"Tinker, Tailor, Soldier, Sailor"
Social Determinants of Wellbeing

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Abstract

The counting game 'tinker, tailor, soldier, sailor' suggests to children that their future destiny is down to chance. But is this really the case?

This lecture will explore some of the well-known and lesser known determinants of outcomes for children and young people and the relationships between them.

Examples of innovative practice will be used to illustrate ways to achieve alternative outcomes.

Ten simple attitudinal changes that have potential for profound societal change will be outlined as challenges for the audience to achieve.

1. Introduction

Welcome to the University of Cumbria, it's a pleasure to see you all here tonight and thank you to everyone in the audience – people I know and others I don't from all types of organisations and life experiences. Thank you for showing your support for this important topic.

Inequality in health and wellbeing has become a passion for me for two reasons. Firstly through my personal experiences of growing up in a low income household, having health issues and being bullied in school and truanting. I was lucky and got some breaks which enabled me to turn these circumstances around. Thank fully a geographic, school move and increased family income changed that for me. Teachers in my second school enabled me to see I could be successful and I made choices and worked hard accordingly to be where I am now: Kaz, Professor of Social and Health Inequalities and Director of the Centre for Research in Health and Society. It still feels strange to call myself a professor.

A second driver for my passion has been my career experience supporting people in very challenging circumstances in primary and secondary education, in social care, youth work

and outdoor education. It is reflecting on how and why so many people, especially young people, experience poor outcomes and why that has led me to this room today.

I wonder why you are here? Perhaps say hi to the person next to you and share why you are here today.

Over the course of the evening we'll consider four questions:

- **What are 'social, health and wellbeing outcomes'?**
- **Does everyone experience outcomes and issues to the same degree?**
- **Whose responsibility is it to sort out inequality?**
- **What does an 'upstream' solution look like?**

Over the course of the evening we'll explore these four questions. But before I attempt to answer them, two questions for the audience on mentimeter.

What is the inequality you are most worried about in the world?

What would you say health and social outcomes are dependent on? It's artificial making you choose one, but have a go.

To start us off, I'd like to look at the children's counting game 'tinker, tailor, soldier, sailor' that I used to play with friends at school. The game suggests to children that their future destiny is down to chance. But is this really the case?

Tinker, tailor, soldier, sailor, rich man, poor man, beggar man, thief
Silk, satin, muslin, rags,
Coach, carriage, wheelbarrow, cart,
Big house, little house, pigsty, barn
This year, next year, three years, never.

How does it feel to get landed with the negative outcomes / partners just by where you stood in a line or circle of people? Is it fair that the person next to you got to live in a big house when you had to live in a pig sty? Whilst child play, these questions matter.

You just get 'lucky' is one narrative in society, and one we might wish to challenge.

The other narrative in society, often told to me as I grew up, is that 'if you work hard you can get whatever you want'. This implies people get what they deserve. I worked hard to overcome failed exams, low results, and a generally poor start I life (I still am working hard) – but does working hard account for all my success? Do people who work less hard necessarily deserve less outcomes?

Let's explore the stories of three fictional children growing up to see the extent to which this is true. Whilst they are exaggerated for effect, the statistics support the likelihood of the events within them.

Sandra is a White British female living in Carlisle .
She is the only child of a single parent.
Her mum does not working due to having anxiety attacks. She does not like to go out.

Jacob is an Afro Caribbean male living in Sheffield.
He is one of six children and his parents live together, run local shop and live in their own home.

Matthew is White British and male, living in London
He is one of two children. His parents are married.
His Father is a banker, mother has a hobby fashion business.

So far they have the same developmental stage.

Throughout her childhood Sandra lives in a damp home. *She is one of the 8.2 million people in the UK renting a damp home from a social landlord. This makes it twice as likely that she will develop asthma.*
Her childhood is also spend living in poverty. *One of the 17% of homes below median income level . Living in poverty is linked to a 4.5 times increased likelihood of developing severe mental health issues.* This is a contributary factor in her mums anxiety attacks.
Sandra play and socialises very little and her language skills fall behind.

Jacob lives above the shop in a fairly warm home
It's a stable home, but his parents work hard and are quite stressed with the shop.
They earn a medium income. They are part of the community and Jacob gets to play and socialisation with siblings an friends.
These are all predictors of good outcomes

Matthew lives in a luxurious home with plenty of money. *His financial and home stability double the likelihood of his exam success.*
He has a nanny, does lots of activities, and has many play opportunities with many friends. These make him more likely to achieve developmental milestones.

Sandra’s primary school in a poor area but has committed teachers.
She is categorised as a ‘Free School Meals’ child as she lives in poverty, *FSM status makes it twice as unlikely that she will get 5 GCSE’s than other school children.*
Her mum gets food from the food bank - p*oor nutrition from food bank and poor nutrition has been shown to negatively affect learning.*
She suffers neglect from her mum who tries but struggles to look after her - *Like one in ten other children in England.*
She begins to be unfocussed at school.

Jacob goes to a good primary school in good area with lots of community provision. He engages well, achieves well and goes to after school activities. He has plenty of fresh foods home cooked. *These are all predictors of good outcomes.*

Matthew goes to an excellent private primary school. He has fabulous food and nutrition. He gets home tutoring and goes on all the trips, clubs, activities.
These all make him more likely to achieve well.

In secondary school Sandra disengages from classes.
She misses school due to her asthma – *this is twice as likely when living in damp housing*
She truants school due to bullying and she does not get GCSE's as was predicted by her FSM status.
She becomes a carer for mother who is now diabetic and anxious - *women are twice as likely to experience anxiety than men.*
Sandra becomes NEET due to her poor ability at school and her caring responsibilities – *Just living in the North makes her 1.5 times as likely to be NEET than someone from the Southwest of the country.*
She is unhappy with her lot and develops depression - *11 year olds from low income families 4.5 times as likely than those from highest income families.*

Jacob's parents pressurise to achieve highly. He works in family shop with little time to study. Jacob experiences racial discrimination – *this increases the chance of low attainment as it is a significant life stressor.*
It all gets too much for him and he starts to do badly in school – a common pattern as *51% of BAME pupils get 5 GCSE's compared to 63% national average.*

He lives in a city with has a serious gang issues, in an area of territorialism and ends up pressured into joining.

For him the gang seems an easier way to make money than his parents shop and most importantly offers him new found protection from bullies - *like 30,000 other young people in the UK, 0.4% of whom will die in gang violence.*
To be in the gang he has to sell drugs and also starts to use drugs. Eventually he is arrested for possession of class A - *as a black youth he is twice as likely to experience prison life than a white person.* His parents have had enough and throw him out of his home.

