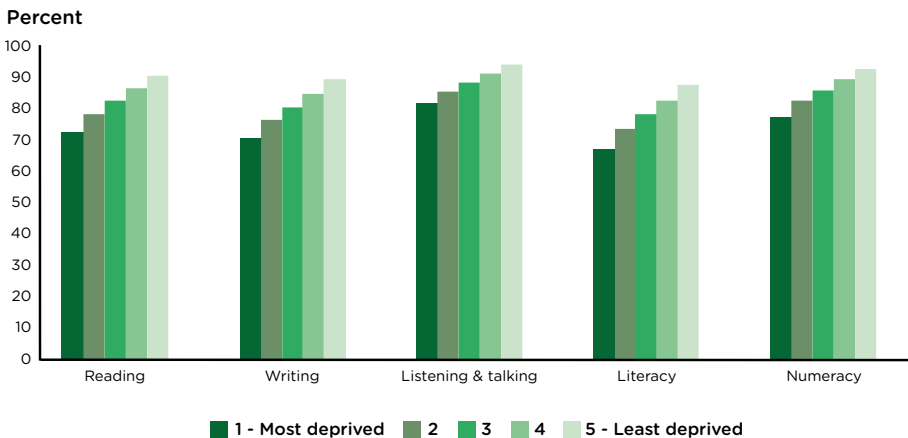
In the CHES first report we overviewed inequalities in the level of developmental concerns among children aged 27-30 months. There are clear inequalities in developmental concerns between councils which are closely related to the extent of deprivation in the council – where there are higher levels of deprivation there are more developmental concerns. The analysis in the CHES first report also showed shows that within our 3 collaborating places there are higher levels of developmental concerns in more deprived Intermediate Zones [7, 31-35].

This section builds on the overview of inequalities in the extent of developmental concerns in the first report and sets out inequalities in levels of attainment in the early years and experiences of child poverty when young and access to childcare. There is a substantial evidence base showing that health during maternity and the post-natal period, housing, living and environmental conditions, parenting and experience of trauma are all closely related to inequalities in early years development and later life experiences and outcomes – including health [36]. These are not overviewed here but may feature in subsequent work with places.

EARLY LEVEL ATTAINMENT

Early level is the first of five curriculum levels in Scotland. It covers age three to the first year of primary school (P1), normally for those aged four and a half to five and a half at the start of the school year. Figure 5 shows attainment for P1 pupils related to level of deprivation in Scotland. In each of attainment in reading, writing, listening and talking, literacy and numeracy the greater the level of area deprivation, the less likely children are to achieve the early level standard of development. There are clear gradients indicating the impacts of area deprivation on learning and development. Similar gradients in the differences in personal, social and emotional development, as well as language and literacy skills, in children aged 3-5 years were observed in the 2010 Marmot Review for England [22].

Figure 5. Percent of Primary 1 pupils achieving the Early Level standard by area of learning and SIMD quintile, Scotland, 2023/24



Source: Scottish Government (2024) [37]

Notes:

- 1. Early year level is a stage in the Curriculum for Excellence which most children are expected to achieve by the end of P1 but is assessed from 3 years.
- 2. Primary 1 means the first year of primary school education for Scottish children. A P1 class may consist of children aged between 4.6 and 6.6 years.

Of note is that the outcomes between councils related to Primary 1 pupils achieving the Early Level in reading, writing, listening and talking, literacy and numeracy do not differ much despite wide differences in level of deprivation.

CHILD POVERTY

Living in poverty as a child has immediate and long-term impacts on health and on other social determinants of health [8]. Reducing child poverty is an essential health and equity strategy, as well as important for influencing other outcomes throughout life [22].

A child is defined as living in relative poverty if they live in a household whose equivalised net income is less than 60 percent of UK median equivalised net household income for that financial year. Absolute poverty is defined as a household whose equivalised net income is below 60 percent of what was the median income in the financial year 2010/11 adjusted for inflation. Rates of relative poverty are higher than rates of absolute poverty and both can be calculated before and after housing costs (BHC and AHC) are taken into account.

Scotland has introduced a range of policies and programmes nationally and locally to reduce rates of child poverty and mitigate its impacts despite adverse national and international circumstances which have increased child poverty rates in other comparable countries. The Child Poverty (Scotland) Act of 2017 contains four income-based targets to reduce relative child poverty to 10 percent in Scotland by 2030/31 [38]. Key policies to reduce or stabilise child poverty in Scotland include the Scottish Child Payment. The Joseph Rowntree Foundation predict that the Scottish Child Payment could reduce child poverty in Scotland by around 4 percentage points between 2020-23 and 2024/25 [39].

Child poverty in Scotland, as for other countries and regions in the UK, is measured using the Family Resources Survey (FRS). However, at local area level, child poverty in Scotland is now measured using the Children in Low Income Families (CiLiF) statistics, a method based on administrative data [40]. The two methods give different results, in part because their coverage of children differs. For example, the Households Below Average Income measures of child poverty, based on the FRS, include those 16 to 19 year olds who are considered dependents while CiLiF only relates to those aged under 16 [41]. Additionally for a child to be included in CiLiF, their family must have claimed Child Benefit and at least one other household benefit.

The child poverty analysis published by Scottish Government in 2025, based on the Family Resources Survey show that in 2023/24 rates of relative child poverty before housing costs in Scotland were 19.4 percent compared to 24 percent in the previous year, a sizeable year on year reduction [42]. Looking at data over a three-year period gives an average rate of 21.9 percent for 2021-24. Absolute poverty before housing costs was 17 percent in the single year 2023/24 and 18.1 percent for the three-year average, 2021-24 [42].

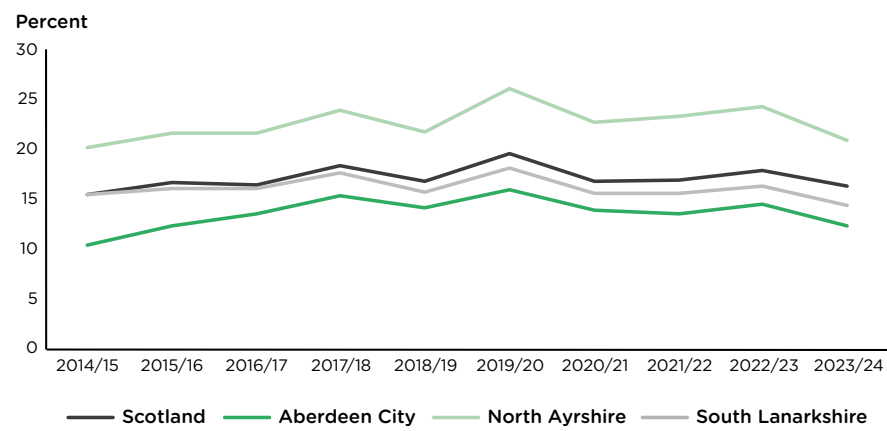
Relative child poverty figures (based on three-year average figures in the Households Below Average Income analysis) over 2021/22 – 2023/24 for the four countries in the UK were similar – around 22 percent for England, Scotland and Northern Ireland and 24 percent for Wales [41]. Over the ten years between 2011/12-2013/14 and 2021/22-2023/24, relative child poverty before housing costs increased by 6.2 percent in Scotland. By comparison there were increases of 4.7 percent in England, 2.4 percent in Wales and 0.1 percent in Northern Ireland.

The picture in regard to relative child poverty after housing costs is slightly different. The three-year figures for relative child poverty after housing costs differed markedly across the four countries – lowest in Scotland at 23.5 percent, 23.9 percent in Northern Ireland and higher rates of 30.5 percent in England and 31.2 percent in Wales, reflecting the relative impacts of housing costs on poverty in the four nations [41]. Housing costs are higher in England than in Scotland, driving a greater proportion of the population into poverty.

As noted above, child poverty in local areas (CiLiF) is now measured in a different way to the FRS-based national and regional figures. The local figures are drawn from analyses of a range of administrative sources including Universal Credit, Housing Benefit and Tax Credit household data alongside Child Benefit data to establish families' relationships and composition. A modelled estimate of the Scottish Child Payment is also included each year from 2021/22. Published figures relate only to those aged under 16 years (whereas FRS-based figures also include 16 to 19 years old, unmarried and in full-time non-advanced education). A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits or Housing Benefit) at any point in the year to be classed as low income in these statistics. CiLiF figures are currently only available before housing costs. CiLiF measures report lower rates of child poverty BHC than the FRS based figures, largely due to the CiLiF measure only including those who claim benefits and households with children under 16. A proportion of households with children in relative poverty are either ineligible for benefits or not claiming benefits they are entitled to.

According to the CiLif measure in 2023/24 the percentage of children in relative poverty in Scotland BHC stood at 16.3 percent. Rates of relative child poverty BHC have increased in Aberdeen City by 1.9 percent, in North Ayrshire by 0.7 percent and decreased in South Lanarkshire by 1 percent, between 2014/15 and 2023/24, Figure 6. In 2023/24 rates of relative child poverty BHC were 20.8 percent in North Ayrshire, 14.4 percent in South Lanarkshire and 12.3 percent in Aberdeen City.

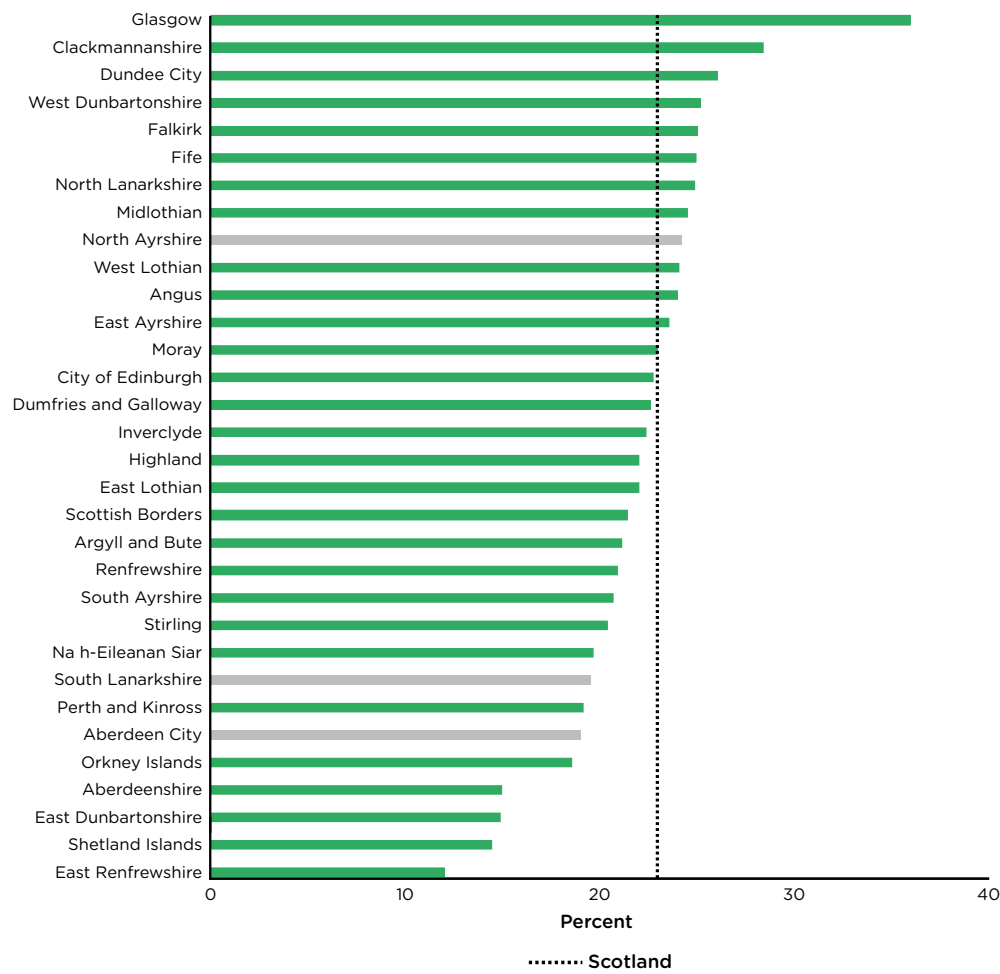
Figure 6. Percent of children in relative poverty BHC, 3 collaborating places and Scotland, 2014/15 to 2023/24 financial years



Source: UK Government (2025) [40]

Figure 7 below shows rates of children in relative poverty AHC by council area, based on analyses produced by the End Child Poverty organisation [43]. Glasgow City has by far the highest rates of children living in relative poverty AHC at 36.1 percent, compared to the next highest Clackmannanshire at 28.5 percent. Aberdeen City has rates of 19 percent, South Lanarkshire rates of 19.5 percent and North Ayrshire close to the average for Scotland at 24.3 percent, based on the FRS measure.

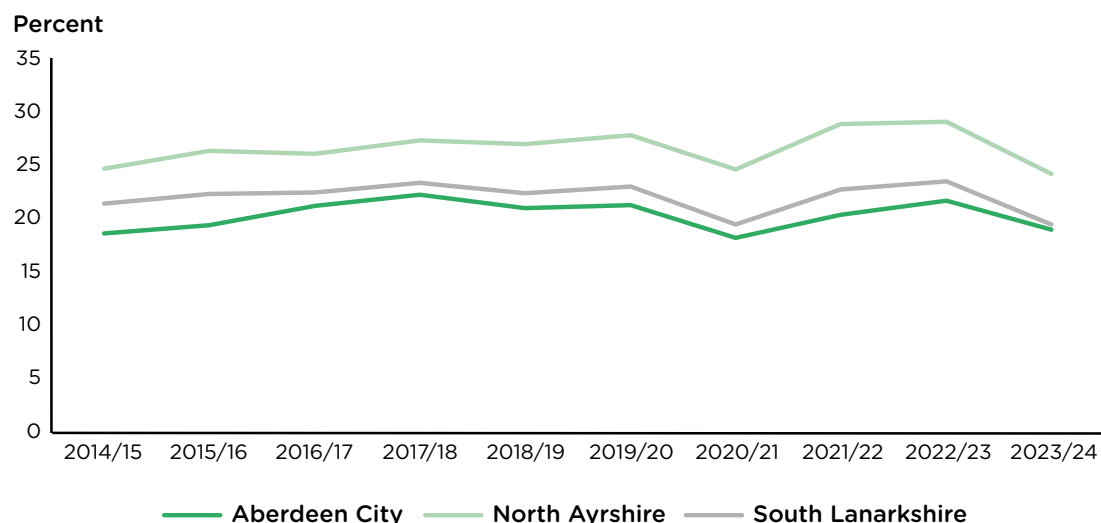
Figure 7. Percent of children in relative poverty After Housing Costs (AHC), Scottish council areas and Scotland, 2023/24



Source: End Child Poverty (2025) [43]

Figure 8 shows trends in relative child poverty in the three collaborating areas after housing costs since 2014/15. In all three places rates have decreased in the most recent period after increases since 2020/21. There has been a two percentage point drop since 2014/15 in South Lanarkshire from 21.5 percent to 19.5 percent, while there has also been a slight decrease in North Ayrshire from 24.8 percent to 24.3 percent. There has however been a slight increase over this period in Aberdeen City from 18.7 percent to 19.1 percent of children in relative poverty after housing costs.

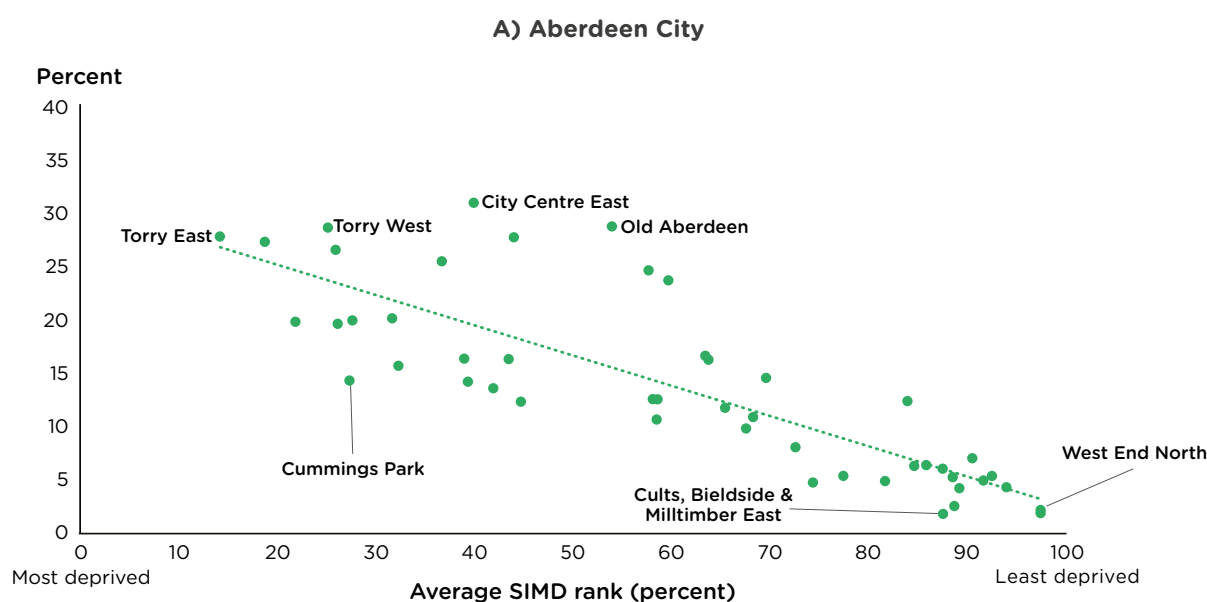
Figure 8. Percent of children in relative poverty, AHC, 3 collaborating places 2014/15 to 2023/24 financial years



Source: End Child Poverty (2025) [43]

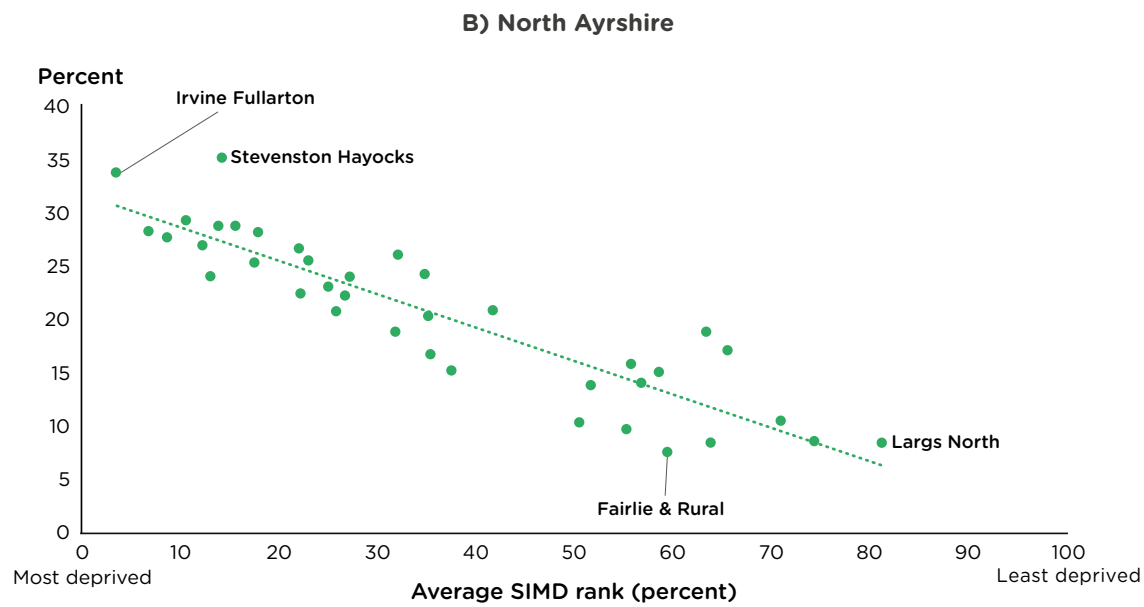
Within the three areas there are wide differences in rates of child poverty BHC by Intermediate Zone, data after housing costs is not readily available for small areas. Within Aberdeen City, Figure 9A, eight of 48 IZs with data available have a relative child poverty BHC rate of over a quarter and the rate varies between 31 percent in City Centre East to a low of only 1.9 percent in Cults, Bieldside & Milltimber East. Setting out rates of children living in relative poverty at IZ level within councils assists in potentially identifying the need for additional resources and services in those areas with higher rates of relative child poverty than those with low rates in a way that is proportionate to the scale of the issues.

Figure 9. Children in relative low income families BHC, Intermediate Zones (IZ) within the three intervention areas by average SIMD rank of each IZ, 2023/24

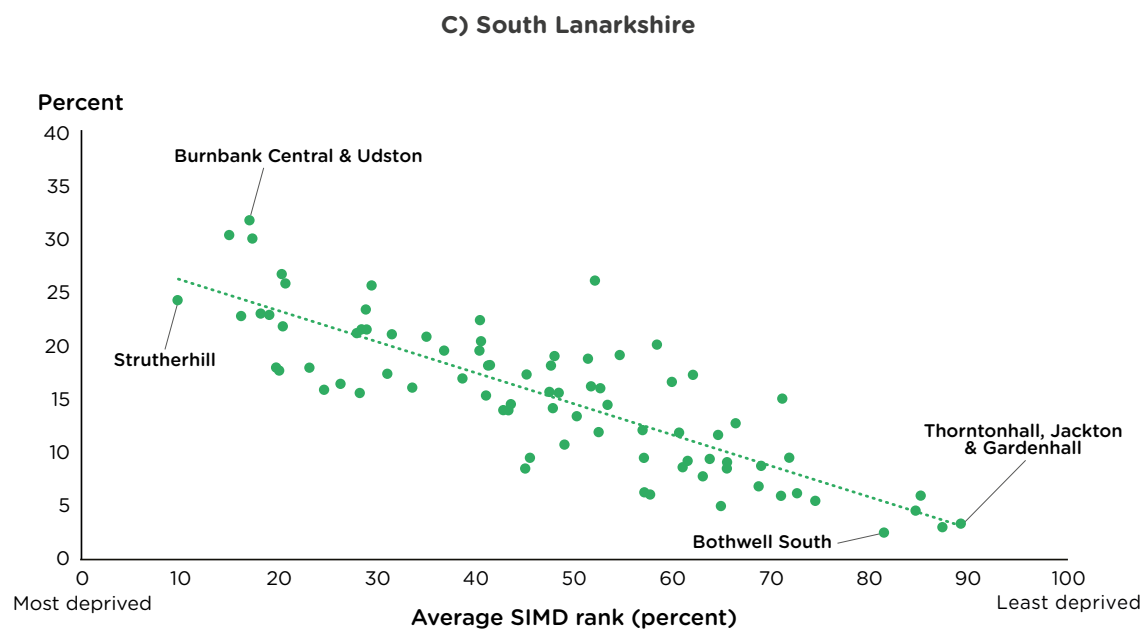


Note: No data available for Braeside, Mannofield, Broomhill & Seafeld South

In North Ayrshire rates of child poverty BHC range between 35.1 percent in Stevenston Hayocks to 7.5 percent in Fairlie and rural. In 13 of the 38 IZs over a quarter of children are in relative poverty and only 12 IZs have poverty levels below the Scottish average.



In South Lanarkshire while average rates of relative child poverty BHC are lower than the Scottish average, nearly half, 38 of 82, of IZs have a rate higher than the Scottish average. The highest rate of relative child poverty is in Burnbank Central & Udston, 31.8 percent and lowest in Bothwell South at 2.5 percent.



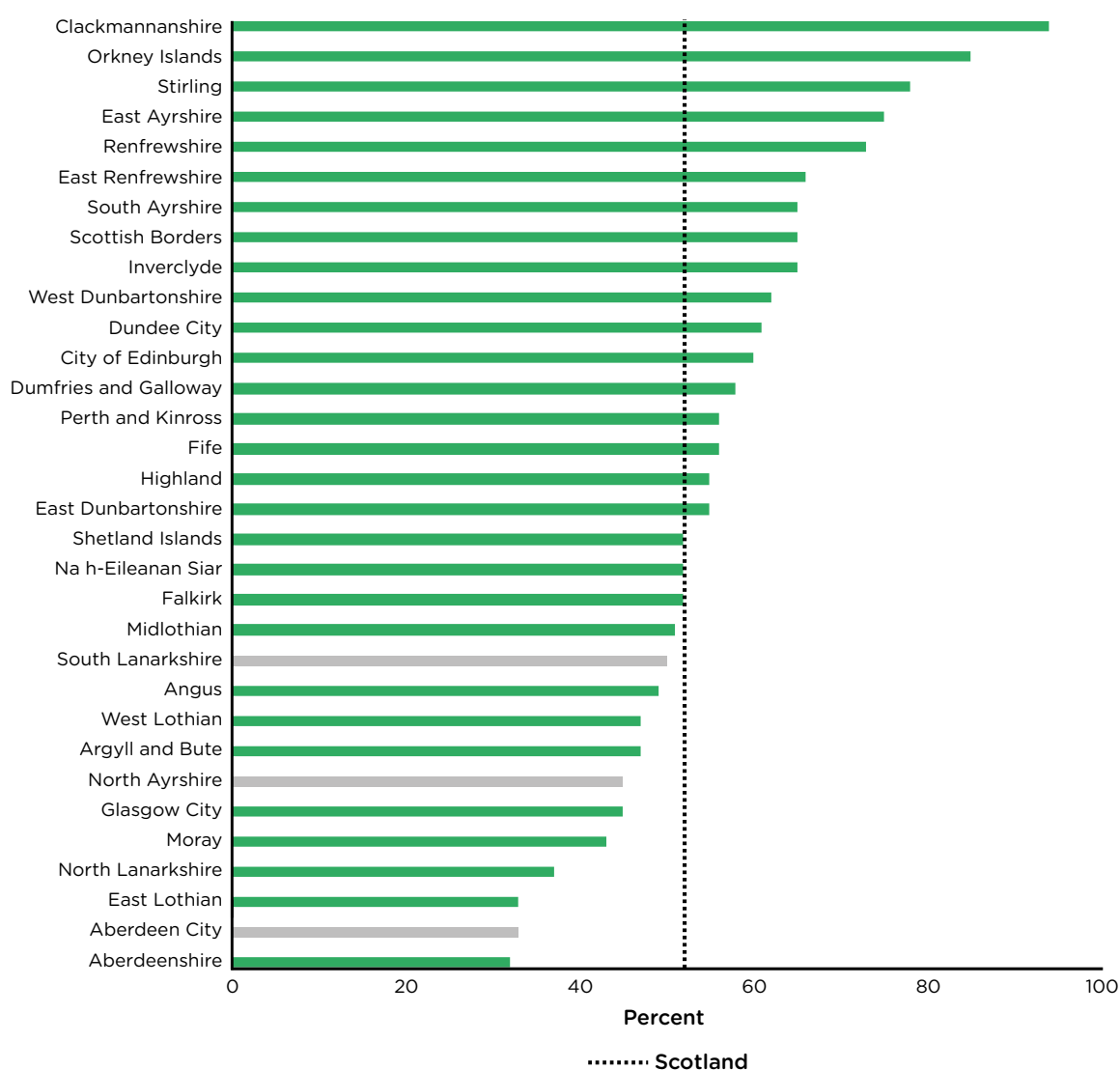
Source: UK Government (2025) [40]

CHILDCARE

There is consistent evidence showing that participation in good quality early years services and childcare after the age of three is beneficial to the levels of development among young children in more disadvantaged households and is an important way to reduce inequalities in early years development [44]. At younger ages the evidence base is less consistent and there are some concerns that participation, particularly for long hours, may affect attachment security – the potential benefits relate to the quality of the home learning environment [45]. Good quality and affordable childcare is also an important way to enable access to the labour market for parents, particularly women in more deprived areas.

In Scotland, funded childcare for two-year-olds is available to those receiving qualifying benefits or who are care-experienced. All three and four-year-olds are eligible for 1,140 hours of funded childcare per year. However, not all of those two year-olds who are eligible take up the offer and the rate of registration differs by councils from 94 percent in Clackmannanshire to only 32 percent in Aberdeenshire, Figure 10. Among 3 and 4 years olds rates of registration are much higher, nearing 100 percent.

Figure 10. Percent of eligible two year-olds who are registered for funded childcare, Scottish council areas and Scotland, September 2023

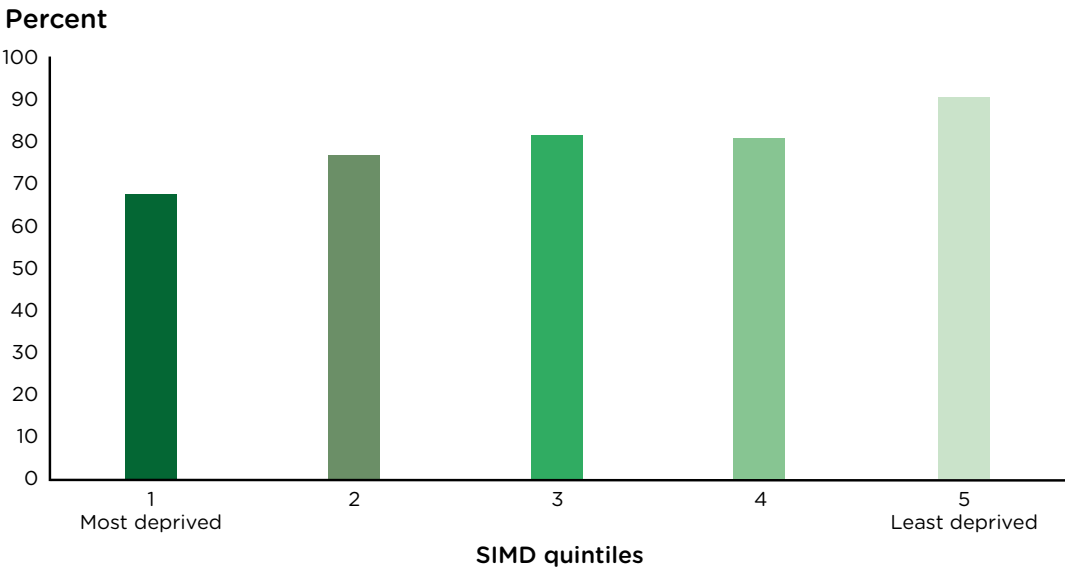


Source: Scotland Government (2023) [46]

Note: These estimates must be treated with caution due to potential inaccuracies in National Records of Scotland population projections. Children are counted once at each centre they are registered with, so the same child may be counted multiple times.

In Scotland, childcare use is lower among more children living in more deprived areas and there is a gradient in access, indicating potential to reduce inequalities in early years development by improving access to good quality childcare, Figure 11. According to the Scottish Household Survey of households with children aged 2-5, nearly a third of children in the most deprived 20 percent of areas do not access childcare, compared with only 10 percent of those in the least deprived quintile [46]. Children from lower income households but living in less deprived areas may also not use childcare at the same rate as children from higher income households in less deprived areas. Further exploration of childcare use by household income is needed.

Figure 11. Percent of children using any form of childcare by SIMD quintile, Scotland, 2023



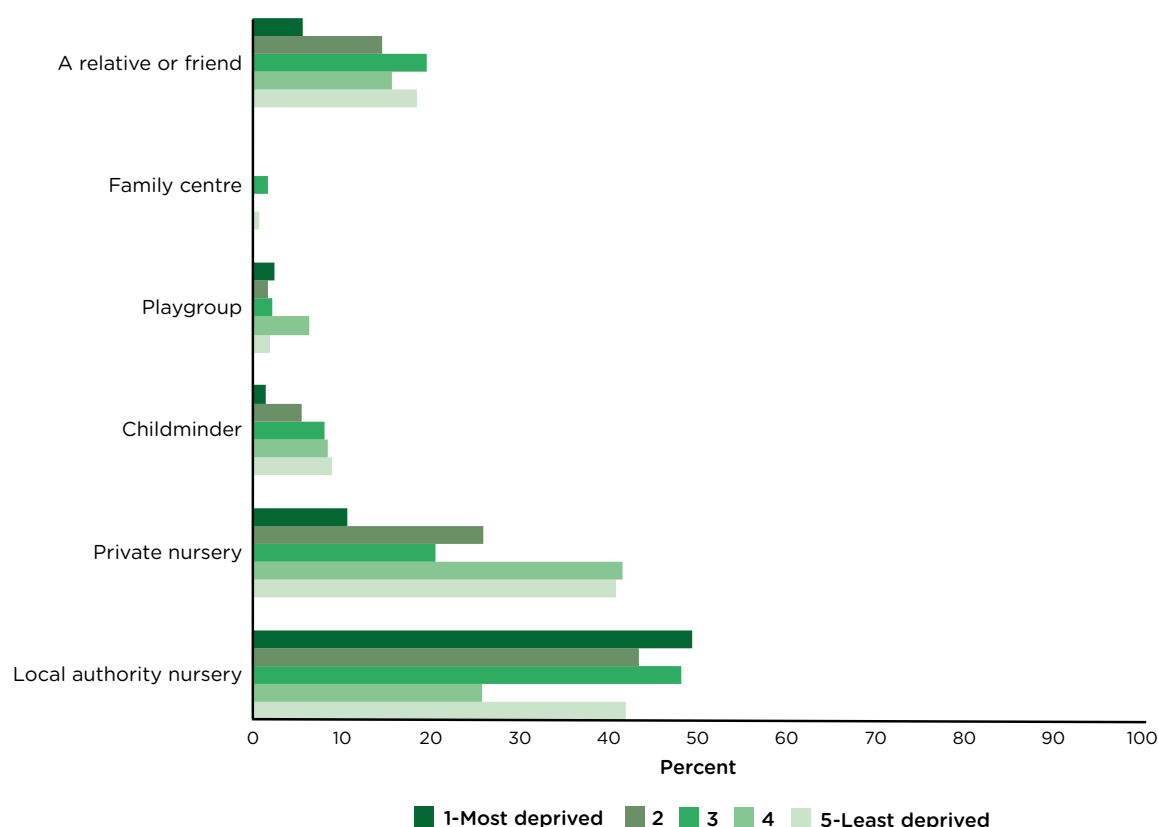
Source: Scottish Household Survey (2023) [47]

Notes:

- 1) Question asked was 'which of these types of childcare care does the child regularly receive'. It includes multiple childcare arrangements. This question was asked of households with a child aged 2, 3 or 4, or aged 5 and not in school. If a household included more than one child aged 2, 3 or 4, or aged 5 and not in school then one was selected at random and the respondent was asked about that child only.
- 2) Childcare use includes: local authority nursery, private nursery, childminder, playgroup, family centre, or a relative or friend.

Figure 12, based on the Scottish Household Survey for all children shows the type of childcare used by level of deprivation. Notably among the most deprived quintile of children only 70 percent access any of these types of childcare. In relation to type of childcare by level of area deprivation it is important to note that a child may use more than one type of childcare. It is clear that households in the least deprived areas use most types of childcare, particularly private nurseries, more than those in the most deprived areas. The exception, local authority nursery places, are taken up by 49 percent of those in the most deprived areas, but also by 42 percent of those in the least deprived 20 percent of areas, suggesting that provision of low-cost childcare is not fully counteracting the deficit seen in other forms of usage.

Figure 12. Percent of children using childcare by type of childcare and SIMD quintile, Scotland, 2023

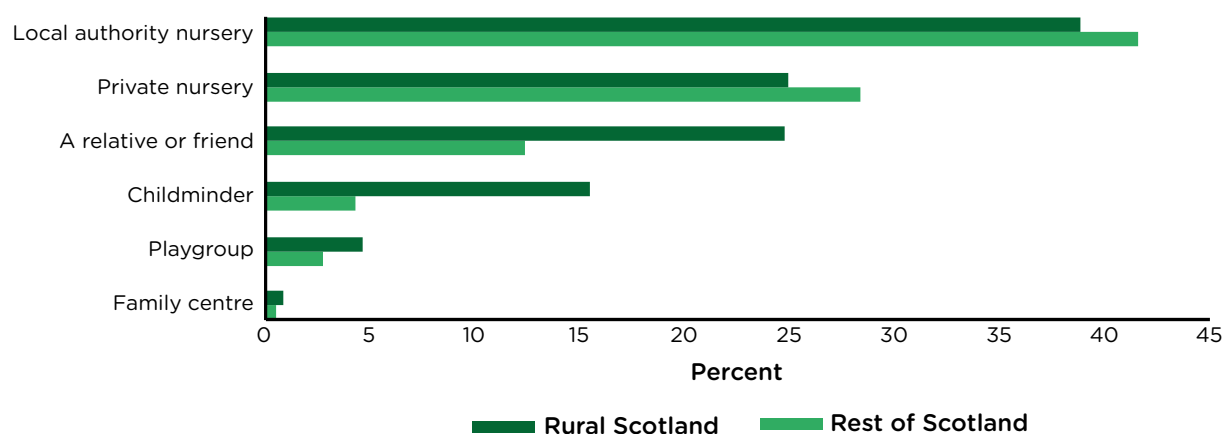


Source: Scottish Household Survey (2023) [47]

Note: Each child may use more than one type of childcare, so multiple responses were allowed and figures will not sum to 100.