Meanwhile Matthew attends a Private school. He is also bullied by the seniors, but retaliates by becoming a bully. He too gets stressed and anxious but gets private counselling. Eventually he achieves well, goes to Oxford, gets a good degree
There he takes up fencing and orienteering for sport -*someone like Matthew, with money is five times more likely to spend time outside than someone from poverty.*

As an adult, Sandra does not secure a job – *because she was a NEET she was 2.8 times more likely to be unemployed than others.*
She is reliant on universal credit, although it is not enough to live on. She drinks and eats unhealthy food as she can't afford fresh fruit and vegetables - *children in low SES households proven to be more likely to be obese.*
She does not exercise - *she is 5 times less likely to go outside than people from affluent areas.*
She is socially isolated - *one of the 9 million people in the UK who report feeling lonely.*
She doesn't find life very rewarding - *like 65% of other over 16 year olds*
She dies prematurely - *up to 18 years earlier than someone from the South.*

Having been thrown out of his home he ends up homeless - *like 65,000 other registered homeless people.*
Living on the streets he becomes alcohol dependent to ease the suffering - *like one of 590,000 other people per year.*
He is of course workless - *2.25 times more likely to be unemployed that a white man and 90% less likely person with no home address.*
He is reliant on people throwing him money and so suffers from malnutrition, exposure and health issues. He dies at 47, the average life expectancy of *homeless people.*

Matthew is successful. He becomes a banker, buys a house, has a family. He experiences heart issues but has private health care to manage it. He lives a good long life, *up to 18 years longer than someone from the north.*

So how much of this was all due to luck? Hard work? Personal choice? Social circumstances?

Powerful evidence now shows there is much more than luck in the game of life, that a range of social factors lead to or determine outcomes. This is a very inconvenient truth which politicians and the media would like to ignore or even hide because of its far-reaching consequences. Instead the media would prefer to stir public denouncement of people living in poverty and reliant on benefits. The stories lead us to conclude that unpleasant outcome such as homelessness, poverty, drug addiction, even sexual exploitation are somehow deserved (Dorling, 2010, p.2).

How could we every believe any child deserved to live in poverty? To go hungry? To fail in school?

Rather than becoming embroiled in political or philosophical debates about equality I take a 'consequentialist' approach. This means that I reject many forms of inequality because they have negative consequences to those who experience them (Jensen and Kersbergen, 2017, p.21). Many people, do, however believe that inequality is not only necessary, but desirable. A range of myths perpetuate this position, such as the beliefs that;

- Elitism is efficient and makes everyone richer
- Privilege is earned and therefore just
- Inequality motivates people to do better.
- Exclusion is necessary- we can't all take part in everything
- Prejudice is natural and some people are better than others
- Greed is good

- Despair is inevitable as attempts at change are futile (Dorling, 2010; Jensen and Kersbergen, 2017).

None of these are logical or moral arguments for inequality, but rather defences that enable those in positions of privilege to maintain them whilst also absolving themselves of the responsibility to help others with less favourable life chances.

The stories have given us some ideas about the outcomes I am talking about, but there are many more. This leads to the first question of the evening: **What are 'social, health and wellbeing outcomes'?**

Social and health outcomes are often merged together under the banner of 'wellbeing'. We have already come across some of them in the stories of Sandra, Jacob and Matthew.
A starting point for us tonight is the National Wheel of Well-Being, a data set managed by the Office of National Statistics comprising 10 domains of wellbeing and 43 associated indicators as shown in this next image.

It's pretty hard to read all these domains – but the associated dashboard of data gives statistics for each of these areas and the trends over the last five years. There is much to commend about this approach. At last attention is being focussed on how people are faring

alongside measures of GDP, and this longitudinal approach should also enable an understanding of how policy and social changes impact on national wellbeing.

There are, of course, also issues with the Measures of National Wellbeing – although there were 320,000 respondents to the questions in the Annual Population Survey, we could easily guess at the groups of people for whom a paper based survey was inappropriate and so there is potentially a positive skew in the data collected.

Whilst comprehensive, there are some notable areas of wellbeing, or illbeing, missed out by the 'wellbeing wheel', with little rationale as to why., such as people experiencing abuse, people who are obese, people with addictions – these all seem key indicators of wellbeing, or a lack of it to me. As a result I drew up a table of each of the ONS and additional metrics of wellbeing, included as appendix 1, and asked myself:

- How well are we doing in each of these areas and who does better than others in each?
- What is the impact it has on people's lives now and in the future as a determinant of other poor outcomes?

The resulting table is too large to present in its entirety tonight, and so I have selected one indicator from each of the ONS domains of wellbeing in order to explore the second question of the evening; **Does everyone experience outcomes and issues to the same degree?**

Education and skills: qualifications
How many?
The ONS states that 7.8% of UK residents had no qualifications in 2019.
Who?
Research shows a prevalence of adults from low socioeconomic status without qualifications (Aikens & Barbarin, 2008; Morgan, Farkas, Hillemeier, & Maczuga, 2009). Tracking back to school, the DfE reports 67% of all free school meal children do not gain the national average of GCSE's compared to 29% of all other pupils, so income impacts on levels of qualifications.
Impact?
The average gross weekly pay of someone in the UK is £635, unless they have no qualifications in which case it drops to £413 - £220 less per week (C&K Careers, 2020). This makes it hard for people to lift themselves out of poverty.
Driven by inequality?
Strongly, countries with the highest income gap have the worst educational outcomes overall (Wilkinson and Pickett, 2007).

Personal wellbeing: life satisfaction
How many?
From the ONS metrics, 70% of over 16 year olds reported they were less than satisfied with their lives in 2019.

In their 2018 report The Children's Society found 11% of children had low life satisfaction (The Children's Society, 2018).

Who?

The Children's Society survey found a wide number of people were more prone to poor life satisfaction. This included young people who: had parents with mental ill health, experienced emotional neglect, lived in debt worried about crime, or lived in deprived areas.

Impact?

Life satisfaction acts is two ways, it is affected by physical and mental health and life circumstances, and it also affects mental health and physical health (Gana et al., 2013).

Driven by inequality?

Yes, research in 2018 on data from 25 OECD countries in the period 1990–2014 showed that income inequality increases life satisfaction inequality and that both income inequality and life satisfaction inequality have a significant negative impact on social trust (Graafland and Lous, 2019).

Relationships: Loneliness

How many?

The ONS state that 5.4% of people in the UK feel lonely often or always.

This stands in contrast to research by the British Red Cross and Co-Operative who found over 9 million people in the UK (almost a fifth of the population) said they are always or often lonely.

Who?

Whilst the national average might be low, there is a huge population skew. In people over 52 the following trends were observed (Beaumont, 2013):

- Widowers 63% lonely
- Divorcees 51%
- Poor health 59% compared to 21% good health.

So an over 50 person living along in poor health can be expected to feel lonely.

Impact?

Loneliness has two startling impacts, firstly it is strongly correlated to incidences of anxiety (ESRC, 2013; Lyubomirsky, 2007) and secondly it has been found to increase the likelihood of mortality by 26% (NHS, 2015). If there was ever a simple and cost free way to drastically improve mortality it would be going and talking to a neighbour.