While it might be assumed that families living in rural areas have less access to childcare than those living in urban areas, the differences in accessing any form of childcare are not particularly marked. Overall 41 percent of children in Scotland have access to the types of childcare outlined in Figure 13, 39 percent for rural areas and 42 percent in the rest of Scotland, according to the Scottish Household Survey. The Scottish Government's two-fold classification defines 'rural' as areas with a population of fewer than 3,000 people, and the 'rest of Scotland' as areas with populations above this [48]. Children from rural families are more likely to attend family centre, playgroups, have a childminder or to be looked after by family or friends than children in the rest of Scotland. Children living in rural areas are less likely to attend a local authority or private nursery than children from the rest of Scotland. There are also identified issues with accessing wrap around care and holiday care for school aged children to enable parents to access the labour market [49].

Figure 13. Percent of children using childcare by type of childcare and urban rural classification, Scotland, 2023



Source: Scottish Household Survey (2023) [47]

Note: Multiple responses were allowed so figures will not sum to 100

There is an association between level of council deprivation and the percentage of children who take up deferred entry to the first year of primary school, Figure 14. The decision to defer entry to school relates to many factors affecting both the parents and the child, and in particular working patterns. In more deprived council areas children are less likely to have deferred entry than in less deprived council areas. It will be important to investigate whether this is related to parents financial and employment circumstances and how it impacts children's social and emotional development as well as the effect on educational outcomes.

Figure 14. Percent of children who are eligible to attend primary school but have deferred entry and deprivation (SIMD local share), Scottish council areas, 2023



Source: Scottish Government (2023) [46]
Note: Eligibility figures for deferral are calculated on the assumption that all children born from September to February inclusive are eligible for funded ELC if they defer entry to primary school.



MARMOT PRINCIPLE 2: ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Level of educational attainment and experiences at school are related to health for this age group and closely related to health and a wide range of other social determinants of health throughout life including employment and income [8, 22].

Reducing inequalities in educational attainment and experiences at school has the potential to reduce social, economic and health inequalities. There are wide inequalities in educational attainment and school experience related to level of household income (assessed by eligibility for free school meals) in Scotland, as in other similar countries. Tackling these inequalities must be a priority for reducing inequalities in health. There are also inequalities in opportunities and outcomes following education, with young people from lower income households more likely to not access further education or employment although there have been encouraging improvements in rates of participation in further and higher education for young people across Scotland.

Differences in level of educational attainment by ethnicity are set out under Marmot Principle 7 in this report.

SCHOOL LEAVERS ATTAINMENT

The fifth and final phase of the Scottish curriculum, the senior phase runs from S4 to S6 (from around ages 15 to 18). Levels of achievement are recorded on the Scottish Credit and Qualifications Framework (SCQF), which runs from levels 1 to 12. National 1 qualifications are those designed for learners who require additional support for learning, level 7 to qualifications required for higher education or apprenticeships and level 12 to doctoral degrees and professional apprenticeships [50]. There are clear gradients related to area deprivation in levels achieved by the time students leave school. Students in the least deprived 20 percent of areas are most likely to leave with higher levels of qualification - a SCQF level 6 or 7, while those in the most deprived 20 percent of areas are less likely to leave school with an SCQF level 6 or 7 and more likely to leave with lower levels, or no qualifications.

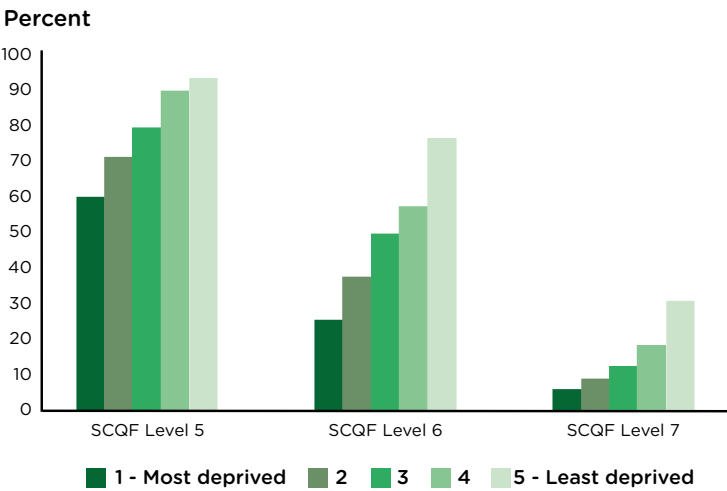
Figure 15. Percent distribution of National Qualifications SCQF levels achieved in each deprivation (SIMD) quintile, Scotland, 2023/24



Source: Scottish Government (2025) [51]

Within the three collaborating areas, these social gradients in attainment are also evident. Students in deprived areas of Aberdeen City are particularly disadvantaged in relation to levels of achievement, with those in the most deprived 60 percent of areas in Aberdeen City less likely to achieve a Level 5 SCQF than students in Scotland as a whole and in North Ayrshire and South Lanarkshire, Figure 16. This may point to particular effective efforts in North Ayrshire and South Lanarkshire to reduce inequalities in attainment and/or to the greater stigma associated with poverty and deprivation in relatively wealthy areas. Another consideration may be that schools in wealthier areas are not so well set up to cater for students from relatively low income and deprived households. There are a greater proportion of deprived children in North Ayrshire and South Lanarkshire than Aberdeen City. Similar patterns of more deprived children doing less well in wealthier areas (in this case Aberdeen City) than poorer areas are also evident outside Scotland.

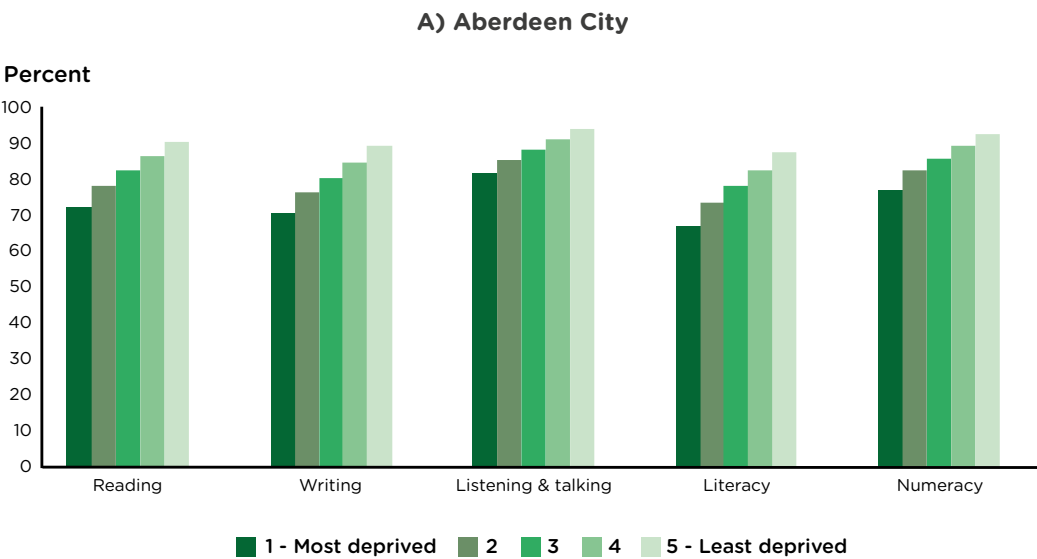
Figure 16. Percent of secondary school leavers achieving National Qualifications SCQF level 5 by area deprivation (SIMD) quintile, three collaborating areas and Scotland, 2023/24



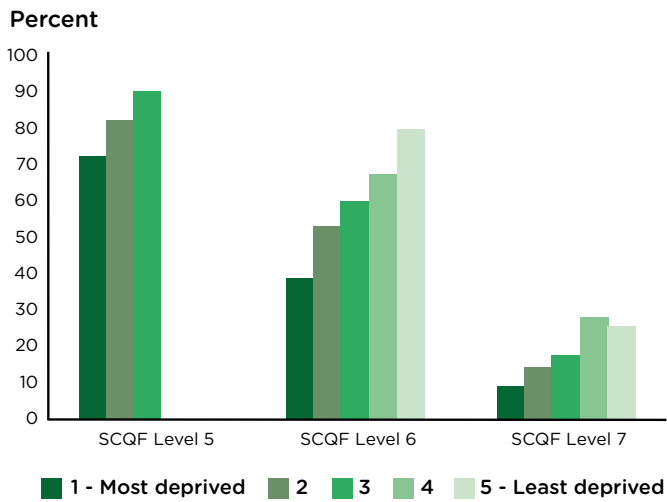
Source: Scottish Government (2025) [51]

Within each of Aberdeen City, North Ayrshire and South Lanarkshire there are also clear gradients in SCQF level 6 and 7. As noted above, pupils in more deprived areas in Aberdeen City have lower levels of achievement than in North Ayrshire and South Lanarkshire, even though average levels of attainment are slightly higher in Aberdeen City than North Ayrshire. As highlighted above, there is a relatively low proportion of students in the most deprived quintile (defined for the whole of Scotland) in Aberdeen City, so the impact on the average there is quite small.

Figure 17. Percent of secondary school leavers by National Qualifications SCQF level achieved and deprivation (SIMD) quintile, three collaborating areas, 2023/24

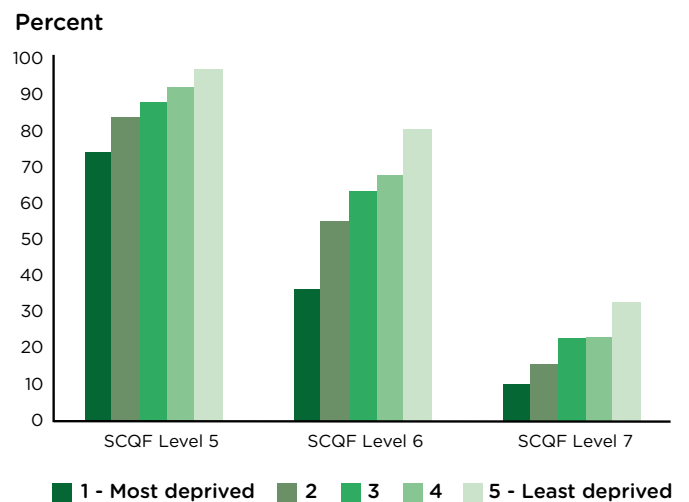


B) North Ayrshire



Note: Quintiles 4 and 5 have been suppressed due to low numbers of school leavers in these quintiles.

C) South Lanarkshire



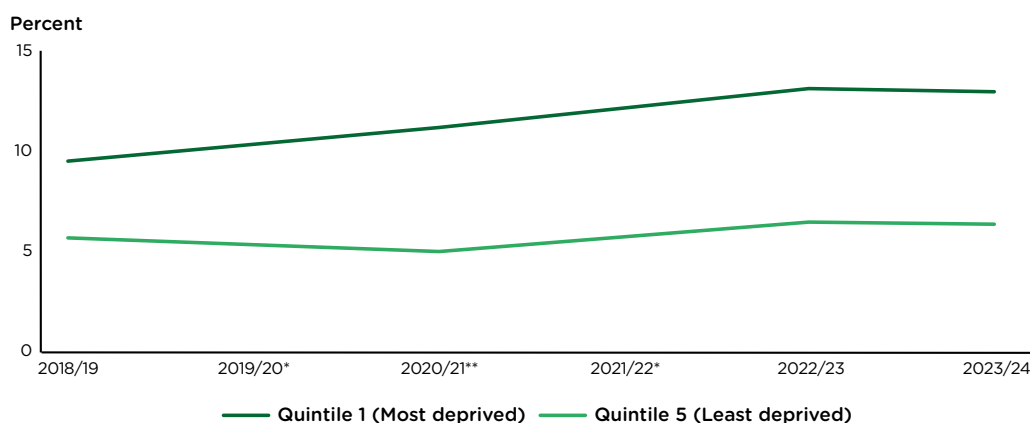
Source: Scottish Government (2025) [51]

ABSENCE AND ATTENDANCE

Prolonged or frequent school absence undermines the prospects for children and young people to reach their potential in education and often has associated implications, such as lower employment rates and income throughout life [52]. In many places school absence rates have increased since the pandemic and there are inequalities in absence related to deprivation and attendance rates are also lower among looked after pupils and pupils with additional support needs [46, 53]. In Scotland, a school day is normally split into two sessions, one in the morning, one in the afternoon.

There have been notable increases in school absence, as in other countries since Covid, although these increases appear to have peaked in Scotland, Figure 18. There have been particularly steep increases in absence among students in the most deprived quintile and inequalities have widened. There has been a focus on school absence across Scotland and it is a national and local priority.

Figure 18. Percent of sessions missed due to school absence (authorised or unauthorised), primary, secondary, and special schools, most and least deprived SIMD quintile, Scotland, 2018/19 to 2023/24



Source: Scottish Government (2024) [54]

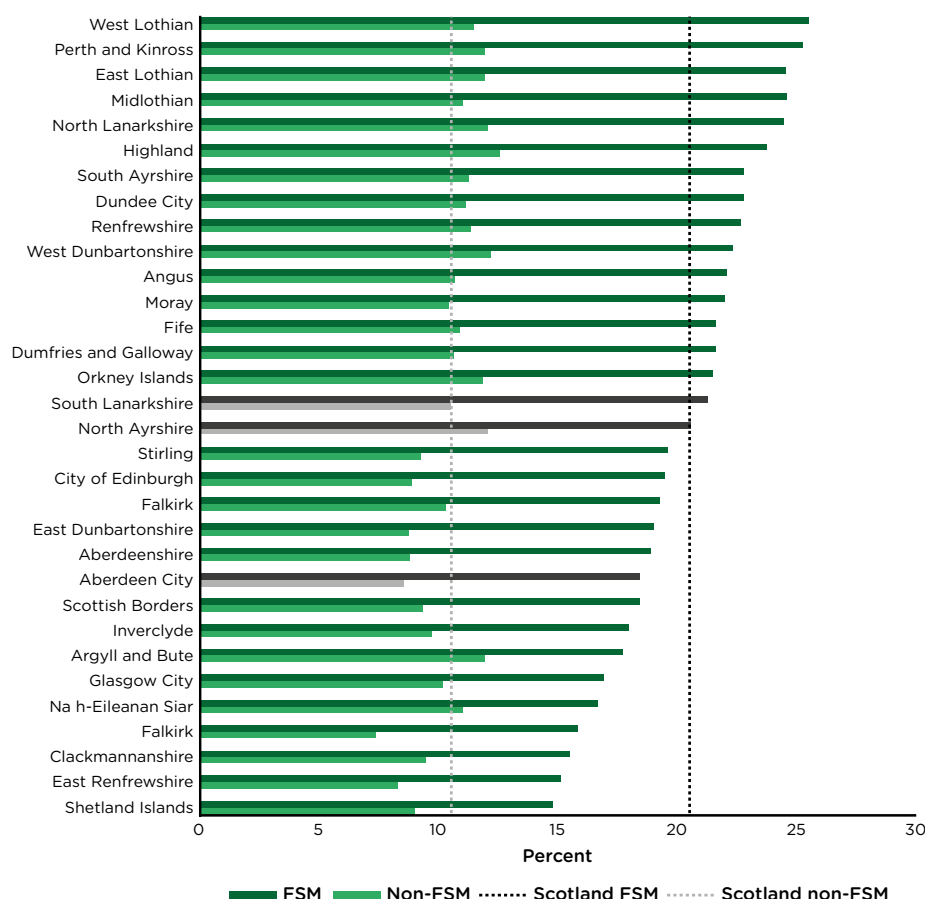
Notes:

*No data available for 2019/20 or 2021/22 as data was collected biennially until 2023/24

** Absence rate when schools were open. Includes at home with COVID-19 with provision for home learning.

Figure 19 shows differences in school absence (authorised and unauthorised sessions of school missed) in secondary schools by free school meal status and council area. In all councils rates are higher among pupils eligible for free school meals than those ineligible. Across Scotland there is a nearly 10 percentage point difference.

Figure 19. Percent of sessions missed due to school absence (authorised or unauthorised), in secondary schools, by Free School Meal (FSM) status, Scottish council areas and Scotland, 2023/24

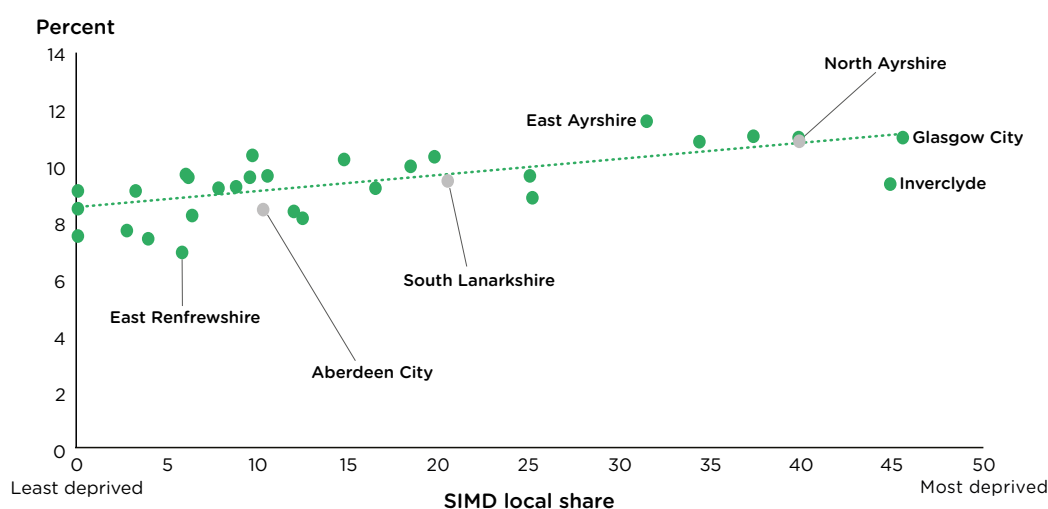


Source: Scottish Government (2024) [54]

Note: Absence (authorised and unauthorised) can be defined as a session of school missed due to any of the following: Sickness with no educational provision; Arrives after 50% of opening of school day; Family holidays authorised by school; Exceptional domestic circumstances (authorised); Part-time timetable (exclusion related); Part-time timetable (health related); Family holidays not authorised by school; Truancy, including unexplained absence; Exceptional domestic circumstances (unauthorised).

Rates of school absence by council are closely aligned with councils' levels of deprivation, Figure 20, with more deprived councils having higher rates of absence.

Figure 20. Percent of sessions missed due to school absence (authorised or unauthorised)¹, primary, secondary, and special schools, and deprivation (SIMD score), Scottish council areas and Scotland, 2023/24

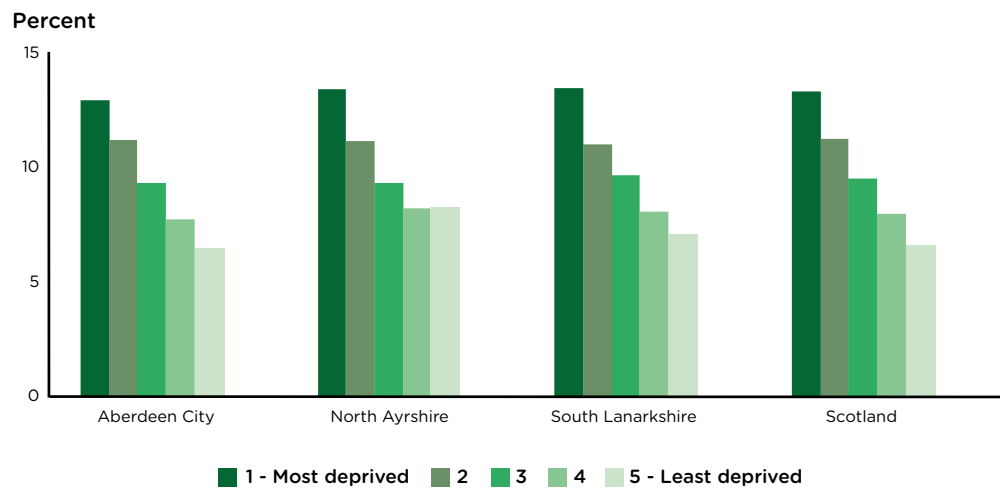


Source: Scottish Government (2024) [54]

Note: 1 See note to Figure 19

In the three collaborating areas and across Scotland there are clear gradients in absence by SIMD quintile, Figure 21.

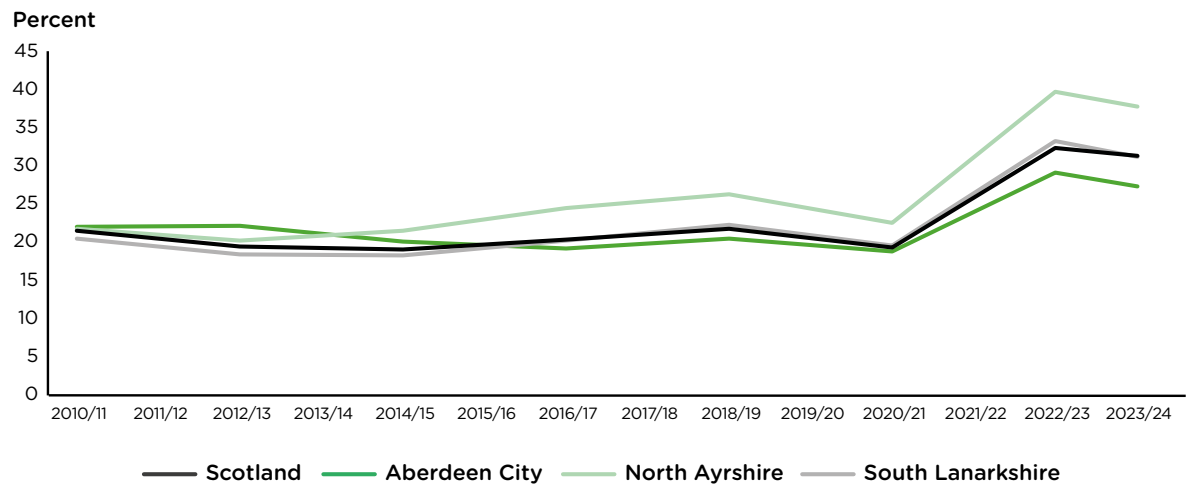
Figure 21. Percent of sessions missed due to school absence (authorised or unauthorised), primary, secondary, and special schools, by SIMD quintile, three collaborating areas and Scotland, 2023/24



Source: Scottish Government (2024) [54]

Rates of persistent absence (10 percent or more sessions missed) are high across Scotland, with nearly a third of pupils being persistently absent in 2023/24 and there have notable increases since the pandemic. In North Ayrshire nearly 38 percent of pupils were persistently absent in 2023/24. Being persistently absent from school harms educational attainment, employment, income, health and undermines prospects in a range of other key social determinants of health.

Figure 22. Percent of pupils persistently absent* primary, secondary, and special schools, three collaborating areas and Scotland, 2010/11 to 2023/24



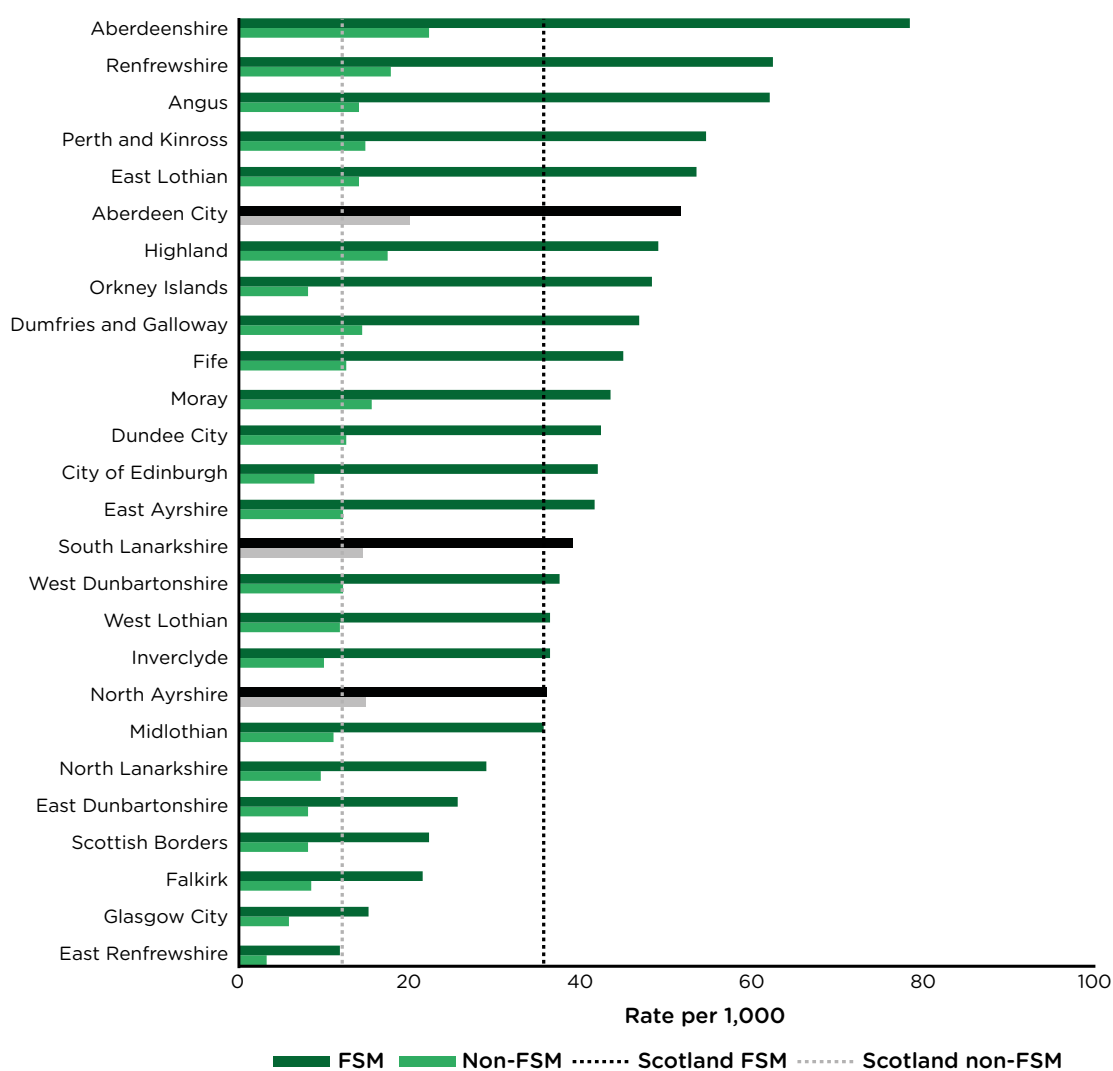
Source: Scottish Government (2024) [54]

Note: *Percentage of persistent absentees – 10 percent or more sessions missed

EXCLUSIONS FROM SCHOOL

Excluding pupils from schools clearly impacts their attainment and is associated with a range of negative outcomes throughout life [55]. The exclusion rate for looked after pupils was almost six times the rate for all pupils in 2022/23. This gap has reduced overall since 2012/13, but, in the latest year, widened for the first time since 2009/10 [53]. Exclusion rates are also higher for pupils with additional support needs. The rate of exclusion for pupils with an additional support need was almost five times the rate for pupils without an additional support need in 2022/23 [46]. Across Scotland rates of exclusion are nearly three times higher for pupils eligible for free school meals than those who are not. In some councils differences are even greater, for instance in Aberdeenshire, with the highest rates for both categories, the rates are 3.5 times higher, Figure 23.

Figure 23. Pupil exclusion rate (per 1,000) by Free School Meal (FSM) status, Scottish council areas and Scotland, 2022/23



Source: Scottish Government (2025) [56]

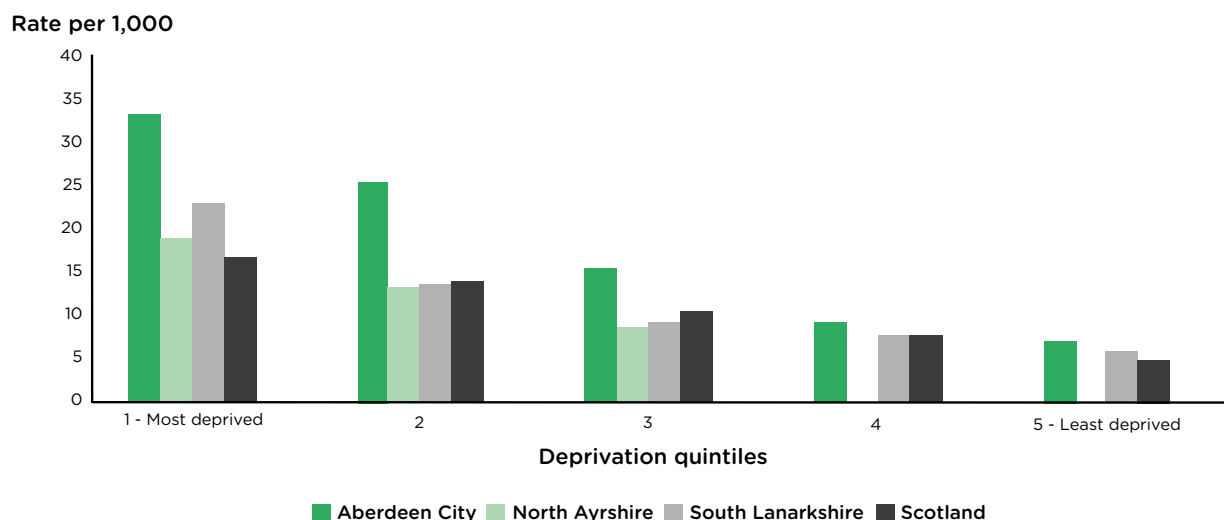
Notes:

1) Data suppressed for Argyll and Bute, Na h-Eileanan Siar, Shetland Islands, South Ayrshire, Stirling, and Clackmannanshire

2) All pupils in P1-P5 and Special schools are excluded from these figures as they were all registered for free school meals under a universal provision measure in this school year.

Figure 24, shows much higher rates of exclusions in the most deprived quintile in Scotland and the three collaborating areas, increasing as deprivation increases. In Aberdeen City, rates are higher in each decile and the gradient steeper than in both Scotland as a whole and the other two areas and more than one in thirty secondary pupils in the most deprived quintile in Aberdeen City were excluded in 2022/23. Exclusion rates in the most deprived areas in the other two council areas are also above the average in the most deprived areas in Scotland.

Figure 24. Rate of secondary school pupil exclusions* (per 1,000) by SIMD quintile, three collaborating areas and Scotland, 2022/23



Source: Scottish Government (2025) [56]

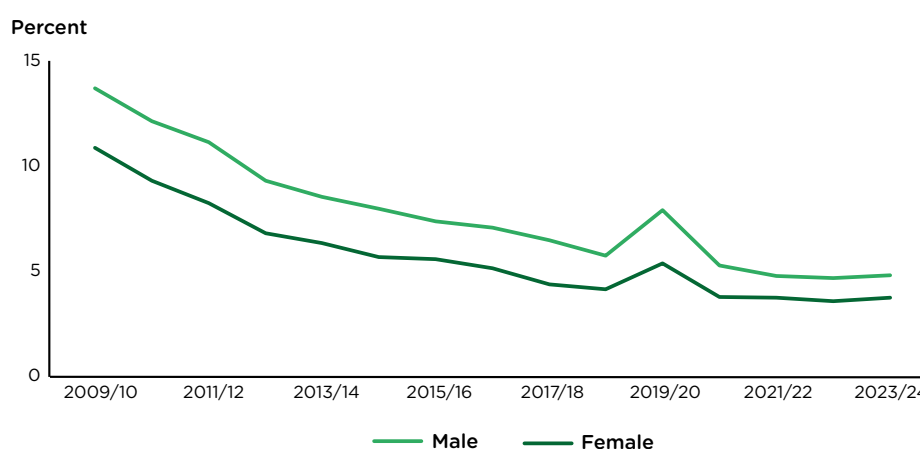
Note: Data for North Ayrshire quintile 4 and 5 has been suppressed.

*Includes both temporary and permanent exclusions. This data refers specifically to pupils excluded rather than cases of exclusion, so a pupil excluded multiple times in an academic year is only counted once.

POSITIVE DESTINATIONS AFTER SCHOOL

A significant achievement in Scotland has been the increase in school leavers going into positive destinations after school and associated declines in the rate of school leavers who do not do so. Around 96 percent of students went on to positive destinations in Scotland in 2023/24, a remarkably high rate. Only 4.7 percent of males and 3.6 of females did not achieve a positive destination after leaving school in 2023/24 down from 13.7 and 10.9 percent respectively in 2009/10. Between 2009/10 and 2023/24 there were 8.9 and 7.1 percent more males and females respectively with a positive initial destination.

Figure 25. Percent of secondary school leavers without an initial positive destination*, by sex, Scotland, 2009/10 to 2023/24

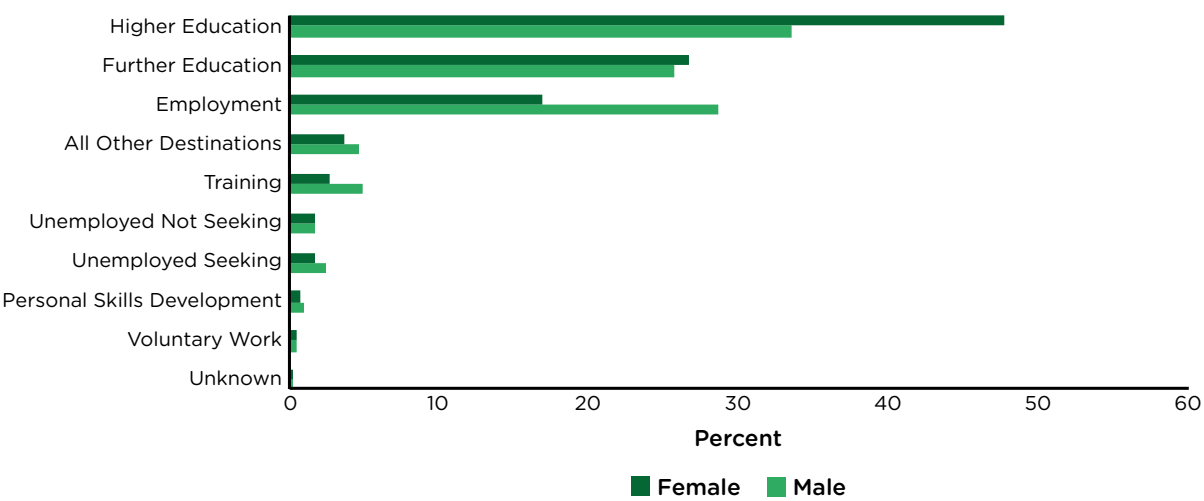


Source: Scottish Government (2025) [51]

Note: *Positive destinations include: Higher Education, Further Education, Training, Employment, Voluntary Work, Activity Agreement, or Personal Skills Development.

There is a gender difference in type of destination with nearly three-quarters of girls who left school going on to either higher or further education compared with two-thirds of boys, who are more likely than girls to go into employment and training, Figure 26.

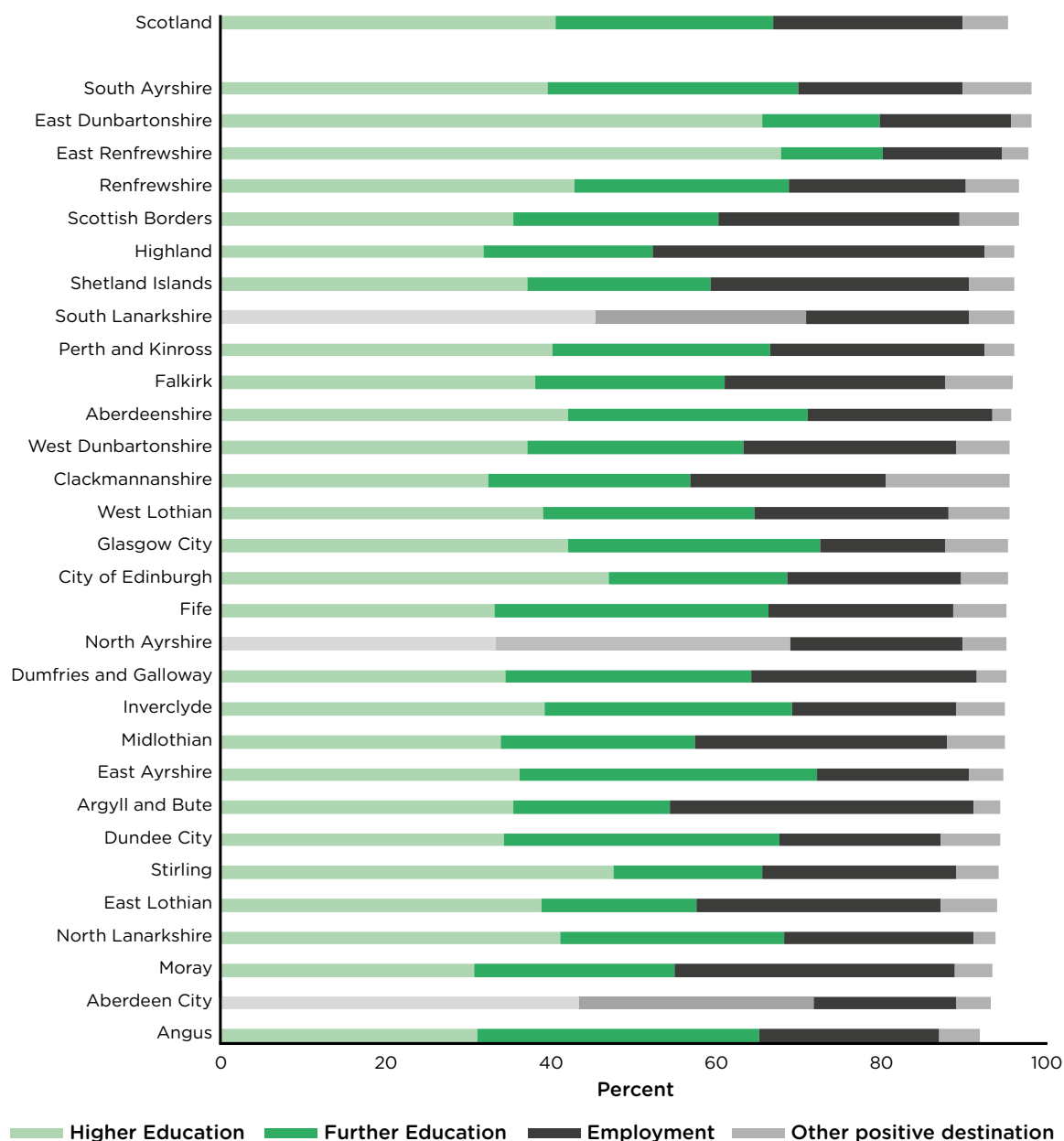
Figure 26. Percent distribution of secondary school leavers by initial destination category, for each sex, Scotland, 2023/24



Source: Scottish Government (2025) [51]

While there are high overall levels of positive destinations, there are some differences by council area. South Ayrshire has the highest overall level of leavers going into positive destinations, and Angus the lowest. Aberdeen City has the second lowest rate of all councils in Scotland. The relatively high rates of absence, exclusion and low rates of school leavers with a positive destination in Aberdeen City does require further exploration. Also of note is the different type of destinations between councils. Those in East Renfrewshire and East Dunbartonshire are considerably more likely to go into higher education than other areas, while school leavers from Highland and Argyll and Bute are more likely to go into employment and other destinations which include training, voluntary work and personal skills development. North Ayrshire has fewer school leavers going into higher education and more into further education than the other two collaborating places, Figure 27.

Figure 27. Percent of secondary school leavers leaving with a positive destination, by higher or further education or other positive destination, Scottish council areas and Scotland, 2023/24



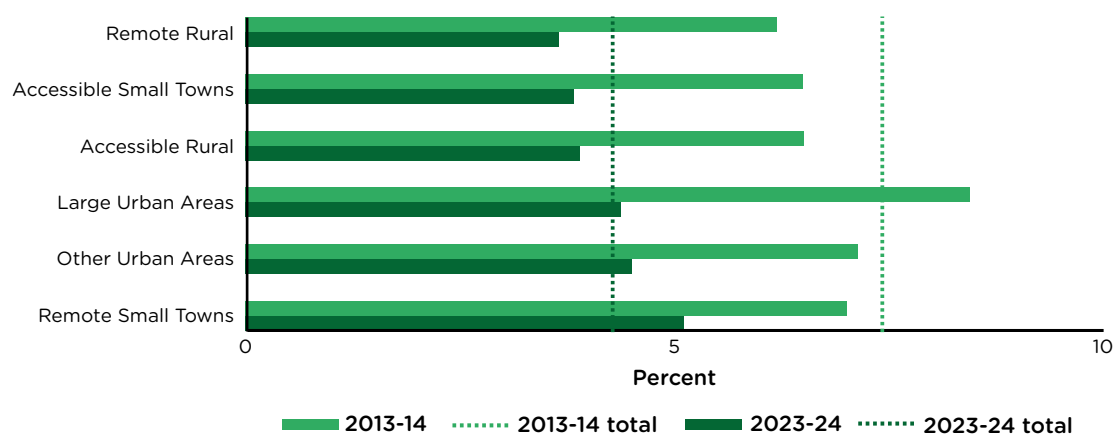
Source: Scottish Government (2025)

Notes:

- 1) Orkney islands and Na h-Eileanan Siar suppressed due to low numbers
- 2) Other includes training, voluntary work, and skill development

The rates of school leavers who do not move into positive destinations differ according to where the former students reside. School leavers living in remote rural areas were the least likely to leave school without a positive destination in both 2013/14 and 2023/24, while those in remote small towns were most likely to leave without initial positive destinations in 2023/24 – a change from 2013/14 when those living in other urban areas were most likely to do so. To note rates of economic inactivity have risen among those aged 16-24 with increasing rates of economic inactivity due to increased participation in education and ill health. This is set out further in Marmot principle 3.

Figure 28. Percent of secondary school leavers without an initial positive destination*, by 6-fold urban rural classification, Scotland, 2013/14 to 2023/24

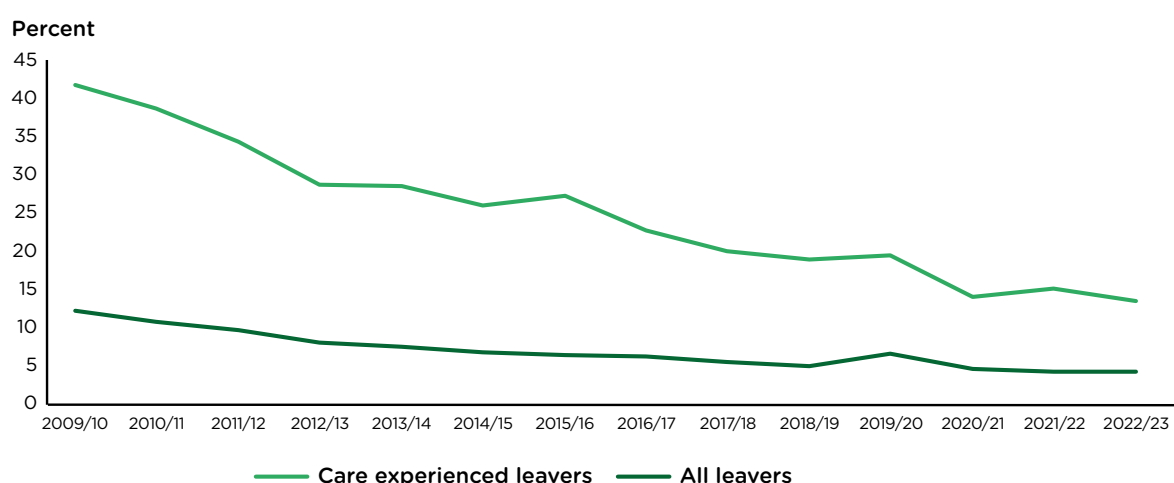


Source: Scottish Government (2025) [51]

Note: *Positive destination includes: Higher Education, Further Education, Training, Employment, Voluntary Work, Activity Agreement, or Personal Skills Development.

Across Scotland, as in other countries, care experienced young people are more likely than other students to leave school without a positive destination. However, there has been considerable progress and between 2009/10 and 2022/23 the rate of school leavers who had experienced care without a positive destination fell from 41.9 percent to 13.6 percent, a 67.6 percent reduction on the 2009/10 value. The rate of care leavers being unemployed dropped by two thirds from 40.9 percent to 13 percent while those going into higher education increased from 1 percent to 8 percent. This has been accompanied by those leaving school in S4 or earlier dropping from 62.8 percent to 34.4 percent (however, for all of Scotland this is 14.4 percent).

Figure 29. Percent of secondary school leavers without a positive destination*, by whether care experienced, Scotland, 2009/10 to 2022/23



Source: Scottish Government (2024) [53]

Notes:

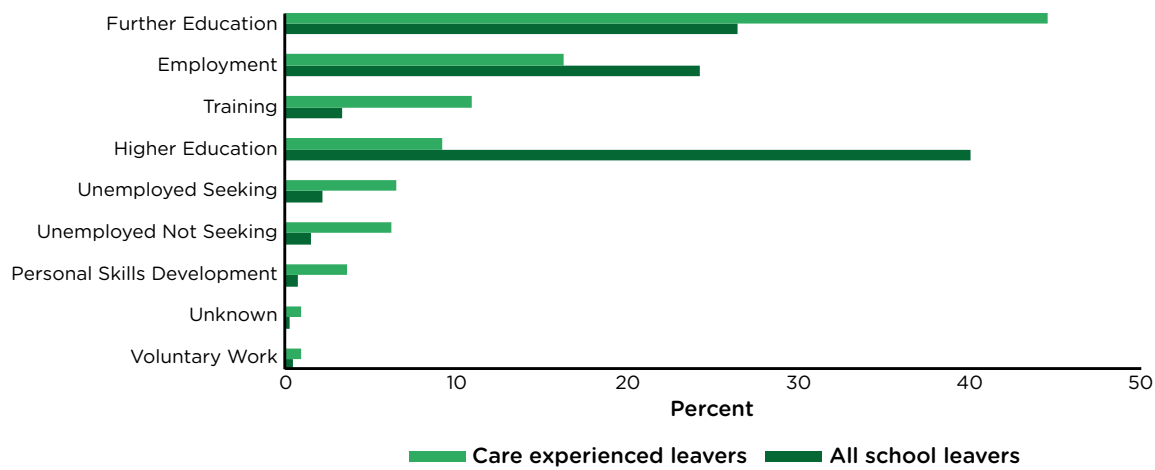
1) *Positive destination includes: Higher Education, Further Education, Training, Employment, Voluntary Work, Activity Agreement, or Personal Skills Development.

2) Care experienced leavers refers here to school leavers who have been in care for either part or the full year leading up to leaving school.

Despite the positive improvements, care leavers were still 3.6 times more likely to leave school without a positive destination in 2022/23 than school leavers who were not care experienced, although this has declined from 5.1 times more likely in 2009/10.

In 2022/23 care experienced school leavers were more likely to go into further education and training and less likely to enter employment or higher education than other school leavers, Figure 30.

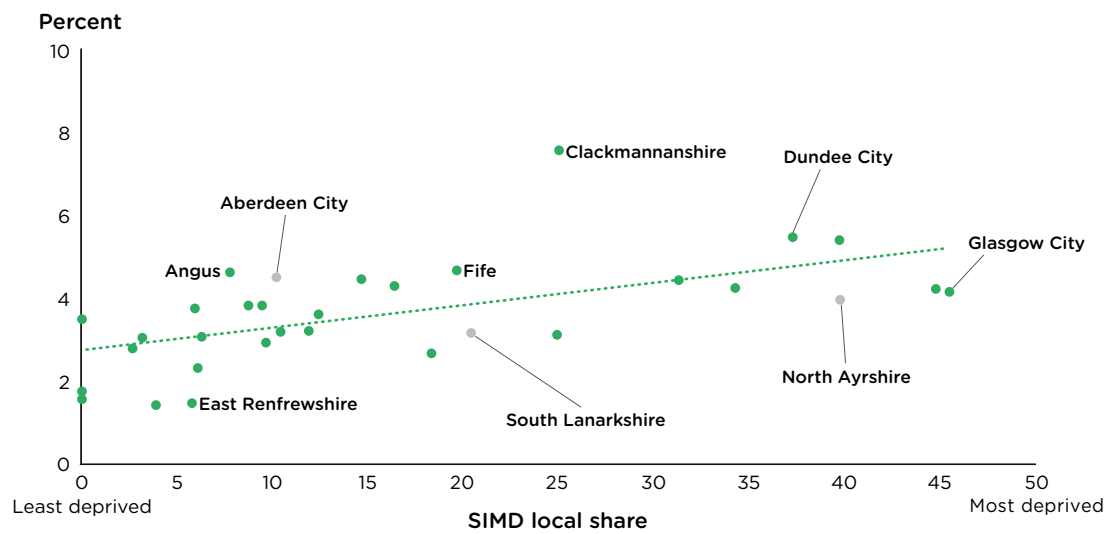
Figure 30. Percent distribution of secondary school leavers by initial destination category, by whether had experienced care in the previous year Scotland, 2022/23



Source: Scottish Government (2024) [53]
Note: Care experienced leavers refers here to school leavers who have been in care for either part or the full year leading up to leaving school.

Across Scotland there are differences between rates of participation in education, training or employment for 16-19 years, related to the average level of deprivation of the council area. However, there is quite a bit of variation suggesting that other factors also contribute to these outcomes. Clackmannanshire has high rates of those not in education, employment or training aged 16-19 for its level of deprivation. Aberdeen City has the highest rate among the three collaborating places although 5.4 percent of the data in the Aberdeen City cohort was unconfirmed compared to an average of 3.6 percent across Scotland.

Figure 31. Percent of 16-19 year olds not in education employment or training, by deprivation (SIMD local share), Scottish council areas, 2024



Source: Skills Development in Scotland (2024) [57]

MARMOT PRINCIPLE 3: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Good quality work supports good physical and mental health. However, work which is not good quality, harms health [58, 59]. There are many reasons an individual might not be in work, each of which has a different association with health.

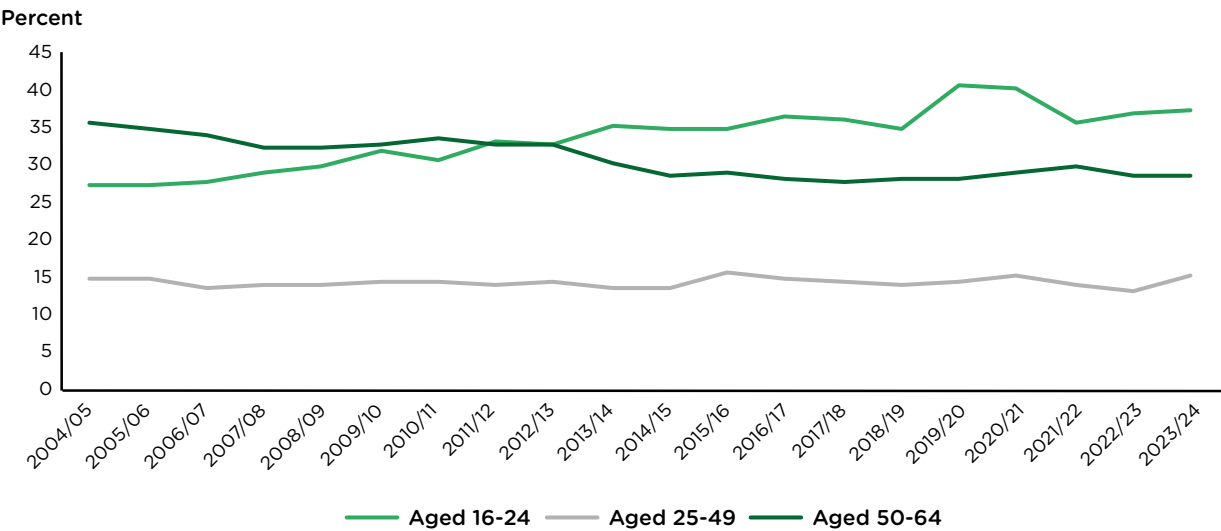
Among those out of work and actively looking for work, that is people who are unemployed, health may be unaffected in the initial period of unemployment but overall unemployment is harmful to health, particularly when it is long term. Being out of work for other reasons, that is being economically inactive, is the result of different reasons (and hence indicative of different levels of health) across the life course. These reasons are principally being a full-time student, looking after family or home, prevented from working due to long-term sickness or being retired. Of these, long-term sickness and early retirement are indicative of a risk of premature mortality - both because of pre-existing ill-health and because of the likely adverse economic impact on the individual themselves. Additionally, the withdrawal from the labour force of those who are economically inactive also harms societal economic productivity. Consequently, reducing premature ill-health and unnecessary economic inactivity is beneficial for individuals and society and reduces inequalities in health.

ECONOMIC INACTIVITY

Economic inactivity rates in Scotland at ages 16 to 64, like those in the UK as a whole, vary over time by age, sex and reason for inactivity. Between 2004/05 and 2023/24, rates of economic inactivity in Scotland rose slightly from 23 to 23.4 percent of the population aged 16-64, while UK rates fell from 23.7 to 21.2 percent.

Figure 32 shows trends in economic inactivity by age group between 2004/05 and 2023/24. While the proportion of people aged 16-24 who are economically inactive in Scotland increased, there was a commensurate decrease in the proportion aged 50 to 64.

Figure 32. Percent economically inactive at ages 16-64 by age group, Scotland, 2004/05 to 2023/24 October to September



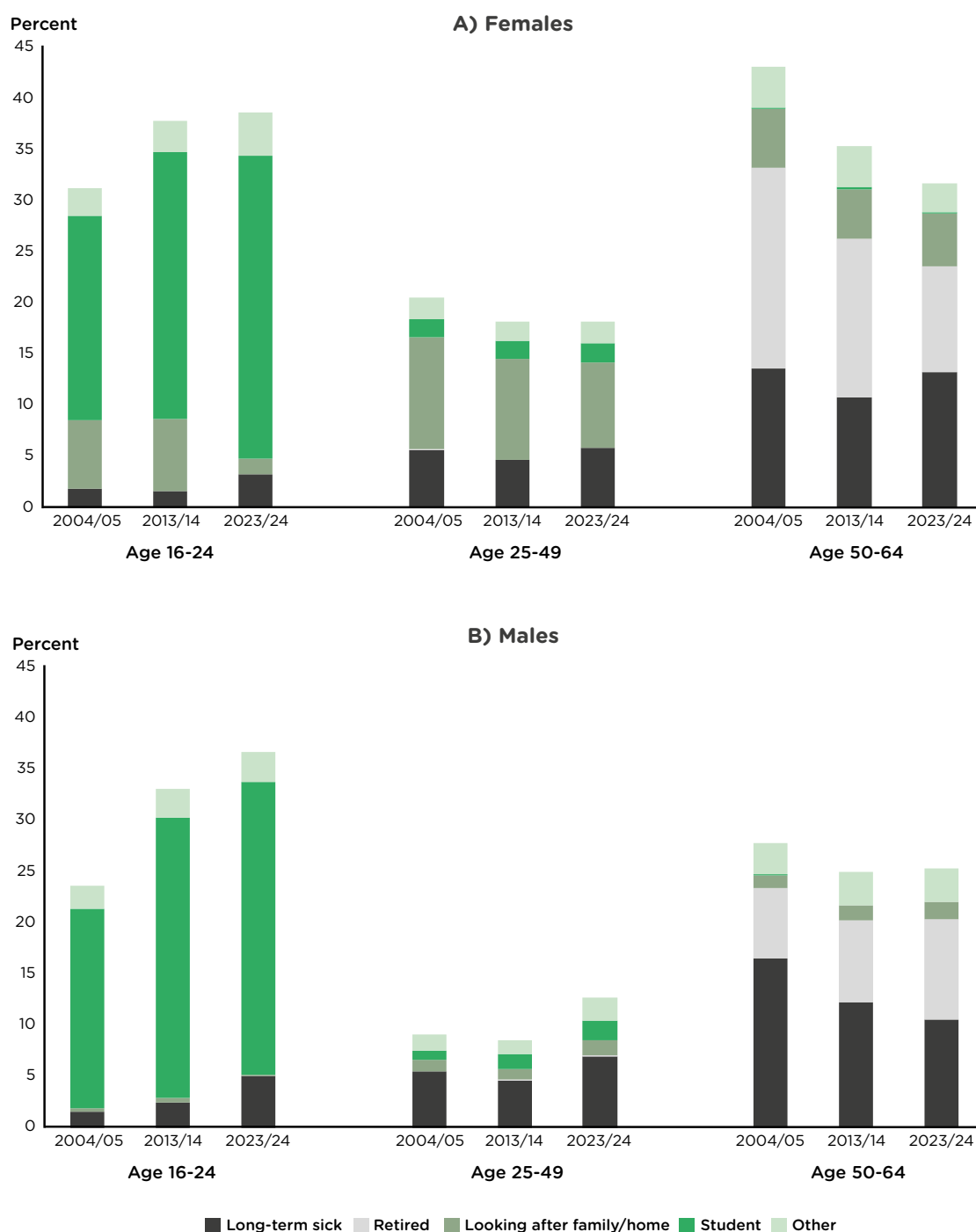
Source: APS NOMIS (2024) [60]

Figure 33 summarises how these trends in overall inactivity rates have varied by age, sex and reason for inactivity. There was an increase in economic inactivity between 2004/05 and 2023/24 at ages 16 to 24 for both sexes, while most of this was related to an increase in full time students, of note is the increase in long-term sickness rates from 1.8 to 3.2 percent for females and from 1.6 to 5 percent for males. Long-term sickness rates at older ages fell among females between 2004/05 and 2013/14 from 5.6 to 4.6 percent at ages 25 to 49 percent and from 13.6 to 10.8 percent at ages 50 to 64 – only to rise back to earlier levels (5.8 and 13.2 percent, respectively) in 2023/24.

By contrast, among males, the long-term sickness rate rose steadily at ages 25-49, from 5.5 to 7 percent between 2004/05 and 2023/24 while it fell steadily over the same period at ages 50 to 64, from 16.4 to 10.5 percent. Much of the reduction in long-term sickness in males aged 50 to 64 was offset by an increase in retirement, from 6.9 to 9.8 percent over this period and we can only speculate as to how much of this increase was ill-health retirement, given that it occurred before statutory pension age. Conversely, among women there was a sharp drop in retirement at ages 50 to 64 over this period, from 19.6 to 10.3 percent, leading to an overall fall in overall economic inactivity at this age.

The net effect of these very different changes by sex and age was that in Scotland, the rate of long-term sickness in the broad age group 16 to 64 was 7.5 percent and looking after family/home was 5 percent in 2004/05 while in the UK as a whole, their relative importance was reversed, with rates of 5.8 and 6.4 percent, respectively.

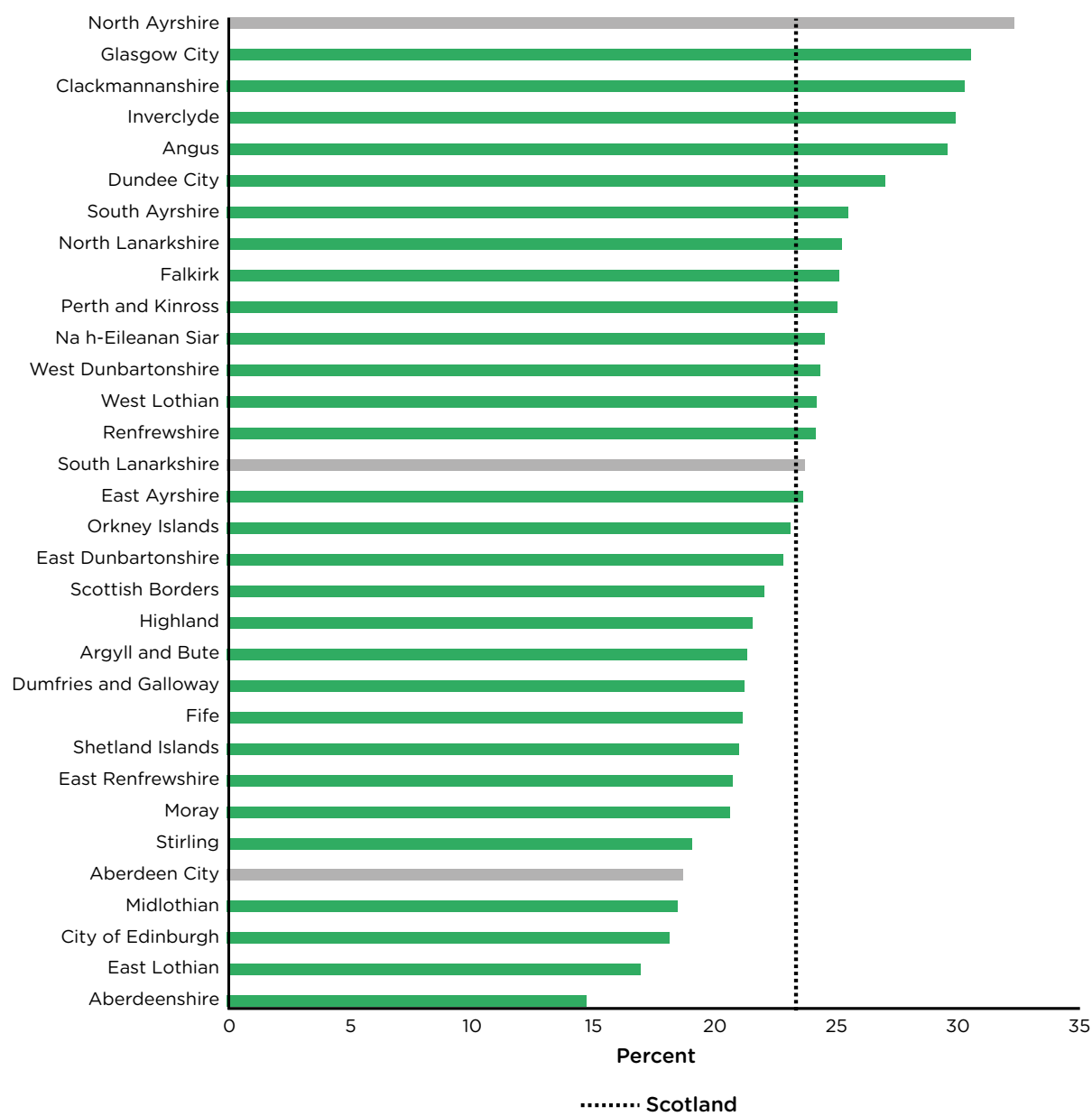
Figure 33 Percent economically inactive at ages 16 to 64 by sex, broad age group and reason for inactivity. Scotland, October to September 2004/05, 2013/14, and 2023/24



Source: APS NOMIS (2024) [60]

There were wide differences in overall rates of economic inactivity between councils, Figure 34; North Ayrshire has the highest rate of economic inactivity, 32.4 percent between October 2023 and September 2024, more than double that of Aberdeenshire, 14.8 percent.

Figure 34. Percent economically inactive at ages 16-64, Scottish council areas and Scotland, October 2023 to September 2024



Source: APS NOMIS (2024) [60]

Among those aged 50-64 there were particularly high rates of economic inactivity in North Ayrshire in 2023/24, over 46 percent – well above what might be expected given the level of deprivation, Figure 35.

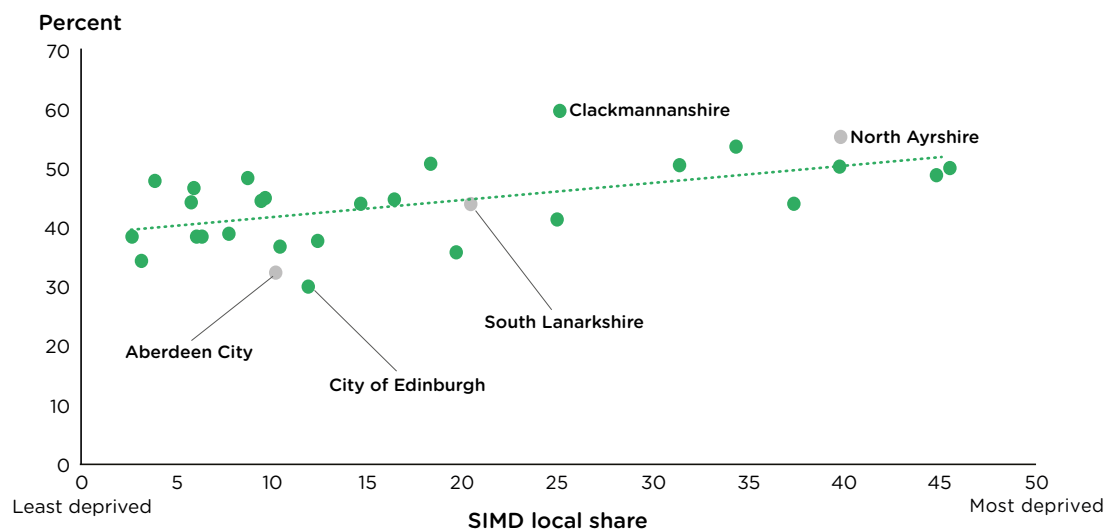
Figure 35. Percent economically inactive at ages 50-64 by deprivation (SIMD score), Scottish Council areas, October 2023 to September 2024



Source: APS NOMIS (2024) [60]
Note: Data suppressed for Argyll and Bute, Na h-Eileanan Siar, Shetland Islands, South Ayrshire, Stirling, and Clackmannanshire

Within the three collaborating places of those who are economically inactive, a high proportion is due to being assessed as disabled, more than half in North Ayrshire and Clackmannanshire and there is an association with level of deprivation of the council area, Figure 36.

Figure 36. Percent of those economically inactive aged 16-64 who are assessed as disabled (1), and deprivation (SIMD score), Scottish Council areas (2), October 2023 to September 2024



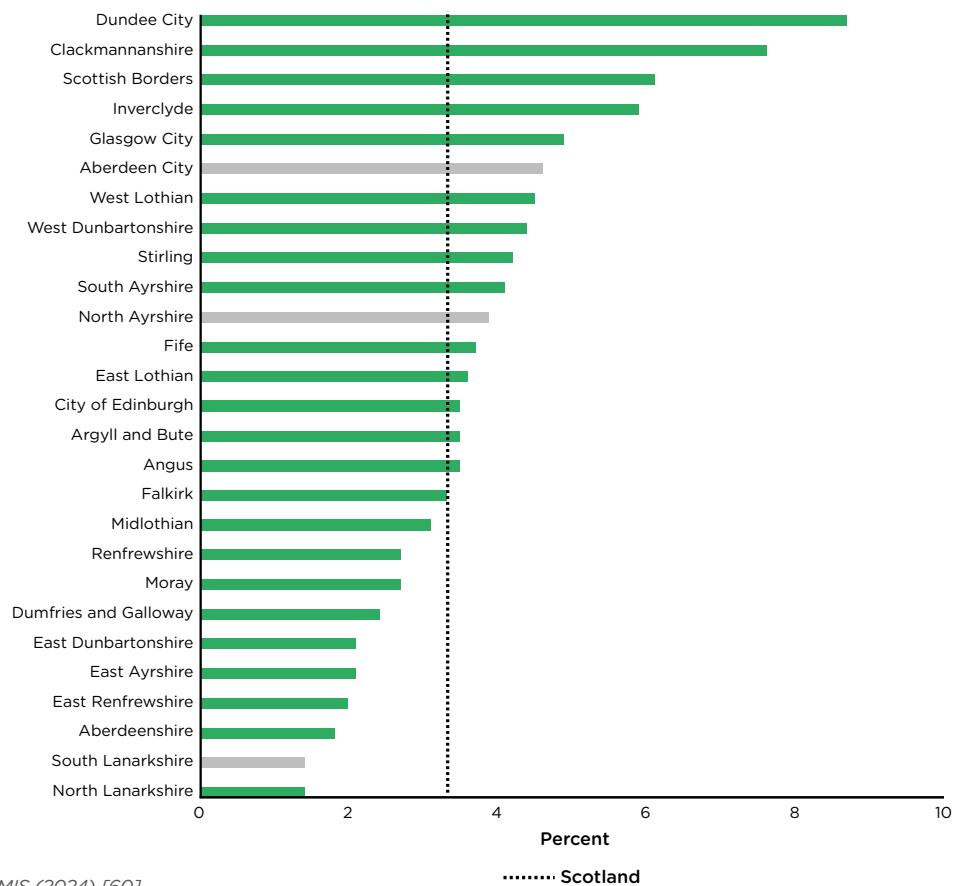
Source: Source: APS NOMIS (2024) [60]
Notes:
1) Equality Act Core disabled or work-limiting disabled. Equality Act Core disabled includes those who have a long-term disability which substantially limits their day-to-day activities.
2) Data for Orkney Islands, Shetland Islands, and Na h-Eileanan Siar have been suppressed due to unreliable estimates.

People who are economically inactive may not be required or able to access employment support programmes which are available to unemployed people who are actively seeking employment.

UNEMPLOYMENT

Rates of unemployment across Scotland have steadily declined since 2012/13 when it was 8.1 percent, although there have been increasing rates of economic inactivity, overviewed in the previous section. Across Scotland 3.3 percent of the population were unemployed in 2023/24. Dundee City and Clackmannanshire had rates more than double this figure, while some councils have very low rates including South Lanarkshire at 1.4 percent, Figure 37.

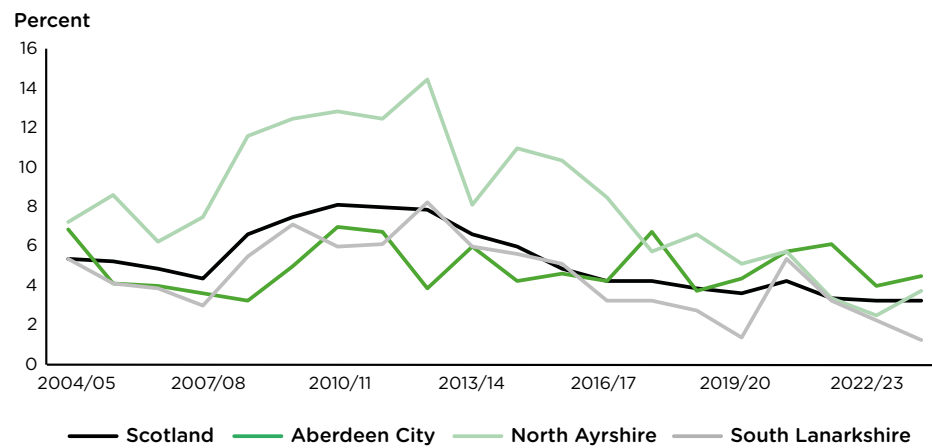
Figure 37. Estimated unemployment rate at ages 16-64, Council areas and Scotland, October 2023 to September 2024



Source: APS NOMIS (2024) [60]
Note: Data suppressed for Highland, Na h-Eileanan Siar, Orkney Islands, Perth and Kinross, and Shetland Islands

Rates of unemployment have declined markedly in the three collaborating areas from 7 percent in Aberdeen City in 2010/11 to 4.6 percent in 2023/24, from 13 percent in 2010/11 to 3.9 percent in North Ayrshire in 2023/4 and from 6.1 percent to 1.4 percent in South Lanarkshire over the same period.