Driven by inequality?

Yes, a large Dutch study found that people with low incomes were twice as likely to be lonely and six times more likely to be socially isolated (Hortulanus et al., 2004).

Health a: Depression

How many?

The ONS dashboard show 19.1% of the population have some anxiety or depression – an increase of nearly 2% in just one year.

Who?

There is a wide range of people who have a greater propensity to experience depression than others according to the Mental Health Foundation (2016), including;

- post-natal mothers,
- the elderly and lonely.
- Black, Asian and minority ethnic groups,
- refugee, asylum-seeking and stateless people,
- LGBT populations,
- people with disabilities,
- carers,
- victims of domestic violence,
- people living in deprivation, poor housing or social isolation.

Aside from post-natal mothers, this list is associated with people who are may experience social discrimination and/or material difficulties. These both increase the stress, and as issues they cannot alter, a sense of helplessness, both of which potentially manifest as depression.

There is also a clear gender imbalance with a 22.5% prevalence in women and 16.8% prevalence in men.

The Royal College of Psychiatrists reported that 68% of these women and 57% of these men are parents, increasing the stress in the child's life.

Children and young people are also disproportionately represented in depression statistics. According to ONS depression surveys in 1999 and 2004 the rates of mental health problems rise steeply in mid to late-adolescence.

For adolescents aged 11–16, the rate of mental health problems is 12% and this figure rises to around 23% by age 18–20, outstripping the national average. Adolescence is, therefore, a highly stressful time of life for the average young person, let alone a youth facing any form of adversity and we are in need of much greater mental health support at this age.

Impact:

In a 21 year longitudinal study of 1265 children, experiencing depression between 14 and 16 years of age demonstrated childhood depression is linked to an increased risk of later: depression, anxiety disorders, nicotine dependence, alcohol abuse or dependence, suicide attempt, educational underachievement, unemployment, and early parenthood (Fergusson and Woodward, 2002).

Driven by inequality?

Yes, rates of depression are higher in countries where there is the biggest inequality (Steptoe and Tsuda, 2007).

Health b: Life Expectancy

How many?

The ONS state life expectancy from birth is 63 years of age, with women living slightly longer than men (0.5 of a year from birth).

Who?

The Kings Fund (2019) and Banba (2018) research found that location mattered, with a differential of 18 years of life expectancy between the north and south of the country.

The top five causes of premature death in the UK are:

- cancer,
- heart disease,
- stroke,
- respiratory disease and liver disease

These are all affected by lifestyle, in turn affected by income (Parnham, 2018), and so the relative wealth of the north and south may be leading to this gap in lie expectancy.
Once group particularly at risk of premature death are the homeless, they have been found to have a life expectancy of 47 years of age (Fallaize and Lovegrove, 2018).

Impact?

Potential to impact on remaining family?

Driven by inequality?

Yes, life expectancy is lower for EVERYONE in countries that have higher levels of inequality (Pickett and Wilkinson, 2015).

Occupation and leisure: Job Satisfaction

How many?

Having a job is a privileged status in itself, but there are issues for people in employment too. The ONS dashboard shows 56% of people are mostly satisfied with their jobs, and so 44.5% are not.

Who?

This is a place where class matters – only 3.3% of elite jobs are held by people from working class origins, whereas 8.9% of these jobs are held by people from professional or managerial origins. Top earners from working class origins earn £40,768, whereas top earners from professional backgrounds earn £47,131 (Friedman and Laurison, 2019).
Changes in the labour market are also impacting on job satisfaction. The prevalence of zero hour contracts, short term contracts and the increase in workplace stress also erode job satisfaction.

Impact?

Precarity (low security, low trust employment) has been found to lead to a lack of wellbeing (Kalleberg, 2018) as it creates feelings of anger, anxiety, anomie and alienation (Standing, 2016). Precarity affects everyone but a higher proportion of deprived families as the consequences are more serious for them and so the associated stress higher.

Driven by inequality?

Yes, status issues seem to drive lower job satisfaction in countries with higher income inequality (Wunder and Schwarze, 2006).

Where we Live: Crime Rates

How many?

The ONS dashboard shows 58 crimes committed per 1000 adults, which is a hard statistic to grasp. Perhaps it is easier is to think of every 100 of us committing 6 crimes. If arrested, the people who commit these crimes become prisoners. There are 174 prisoners per 100,000 of the population in England and Wales.

Who?

31% of prisoners are aged 30-39; 27% of prisoners are ethnic minority compared to 13% of the general population and they are 95% male (Sturge, 2019).

Impact?

Imprisonment has huge impacts with a 75% of reoffending and recidivism, or future of low paid work or unemployment (Moran, D. 2016). It is also linked to depression due to the lack of social status, social isolation, and homelessness.

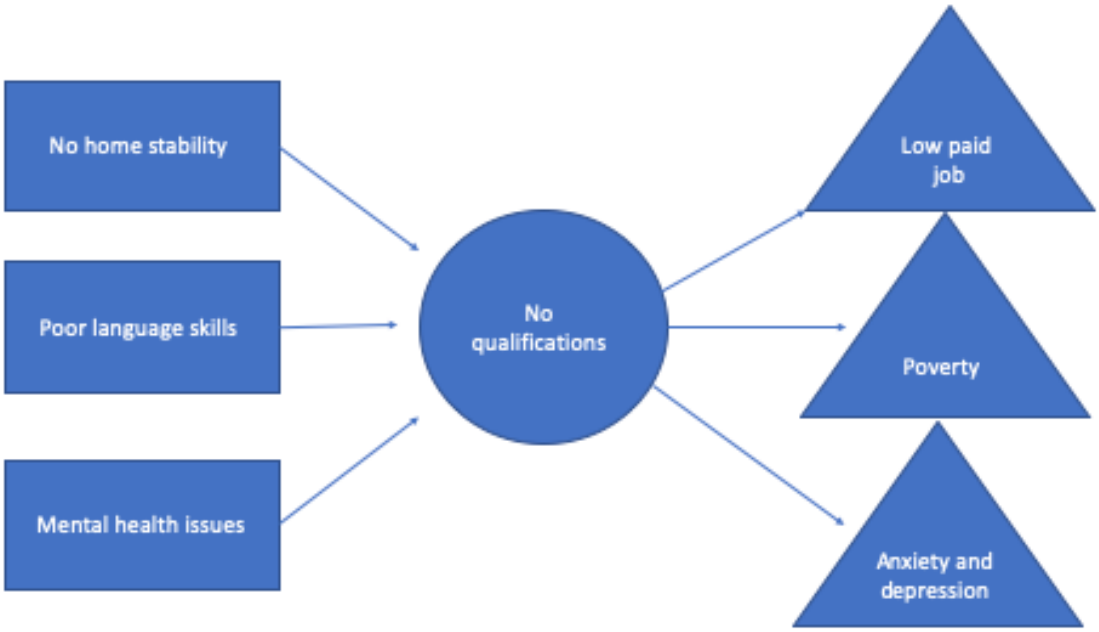
Driven by inequality?
Yes as shown by compelling evidence (Wilkinson and Pickett, 2010).