Figure 38. Estimated unemployment rate at ages 16-64, Three collaborating areas and Scotland, October to September 2004/05 to 2023/24

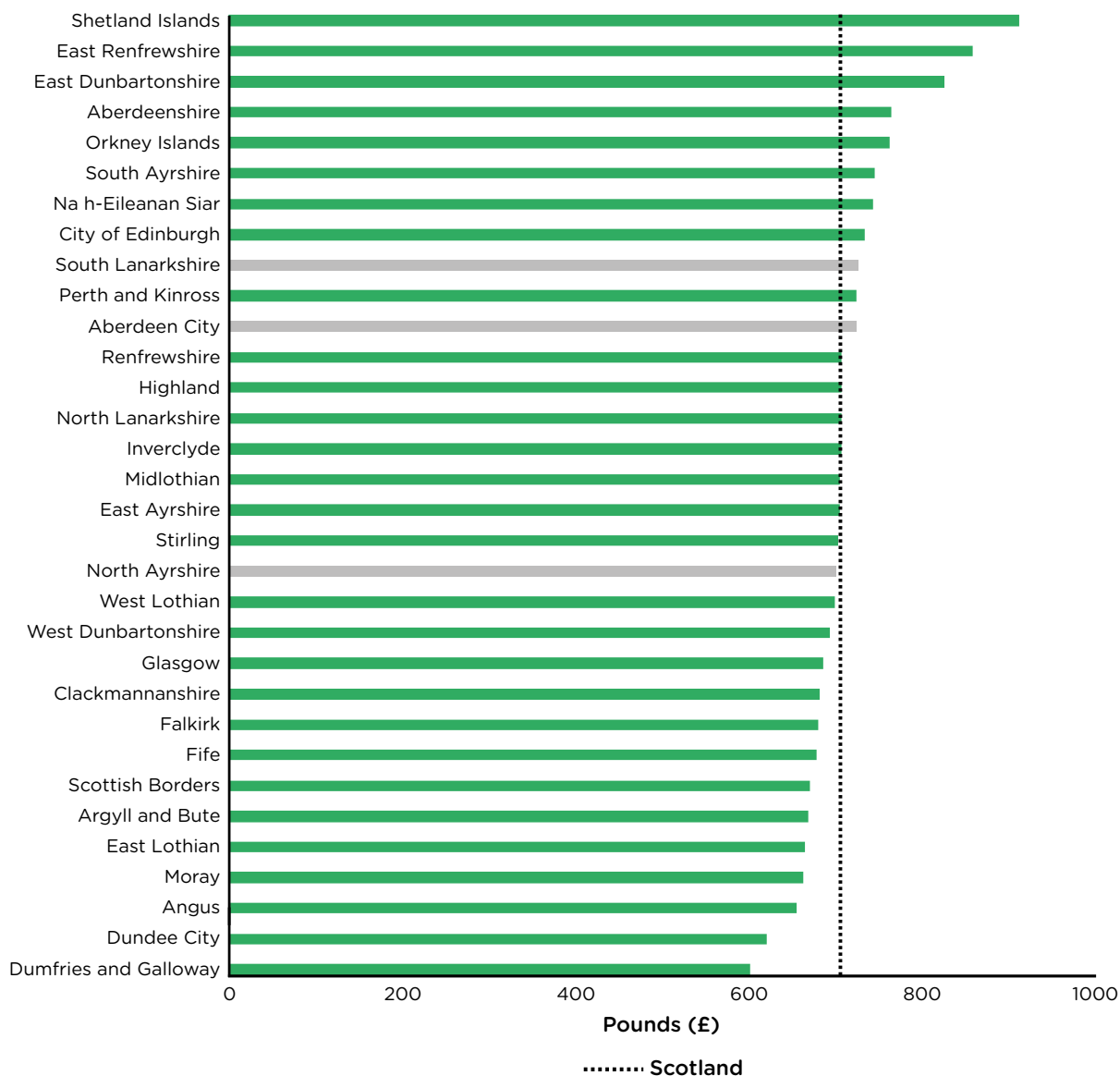


Source: APS NOMIS (2024) [60]

EARNINGS

The highest level of median weekly earnings for fulltime workers in Scotland in 2023 was for residents of the Shetland Islands, £916.40 and the lowest for those residents in Dumfries and Galloway, £605. Of note is the relatively low position of Aberdeen City given its occupational structure – many of the higher earners live outside the city and commute in.

Figure 39. Weekly median earnings of full-time workers, residence based, Pounds (£), Scottish council areas and Scotland, 2023

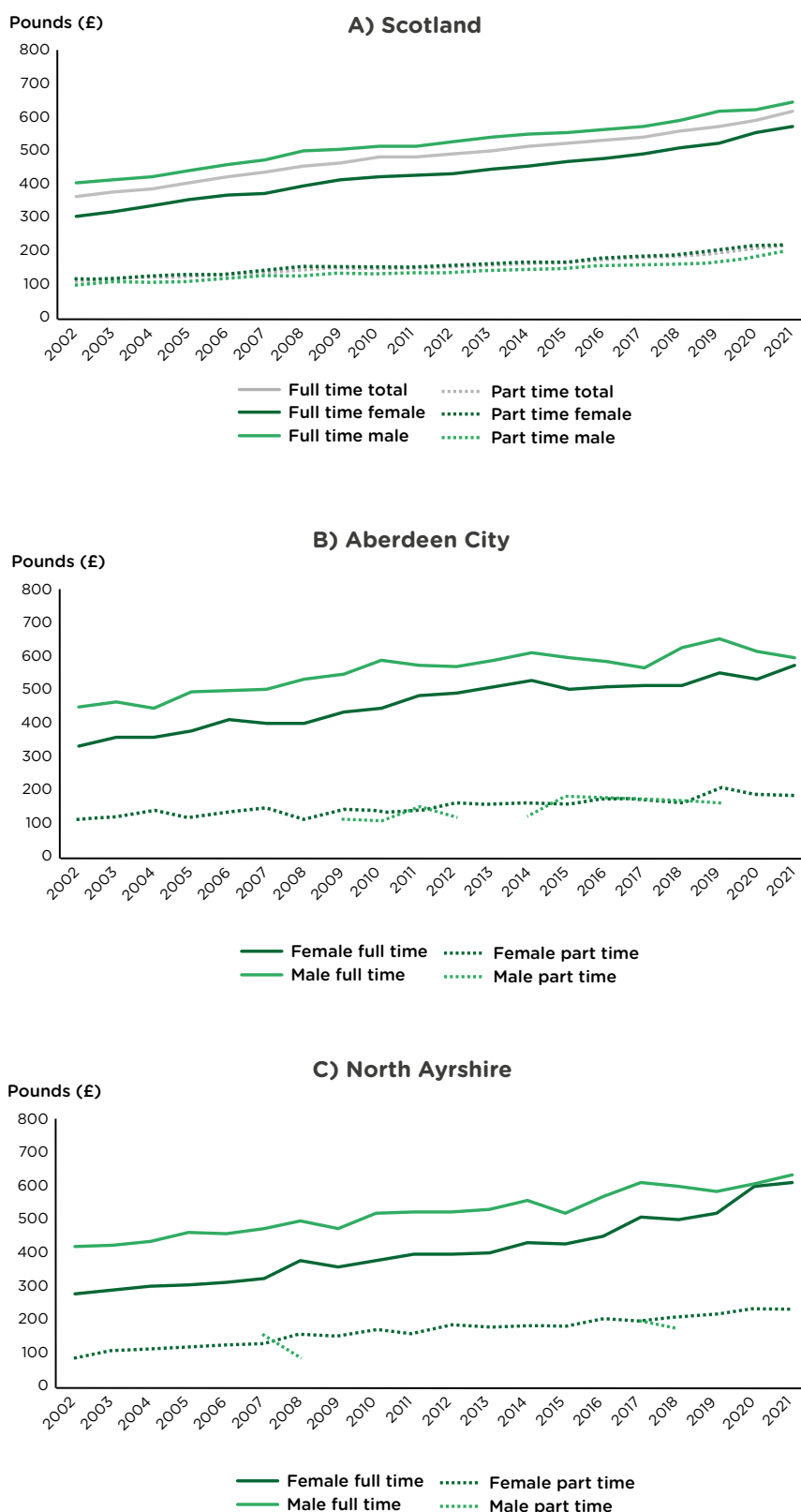


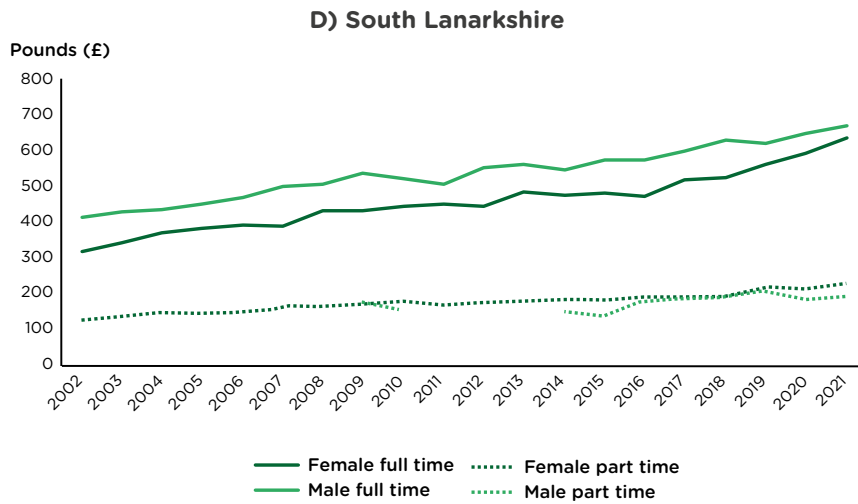
Source: Scottish Government (2023) [61]

Although weekly median earnings have increased across Scotland, the rate of increase has been much slower for those working part time, who are predominantly female, although across Scotland male part time workers do have the lowest average earnings.

Male full-time workers have the highest median earnings and there are clear and persistent gender gaps in full time pay across Scotland as a whole, although women now earn more than men in North Ayrshire and the gender gap is closing in Aberdeen City and South Lanarkshire, Figure 40 A) – D).

Figure 40. Weekly median earnings, by working pattern and sex, by area of residence, three collaborating areas and Scotland, 1997-2023



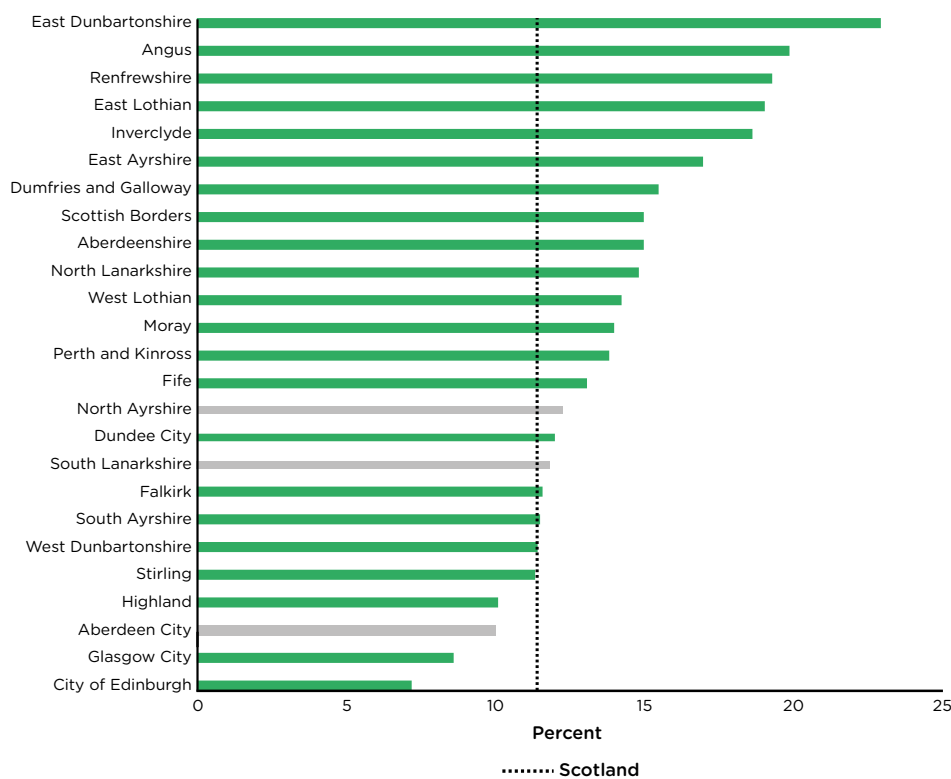


Source: Scottish Government (2023) [61]

Note: Several values for part-time males suppressed due to low numbers.

The real living wage, defined by the Living Wage Foundation is voluntary and based on the actual cost of living; the amount is intended to be the minimum income necessary for a person to meet an acceptable, healthy living standard, and is higher than the Government's National Living Wage (£10.42 per hour in 2023/24 rising to £11.44 in 2024/25) [62]. The Real Living Wage was calculated to be £12 an hour in 2023/24, rising to £12.60 an hour in 2024/25. Figure 41 shows that nearly 23 percent of people working in East Dunbartonshire did not earn a Real Living Wage in 2023/24. By contrast, Figure 37 showed that East Dunbartonshire had the second highest median pay level for residents in full-time employment. This likely reflects several factors including the difference between the people who work in an area and those who live there, pay levels of part time workers and the proportion of employees in part time work. Glasgow City and City of Edinburgh have the lowest proportion of employees, 8.6 and 7.2 percent respectively of employees not earning the Real Living Wage.

Figure 41. Percent of employees earning below the Real Living Wage, by workplace area, Scottish council areas and Scotland, 2023/24

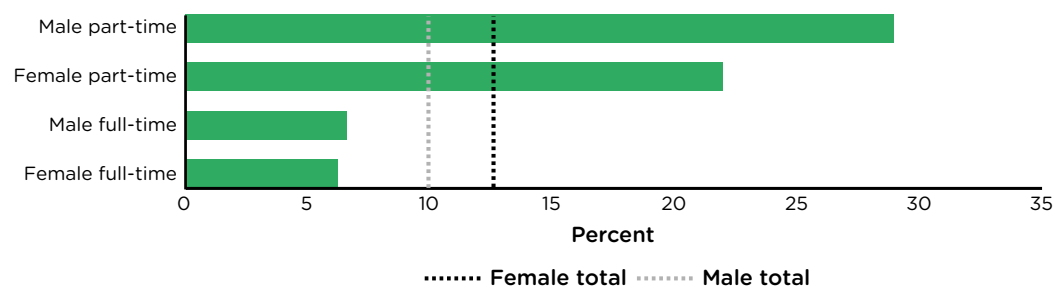


Source: ONS (2024) [63]

Note: Data suppressed for Argyll and Bute, Clackmannanshire, East Renfrewshire, Midlothian, Na h-Eileanan Siar, Orkney Islands, and Shetland Islands

Across Scotland part-time workers are most likely to be earning below the hourly Real Living Wage, particularly male part-time workers – 29 percent of whom do not earn the Real Living Wage compared to 22.1 percent of female part time workers. However, there are greater numbers of female part time workers and in 2023/24 122,000 female part-time workers were being paid below the Real Living Wage compared to 51,000 men.

Figure 42. Percent of employees earning below the Real Living Wage by sex and working pattern, Scotland, 2023/24

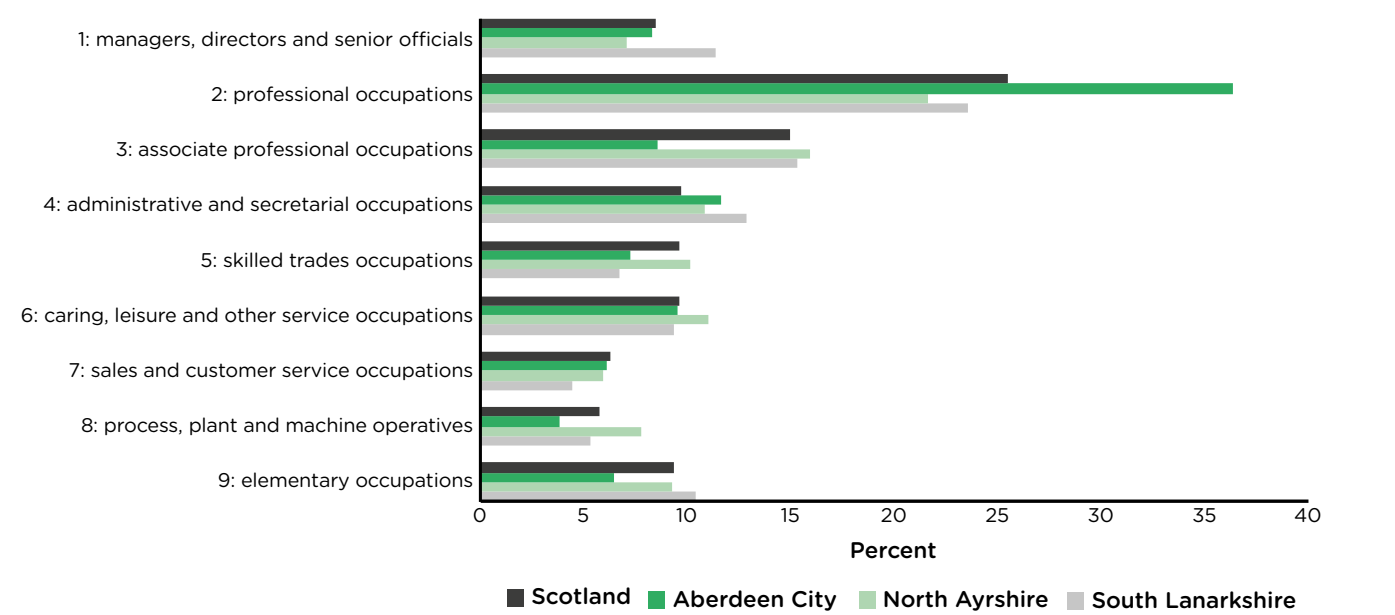


Source: ONS (2024) [63]

EMPLOYMENT GRADES

Being in managerial and professional occupations is beneficial for health, due to higher levels of income, better quality employment including having a sense of control and independence at work [22]. Being in elementary levels of work which involve mostly routine tasks and usually do not require educational qualifications, and other lower grade occupations can damage health, unless particular efforts are made to improve the quality of work and ensure sufficient income for healthy living. Figure 43 shows the distribution of employees by occupational group across Scotland and the three collaborating areas. According to this classification Aberdeen City has reasonably favourable occupational structure.

Figure 43. Percent distribution of employees by major occupational groups in the three collaborating areas and Scotland, October 2023 to September 2024



Source: APS NOMIS (2024) [60]

Note: Residence based

According to the 2021 Annual Population Survey, 54 percent of employees in Scotland felt they have good progression opportunities. There are differences between councils however, with the most positive feelings about opportunities in Midlothian and all three collaborating places in the bottom third. There is no link to the level of deprivation of the area.

Figure 44. Percent of employees who agree they have good career progression opportunities, Scottish council areas and Scotland, 2021



Source: ONS (2022) [64]
Note: Na h-Eilean Siar, Orkney & Shetland are combined with a value of 58.9 percent



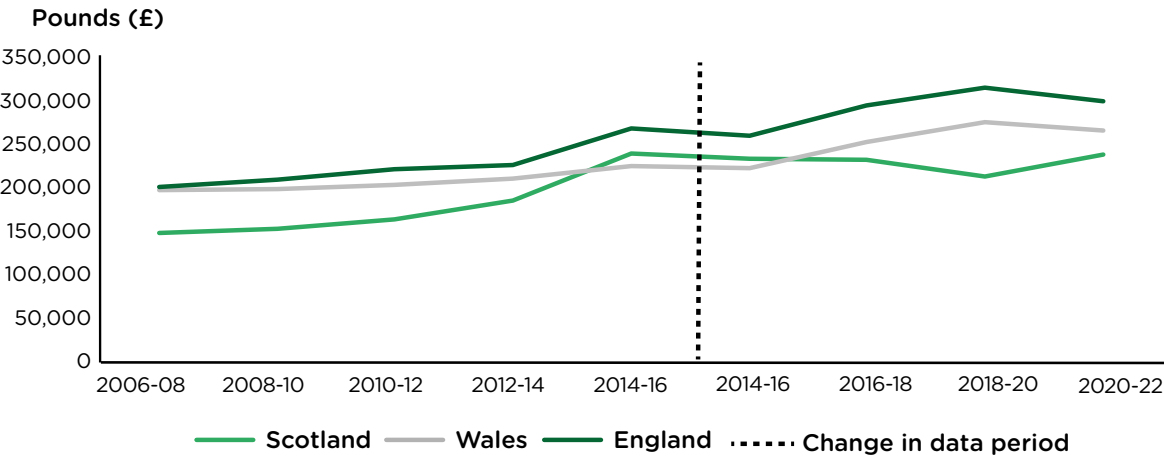
MARMOT PRINCIPLE 4: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Having enough money to lead a healthy life is essential for health. Poverty and low living standards are powerful determinants of ill health and health inequity. Insufficient income is associated with poor long-term physical and mental health and low life expectancy [8]. It is essential that everyone has sufficient income to be able to meet needs relating to nutrition, physical activity, housing, social interactions, transport, medical care and hygiene [22].

WEALTH

Across Great Britain there have been increases in total household wealth since 2006-08 although household wealth in Scotland is lower than that of Wales and England and is currently on average £60,000 less per household than in England. However, recently, wealth in Scotland has increased slightly while that of England and Wales has declined.

Figure 45. Median total household wealth, countries of Great Britain, 2006-08 to 2020-22 (2)



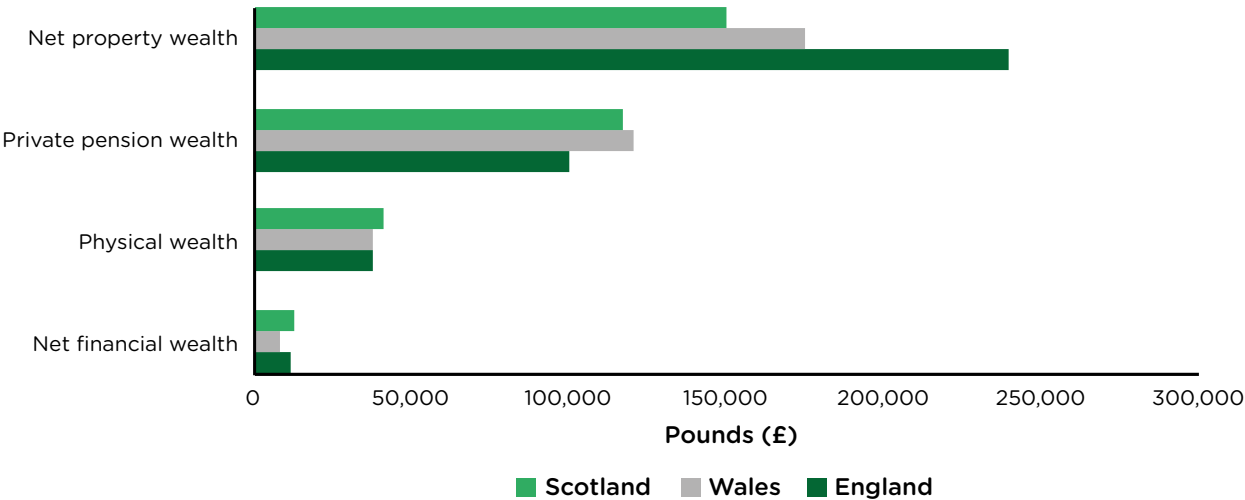
Source: ONS (2025) [27]

Notes:

- 1) Total household wealth is made up of four components:
- Net property wealth – the value of all properties minus mortgage debt
 - Net financial wealth – the value of savings or investments minus financial liabilities
 - Physical wealth – the value of vehicles, collectables, and household contents
 - Pension wealth – is an estimate of the value of wealth held in private (non-state) pension schemes, expressed as an equivalent ‘pot of money’. The estimate is based only on the pension rights accumulated to date and does not include rights which may be built up in future. [65]
- 2) Up to 2014-16 the time period measured is July to June, from 2014-16 onwards it is April to March. In 2014-16 the series was calculated using both methods, to allow comparison.

Households in Scotland and Wales have slightly higher levels of physical wealth comprised of pension wealth than England.

Figure 46. Median total household wealth by component, countries of Great Britain, 2020-22



Source: ONS (2025) [27]

Notes: Total household wealth is made up of four components:

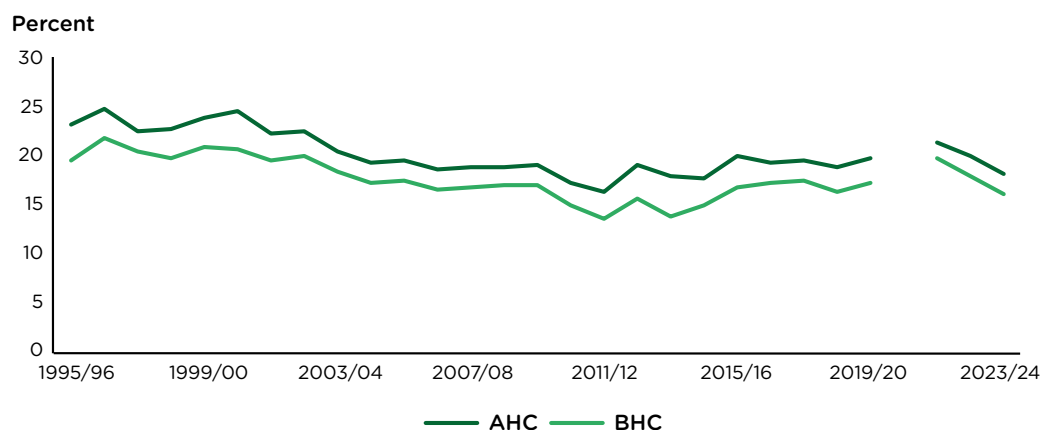
- Net property wealth – the value of all properties minus mortgage debt
- Net financial wealth – the value of savings or investments minus financial liabilities
- Physical wealth – the value of vehicles, collectables, and household contents
- Pension wealth – is an estimate of the value of wealth held in private (non-state) pension schemes, expressed as an equivalent ‘pot of money’. The estimate is based only on the pension rights accumulated to date and does not include rights which may be built up in future. [65]

POVERTY

As well as having insufficient income to be able to live a healthy and dignified life, poverty is stressful. Coping with day-to-day shortages, facing inconveniences and adversity all affect physical and mental health in negative ways [22, 66-68]. Scarcity – having too little of anything, for example money, food or time – affects mental processes, in effect narrowing mental ‘bandwidth’, resulting in people making decisions that go against their long-term interests [66]. As a result, those experiencing economic adversity are less likely than people who are better-off to adopt health related behaviours, mainly because they are focusing their attention on coping in the short term rather than planning for the future [8, 69].

More recently however, there have been increases in relative poverty rates before and after housing costs are taken into consideration, from a low of 13.5 and 16.4 percent, respectively in 2011/12 to 17.3 and 19.8 percent, respectively, in 2019/20, based on the FRS. There was a further, short-term increase to 19.8 percent and 21.3 percent in 2021/22 during the COVID-19 pandemic, but rates decreased to 16.2 percent before housing costs and 18.1 percent after housing costs by 2023/24. As noted for child poverty rates, housing costs increase poverty – the difference between before and after costs is 2 percentage points in 2023/24, however these impacts are much lower than in the UK as a whole, where housing costs increased relative poverty rates by 4 percentage points and by 8 percentage points for children in 2022/23 [70]. The impact of housing costs on poverty rates in Scotland has varied over time, creating the largest difference before and after housing costs of 3.7 percentage points in 2000/01 and the smallest difference, of 1.55 percentage points, in 2021/22. Data for councils on poverty after housing costs is not routinely available.

Figure 47. Percent in relative poverty, Before Housing Costs (BHC) and After Housing Costs (AHC), Scotland, 1995/96 to 2023/24



Source: Scottish Government (2025) [71]

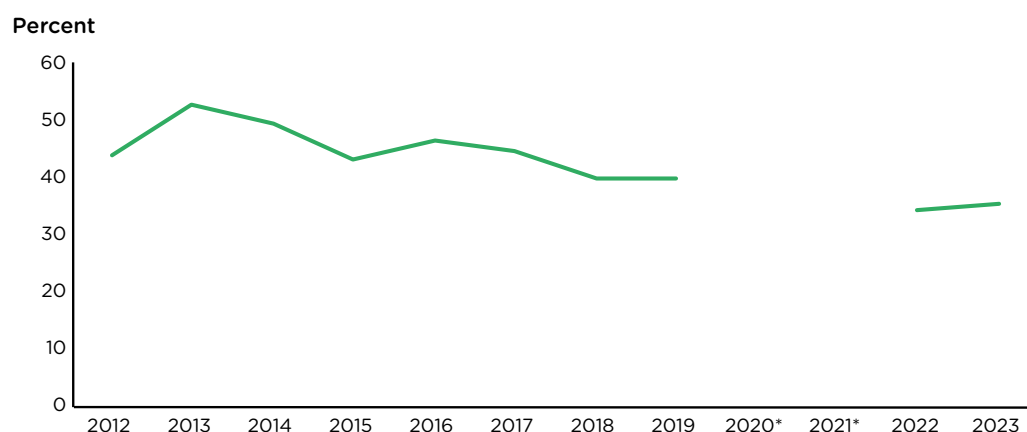
Notes:

1) Data not available for 2020/21

2) Data not available at council level

As noted above, the cost of housing increases poverty and reduces income available for other essential goods. Although the proportion of households behind on mortgage or rent payments has declined since a peak in 2013, around 35.4 percent of households were behind with these payments in 2023, indicating a high degree of housing unaffordability. This rate is higher than the rates of relative poverty before and after housing costs in Scotland, indicating that housing costs are difficult for households who do not meet the definition of poverty. Households behind on payments are at risk of homelessness, debt and poverty and will experience stress and poor health as a result. Further health impacts from unaffordable housing, inadequate housing supply, insecure tenure and poor quality housing are overviewed under Marmot Principle 5.

Figure 48. Percent of households behind on mortgage or rent payments, Scotland, 2012-23

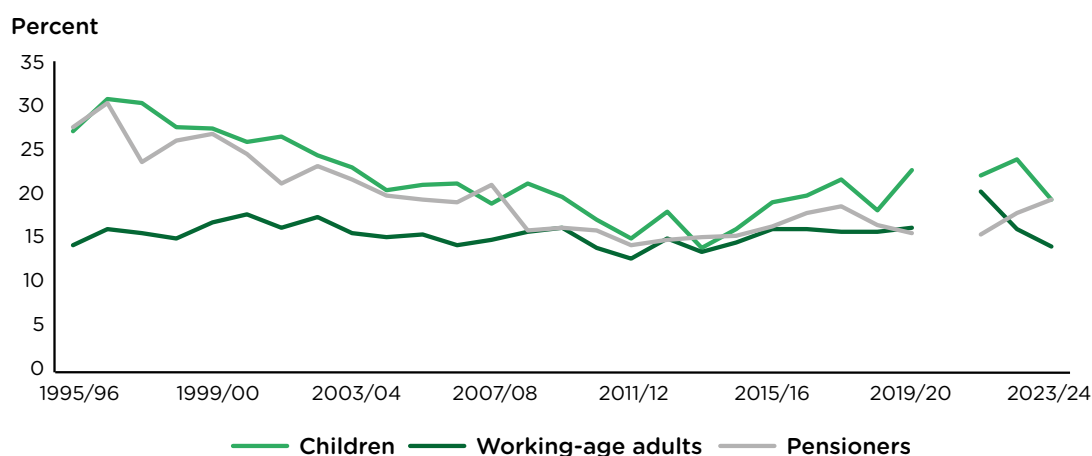


Source: Scottish Household Survey (2023) [47]

Note: *No data available for 2020 or 2021

Relative poverty BHC decreased markedly among both children 7.8 percentage point decrease and pensioners 8.2 percentage point decrease between 1995/96 and 2023/24, although between 2013/14 and 2023/24, rates increased by 5.4 and 4.2 percentage points for children and pensioners, respectively. Working age rates have remained relatively stable since 1995/96 at around 15.5 percent but varying from 13.5 percent in 2013/14 to an exceptional peak of 20.3 percent in 2021/22.

Figure 49: Percent in relative poverty, Before Housing Costs, by life stage, Scotland, 1995/96 to 2023/24

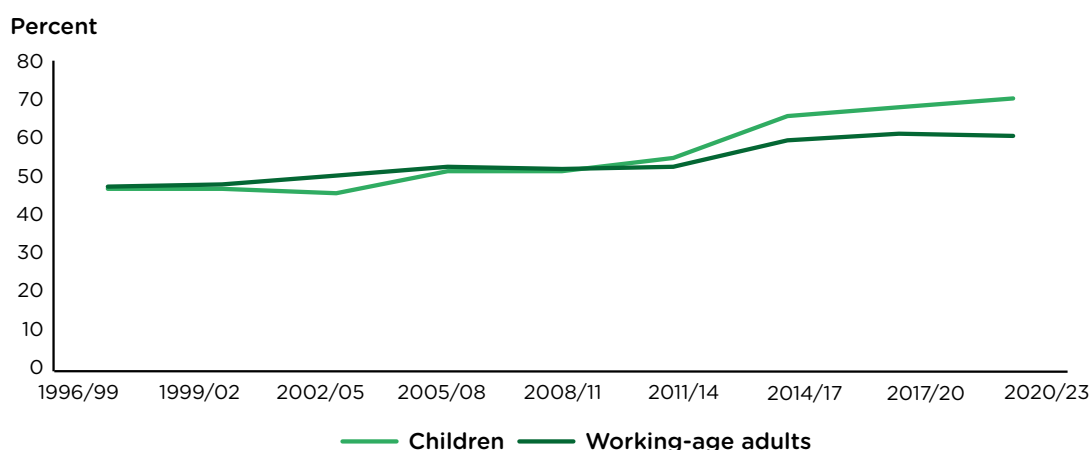


Source: Scottish Government (2025) [71]

Note: Data not available for 2020/21

Of particular note in Scotland, as in other countries in the UK, is the increase in the proportion of households in relative poverty AHC in households where at least one person is working. Among children living in poverty in Scotland the proportion in households with at least one working adult has increased from 47 percent in 1996-99 to 70.1 percent in 2020-23. The equivalent figures for working age adult households give an increase from 47.6 percent to 60.1 percent, Figure 50. Clearly work is no longer a route out of poverty for these households, due to low wages and the impact of housing costs [39].

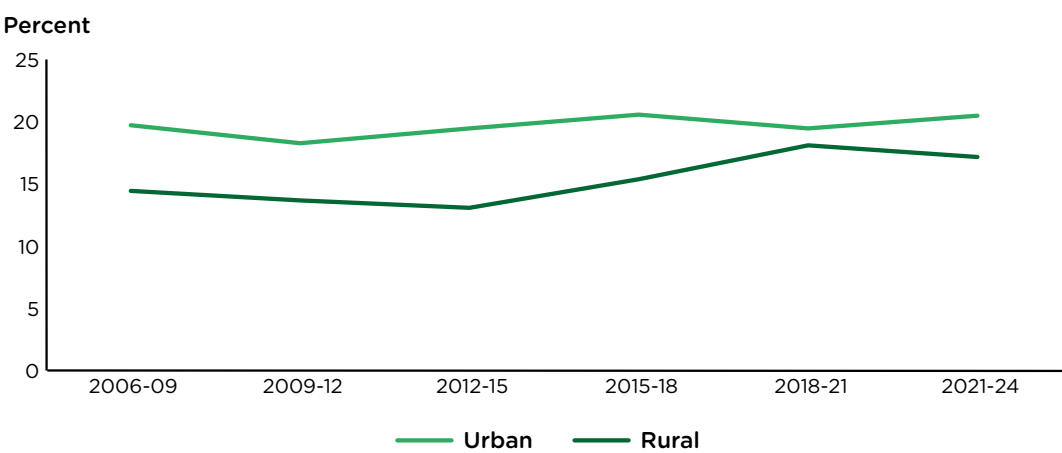
Figure 50. Percent of households in relative poverty, After Housing Costs where at least one adult works, children and working age adults, Scotland, 1996-99 to 2020-23



Source: UK Government (2025) [72]

Figure 51 shows that until 2015-18, rural poverty after housing costs was around five percentage points below that in urban areas. However, in the most recent period, 2021-24 this gap had reduced to three percentage points. The Scottish Health Equity Research Unit have also reported on urban and rural poverty rates and found that the relative child poverty had decreased in urban and mainly rural areas but increased slightly in Island and remote areas between 2023 and 2024 [73].