Personal finance: Income
How many?
The ONS reports on households with less than 60% of the median income before housing costs known as relative income poverty. They state that this affects 17% of households in the UK in 2019. Figures vary however. Armstrong (2017) reports 1.25 million people in the UK are struggling to eat, keep warm and clean and find a bed for the night
The Child Poverty Action Group (2019) cites one third of children grow up in poor households where the wages are too low to lift them out of poverty.
Who?
A wide range of groups are more prone to low income than others. These include:

- children (30%)
- lone parents (45%)
- disabled people (26%)
- ethnic minority families (45% of their children)
- people of Bangladeshi origin (50%),
- workless households are more likely to experience poverty, remain in poverty for longer and to experience deeper poverty than others.

Women are still lower paid than men. (Child Poverty Action Group, 2019).
Impact?
Not only is there the very tangible impact that living in poverty has on housing, warmth and nutrition, but it also has a psychological impact. Sir Michael Marmot in the famous review of SDoH in 2010 said: “Feelings of inferiority, frustration and a lack of autonomy lower the immune system, make people feel ill and shortens lives” (Marmot, 2010).
Driven by inequality?
By definition, there are more low income households in countries with the most inequality (Wilkinson and Pickett, 2010).

These issues do not arise by magic, and nor do they exist in isolation. For example, people who do not have qualifications lack them for a specific range of reasons. Having no qualifications also increases the likelihood of other outcomes. Looking at what determines these issues and how these issues determine other factors is therefore really important.

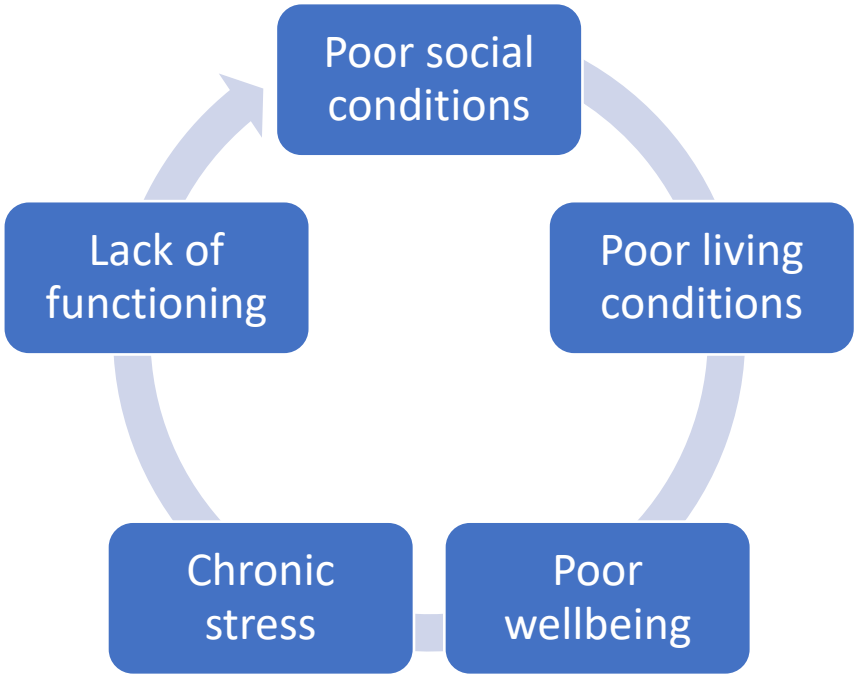


In Sandra's story we can see how a range of causal factors might determine a person's life situation and also shape further future outcomes. We should therefore be careful of judging people with poor outcomes as a range of factors may have lead to that outcome over which they had very little control. They may now be in a situation where they have very little ability to remedy that. Many people living on low income salaries do not have the money or time to life themselves out of that poverty.

The converse is also true, where some people with many opportunities make bad decisions none the less – the social determinants of health argument does not excuse everyone from their personal responsibilities.

The poor outcomes act throughout the life course (Graham, 2009), one issue leading to another.

Each of these can also a cause of other social and health outcomes, and so we get multiple, inter related psychosocial issues creating a vicious cycle as shown below.



This is because so many of them are psychosocial stressors in and of themselves (Sapolsky, 2005, p.94). The converse is also true, and by improving living conditions we can improve wellbeing, reduce stress and improve functioning, creating a virtual cycle of thriving.

Public opinion differs however. A survey by the Health Foundation (Elwell-Sutton et al., 2019) found that the general public believe health outcomes are a result of individual choice, with poor choices leading to poor outcomes. This narrative is grounded in a belief that everyone is responsible for themselves and, on the whole, we get what we deserve, as a result of our life choices. This is an example of 'meritocracy' the belief that everyone gets the merits of their own efforts – an idea much challenged by the evidence collated here (Stuart, 2019).

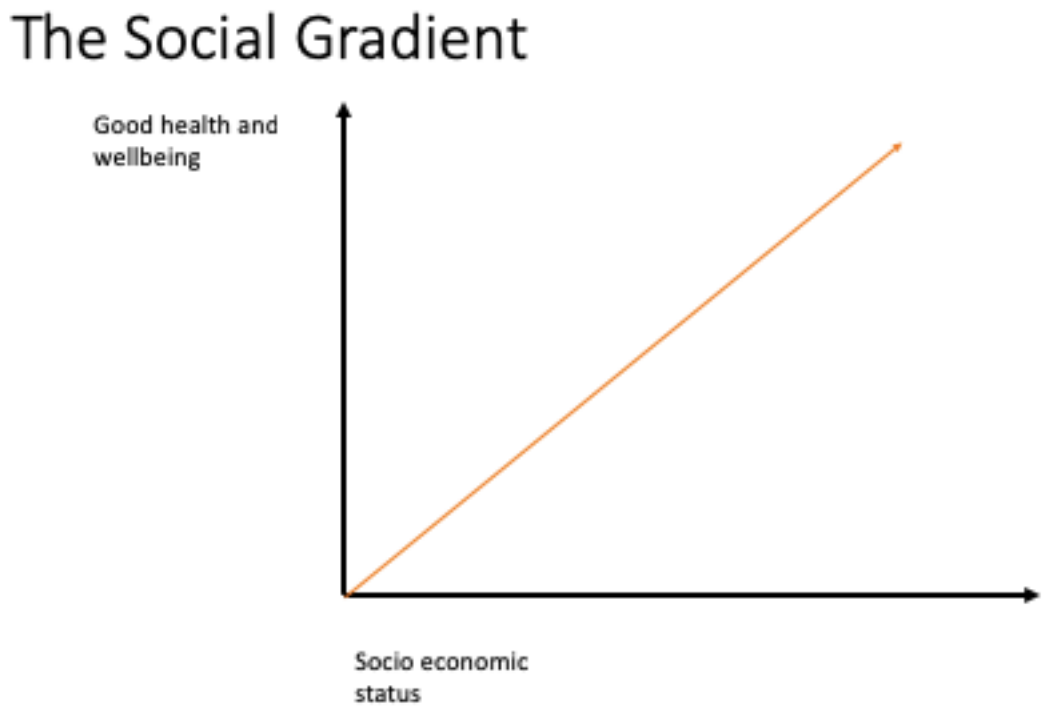
We've explored a range of issues which lead to poor health outcomes. These are known as SDoH. The WHO defines social determinants of health as the circumstances in which people are born, grow, live, work and age. These conditions are influenced by the distribution of money, power and resources operating at global, national and local levels (Marmot et al., 2010). Whilst some aspects of SDoH vary, what unites them is the idea of the influence of society on conditions of life and how these in turn affect health (Strother Ratcliffe, 2017). Societal factors might include levels of inequality, attitudes to people, stereotypes and social norms. These then 'allow' certain social conditions to prevail such as levels of income, suitability of housing, neighbourhood safety, pollution, availability of work, stress in the workplace, transport, availability of healthy food and clean water and so on.

Whilst the literature of the SDoH is helpful, it is also problematic in its focus. The theory itself shows how inter related various aspects of social life are on health, and so, I assert, the focus needs to be on the social determinants of wellbeing, incorporating a focus on health, education, social, employment, leisure and other outcomes. It is time to work across disciplines. This move also incorporates working in an intersectional way, exploring how multiple identities intersect and vary outcomes. It is not enough to understand the role of

ethnicity across health outcomes, but also gender, age, regionality and so on (Greenwood, 2017). Working in an interdisciplinary and intersectional way is vital as few, if any, of these outcomes stand alone, and rather are interconnected in complex webs of cause and effect. We must therefore view a person holistically and work with them holistically in order to effect change.From now on I will therefore refer to the SDoWB although this term is not yet found in other theoretical books.

SDoWB evidence now clearly shows these social factors impact throughout a person's life course and at a **population level.**

Further, access to resources is highly correlated to health and social outcomes.
No matter where you live, how equal your country, or what point in history you live in, a **social gradient** exists in social and health outcomes and wealth (Fritzell, 2014, p.340). This is shown in the diagram below.



This health gradient between income and health outcomes has been documented since 1984 both within and between countries. The persistence of this social gradient across geography and time is staggering.

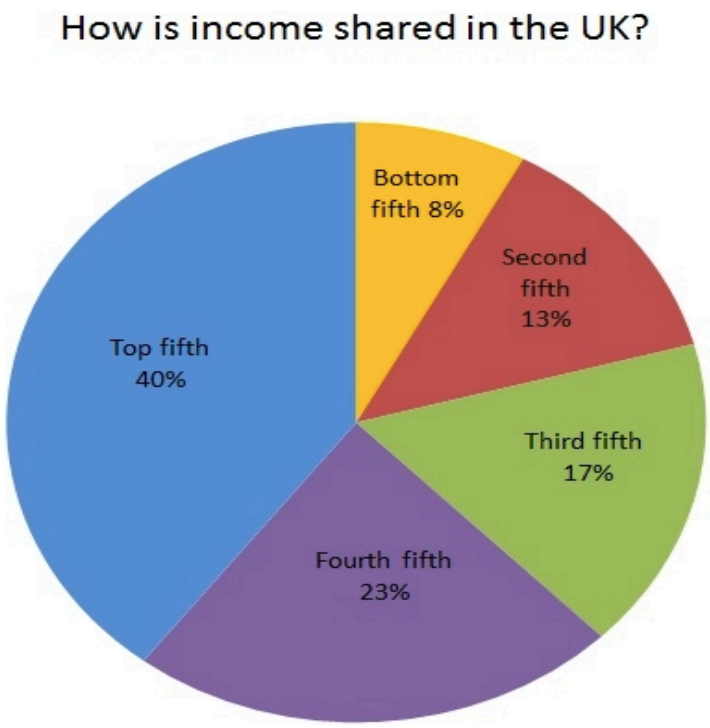
The seriousness of the impact of these inequalities cannot now be denied though, Sir Michael Marmot, who in the World Health Organisation Commission in Social Determinants of Health said;

"*Reducing health inequalities is….an ethical imperative. Social injustice is killing people on a grand scale*" (CSDH, 2008).

This analysis may lead us to think that the disadvantaged are the 'losers' in this system of inequity. Evidence now shows, however, that is it **everyone** in society who suffers when there is disadvantage. Wilkinson and Pickett (2010) in *The Spirit Level, Why Equality is Better for Everyone* prove that societies which are most unequal also have higher rates of all of these issues. Across whole populations with high inequality mental health is five times higher, imprisonment five times higher and obesity six times worse (Ibid).

Health for example, improves to a certain point with money as poverty illness is overcome, but then wealth ill health kicks in with cardio vascular and heart issues more prevalent due to indulgent / stressful lives. The increase of other social issues such as – crime, substance use etc., are often motivated by having less, and their impact is to make society feel insecure which impacts on everyone. And the bigger the gap the more social comparison and status anxiety exits – so many factors make everyone less well psychologically regardless of position.

So how big is that issue in the UK? Recent data has shown the UK is the fifth most unequal in OECD countries and fourth most unequal in Europe (Equality Trust, 2020). Recent data (in the figure below) has shown the poorest fifth of society have only 8% of the total income, whereas the top fifth have 40% (Equality Trust, 2020).



When it comes to wealth, the picture is even starker. The richest 10% of households hold 44% of all wealth. The poorest 50%, by contrast, own just 9%. Worse still, the top 1% of households in the UK had 9% of that wealth (Equality Trust, 2020).

That is not a recipe for a happy society - everyone suffers as the poor are left behind and resentful and the rich are stressed and stretched. It is therefore imperative that we tackle inequality as we can all be richer, happier and healthier in a more equal society.