Figure 51. Relative poverty rate, After Housing Costs, by urban or rural, Scotland, 2006-09 to 2021-24



Source: Scottish Government (2025) [74]

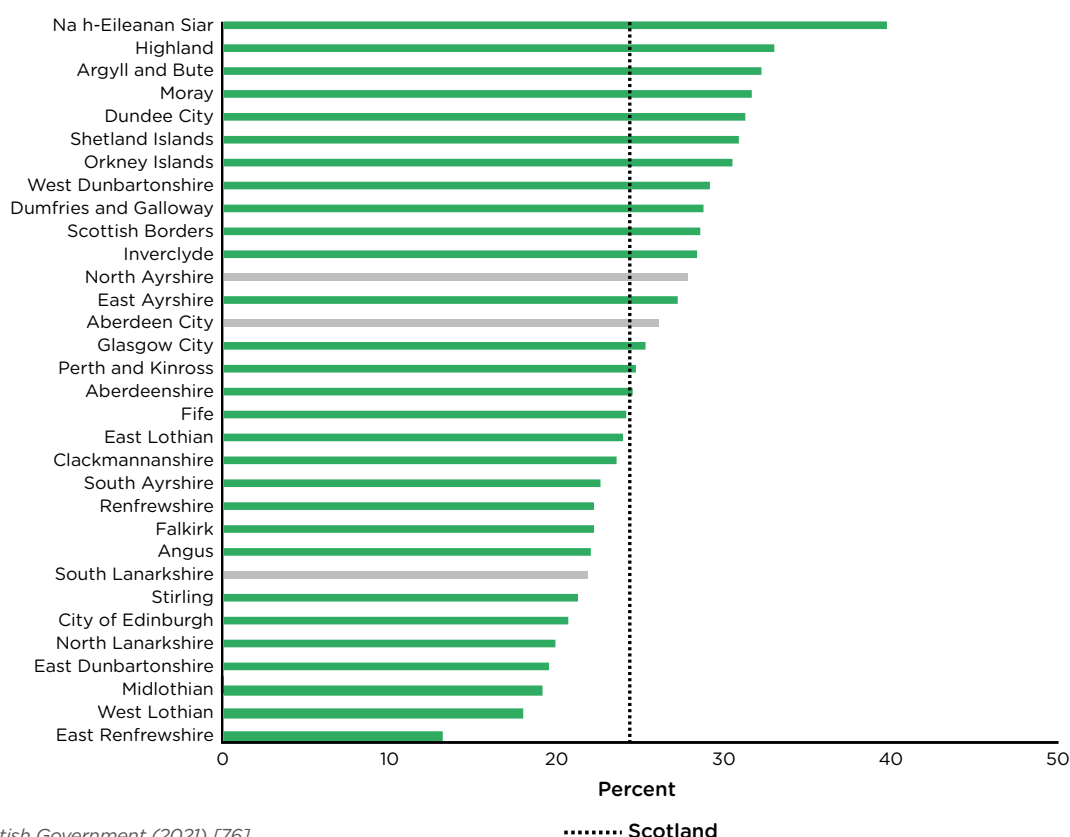
Notes:

- Most figures are based on three year averages. However, the data for the pandemic year 2020/21 were not considered reliable and hence the 2018-21 data points were replaced by two year averages for 2018-20, which are likely to be less robust.
- The two fold classification used here includes the top two of the below areas as urban and the rest as rural.
 - Large Urban Area: populations of 125,000 or more
 - Other Urban Area: populations of 10,000 to 124,999
 - Small Towns: populations of 3,000 to 9,999
 - Rural Areas: populations less than 3,000
 - Accessible Rural: Areas within a 30 minute drive time of a Settlement with a population of 10,000 or more.
 - Remote Rural: Areas that are more than a 30 minute drive time (6-fold classification), or areas that have a drive time between 30 and 60 minutes (8-fold classification) from a Settlement with a population of 10,000 or more.

FUEL POVERTY

Nearly a quarter, 24.4 percent of households in Scotland are estimated to be fuel poor according to the definition of fuel poverty used prior to a change in the definition from 2019 and is defined as being when more than 10 percent of a household's net income is required to pay for their reasonable fuel needs after housing costs have been deducted [75]. Extreme fuel poverty is when this figure exceeds 20 percent. Being in fuel poverty is harmful to health due to the direct and indirect health harms from living in cold, damp housing and due to the increased poverty, which results from fuel costs. There are wide differences by council in the percent of households who are estimated to be fuel poor from nearly 40 percent in Na h-Eileanan Siar to 13 percent in East Renfrewshire, Figure 52.

Figure 52. Percent of households that are estimated to be fuel poor, Scottish council areas and Scotland, 2017-19

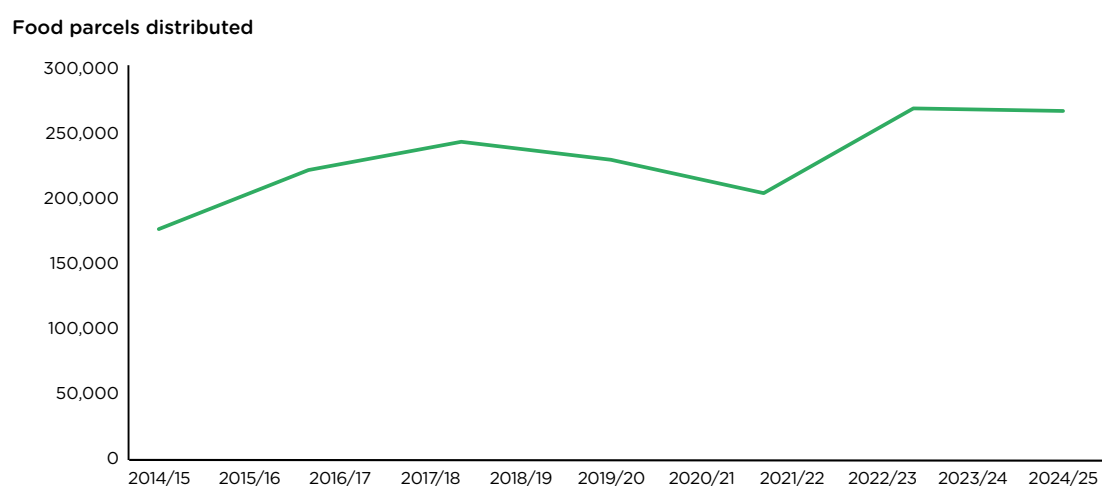


Source: Scottish Government (2021) [76]

FOOD POVERTY

There is a lack of robust data on food poverty in Scotland as across the UK, and much of the analysis of levels of food poverty relies on survey data or data about the supply and distribution of food from food banks – the latter relates to the numbers of centres set up to achieve this and may not be an accurate measure of food poverty. The Trussell Trust report an increase in the parcels distributed by them across Scotland since 2017/18, this is at the same time as the number of Trussell Trust distribution centres was reduced from 180 in 2017/18 to 144 in 2023/24. This means that each centre is now handing out nearly twice as many parcels as in 2017/18. It should be noted that the data in Figure 53 from Trussell Trust is helpful in indicating there have been increases in demand for food parcels from the Trussell Trust but cannot indicate the spread of food poverty more generally. Some local areas have additional information on food bank use which will be assessed in further work with the collaborating places.

Figure 53. Number of food parcels distributed by the Trussell Trust, Scotland, 2014/15 to 2024/25

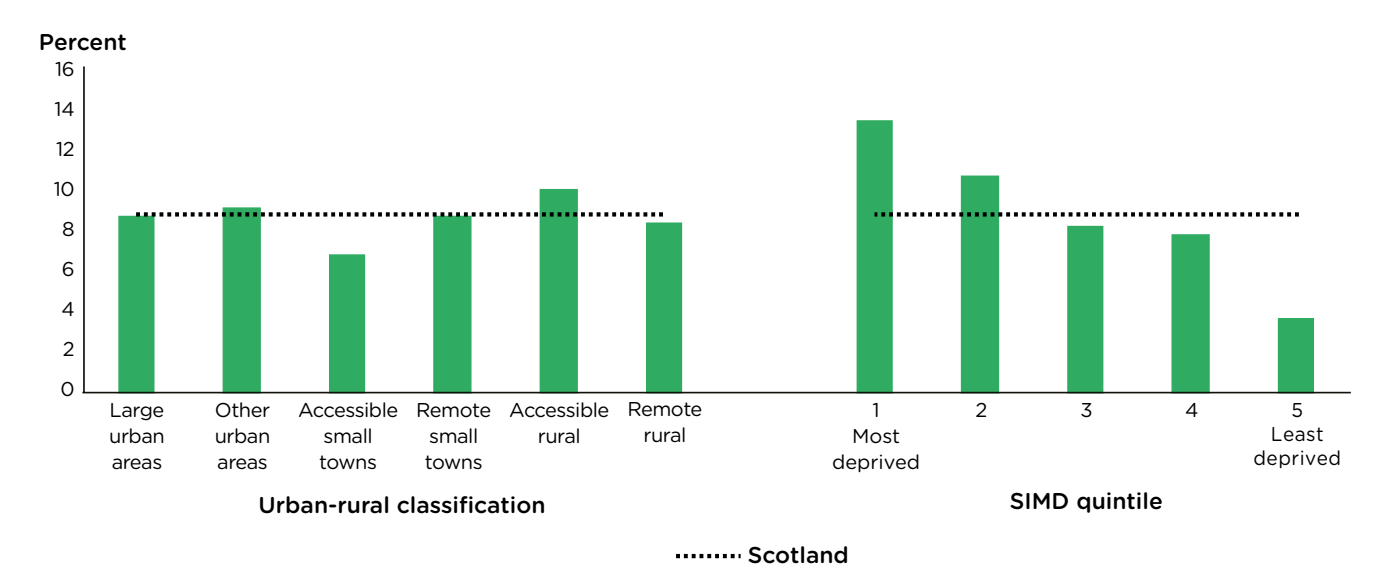


Source: The Trussell Trust (2024) [77]

DIGITAL EXCLUSION

Across Scotland 9 percent of households do not have access to the internet. There is a clear gradient related to area deprivation, Figure 54. Nearly 13 percent of households in the most deprived quintile do not have internet access compared with 3 percent in the least deprived. Accessible rural towns have the lowest levels of access to the internet at home.

Figure 54. Households without access to the internet at home, by deprivation quintiles (SIMD) and urban-rural classification, percent, Scotland, 2023



Source: Scottish Household Survey (2023) [47]



MARMOT PRINCIPLE 5: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

Places characterised by good-quality, affordable housing, access to green and other public spaces, clean air, affordable and active travel and public transport systems, safe and cohesive communities all support good health [8, 78]. There are widespread inequalities in the quality of places comprising these features. Housing, ability to have influence locally, loneliness, feelings of safety, access to green space, road safety and crime are overviewed here.

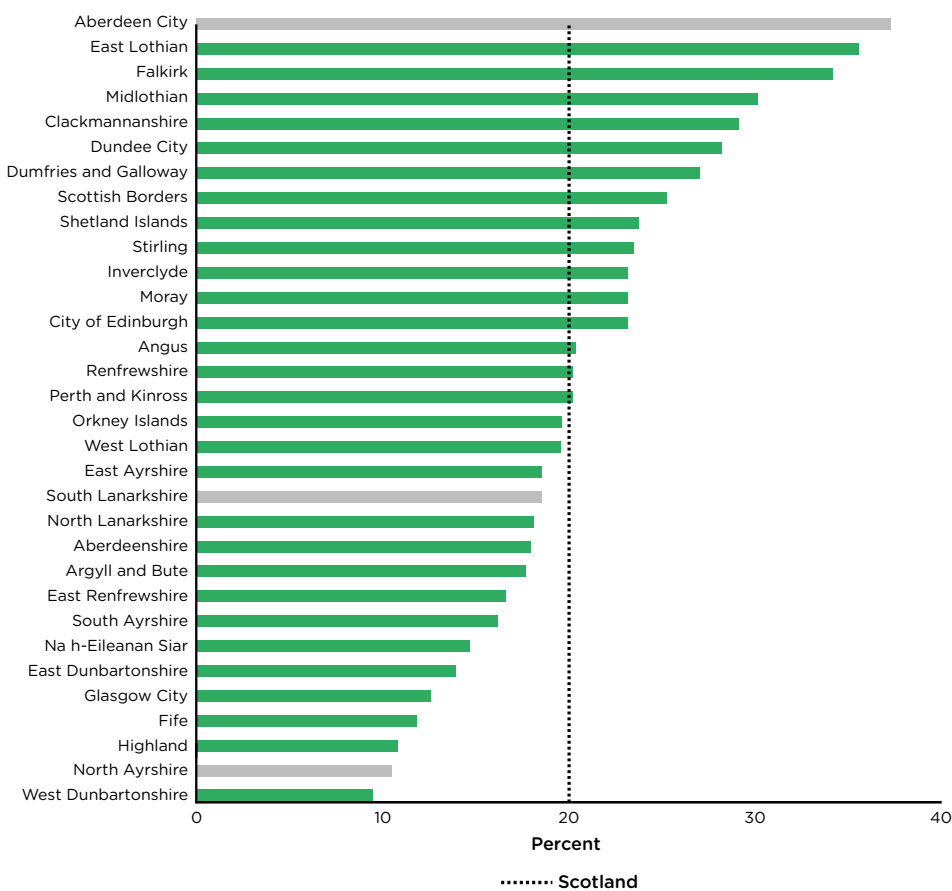
HOUSING

Housing is an important determinant of health, particularly related to housing affordability, housing quality and housing security all of which have immediate and long-term impacts on health [79]. Aberdeen City and South Lanarkshire are among councils in Scotland which have declared a housing emergency and the Scottish Government formally declared a national housing emergency in 2024 [80].

HOUSING QUALITY

According to available data, based on estimates, across Scotland around a fifth of dwellings have urgent disrepair to critical elements. There are wide differences between councils with Aberdeen City having 37.4 percent of houses with urgent disrepair, compared with around a tenth in North Ayrshire and West Dunbartonshire. Figure 55 is based on the Scottish Condition Survey, and it is worth noting these are estimates and from the period 2017-19. Updates and further exploration in local areas is warranted.

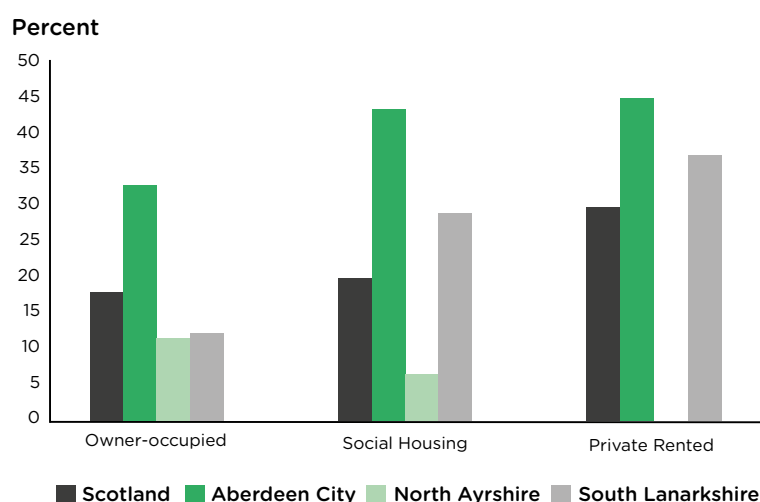
Figure 55. Percent of dwellings with urgent disrepair to critical elements, Scottish council areas and Scotland, 2017-19



Source: Scottish Government (2021) [76]
Note: Urgent disrepair relates to cases requiring immediate repair to prevent further damage or health and safety risk to occupants. Critical element disrepair relates to disrepair to building elements central to weather-tightness, structural stability and preventing deterioration of the property.

There is very little association between dwellings with urgent disrepair to critical elements and level of deprivation of the council. However, as Figure 56 shows, rented housing, particularly privately rented housing, is more likely to be in disrepair than owner occupied and social housing in Scotland as a whole and in Aberdeen City and South Lanarkshire.

Figure 56. Percent of dwellings with urgent disrepair to critical elements, by tenure three collaborating areas and Scotland, 2017-19



Source: Scottish Government (2021) [76]

Notes:

- 1) Urgent disrepair relates to cases requiring immediate repair to prevent further damage or health and safety risk to occupants.
- 2) Critical element disrepair relates to disrepair to building elements central to weather-tightness, structural stability and preventing deterioration of the property.
- 3) North Ayrshire data has been suppressed due to low numbers

As noted under Marmot principle 4, being fuel poor likely leads to cold damp housing. Cold, damp housing is harmful to health and the costs of heating poorly insulated housing pushes many people into poverty. Figure 57 shows the percent of dwellings with an Energy Efficiency Rating of A, B or C indicating reasonable levels of energy efficiency and insulation. There is an inverse gradient – that is in councils with higher levels of deprivation there are higher rates of more energy efficient dwellings. This is related to the larger proportion of newer social housing in these areas, which tend to be more energy efficient.

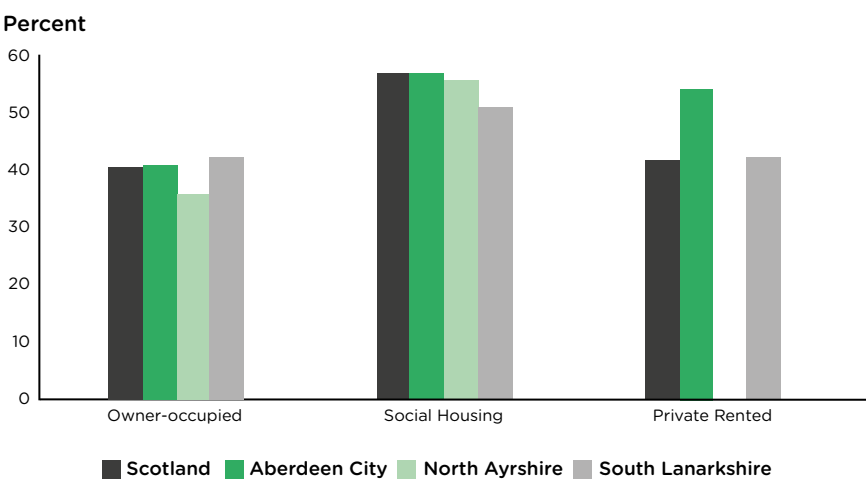
Figure 57. Percent of dwellings with an Energy Efficiency Rating (SAP 2012) of A, B, or C, and deprivation (SIMD score), Scottish council areas, 2017-19



Source: Scottish Government (2021) [76]

In Scotland as a whole, 23 percent of pre-1945 dwellings have a rating of A, B, or C, while 54 percent of post-1945 dwellings do so. There is a similar difference between houses and flats, 37 and 59 percent, respectively. Figure 58 indicates that it is owner occupied housing which is in fact more likely to have lower energy efficiency compared with social housing and private rental housing. Social housing is most likely to be energy efficient.

Figure 58. Percent of dwellings with an Energy Efficiency Rating (SAP 2012) of A, B, or C and tenure, 3 intervention areas and Scotland, 2017-19

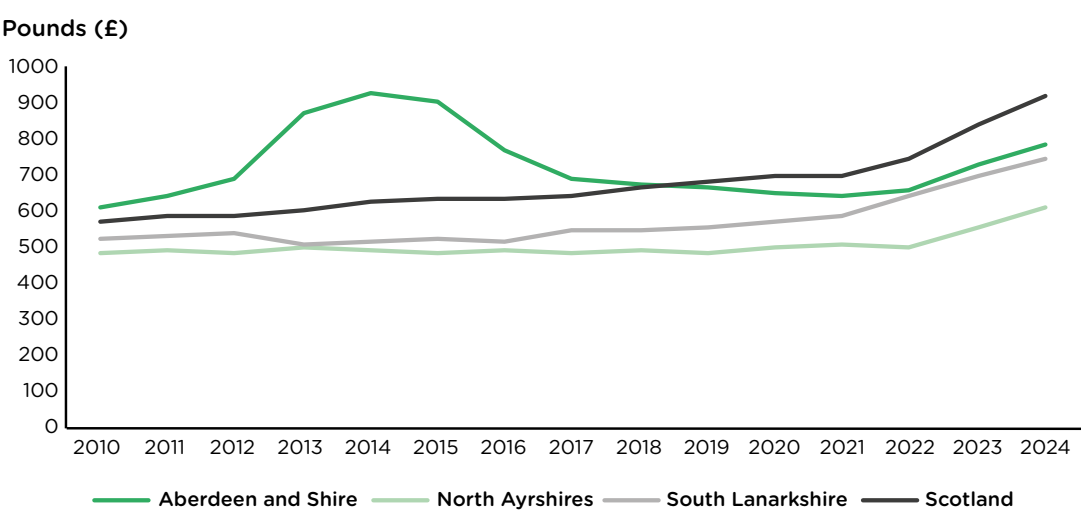


Source: Scottish Government (2021) [76]
Note: North Ayrshire private rented data not available

HOUSING AFFORDABILITY

As noted under Marmot Principle 4, 35.4 percent of households were behind with their rental or mortgage payments in 2023, indicating a high degree of unaffordability and housing costs push many people into poverty and keep people trapped in deep poverty and homelessness. 11 percent of Scotland’s population privately rent and there have been recent steep increases in rent with overall levels rising in Scotland and the three collaborating areas since 2022. The Joseph Rowntree Foundation note that the Local Housing Allowance has failed to keep up with rental increases [39].

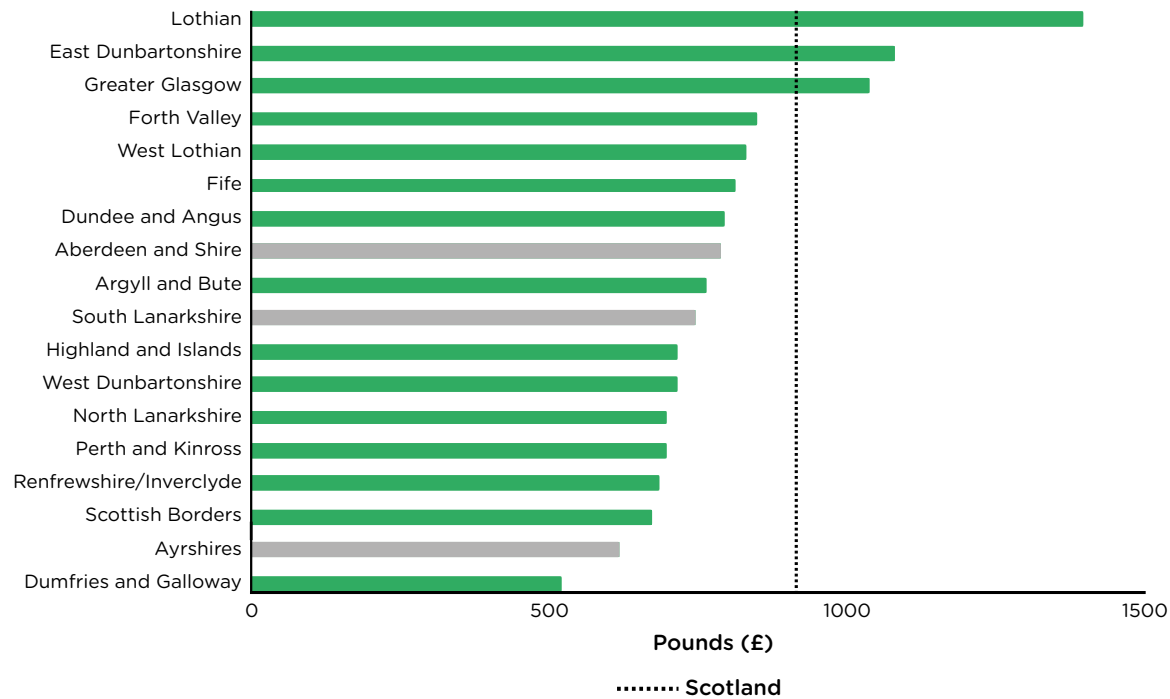
Figure 59. Mean monthly rent (£) in the private rented sector three broad rental market areas * and Scotland, 2010 to 2024



Source: Scottish Government (2024) [81]
Notes:
1) *Broad rental areas which cover the 3 local areas and surroundings.
2) Overall mean monthly rents were calculated by taking the weighted average of the rent by bedroom size for each area.

There were wide differences in average private rental rates across broad rental markets in 2024, ranging from £522 in Dumfries and Galloway to £1395 in Lothian.

Figure 60. Mean monthly rent (£) in the private rented, broad rental market areas and Scotland, 2024

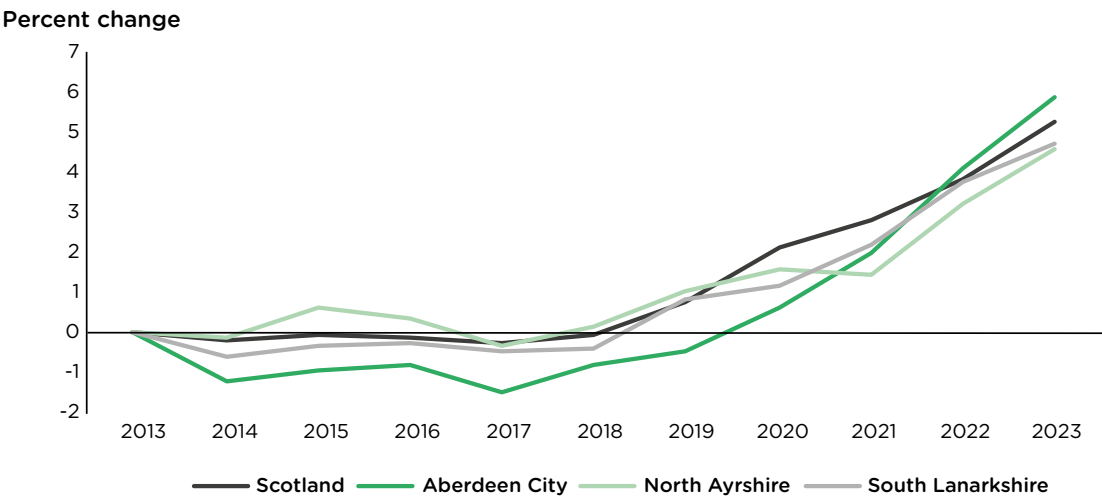


Source: Scottish Government (2024) [81]

HOUSING SUPPLY

Across Scotland and in the three collaborating areas there have been increases in the total social housing stock since 2013, with all of those increases coming since 2018. The increased supply of social housing should help reduce many health issues which arise from poor quality and unaffordable housing.

Figure 61. Change in total social housing stock* indexed to 2013, Scotland and 3 collaborating areas, 2013-23



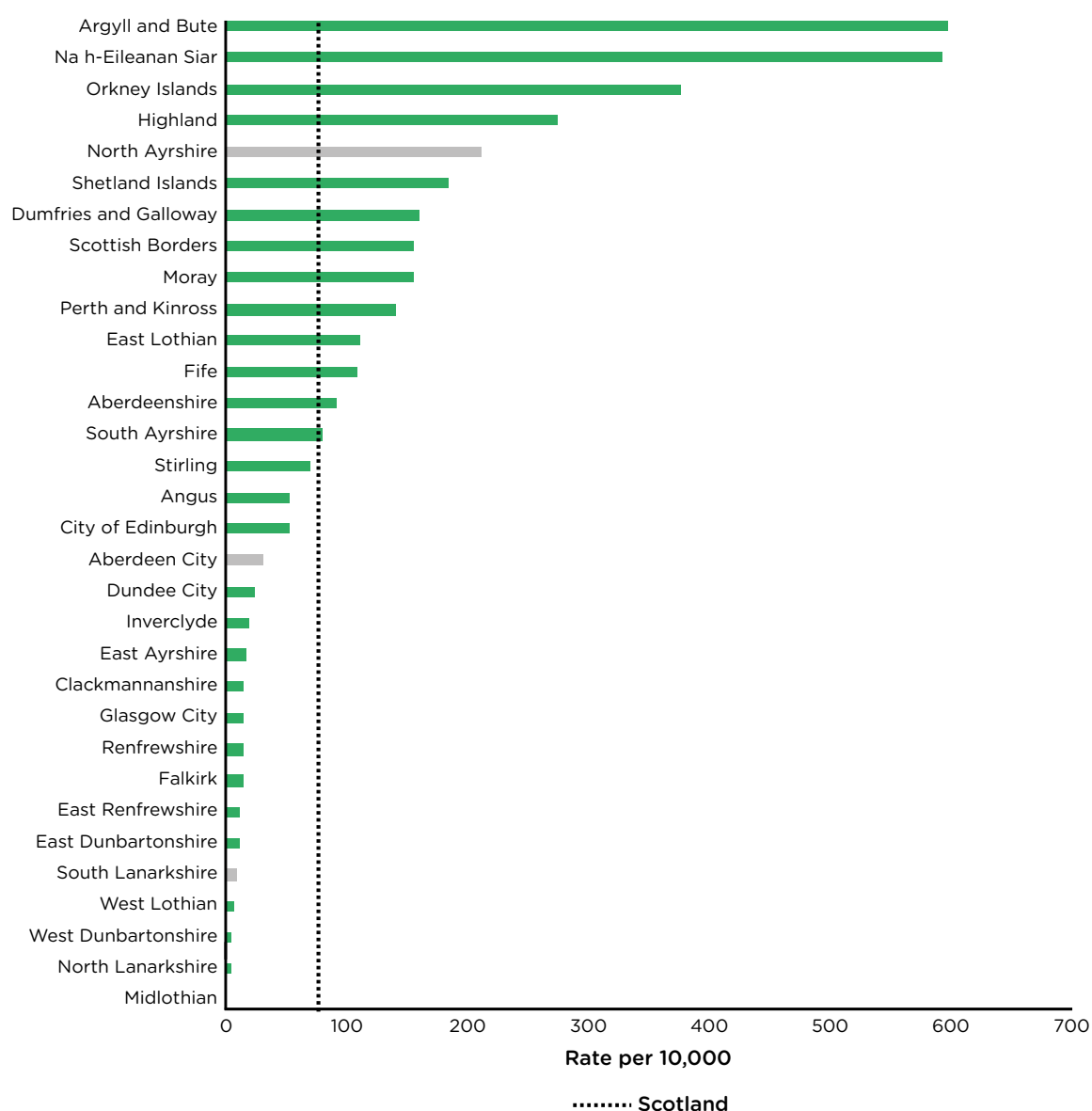
Source: Scottish Government (2024) [82]

Note: *Dwellings which are from housing associations, local authorities, New Towns, or Scottish Homes

Despite the increases in the supply of social housing the increases have not kept up with the growth of overall housing in Aberdeen City and South Lanarkshire, as there have been faster increases in supply in other types of housing between 2013 and 2023. In North Ayrshire on the other hand, the increase in social housing supply has kept pace with increases in other types of housing. North Ayrshire has a higher percent of social housing, 27 percent, than Scotland as a whole (22 percent), South Lanarkshire (19 percent), and Aberdeen City (18 percent) [47].

In many areas across Scotland affordability and access to housing are shaped by the presence of second homes and holiday lets, which tend to make housing less affordable for residents and decrease the supply of available housing. This issue particularly affects tourist destinations, such as Argyll and Bute and Na h-Eileanan Siar which have a rate of second homes more than seven times the rate in Scotland. North Ayrshire also has relatively high levels with 212.6 second homes per 10,000 dwellings, more than double the Scottish average of 79.4 second homes per 10,000 dwellings, with particularly high rates of second home ownership likely in Arran, although data below council level is not available. Aberdeen City has a rate of second homes of 31.5 per 10,000 dwellings and South Lanarkshire 9.8 per 10,000 dwellings. In the areas with high levels of second homes there are relatively few first-time buyers potentially indicating the exclusion of first time buyers in these areas due to affordability and lack of supply.

Figure 62. Rate of second homes, per 10,000 dwellings, Scottish council areas and Scotland, September 2024

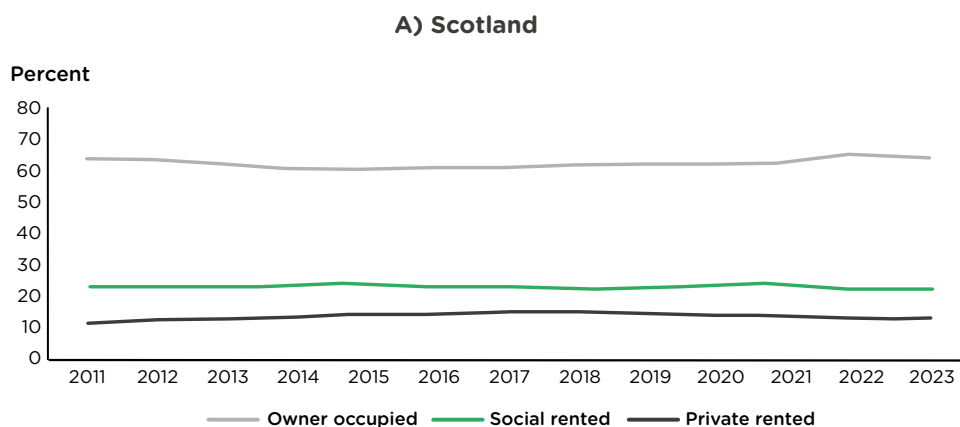


Source: Scottish Government (2024) [83]

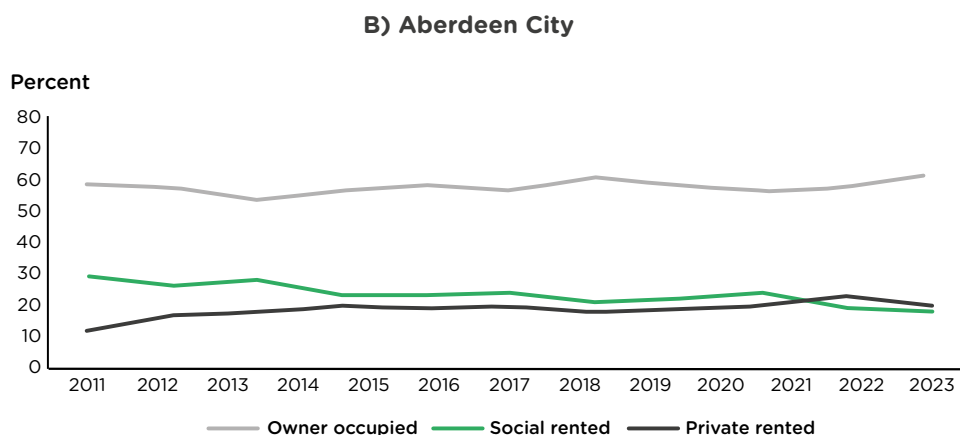
HOUSING TENURE

In Scotland overall 64 percent of households own their home, 24 percent are socially rented, and 13 percent are privately rented.

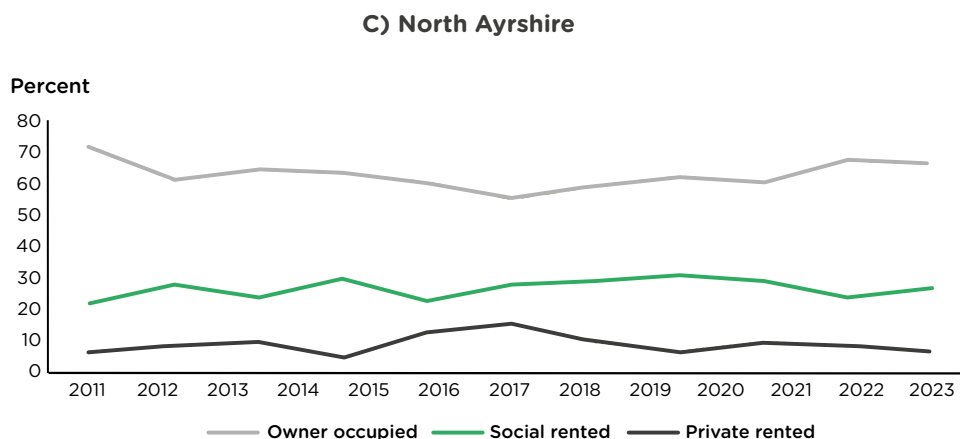
Figure 63. Percent distribution of households by tenure, percent, three collaborating places and Scotland, 2011-23



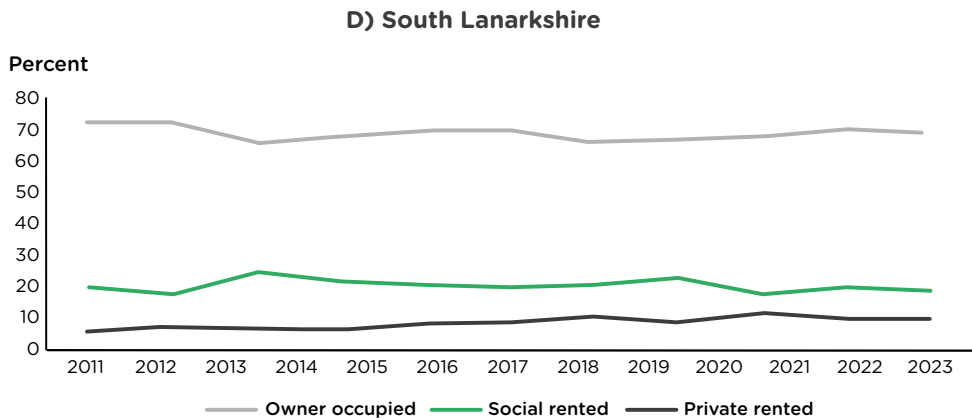
In Aberdeen City Figure 64 B), the proportion of housing, which is available for social rent has declined, while the proportion which is available for private rental has increased.