Even from a fiscal point of view, the demand for greater equality is clear, the Marmot Review (2010) signposted that:

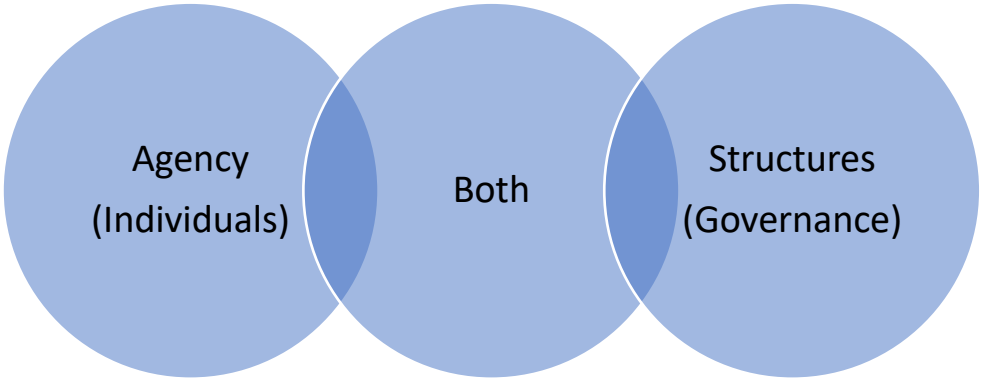
- Illness, lost taxes and lost productivity estimated annual cost of £31-33 billion
- Social security payments due to ill health estimated annual cost of £20-30 billion (Marmot, 2010).

Something therefore needs to be done, the problem cannot be ignored or hidden any longer. Indeed the volume of literature on SDoH is becoming overwhelming. So here is a third interesting question: **Whose responsibility is it, to sort out inequality?**

If social, health and wellbeing outcomes are really deserved, as the media suggests, then each and every individual needs to be given the proverbial kick to get off their sofas and sort themselves out.

This narrative suggests that everyone has the free will or 'agency' to be able to achieve whatever they want in life.

Another line of argument, that no one is to blame for their outcomes as they are all socially determined would suggest the state or governance is responsible for everything. Adopting this stance has two issues. Firstly, it is not in the interests of the 'powerful' in the world to address these inequalities and so we cannot 'leave it to them to do', secondly, solving the issues for people is patronising and disempowering.



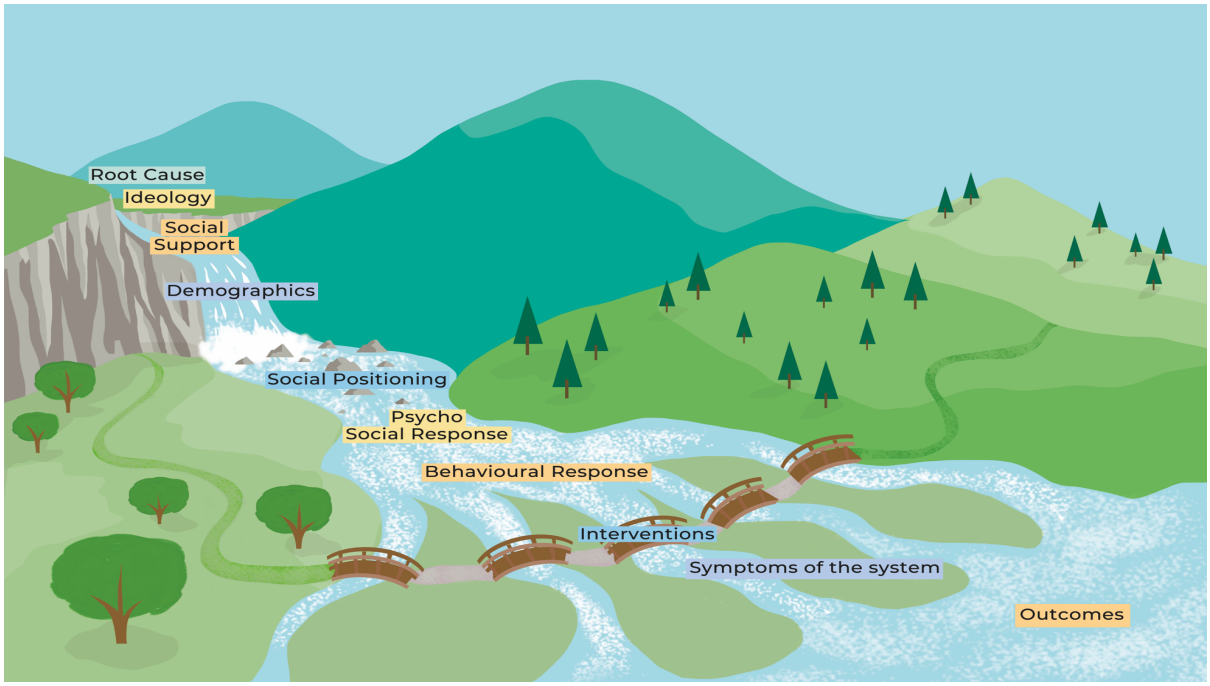
Neither of these extremes is tenable. A far more tenable position, shown in the centre of this diagram) is to accept that social structures create circumstances which to some extent enable and some extent constrain us (the social determinants) and we each have the free will and agency to be able to do something within and on those circumstances. Structure and agency are intertwined in a duality (Archer, 1995).

By now you are probably feeling uncomfortable and wanting to tell me about the amazing practitioners and organisations you know of who are supporting people in difficult life situations, and I agree with you, there are hundreds of examples of excellent practice.

Some of you may want to tell me about people who had it all and blew it all. Others are bursting with examples of people who had nothing and made good. These, and many other examples are all true simultaneously. Nothing is fixed or absolute.

Much is already in place to support people in moments of dire need, but I argue that whilst they may help people in their moments of need they fail at the fundamental task of creating a more equal, equitable or socially just society. To the fourth question of the evening – **why do the huge efforts and investments fail to make a difference, what else could be done? To answer that I think we need to see the whole picture laid out clearly as a system, teasing out the elements of complexity without making it too simple.**

Here we have a system of inequality which draws together my thinking with other theoretical models (e.g. Dahlgren and Whitehead, 1991), using the metaphor of a water course – living in Cumbria it felt natural to have mountains and rivers!



At the end of the river course is the sea of inequality with huge; social issues, injury, disease, mortality.

At the shoreline there are the weaving and interconnected streams of what we think are outcomes, but I am now positioning as **symptoms** of a toxic system such as: being NEET, unqualified, SEND, having mental health issues, being a teenage mum, debtor, obese, unwell, unfit, gang member and so on.

We are often overwhelmed by these issues and try to turn away, we avert our eyes from the horizon worried we might all drown. It perhaps seems there are too few of us to make a difference, it all feels futile.

People to intervene though, and there are hundreds of organisations and services who really effectively alleviate these symptoms. These are the bridges of practice linking islands of interventions. These 'earlier' interventions do help people and are very necessary (Dyson et al., 2009). Examples include social prescribing, asset-based approaches, signs of safety, integrated care. But somehow none of these are potent enough to make a real difference to the river's flow and become intervention churn.

Further upstream are the rapids of public behaviours, these are the outward manifestations of how people feel about themselves in society, e.g. going on a diet, getting active, taking substances, stealing money, getting into crime, risky or safe sex. For many people the flow of the river has led them to adopt risky behaviours as they can see little opportunity or relief in legitimate behaviours. This is often the place where public health initiatives try to intervene such as the five a day. Again there are too many people, the issues too ingrained and the implicit message that 'it's all up to you' misplaced and ill received.

These behavioural choices are driven by psychological responses and attitudes – where the individual reacts, although unconsciously to their lot and how they are positioned by others. They may, for example, decide to be a victim to it all, they may decide to try to 'get one over' on the system, or rebel, feel hopelessness, or be up for a fight, or want to prove everyone wrong.

These psychological responses often stem from our early life experiences and the 'rocky rapids' of social positioning. These are the positions that others bestow on individuals, the labels they give them because of who they are and their social situation. We are all skilled at picking up whether someone likes us or not. People also pick up whether the media likes them or not. We all know of the way the media has portrayed young people as hoodied gangsters, people on benefits as scroungers, the obese as lazy and greedy. These messages seep into us resulting in feelings of acceptance and rejection being celebrated or outcast, and excluded, deserving or unworthy and abject (Tyler, 2017).

Even further upstream we come across the waterfall of demographics and social conditions, some a pleasant warm shower, and others a hard and cold torrent. People live in a range of conditions which may support or hinder them as people and which may be outside their choosing. Being born into a Mumbai Slum is very different to a mansion in Hollywood.

Above this again are the 'welfare straits', here is the education, health, welfare and social care support or benefits offered by the state, and influencing the living conditions of different groups of people below.

The river is kept on course in places by high cliffs, these are the cliffs of ideology. I've pulled out just ten of the most pervasive for us to tackle tonight:

- Profiteering, free market competition, massification and 'efficiency'

- Meritocracy and just deserts
- Surveillance and control through metrics and datafication
- Hyper individualism
- Consumerism
- Problem oriented, silo and deficit view
- Self-interest and instant gratification
- Fear, distrust and blame
- Power mongering
- Extractivism (stealing resources from the planet).

But rivers come from a source, a small and almost imperceptible starting point which takes much energy and momentum to find. It is uphill, in craggy and rocky terrain, inaccessible and inhospitable. In some places the water is considered so precious that the source is a closely guarded secret and a well defended place. Here we find **inequitable access to resources**, the source of most social issues and all inequity.

I have summarised it here:

Part of Diagram	**Main label**	**Smaller labels**
Source of river	Inequitable access to resources	Income inequality Social capital
Cliffs	Ideological forces	• Capitalism, free market competition, massification and 'efficiency' • Meritocracy and just deserts • Surveillance and control through metrics and datafication • Hyper individualism • Consumerism and social comparison • Problem oriented, silo and deficit view • Self-interest, moral blindness and instant gratification • Fear, distrust and blame • Hyper individualism • Fear and distrust • Self-interest and moral blindness • Extractivism.
Straits	Social support	Welfare system Health system Educational system Social care system
Waterfall	Demographics and context	Age, ethnicity, gender, class, immigration status, sexual orientation, regionality, religion.

Rocks	Social positioning	Accepted, rejected, outcast, excluded, celebrated, deserving, unworthy
Division	Psycho social response	Victim, compliance, defiance, rebellion, acceptance, shame, stigma, pride, insecurity, distrust.
Tributaries	Behavioural response	Sex, substance misuse, crime, violence, inactivity, gambling, consumerism
Bridges	Interventions	Social prescribing Asset-based approaches Signs of safety Integrated care Evidence based practices
Shore line	Symptoms of the system	NEET, unqualified, SEND, MH issues, teenage mum, debtor, obese, unwell, unfit, gang member
Sea	Outcomes	Social issues, injury, disease, mortality.

Although we know much of this, policy remains stubbornly focussed on the symptoms downstream. As Wilkinson and Pickett state: "*Every problem is seen as needing its own solution – unrelated to others…. The only thing that many policies do have in common is that they often seem to be based on the belief that the poor need to be taught to be more sensible. The glaringly obvious fact that these problems have common roots in inequality and relative deprivation disappears from view*" (p.239).

Like Strother Ratcliff (2017, p.13) I believe too much focus has been placed on the symptoms and on the conditions of social and health outcomes. These miss the broader cultural and ideological patterns that permit these conditions to prevail. A more fundamental change is called for. There is something important to reveal, therefore, about why this 'inconvenient truth' is being ignored.

So what are our options as we view this watery landscape?

We have decades of experience of working downstream and it is vital that this work continues with those in need until more fundamental changes upstream have been achieved. The final question then is; **what does an 'upstream' solution look like – going to propose solutions at four levels of the system?**

Tackling the source through governance:
This is the redistribution of resources at a state level through legislative measures to secure less income inequality, which ultimately benefits everyone. This could be done by levelling the gap between the highest and lowest paid person in every organisation. At the moment the pay ratio in FTSE 100 organisations is 232:1 that means the CEO's earn 232 times what the cleaner does. Do they really work 232 times as hard? It does not have to be this way. In UK local authorities the ration is 15:1 and in the Friends of Quakers the ratio drops to 4:1 (Total Investor 2011).

Some may think a big pay gap is necessary to promote productivity, but an independent report for the Treasury found that:
"A wide range of academic studies [...] suggest there is a strong correlation between narrower pay dispersion within an organisation and improved organisation performance [...] wide gaps between top and bottom pay within an organisation harm performance [...] there will be gains to morale and productivity in organisations where everyone is seen to be paid according to their contribution" (Towers Watson 2010).

- Other ways structural changes could support equality include:
- A basic income e.g. Finland's Universal Basic Income
- Fair taxation of all e.g. high and flat tax in Scandinavia
- Pay transparency and Low Ratio salaries e.g. Sweden
- Redistribution of opportunity, resources and stability across groups and geographies.

Ideology

From an ideological perspective, change is possible if enough people adopt a different set of beliefs and associated behaviours. This type of change can even happen quickly – look at smoking for example, in a short space of time we have gone from smoking on airplanes to only ever smoking outside. When living under a certain regime of truth it can be hard to imagine anything 'other'. Here are some suggested ideological changes that are possible and which could radically transform society, with examples of where they are happening here and now:

- Profiteering, free market competition, massification and 'efficiency' to **economic democracy** (Wilkinson, 2005; Bamba, 2018; Wilkinson and Pickett, 2018) e.g. The Preston Model
- Meritocracy and just deserts to principals of **social justice and equity** (Dorling, 2010; Strother Ratcliff, 2017) e.g. the Debt on Teeside Project
- Surveillance and control to **devolution and collaboration** (Cottam, 2019), e.g. Evidence2Success Commissioning in Renfrewshire
- Hyper individualism to **collectivism and relationships** (Ledwith, 2014; Cottam,2019) e.g. Hilary Cottam's return to work experiment.
- Comparative consumption to **comparative divestment** (Bauman, 2005)
- Problem orientation to a **solution focussed, holistic and asset-balanced view** (Stuart, 2018; Cottam, 2019), e.g. Halton Community Housing
- Self-interest to **altruism,** e.g. Volunteering Matters
- Fear, distrust and blame to **acceptance, trust and responsibility** (Bauman, 2005), e.g. Community Pubs
- Extractivism to **environmentalism e.g.** Thunberg / Attenborough.