In North Ayrshire rates of social rental have increased slightly since 2011 from 22 to 27 percent and the proportion of households who are privately renting increased from 7 percent in 2011 to 16 percent in 2016 before declining to 7 percent again in 2023.



In South Lanarkshire people are more likely to be owner occupiers than across Scotland as a whole, and less likely to be privately renting, although the proportion of private rentals is increasing and risen from 6 to 10 percent.



Source: Scottish Household Survey (2023) [47]

HOMELESSNESS

Lack of affordability and supply of housing contribute to homelessness. Levels of homelessness are associated with levels of deprivation of councils, although there is variation around this as level of deprivation increases. Under Scottish housing law, a person should be treated as homeless, even if they have accommodation, if it would not be reasonable for them to continue to stay in it. This includes people who are experiencing abuse or threatened with violence from someone they live with [84]. There is a close association in adults who are assessed as homeless or potentially homeless and level of deprivation of councils in Scotland.

Figure 64. Crude rate of adults assessed as homeless or potentially homeless, per 1,000, by area deprivation (SIMD score), Scottish council areas, 2021/22 Financial year

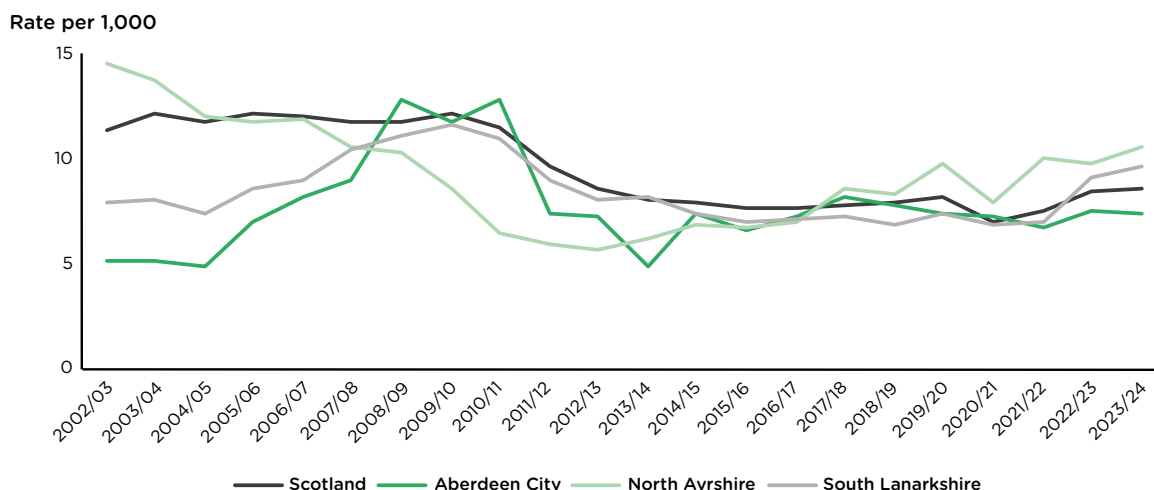


Source: Source: Scottish Government (2024) [86]

Note: Adults are assessed as homeless if they have no accommodation in the UK or elsewhere or have accommodation but cannot reasonably occupy it. They are assessed as potentially homeless if it is likely they will become homeless within two months.

In the period 2002/03 to 2010/11 the proportion of adults assessed as homeless or potentially homeless was around 12 per 1,000 in Scotland as a whole. Since then, the rate has declined to around eight per 1,000 each year. In the three collaborating places rates have fluctuated, with a decline in North Ayrshire since 2002/03 despite more recent increases. Both North Ayrshire and South Lanarkshire had higher rates than the average for Scotland in 2023/24 and Aberdeen City slightly lower.

Figure 65. Crude rate of adults assessed as homeless or potentially homeless, per 1,000, Scotland and three collaborating places, 2002/03 to 2023/24 financial years

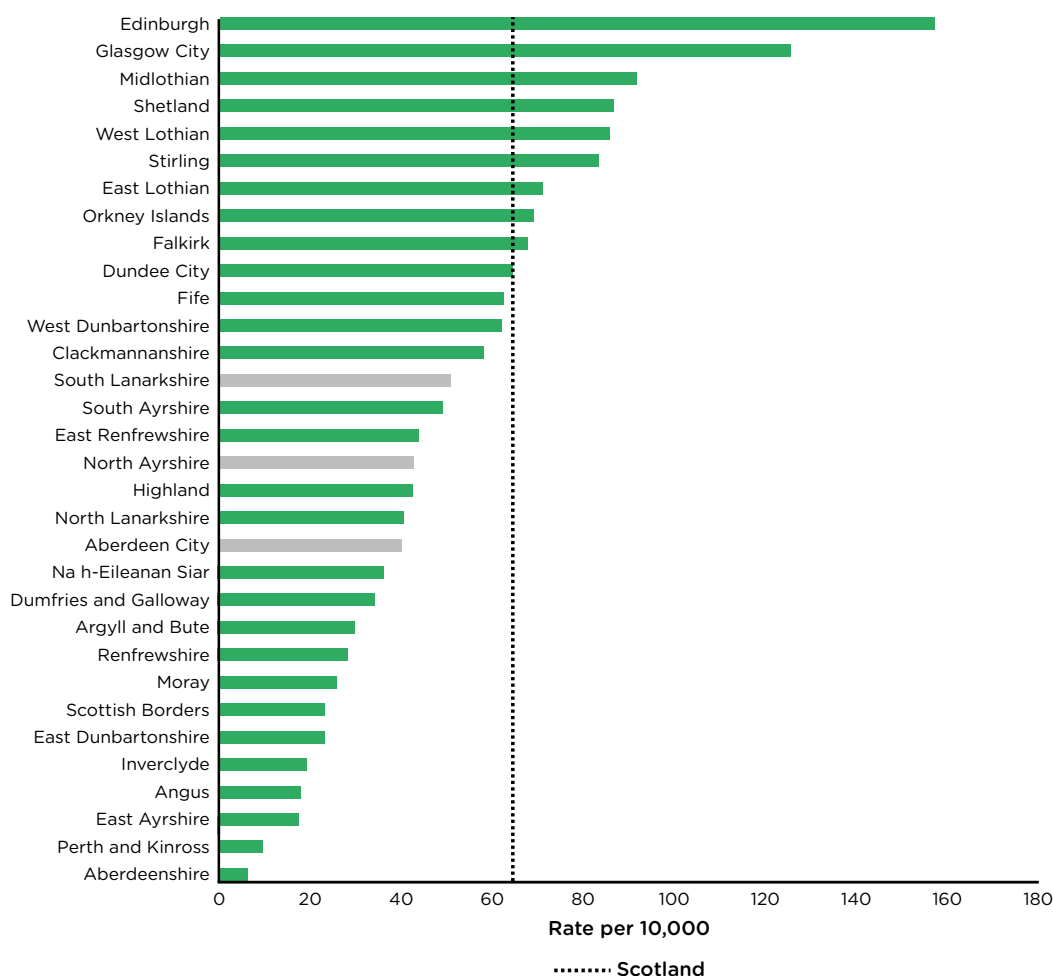


Source: Scottish Government (2024) [86]

Note: Adults are assessed as homeless if they have no accommodation in the UK or elsewhere or have accommodation but cannot reasonably occupy it. They are assessed as potentially homeless if it is likely they will become homeless within two months.

There are high rates of households in temporary accommodation in Edinburgh and Glasgow City. There are lower than average rates in the three collaborating areas, while South Lanarkshire has relatively high rates and North Ayrshire low rates given their respective levels of deprivation.

Figure 66. Rate of households in temporary accommodation, per 10,000 households, Scottish council areas and Scotland, 31 March 2024

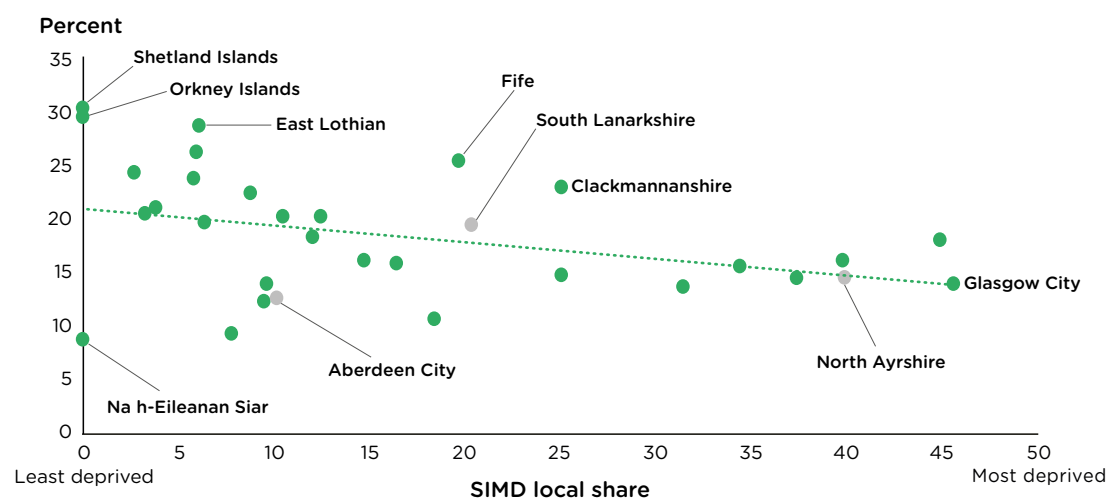


Source: Scottish Government (2024) [86]

LOCAL INFLUENCE, LONELINESS AND COMMUNITY SAFETY

Feeling involved and committed to a local place and feeling that you can make a difference and influence decisions in a local area is positive for health and wellbeing – although even in the councils with the highest rates of adults agreeing they can influence local decisions, this is still only a third of adults overall [47], Figure 67. More can be done to involve and support community power, influence and involvement. As well as directly benefitting those adults who are involved, community engagement in decisions and design and delivery of services and approaches leads to more positive and equitable outcomes. Figure 67 shows that adults in less deprived areas tend to feel they have more local influence than those in more deprived areas. There are some outliers however, indicating that even in some of the least deprived councils up to 90 percent of adults feel unable to influence local decisions.

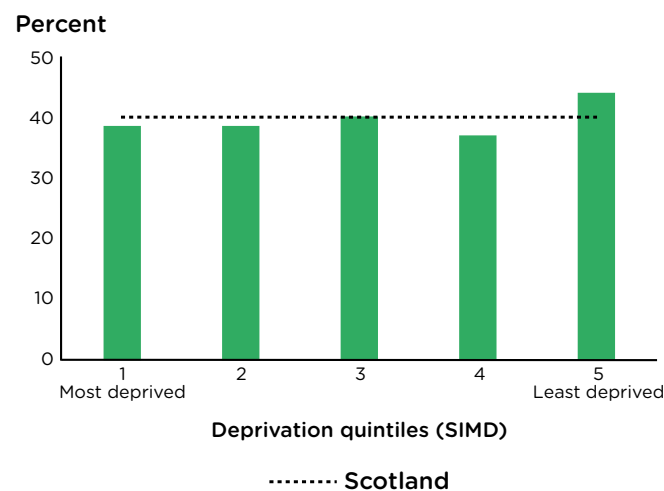
Figure 67. Percent of adults agreeing they can influence local decisions by deprivation (SIMD score), Scottish council areas, 2022



Source: Source: Scottish Household Survey (2023) [47]

There is not much difference by deprivation in the proportion of adults who report being satisfied with the quality of public services in Scotland, although there is a slightly higher proportion in the least deprived quintile. Overall, less than half of adults (39.5 percent) report being satisfied with public services.

Figure 68. Percent of adults satisfied with the quality of public services* delivered, by deprivation quintile (SIMD), Scotland, 2022



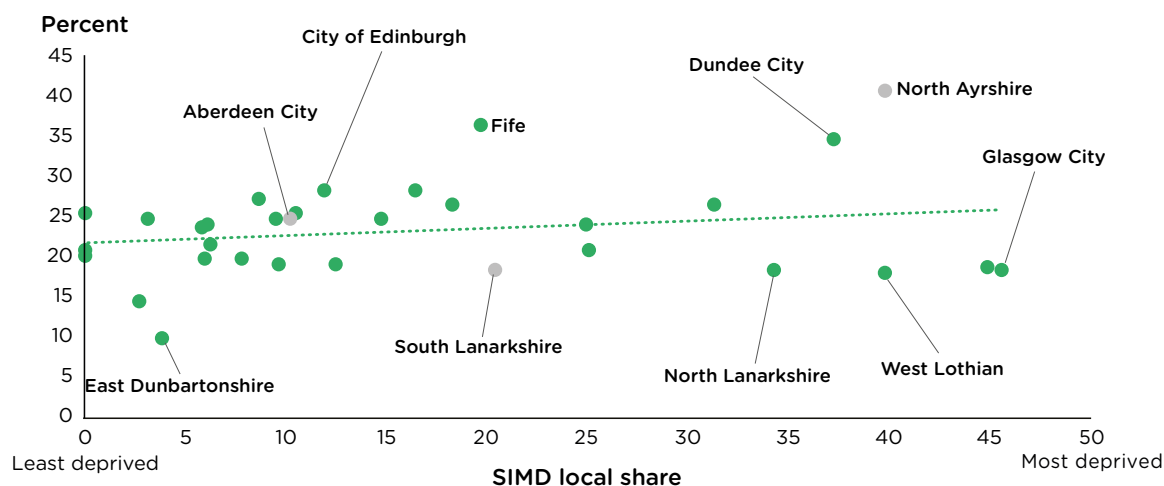
Source: Scottish Government (2024) [87]

Note: *Public services include local health services, local schools, and public transport

LONELINESS

Loneliness and social isolation have a negative impact on both physical and mental health. Whilst social isolation is a measure of reduced social contact, loneliness is the subjective negative feeling often caused by isolation. Isolation and loneliness have been linked to increased risk of many health outcomes, including depression, anxiety, dementia and suicide, as well as coronary heart disease and other cardiovascular conditions, and cancer [88] [89]. Rates of loneliness in Scotland average around 23 percent according to the Scottish Household Survey. North Ayrshire has particularly high rates with nearly 40 percent of adults reporting feeling lonely in the past week. There is only a weak association with levels of deprivation.

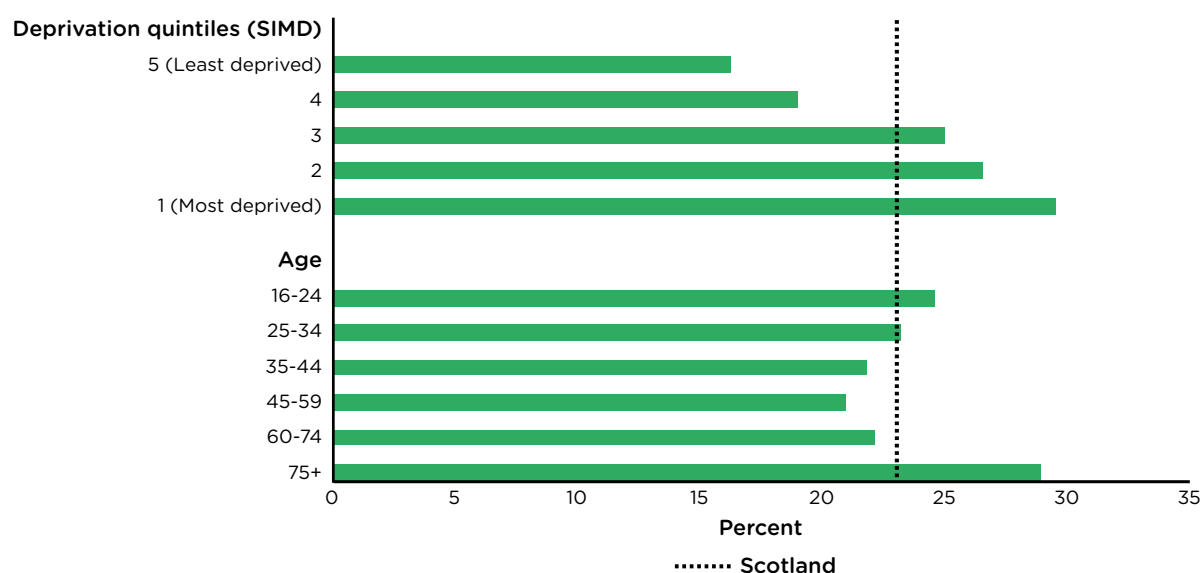
Figure 69. Percent of adults feeling lonely in past week, and deprivation (SIMD score), Scottish council areas, 2022



Source: Scottish Household Survey (2023) [47]

Loneliness is higher among more deprived people and also for people aged 75 and over among whom 27 percent report feeling lonely. Notably nearly a quarter of young people also reporting feeling lonely and loneliness among this group is often overlooked.

Figure 70. Percent of adults feeling lonely in past week, by age and deprivation (SIMD quintiles), Scotland, 2022

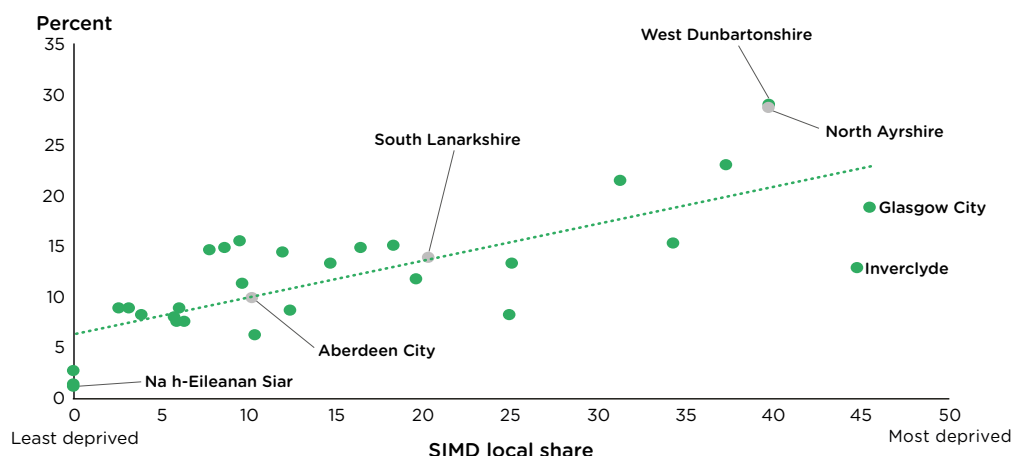


Source: Scottish Household Survey (2023) [47]

FEELING UNSAFE

There are clear inequalities in the proportion of people who feel very or a bit unsafe walking home alone after dark, and a close association with overall levels of deprivation of councils. North Ayrshire and West Dunbartonshire have the highest rates, above even what might be expected given their overall levels of deprivation. Feeling unsafe can mean people experience anxiety and stress and potentially poor mental health and leads to people reducing socialising or stopping going out altogether.

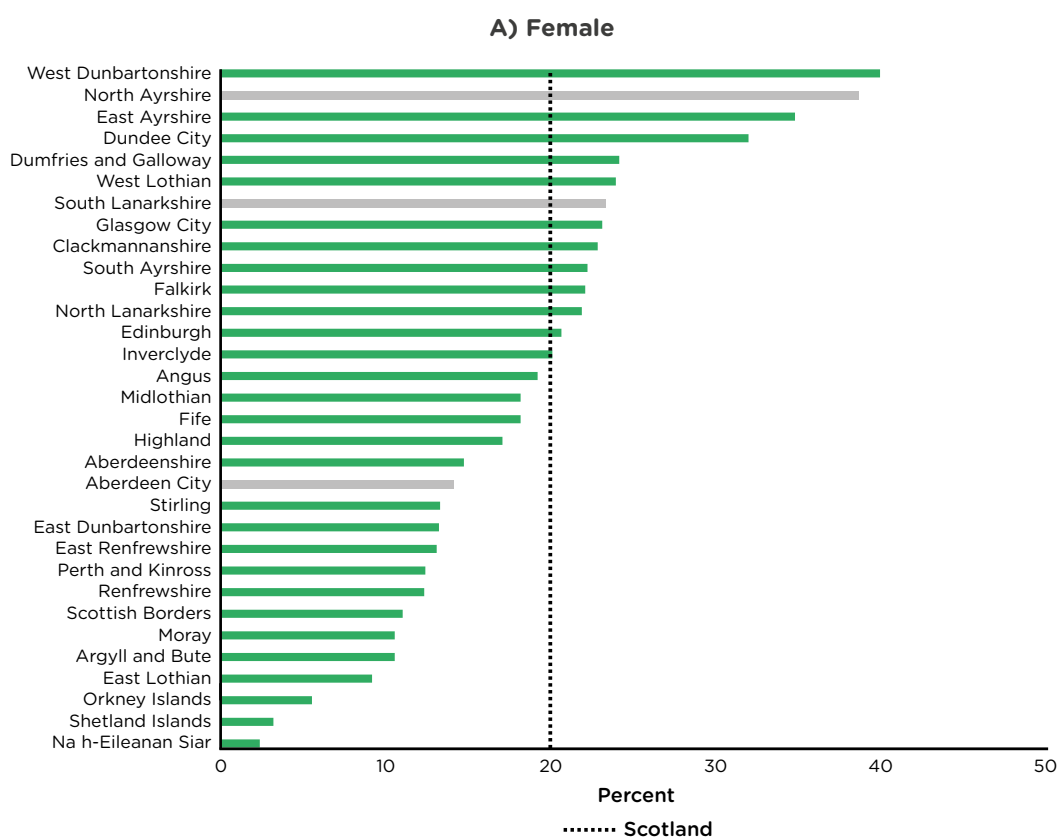
Figure 71. Percent of people feeling ‘very’ or ‘a bit’ unsafe when walking alone in their neighbourhood after dark by deprivation (SIMD local share), Scottish council areas, 2023

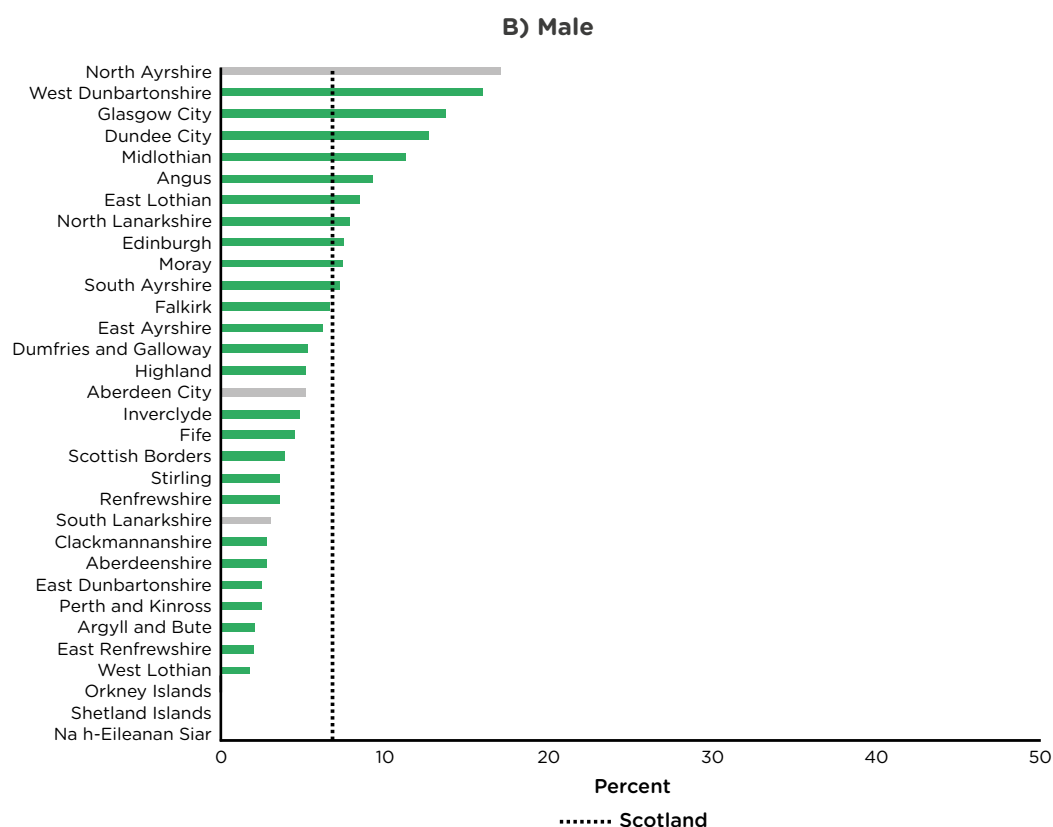


Source: Scottish Household Survey (2023) [47]

There are wide gender differences in how safe people feel walking alone after dark. In every local authority in Scotland, women are more likely to feel very or a bit unsafe, with an average 13 percentage point difference, and these differences are greater in more deprived council areas, Figure 72. North Ayrshire has the highest rates for males and the second highest rate for females, while South Lanarkshire has a notable gender gap.

Figure 72. Percent of people feeling ‘very’ or ‘a bit’ unsafe when walking alone in their neighbourhood after dark by sex, Scottish council areas, 2023

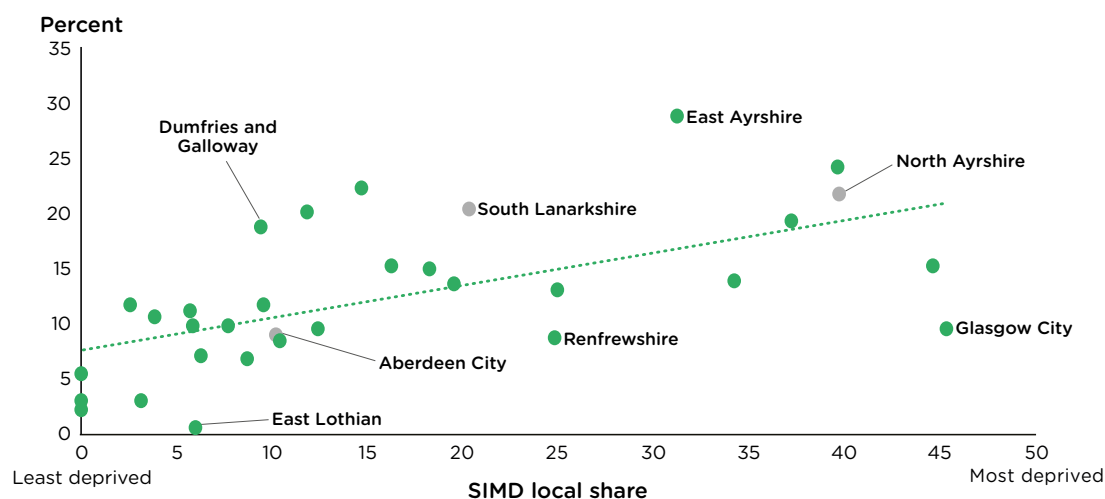




Source: Scottish Household Survey (2023) [47]

There is an association between differences in how safe men and women feel walking alone after dark and levels of council deprivation, Figure 73.

Figure 73. Percentage point difference between men and women feeling ‘very’ or ‘a bit’ unsafe when walking alone in their neighbourhood after dark by deprivation (SIMD local share), Scottish council areas, 2023

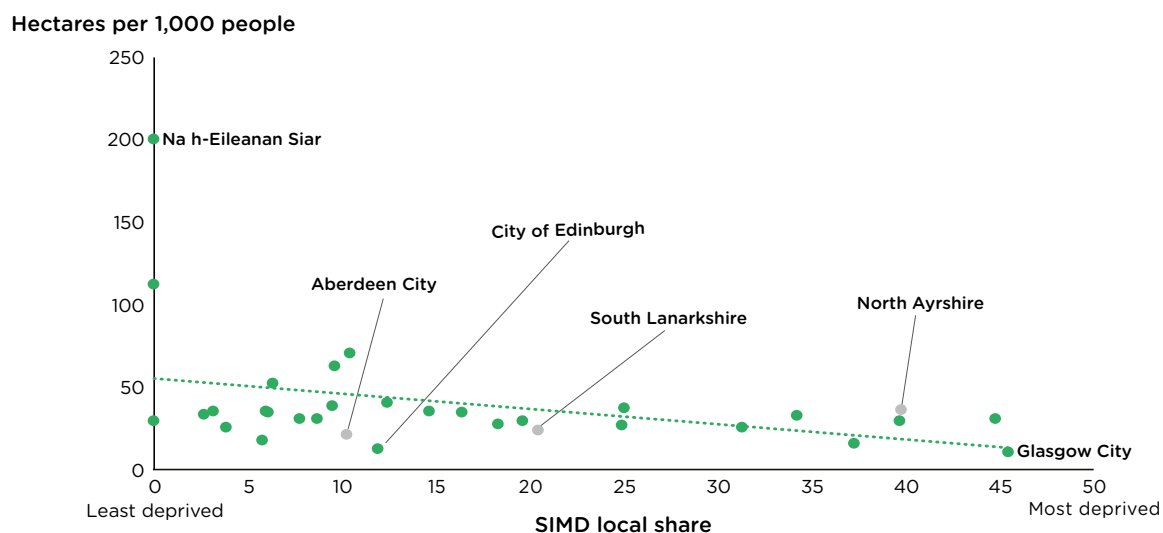


Source: Scottish Household Survey (2023) [47]

ACCESS TO GREEN SPACE

Having access to good quality green space is positive for physical and mental health in a number of ways [90]. The benefits of access to good quality greenspace were particularly noticeable during the pandemic and associated lockdowns [91]. There is a gradient in accessibility in Scotland, with more deprived areas having less access.

Figure 74. Hectares of publicly accessible urban green space per 1,000 people and deprivation (SIMD local share), Scottish council areas, 2017



Source: Greenspace Scotland [92]

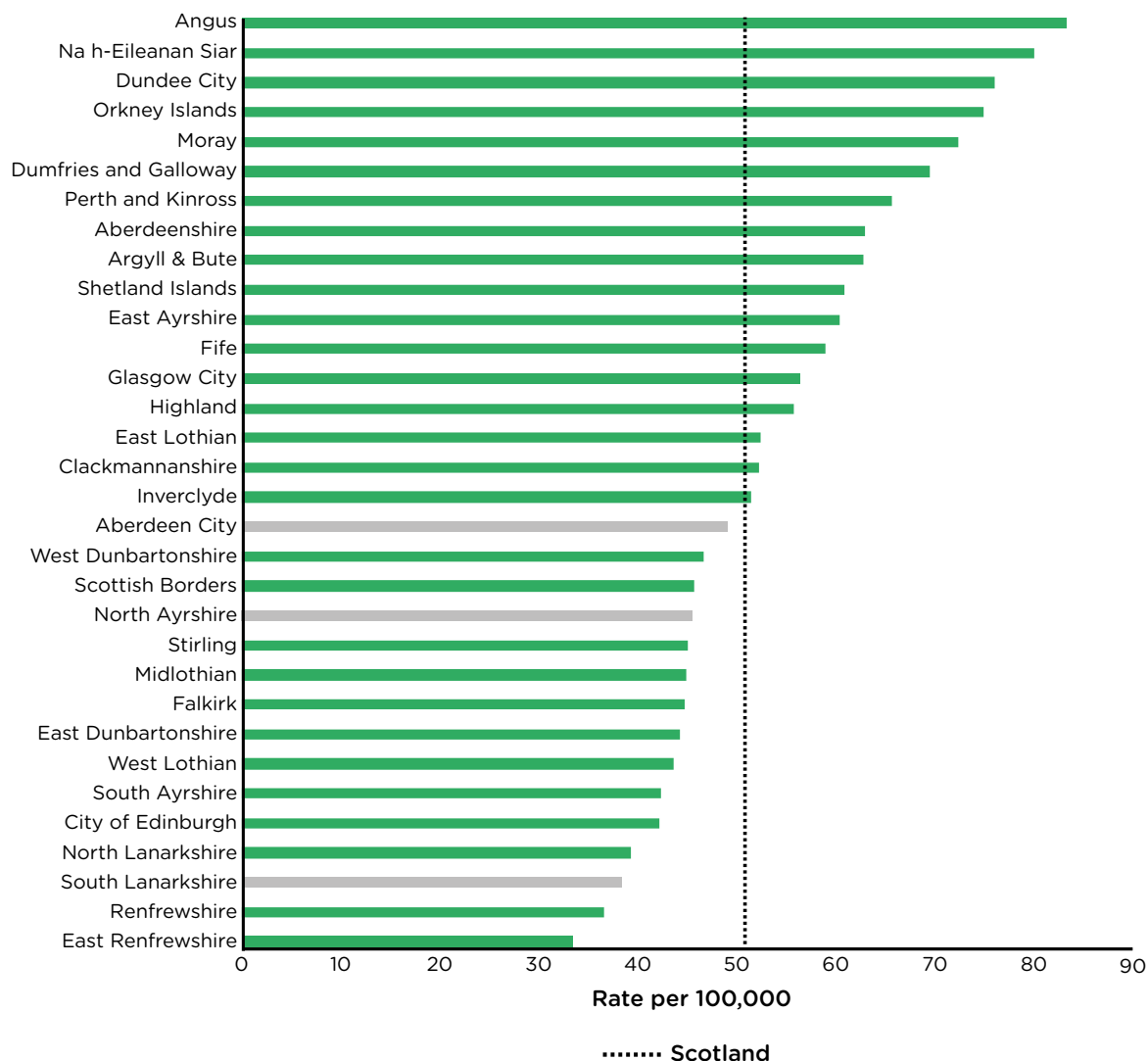
Note: Publicly accessible greenspace is defined as all greenspace, with the exception of private gardens, within urban (settlements of at least 3,000 people) areas or within 500 meters of urban areas.



ROAD SAFETY

There are wide differences in road safety between councils across Scotland with rates of emergency hospital admissions or deaths as a result of a traffic collision (defined as accidents in the data source) approximately 2.5 times higher in Angus than in East Renfrewshire.

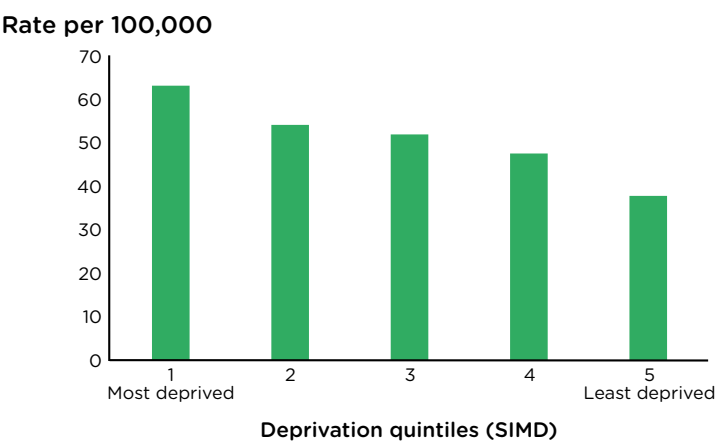
Figure 75. Patients discharged from hospital after an emergency admission or died as a result of a road traffic accident, age-sex standardised rate per 100,000, Scottish council areas and Scotland, 2021-23



Source: Public Health Scotland [93]

There are clear inequalities in hospitalisation or death from road traffic accidents with the most deprived 20 percent of areas having higher rates and a clear deprivation gradient in rates.

Figure 76. Patients discharged from hospital after an emergency admission or died as a result of a road traffic accident, by deprivation quintile (SIMD), age-sex standardised rate per 100,000, Scotland, 2021-23

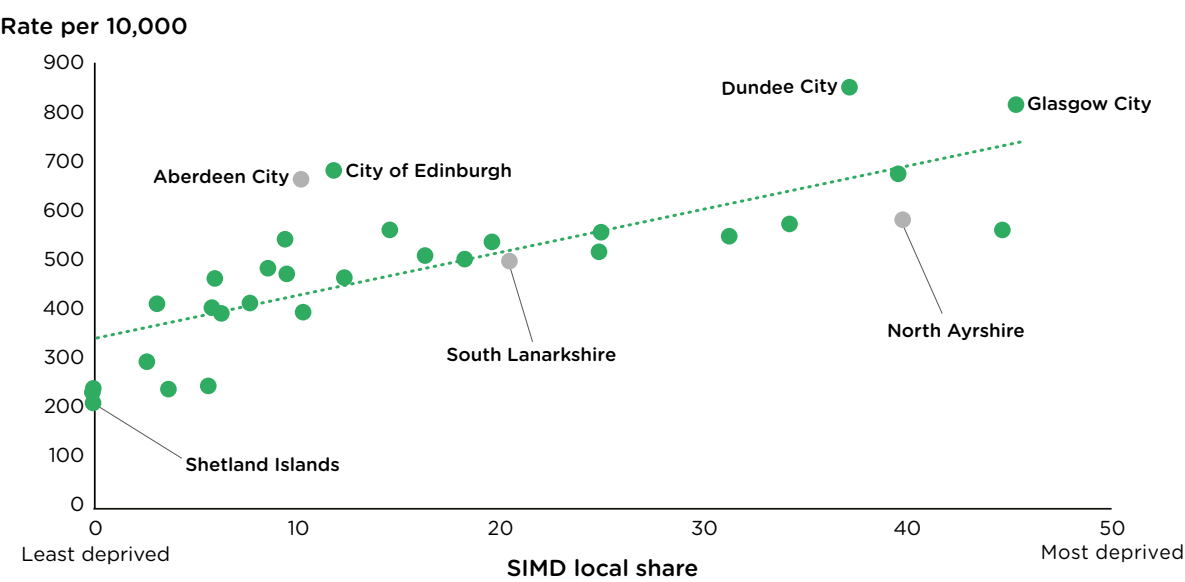


Source: Public Health Scotland [93]

CRIME

There is a clear gradient in recorded crime by council level of deprivation. Some areas, including Aberdeen City and Dundee City experience higher rates of recorded crime than expected relative to their level of deprivation and there is a likely association between large urban areas and crimes, Figure 77.

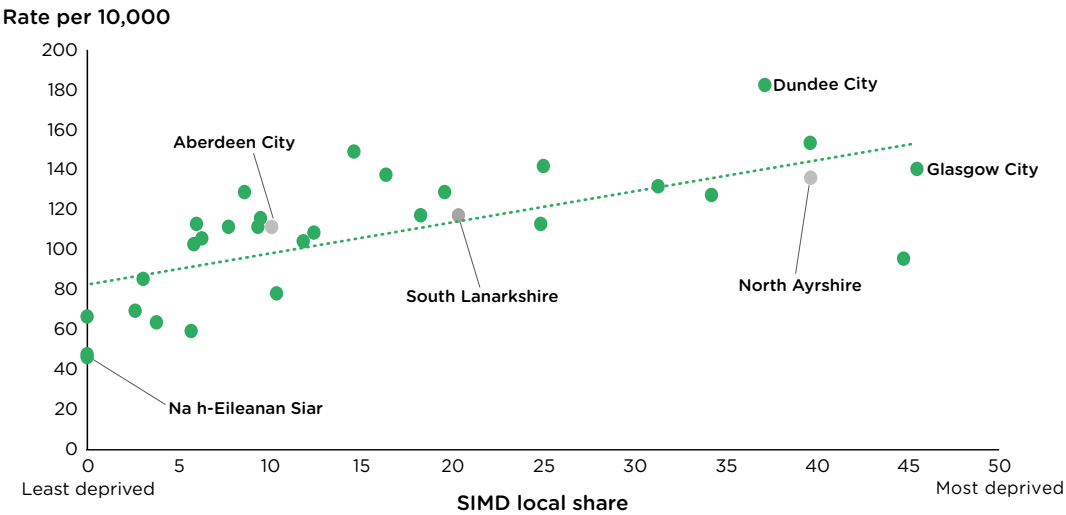
Figure 77. Rate of recorded crime per 10,000 population by deprivation (SIMD local share) Scottish council areas, 2023/24



Source: Scottish Government (2024) [94]

There are also clear gradients by deprivation in recorded domestic abuse by council area, Figure 78.

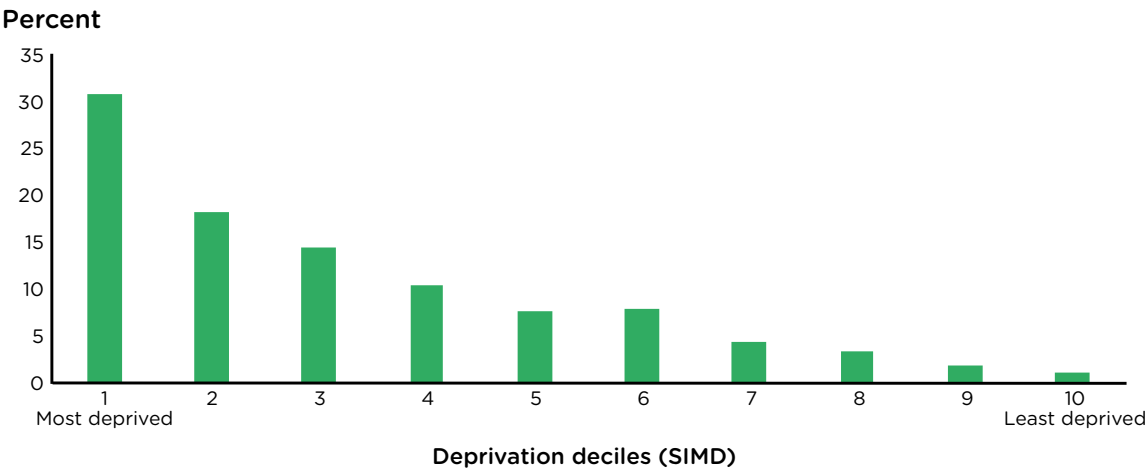
Figure 78. Rate of recorded domestic abuse per 10,000 population, by deprivation (SIMD local share) Scottish council areas, 2023/24



Source: Scottish Government (2024) [94]
Note: Domestic abuse is defined as any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct, and which takes place within the context of a relationship.

There is also a clear gradient in new arrivals to the prison population by deprivation decile. There were 28 times as many arrivals of those residents from the most deprived decile compared to those from the least deprived decile in Scotland, Figure 79.

Figure 79. Percent distribution of arrivals to the prison population by area deprivation decile, Scotland, 2022/23



Source: Scottish Government (2023) [95]
Note: An arrival is counted as when a continuous period of imprisonment begins for an individual.

MARMOT PRINCIPLE 6: STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

In the previous CHES report [7], we outlined the extent of inequalities in conditions which are considered preventable and which are related to extent of deprivation and the social determinants of health. It was also reported that there are wide inequalities in rates of health harm from alcohol smoking and drug use related to deprivation.

Here we present some additional information on health risk factors, excluding that related to health care services such as immunisations and screening which have been the focus of reports and analysis from health care systems.

OBESITY

The Scottish Healthy Survey of 2023 reports that almost a third of adults (32 percent) were living with obesity, an increase from 24 percent in 2003. Additionally, two-thirds (66 percent) of adults were classed as living with overweight (including obesity). This proportion has been relatively stable since 2008 (64% - 67%) [96].

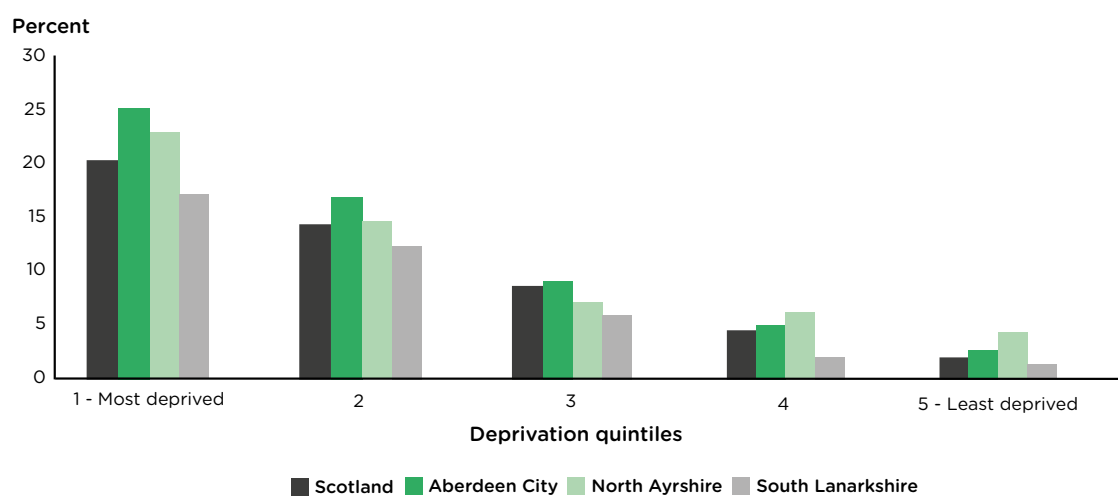
The Scottish Health Survey also outlines that both obesity and overweight are associated with area deprivation. There is a particularly steep gradient in overweight or obesity among women. In 2022 the proportion of overweight or obese men and women is 70 percent in the most deprived 20 percent of areas. In the least deprived twenty percent of areas the proportions fell to around 50 percent for women and 59 percent for men [96].

Just under a fifth of children (17%) were at risk of obesity in Scotland, a proportion that has remained in similar since 1998. Thirty per cent of children were at risk of overweight (including obesity) [96].

MATERNAL SMOKING AND OBESITY

There are relatively high rates of maternal smoking across Scotland, an average of 10 percent of women smoked during pregnancy in 2021-2023. There is a marked gradient by deprivation; only an average of 2 percent of women in Scotland smoked during pregnancy in the least deprived 20 percent of areas compared with 20 percent in the most deprived areas, Figure 80.

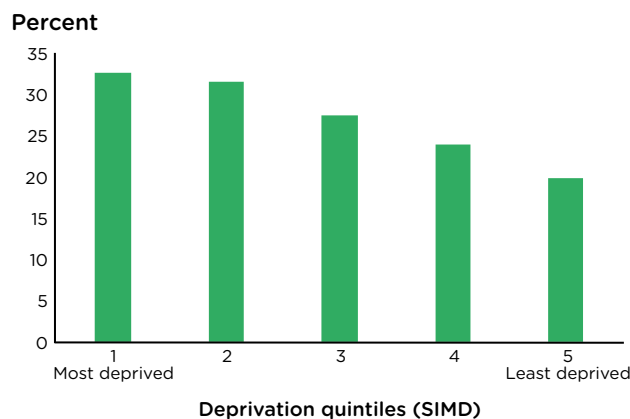
Figure 80. Percent of women smoking during pregnancy, by deprivation (SIMD quintile), three collaborative areas and Scotland, 2021 to 2023 calendar years



Source: Public Health Scotland (2023) [97]

There are also wide inequalities in rates of obesity among pregnant women related to deprivation. Maternal obesity is a risk for both mother and baby. Nearly a third of pregnant women were recorded as obese in the 40 percent most deprived areas compared with a fifth in the least deprived 20 percent of areas, Figure 81.

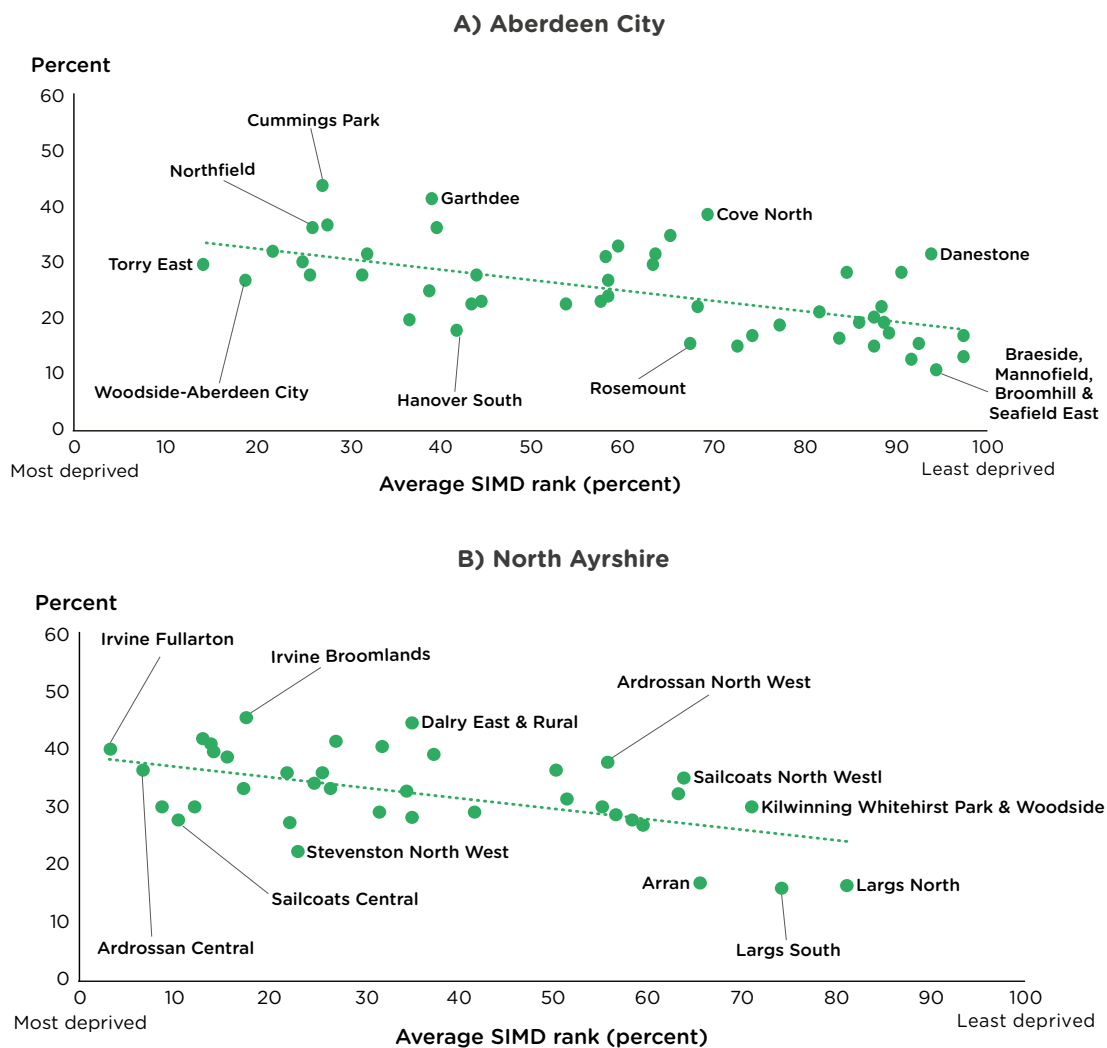
Figure 81. Percent of pregnant women recorded as obese (BMI 30 and over) at antenatal booking, by deprivation (SIMD quintile), Scotland, 2021/22 to 2023/24 financial years

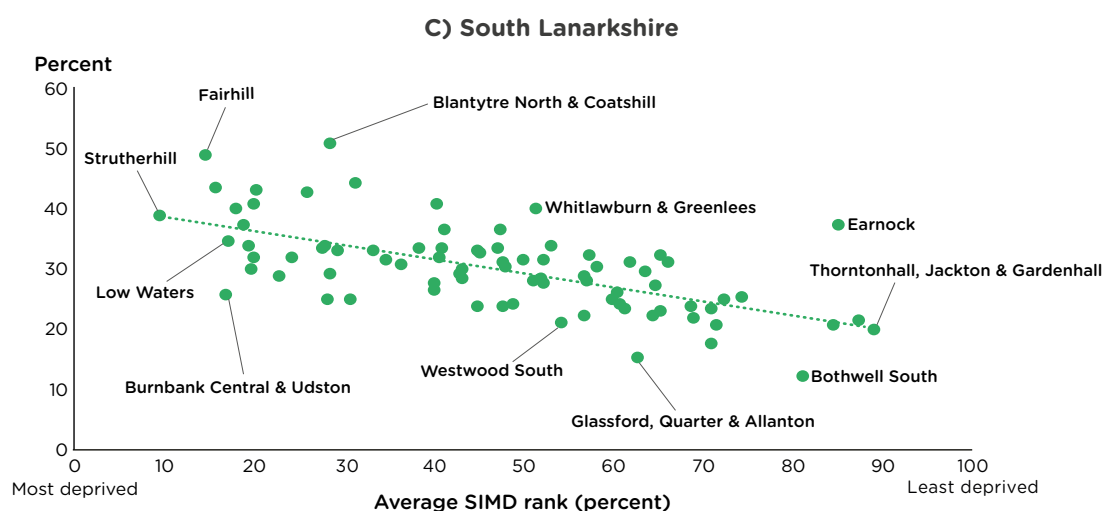


Source: Public Health Scotland(2024) [98]

The association between maternal obesity and level of deprivation is highlighted in Figure 82 for the three collaborating areas. In each place there are higher rates of pregnant women recorded as obese in more deprived areas, Figure 83.

Figure 82. Percent of pregnant women recorded as obese (BMI 30 and over) at antenatal booking, Intermediate Zones (IZ) within the three intervention areas by average SIMD rank of each IZ 2021/22 to 2023/24 financial years



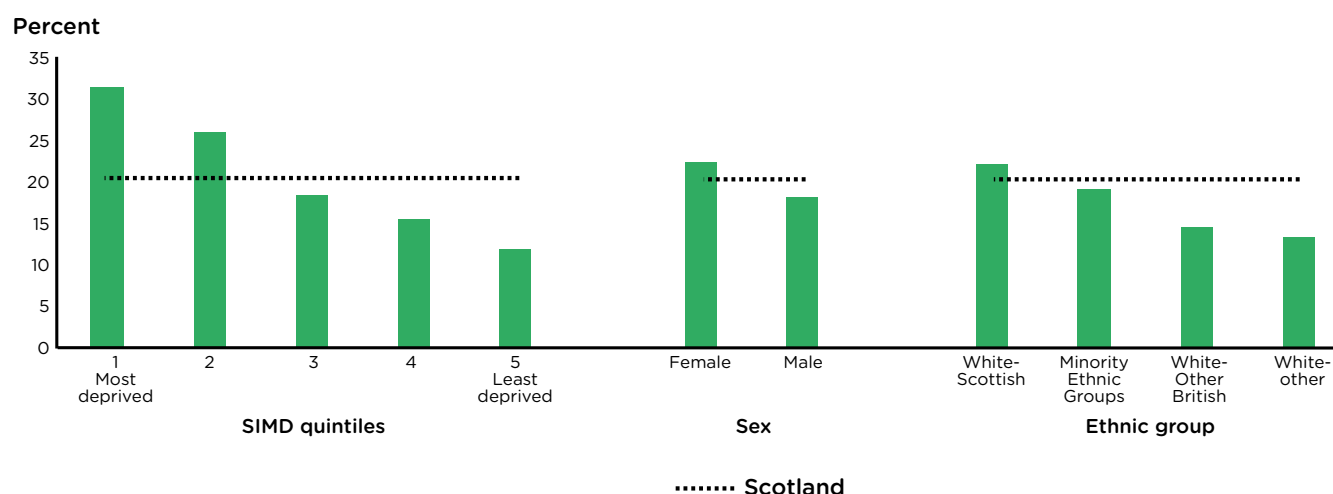


Source: Public Health Scotland (2024) [99]

PHYSICAL ACTIVITY

There are clear inequalities in participation in physical activity/sport across Scotland. Of those in the least deprived area decile, 12 percent do not take part (see definitions below) compared with nearly a third of people in the most deprived area decile. There are stark inequalities in physical activity and the percent not participating in any physical activity or sport in the last four weeks is three times higher in the most deprived than the least deprived decile. Rates of inactivity are also higher among women than males and among people who are White Scottish than of other ethnicities, Figure 83. Walking is the most likely activity among those recorded, 71 percent of adults did at least 30 minutes of recreational walking in the last week.

Figure 83. Percent not participating in any physical activity/sport* in the last 4 weeks, by SIMD quintile, sex, and ethnic group, percent, Scotland, 2023

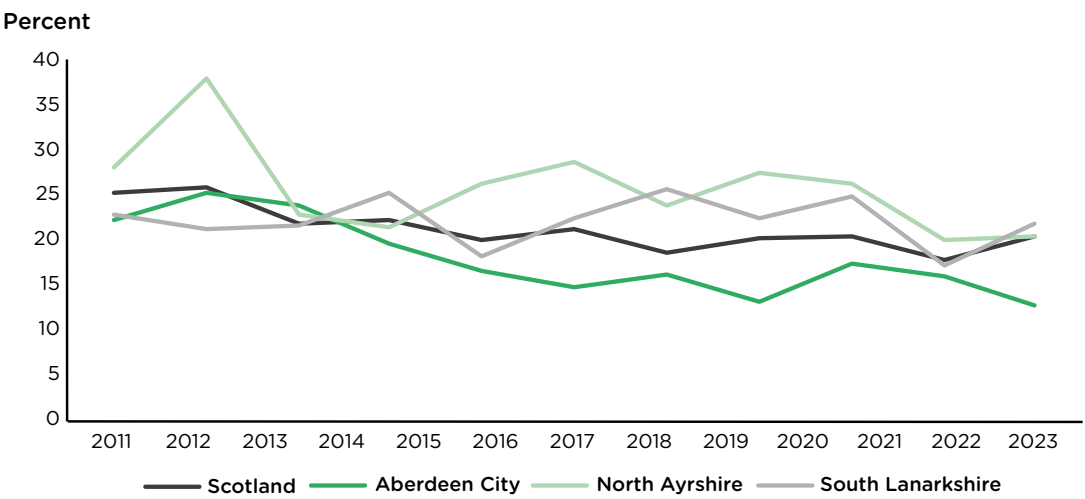


Source: Scottish Household Survey (2023) [47]

Note: *Activities / sports listed (percent who participated in each in the last 4 weeks given in brackets) were walking (at least 30 minutes for recreational purposes) (71 percent), swimming (13 percent), football (5 percent), cycling (11 percent), keep fit/aerobics (12 percent), multigym use/weight training

Across Scotland there have been declines in the percent of the population who have not participated in any physical activity/sport in the last 4 weeks from 25 percent in 2011 to 20 percent in 2023. In Aberdeen City rates of those not participating in sport have declined markedly from 22 to 13 percent, and in North Ayrshire there have also been declines from 28 to 20 percent, Figure 84.

Figure 84. Percent not participating in any physical activity/sport* in the last 4 weeks, percent, three collaborating areas and Scotland, 2011-23



Source: Scottish Household Survey (2023) [47]

Note: *Activities / sports listed (percent who participated in each in the last 4 weeks given in brackets) were walking (at least 30 minutes for recreational purposes) (71 percent), swimming (13 percent), football (5 percent), cycling (11 percent), keep fit/ aerobics (12 percent), multigym use/ weight training



MARMOT PRINCIPLE 7: TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES

Discrimination can occur for a variety of reasons including gender, ethnicity, disability, sexuality and gender identity. Where one form of discrimination intersects with other dimensions of exclusion, the effects are generally amplified.

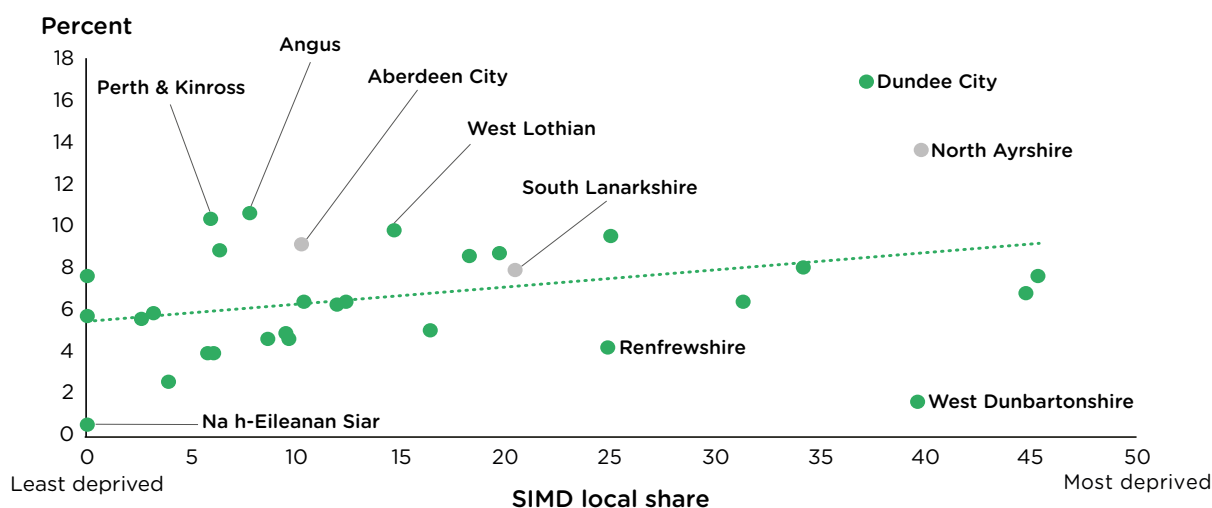
Structural racism is deeply embedded within social, economic, cultural and environmental systems in the UK, as in many other countries. Racism damages individuals, communities and society as a whole and damages health. Its impacts are experienced in different ways and to varying levels of intensity related to individual experiences, socioeconomic position and other dimensions of exclusion such as disability, age and gender. Experiencing racism directly damages health and leads to a range of poorer outcomes in key social determinants of health for many ethnic minority groups [78].

Discrimination due to disability is also widely prevalent across the UK and damages health and outcomes in the key social determinants of health [100, 101]. Work with CHES will further explore discrimination across a range of dimensions. There are some important differences in health and key social determinants of health by gender which are reported in the previous health inequalities report and in this report related to education, employment, economic inactivity, pay, and safety. Experiences related to gender also differ quite markedly in the three collaborating places.

EXPERIENCE OF DISCRIMINATION

A survey in 2022 set out rates of adults experiencing discrimination related to any of the following: age, sex or gender, where you live, language, ethnicity, nationality, accent, social or educational background, sexual orientation, trans status (including non-binary identities), sectarian reasons, religious belief or faith, mental ill-health, any other health problems or disability, or any other reason. There is only a weak association between experience of discrimination and level of council deprivation, Figure 85. In relation to three places, rates are relatively high in Aberdeen City where 9.1 percent and North Ayrshire where over 13 percent of adults reported having experienced discrimination.

Figure 85: Percent of adults experiencing discrimination in the past year by deprivation (SIMD score), Scottish council areas, 2022

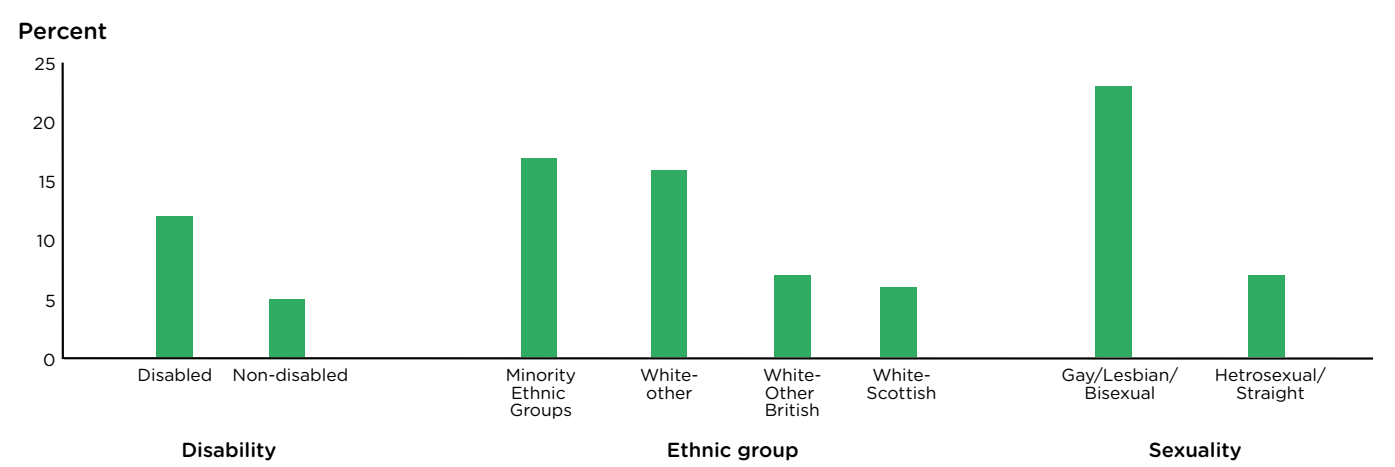


Source: Scottish Household Survey (2023) [47]

Note: Reasons include: age, sex or gender, where you live, language, ethnicity, nationality, accent, social or educational background, sexual orientation, trans status (including non-binary identities), sectarian reasons, religious belief or faith, mental ill-health, any other health problems or disability, or any other reason.

Nearly a quarter of those who were gay/lesbian/bisexual reported discrimination/harassment for some reason. People who are from minority ethnic groups and white – other and who are disabled are much more likely to report discrimination than those who are White British and White Scottish or non-disabled, Figure 86. It is not possible to identify the reason for the discrimination among these groups.

Figure 86. Percent of adults who have experienced discrimination in the last 12 months by sexual orientation, ethnicity and disability, Scotland, 2023

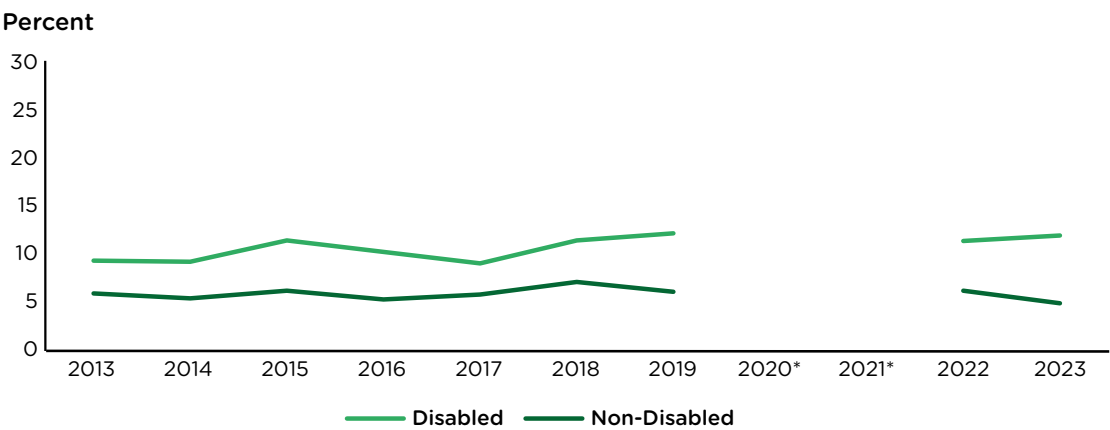


Source: Scottish Household Survey (2023) [47]
Note: In the Scottish Household Survey, discrimination is defined as being treated unfairly or unequally due to a protected characteristic. [102]

DISCRIMINATION AND DISABILITY

In 2023, 12 percent of people with a disability experienced discrimination, this has increased from 9.4 percent of people with a disability experiencing discrimination in 2013. Five percent of non-disabled individuals reported experiencing discrimination, for reasons not stated, which has decreased one percentage point from 2013, Figure 87.

Figure 87. Percent of adults who have experienced discrimination in the last 12 months by disability, Scotland, 2013-2023

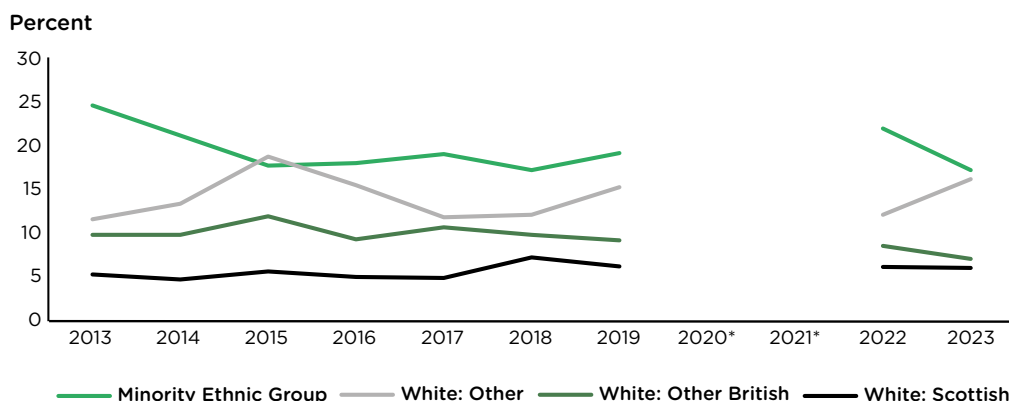


Source: Scottish Household Survey (2023) [47]
Notes:
1) Data from 2020 and 2021 unavailable due to the Covid-19 pandemic
2) Note: In the Scottish Household Survey, discrimination is defined as being treated unfairly or unequally due to a protected characteristic [102]

DISCRIMINATION AND ETHNICITY

The percentage of individuals from an ethnic minority group who experienced discrimination in 2023 was 17 percent, which is a 7.3 percentage point decrease from 2013. There has been a 4.5 percentage point increase in individuals from the White Other group experiencing discrimination up to 16 percent in 2023 since 2013. Both these figures are far higher than the percent of White: Other British or White: Scottish individuals who have experienced discrimination.

Figure 88. Percent of adults who have experienced discrimination in the last 12 months by ethnicity, Scotland, 2013-2023



Source: Scottish Household Survey (2023) [47]

Notes:

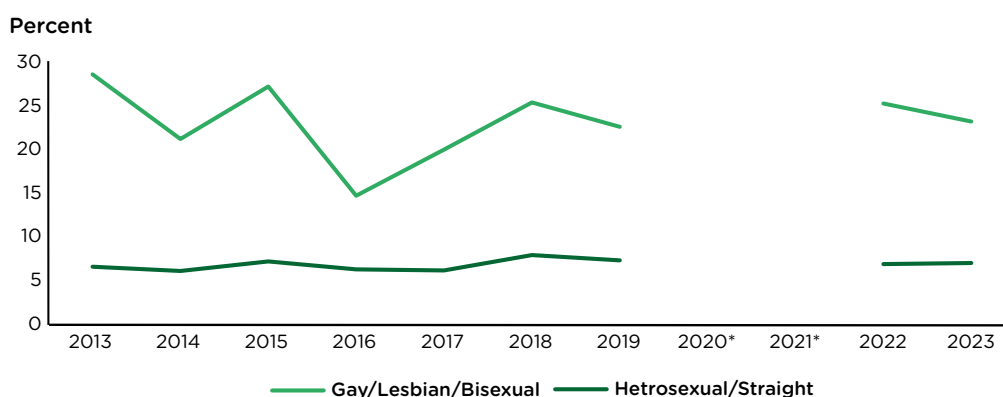
1) Data from 2020 and 2021 unavailable due to the Covid-19 pandemic

2) Note: In the Scottish Household Survey, discrimination is defined as being treated unfairly or unequally due to a protected characteristic [102]

DISCRIMINATION AND SEXUALITY

In 2023, the percent of individuals who identify as Gay/Lesbian/Bisexual who experienced discrimination is 16 percentage points higher than those who identify as heterosexual or straight.

Figure 89. Percent of adults who have experienced discrimination in the last 12 months by sexuality, Scotland, 2013-2023



Source: Scottish Household Survey (2023) [47]

Notes:

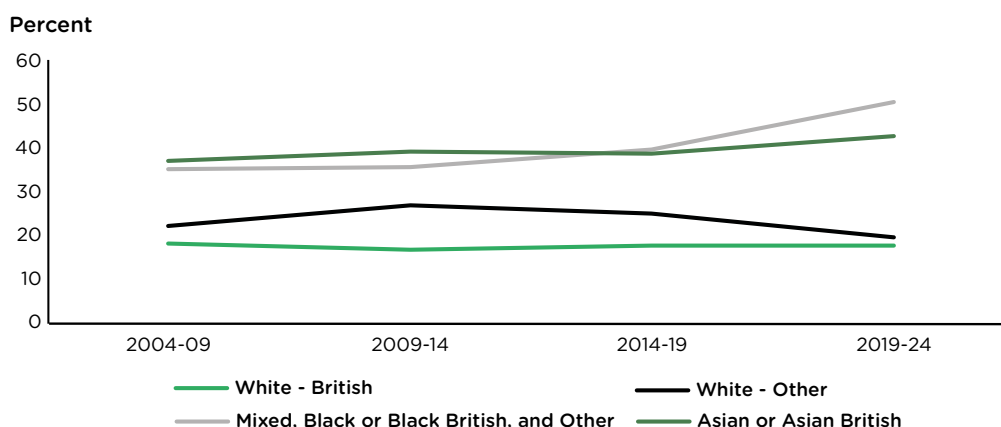
1) Data from 2020 and 2021 unavailable due to the Covid-19 pandemic

2) Note: In the Scottish Household Survey, discrimination is defined as being treated unfairly or unequally due to a protected characteristic [102]

ETHNIC INEQUALITIES IN POVERTY AND EDUCATIONAL ATTAINMENT

This section begins to map out, using available data, inequalities by ethnicity in key social determinants of health – more data is needed and may be included in subsequent analysis. Using very broad ethnic categories, Figure 90 shows that the gap in relative poverty after housing costs has widened between White and other groups since 2002-14. In 2019-24, the rates of relative poverty AHC for White British and White other ethnic groups were 18 and 20 percent, respectively, compared to 43 percent for Asian groups and 53 percent for all other groups (Black, mixed and all other groups).

Figure 90. Relative poverty, After Housing Costs, by ethnic group, Scotland, 2004-09 to 2019-24

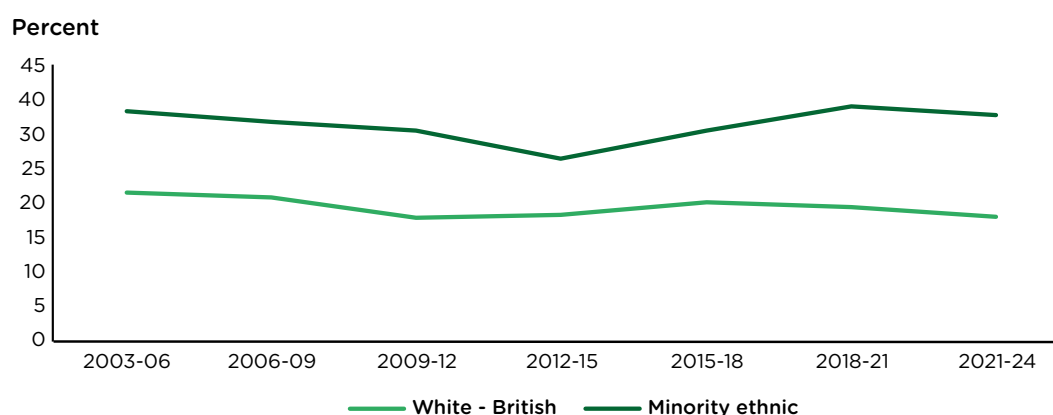


Source: Scottish Government (2024) [71]

Note: Most figures are based on five year averages. However, the data for the pandemic year 2020/21 were not considered reliable and hence the 2019-24 data points were replaced by four-year averages for which are likely to be slightly less robust.

Until 2012-15 there was around a 13 percentage point difference in relative child poverty after housing costs between White British and other ethnic groups. While this dipped to below 10 percentage points in 2012-15, it has risen again to an even higher level, 17 percentage points in 2021-24.

Figure 91. Children in relative poverty, After Housing Costs, by White British or minority ethnic group, Scotland, 2003-06 to 2021-24

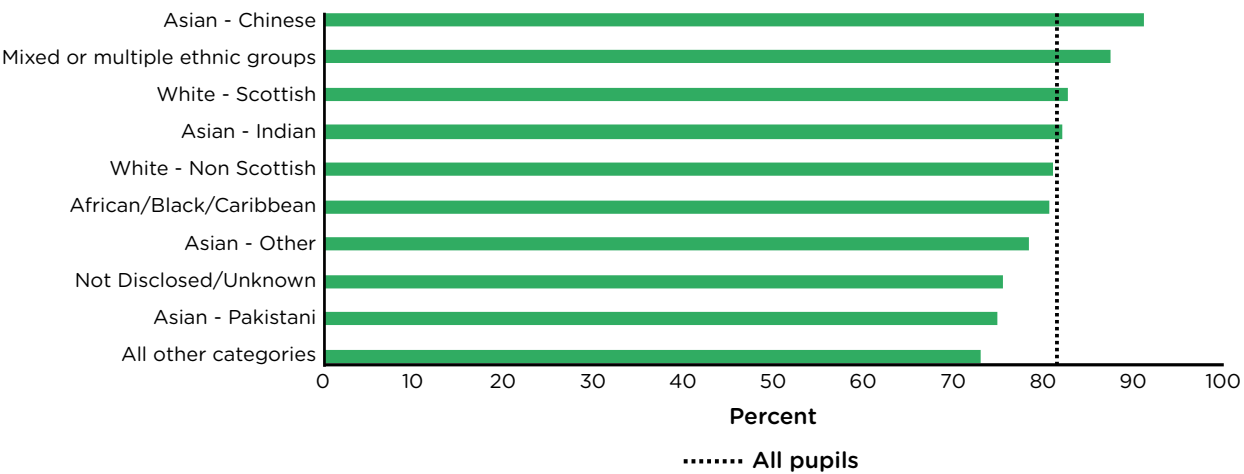


Source: Scottish Government (2024) [71]

Note: Most figures are based on three year averages. However, the data for the pandemic year 2020/21 were not considered reliable and hence the 2018-21 data points were replaced by two-year averages for 2018-20, which are likely to be less robust.

As in other parts of the UK, there are differences in education and development by ethnicity. 90 percent of Asian Chinese pupils reach the Early Level standard in reading, compared to 82 percent of White Scottish pupils and lower rates for other ethnicities.

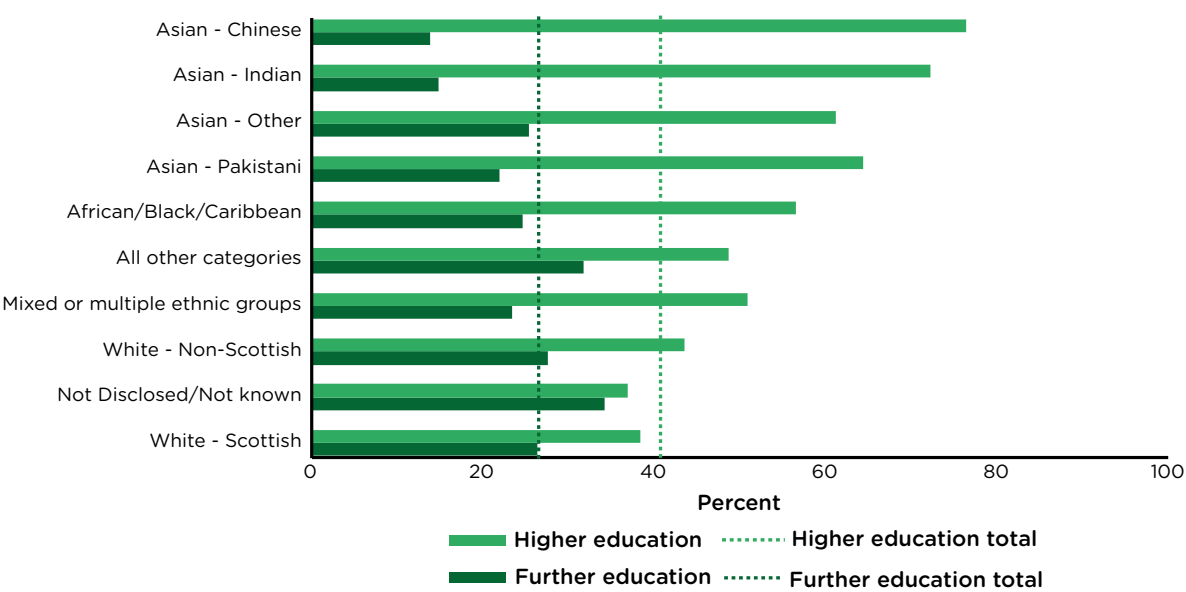
Figure 92. Percent of Primary 1 pupils achieving the Early Level standard in reading by ethnicity, Scottish council areas and Scotland, 2023/24



Source: Scottish Government (2024) [37]

White Scottish school leavers are the least likely, compared with other ethnic groups in Scotland, to go on to higher or further education (64 percent), and more likely to go into employment (25 percent) than other ethnic groups. Nearly 90 percent of pupils who are Asian – Chinese go into further or higher education, with only 6.6 percent going into employment.

Figure 93. Percent of secondary school leavers going into higher or further education, by ethnicity, Scotland, 2023/24



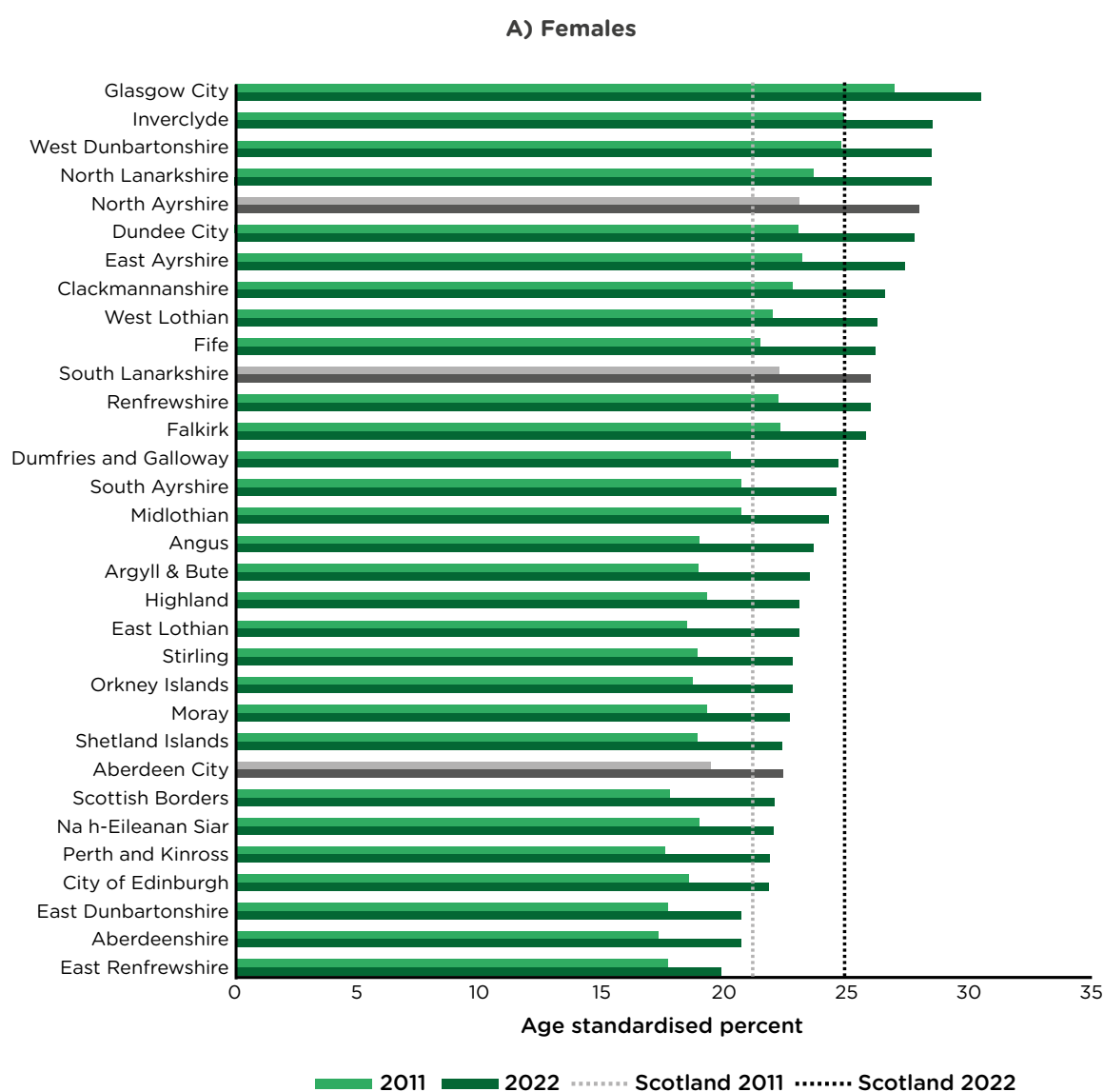
Source: Scottish Government (2025) [51]

Note: Sorted by total leavers going into higher or further education

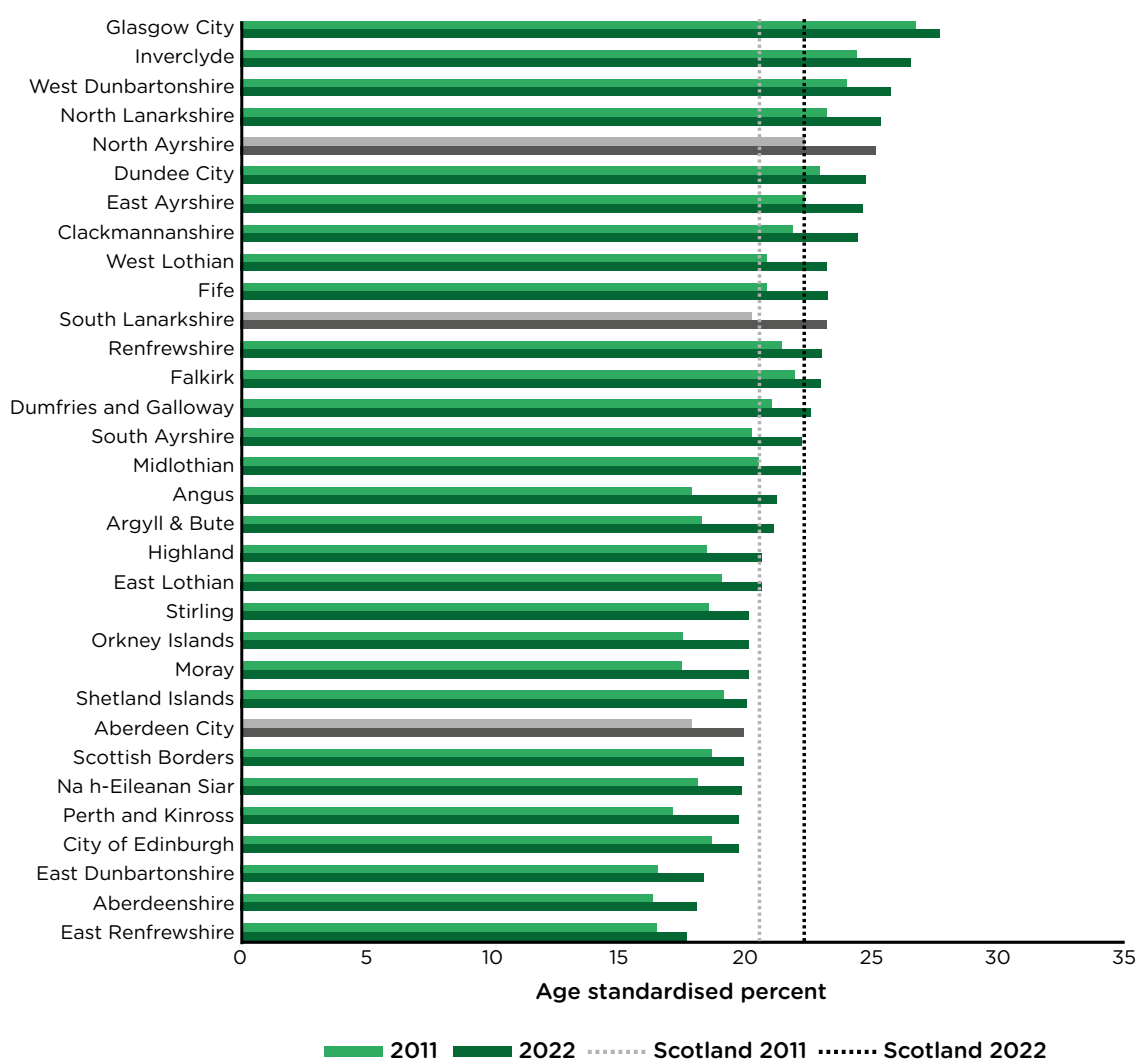
DISABILITY

Rates of disability are increasing across Scotland. Figure 94 shows how reporting of limiting illness or disability at census varies over time and by sex and council area in Scotland. In every council area, rates increased between 2011 and 2022 for both men and women. In 2011, female age standardised rates for Scotland as a whole were slightly greater than those for males (21.1 and 20.5 percent, respectively). However, female rates increased more than those for males (24.9 and 22.3 percent in 2022, respectively), so that the gender gap widened. In 2022, rates were highest for both women and men in Glasgow City (30.4 and 27.6 percent, respectively) and lowest in East Renfrewshire (19.8 and 17.6 percent, respectively). While Glasgow City also had the highest rates for both females and males in 2011 (26.9 and 26.7 percent, respectively), the lowest rates in 2011 were in Aberdeen City (17.2 and 16.3 percent, respectively). These figures illustrate that increases between 2011 and 2022 differed markedly between council areas and between males and females within each council area.

Figure 94. Limiting long term health condition or disability by sex, Scottish council areas, and Scotland, Censuses 2011 and 2022



B) Males

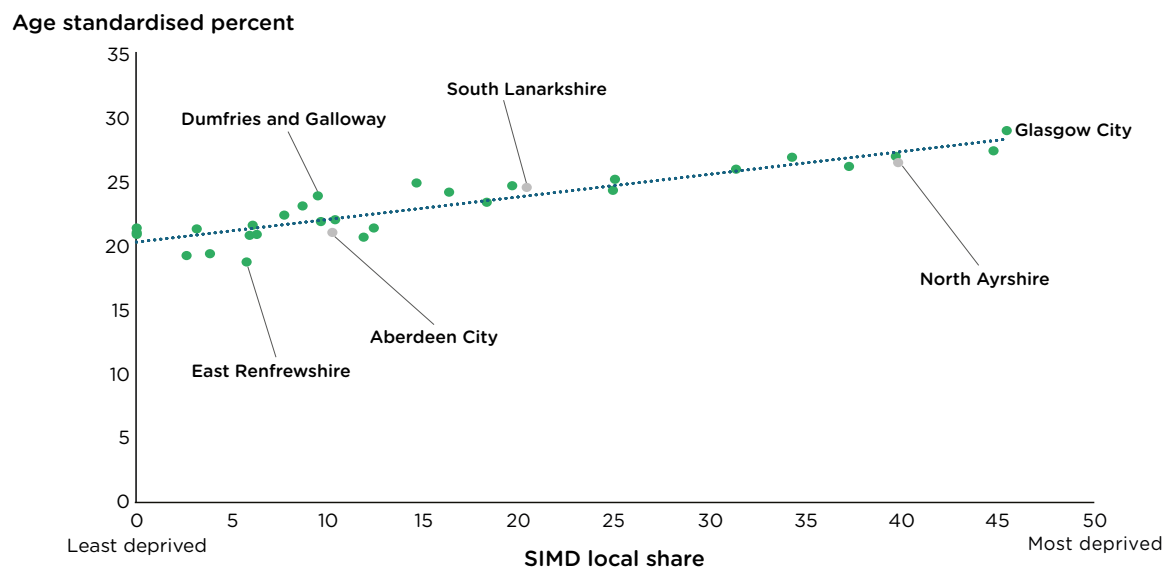


Source: Scotland Government (2025) [103]

Note: A limiting long-term health problem or disability is one that limits a person's day-to-day activities and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age. People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all.

There is a close association between the percent of the population with limiting long-term health conditions and level of council deprivation across Scotland.

Figure 95. Age standardised percent of population with a limiting long-term health condition or disability by SIMD local share, Scottish council areas, and Scotland, 2021



Source: Scotland Government (2025) [103]

LEARNING DISABILITIES

In 2019, local authorities reported on the number of adults with learning disabilities known to them, regardless of the services they receive. The total number of adults known to local authorities in Scotland in 2019 was 23,584 a rate of 5.2 per 1000 with the highest rates reported in Dundee City (8.2 per 1000) and the lowest in Perth and Kinross, 3.4 per 1000 [104].

There is strong evidence that people with learning disabilities have worse health than those without learning disabilities and are more likely to experience poor outcomes in key social determinants of health and experience discrimination [105]. Recent evidence presented by the Scottish Learning Disabilities Observatory indicates that up to 40 percent of deaths of people with learning disabilities may be avoidable. Young adults aged 25-34 years with learning disabilities were 6 times more likely to die prematurely, while for adults with learning disabilities of all ages, the mortality risk is 3 times higher compared to adults in the general population. Young adults aged 25-34 years with learning disabilities are 9 times more likely to die of treatable causes of death and Adults aged over 25 with learning disabilities are dying, on average, 15 years younger than adults without learning disabilities [106].

IHE summarised evidence about the inequalities and discrimination experienced by people with learning disabilities in England [105]. The report found that, compared to the general population, people with learning disabilities are:

- More likely to be subject to pressured parenting environments, and have more difficulty forming close relationships in their early years, which can, for example, lead to behavioural and mental health problems [107].
- More likely to live in poverty, which can limit the ability and freedom to purchase healthy options, be socially included, and/or afford decent housing.
- Less likely to be in work.
- More likely to live in poor environments.
- More likely to be bullied and discriminated against, which can negatively impact on social integration, ability to work and mental health [105, 108-110].

MARMOT PRINCIPLE 8: PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER.

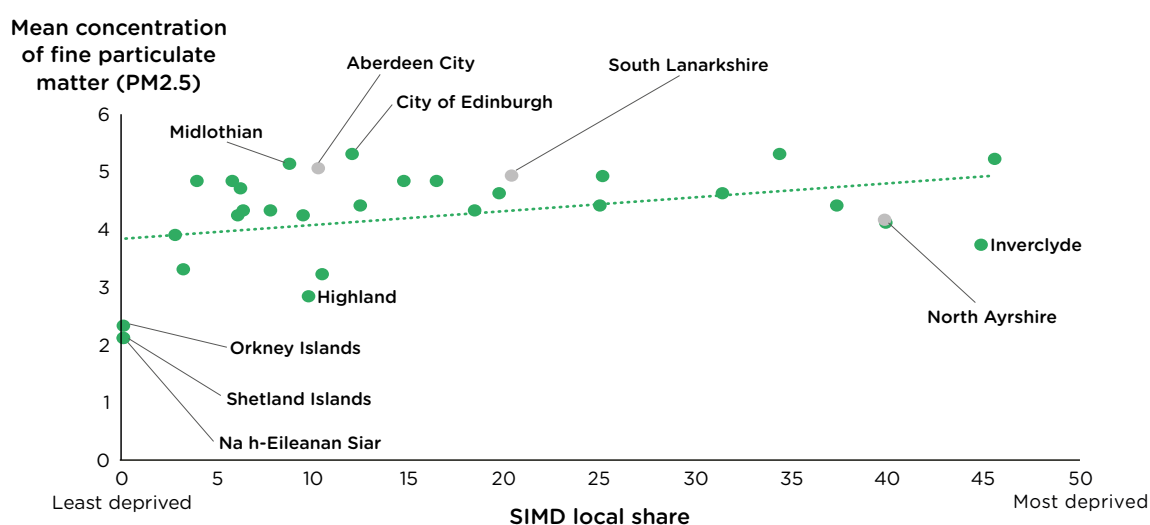
The IHE Ten Years On and Achieving Net Zero reports outlined the direct and indirect impacts of climate change to mental and physical health and unequal impacts that deepen health inequalities [8, 111].

Tackling climate change and health inequalities together is vital so that efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage health equity. Harm to health from climate change will affect communities living in the most deprived areas the most. Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst-off who also bear proportionately greater costs of mitigating or remedying the problem.

AIR QUALITY

There is an association between air quality and deprivation in Scotland with air quality tending to be worse in more deprived areas. Aberdeen City has relatively high concentrations of PM2.5, or fine particulate matter pollution for its level of deprivation, Figure 96 and there is an association with urban areas and worse air quality. PM2.5 is particularly bad for health as the particles are so small they enter the lungs and blood stream and pose significant health risks.

Figure 96. Air quality, mean concentration of fine particulate matter (PM2.5) by deprivation (SIMD score), Scottish council areas, 2022

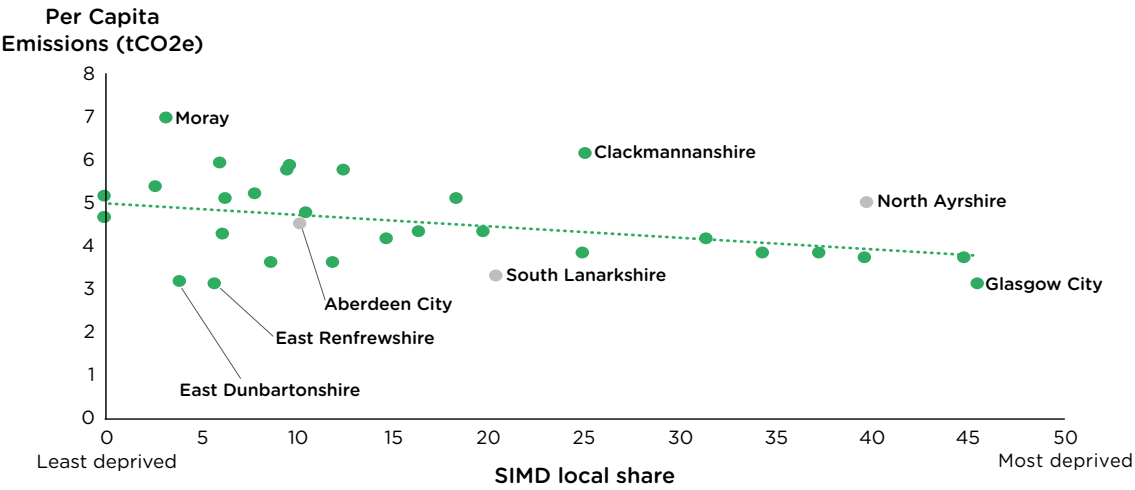


Source: DEFRA (2023) [112]

CO2 EMISSIONS

There are wide differences in CO2 emissions between councils which are considered within the scope of influence of the local authority which includes emissions from industry, commercial activity, the public sector, domestic use, transport, and agriculture. Moray has the highest per capita emissions, nearly seven tonnes per capita and East Renfrewshire at 3.1 tonnes per capita, the lowest. There is a slight inverse gradient with less deprived areas tending to emit more CO2 per capita than more deprived areas. Of note is that the data is from 2022 so more recent efforts to reduce emissions are not included.

Figure 97. Tonnes of CO2 emissions per capita, within the scope of influence* of the local authority, by deprivation (SIMD local share), Scottish council areas, 2022



Source: UK Government (2024) [113]

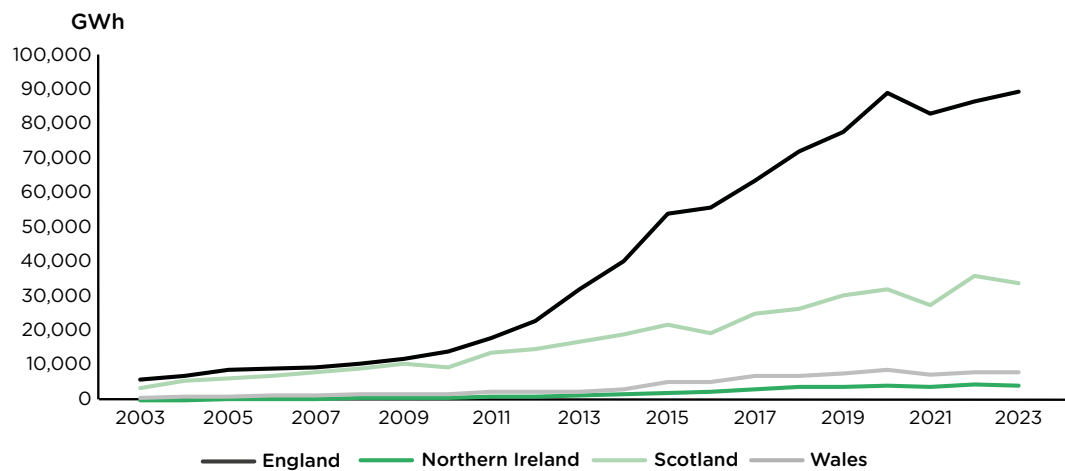
Notes:

- 1) *Excludes large industrial sites, railways, motorways, land-use, livestock and soils
- 2) Includes: industry, commercial, public sector, domestic, transport, agriculture

RENEWABLE ENERGY GENERATION

Across the UK generation of electricity from renewable sources has increased markedly in England and also increased in Scotland since 2010.

Figure 98. Generation of electricity from renewable sources, GWh, countries of the UK, 2003 to 2023



Source: Source: UK Government (2024) [114]

CONCLUSIONS

Following an earlier CHES report on the extent of health inequalities nationally and within council areas [7], this report provides an overview of key social determinants of health, organised by the Marmot Eight principles. Future work will explore policies and interventions developed nationally and locally to reduce inequalities in these key social determinants and recommendations will be made to adjust these to support greater health equity. The report is also intended to assist the three CHES collaborating places to identify challenges in their areas and to explore in the next implementation phase of the CHES how these might be tackled. While the report does identify particular inequality issues in each of the areas, local intelligence and stakeholder input is needed to support the process of prioritisation and development of recommendations.

In relation to the national picture there are stark inequalities in key social determinants of health between and within areas and people living in more deprived areas have worse outcomes in all of the eight social determinant areas overviewed in the report. There are also clear gradients, where data are available, showing an association between the social determinants of health and level of income and with education. It appears from our preliminary, exemplar analysis of the implementation of General Revenue Funding Grants to councils, that this funding source is insufficient to mitigate the impacts of structural inequalities and flatten these gradients and reduce inequitable health outcomes. In the next phase of the CHES programme, where data is available for allocations at local level, we will undertake a more holistic examination of the adequacy of resources available to address inequalities across Scotland related to deprivation and assess how resources and action are proportionate to the level needed to flatten inequalities across the gradient.

Among key social determinants of health nationally and within councils there are particularly significant and stark inequalities in early years development and educational attainment related to household income and area deprivation; these have life-long impacts and undermine health in the immediate and longer term and drive health inequalities. There have been important national and local approaches to reducing child poverty which have managed to stabilise rates despite many global and national challenges, while other countries have experienced increases. Despite this, in 2023/24, just over 19 percent of children and young people still grew up in relative poverty in Scotland even before housing costs were accounted for and 22 percent after housing costs were accounted for. Rates of child poverty are much higher in more deprived councils and among ethnic minority groups. There are persistent inequalities in educational attainment and experiences in school related to area deprivation and whether pupils are eligible for free school meals or not.

Across Scotland there have been welcome declines in the proportion of young people who are not in education, employment and training. There have been increases in economic inactivity largely due to increased numbers of young people who are in further and higher education, but also an increasing proportion who are not available for work due to ill health among people aged 16-24. Active labour market programmes are likely not to be accessed by many people, classed as economically inactive, who could be supported into good quality jobs with reasonable adjustments in the workplace. Further work may explore the extent of good quality jobs available in Scotland and local areas, although as overviewed in this report, there are many jobs across Scotland which are not paying the Real Living Wage.

As in other parts of the UK, poor quality housing as well as unaffordable housing is damaging health and the conditions of housing and security of tenure in the private rental sector is of particular concern. There are also steep inequalities related to deprivation and gender in fear of crime, in likelihood of being a victim and a perpetrator of crime all of which damage physical and mental health.

Council areas are often well aware of particular issues in key social determinants of health within their area, and this report may help their assessment of these and other potential priority areas. While this report has highlighted many areas of concern and significance for health equity, there is a generally supportive policy context and ambition to go further.

The CHES is focussing on how programmes are implemented as well as particular inequalities, and delivery and implementation will be the focus of the next stage of the collaboration. CHES will also identify priorities and delivery and implementation systems in each of the three collaborating places with a view to strengthening actions, systems for health equity and informing the national system.

TECHNICAL ANNEX

INDICATORS OF DEPRIVATION BETWEEN LOCAL AREAS

Assessing deprivation-related inequalities at local authority level can be done using the Scottish Index of Multiple Deprivation (SIMD) local share.

The local share is an indicator of deprivation for a higher-level geography, such as local authority, as measured by the proportion of data zones in a local authority which are among the 20 percent (or another threshold) most deprived in Scotland. This local share, and the ranking of council areas based on it, is used in this report to assess the relationship between health outcomes and area deprivation.

$$\text{Proportion (i)} = n(i)/N(i)$$

Where $i = i^{\text{th}}$ Council area

$n(i)$ = number of Data Zones in the i^{th} Council area that are among the 20 percent of most deprived Data Zones in Scotland

$N(i)$ = total number of Data Zones in the i^{th} Council area

However, Data Zones vary in size, with populations between 375 and 1,125, therefore when we come to looking at the contribution of each council area to the size of the deprived population in Scotland as a whole this index did not fully reflect the size of the population affected by deprivation. For this reason, we developed a slightly modified index - the percent of the population of the 20 percent most deprived Data Zones nationally that live in each council area. This was necessary to assess whether General Revenue Funding Grants to councils fully reflected the amount of resourcing needed to reduce the concentration of the deprived population in some areas.

$$\text{Proportion (i)} = [\sum_{j=1}^{n(i)} p(i,j)] / \sum_{i=1}^N \sum_{j=1}^{n(i)} p(i,j)$$

Where $i = i^{\text{th}}$ Council area

$n(i)$ = number of Data Zones in the i^{th} Council area that are among the 20 percent of most deprived Data Zones in Scotland

$p(i,j)$ = population of the j^{th} Data Zone in the i^{th} Council area that is among the 20 percent of most deprived Data Zones in Scotland

N = total number of Data Zones in Scotland that are the 20 percent most deprived Data Zones (i.e. approximately 1395 out of 6976 Data Zones)

Using this population-based share results in minor changes in the value of the deprivation indicator and a change in ranking of about a third of areas by between one and three places, while only one area's ranking changes by three places (Argyll and Bute) and three by two places (Aberdeenshire, Midlothian and Perth and Kinross).

CALCULATING DEPRIVATION INDICATORS WITHIN LOCAL AREAS

Currently there is no existing indicator of deprivation of Intermediate Zones. These comprise several contiguous Data Zones and have populations between 2,500 and 6,000 people.

They are the lowest geographic level for which much health data are available and are not adversely affected by small number issues. Therefore, to quantify the extent of health inequalities within the three CHES places, we derived a deprivation rank for each Intermediate Zone within these Council areas. This was calculated using the population weighted average of the SIMD ranks of the Data Zones that comprise the Intermediate Zones. The weighted average is scaled to the number of Data Zones in Scotland (6,976 in 2020) rather than the number of Intermediate Zones. This average is therefore divided by the total number of Data Zones in Scotland in 2020 and multiplied by 100 to express the figure as a percent of the largest rank possible in Scotland.

$$\text{Rank (i)} = [\sum_{j=1}^{n(i)} p(i,j)r(i,j) / \sum_{j=1}^{n(i)} p(i,j)] / 6976$$

Where i = ith Intermediate Data Zone

n(i) = number of Data Zones in the ith Intermediate Data Zone

p(i,j) = population of the jth Data Zone in the ith Intermediate Data Zone

r(i,j) = national rank of the jth Data Zone in the ith Intermediate Data Zone

An intermediate Zone with a higher weighted average SIMD rank (expressed as a percent), predominantly comprises some of the least deprived Data Zones in Scotland while an Intermediate Zone predominantly made up of deprived Data Zones will have a lower weighted average SIMD rank (expressed as a percent).

Notably, within Council areas less data are available at Intermediate Zone level for the social determinants of health than are available for health outcomes, as reported in the previous health inequalities overview. IHE will work with areas to provide this data where possible.

There are other ways of aggregating SIMD to higher geographies, and we will be investigating further whether the methodology for aggregating Data Zones can be improved.

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