How to achieve them is a different matter – we need to generate enough popular opinion to make governance put measures in place to enforce them as much is enshrined in policy and press narratives. You have a role in this.

Organisational Change

These all demand a radical new leadership, radical in its intent, in its vision and in its enactment. We can no longer do what we have always done, no longer rely in faulty ideology and outdated assumptions. As Hilary Cottam (2019) proposes and has shown, the welfare system is woefully out of date and in need of revision. She proposes organisations and projects change their practice in five important ways in order to offer radical help:

- From fixing the problem to growing the good life
- From managing need to developing capability
- From a transactional culture to above all, relationships
- From auditing money to connecting multiple sources of resource
- From containing risk to creating possibility
- From closed or targeted services to taking care of everyone (Cottam, 2019).

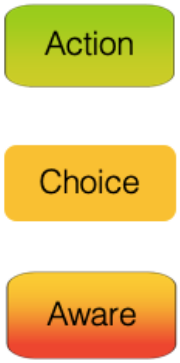
Along with organisational and system reform we also need increased welfarism, and this has been evidenced to work in the Scandiavian countries as a result of their taxation systems.

Empowerment

Supporting collective and individual responses will also take effort. We can't do wellbeing to people, we can only provide the circumstances for them to be empowered – it's an individual art and science. So what environments might promote this empowerment? We need to provide everyone, life course, with opportunities for personal and social development. This might look like PSHE in schools, or youth work, outdoor education, community groups, adult education, discussion groups. It is in these spaces we come to understand who we are and how we exist in the structures around us. I have explored inequality in education with young people directly though 'equalities literacy' (Stuart et al., 2019) and they absolutely understand it and can use it in their lives.

We must provide more opportunities for emotional wellbeing support whether it is informal time with friends or formal services e.g. CAMHS, Growing Well Trust, Barnardos 'My Time'. We also need increased community support and forums for us to decompress, share, validate, challenge, grow together e.g. Shared Sheds Totnes, Sustainable Carlisle Conversation Café.

In effect this means people need the conditions to empower themselves to make effective changes. Lucy Maynard and I worked hard on how we can support wellbeing development through empowerment (Maynard and Stuart, 2019). We boiled it down to three simple things: increasing awareness, opening up choice and taking action as shown below.



Maynard and Stuart, 2019.

This means supporting people's awareness of their situation, their choices to improve their own situation and their ability to enact these.

This model is also a helpful challenge to us all here today.
Hopefully this presentation has increased your awareness of the issues of inequality and how they help determine outcomes. Now you need to choose what to do about it.

Your actions could be to:

- Give everyone you meet in a day equal respect.
- Give what you can to charitable causes – old clothes, food, money.
- Talk to others, get the subject on the table, do your bit to raise awareness.
- Challenge your organisation to level the pay gap.
- Create a different ideology in the way you talk how you behave.
- Petition for change at local and national levels.

Let's get a positive cycle of empowerment enabling us to all collectively challenge. inequality, disabling ideologies, impoverished welfare, negative social positioning. This will diminish their impacts and increase wellbeing for everyone.

Recently Adrienne from Carlisle One World Center and I have set up a Carlisle Equalities Group so you can join us discussing and petitioning for change locally. I also write to local MP's with the outcomes from any research I do to try to challenge ideology and oppressive structures. I am trying to be both a grass roots and political activist from my privileged position as an academic, trying to be a scholar activist – what can you do?

To some key messages:

- The rich and powerful have better outcomes than those without
- The gap is intolerable and inexcusable – a moral issue
- It does not have to be this way
- Poor outcomes are caused by a complex web of social determinants and individual choices
- Equity issues need tackling across all levels of the system
- You too have the power to do something about this in multiple ways
- Stop your complicity.

An equal society would provide equal opportunities to all regardless of who they were, it is clear that England is far from equal. An equitable society would ensure the 'levelling' of the playing field to ensure those with disadvantages had more support enabling equal opportunities. It is this world I strive for, a socially just world. Whilst recent political events lead us further away from this position my hope is not blunted, indeed, I have more determination to work out how to effect change through my own scholar activism, and to challenge you today to:

…. stand up,
you, stand up,
but stand up with me and let us go off together
to fight face to face
against the devil's webs,
against the system that distributes hunger,
against organized misery.
(Neruda, 1972, p. 99)

References

Actionaid (2019). *Five Links Between Poverty and Violence Against Women.* Accessed 27.12.19 at https://www.actionaid.org.uk/blog/policy-and-research/2018/03/07/5-links-between-poverty-and-violence-against-women

Aikens, N. L., & Barbarin, O. (2008). Socioeconomic differences in reading trajectories: The contribution of family, neighborhood, and school contexts. *Journal of Educational Psychology, 100,* 235-251. http://dx.doi.org/10.1037/0022-0663.100.2.235

Action for Children (2014) *Neglect: research evidence to inform practice*. London: Action for Children.

Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D., Dube, S.R., Giles, W.H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology, *European Archives of Psychiatry and Clinical Neuroscience,* 256(3), pp.174-86.

Antonovsky, A. (1979). *Health, Stress and Coping.* San Francisco: Jossey Bass.

Archer, M. (1995). *Being Human.* Oxford: Oxford University Press.

Armstrong, S. (2017). *The New Poverty.* London: Verso Press.

Bamba, C. (2016). *Health Divides: Where you live can kill you.* Bristol: Policy Press.

Bann, D., Johnson, W., Li, L., Kuh, D., Hardy, R. (2018). Socioeconomic inequalities in childhood and adolescent bdy-mass index, weight, and height from 1953 to 2015: an

analysis of four longitudinal observational British birth cohort studies. *The Lancet,* March 20th, 2018. Accessed on 4/1/20 at https://doi.org/10.1016/S2468-2667(18)30045-8

Bauman, Z. (2005). *Liquid Life.* Cambridge: Polity Press.

Beaumont, J. (2013). *Measuring National Well-being – Older people and loneliness, 2013.* London: ONS. Accessed 24.12.19 at http://www.ons.gov.uk/ons/dcp171766_304939.pdf

Belot, M., & James, J. (2009). Healthy school meals and educational outcomes, *Journal of Health Economics,* 30(3), 489-504.

Beyond Youth Custody (2017). *Now All I Care About is My Future - Supporting the Shift*. Accessed 8/4/19 at http://www.beyondyouthcustody.net/wp-content/uploads/Now-all-I-care-about-is-my-future-Supporting-the-shift-a-summary.pdf

British Red Cross (2016). *Isolation and Loneliness An Overview of the Literature.* London: British Red Cross and CO-OP. Accessed 24.12.19 at file:///Users/kaz/Downloads/Co-Op-Isolation-Loneliness-overview.pdf

Byswater, P., Bunting, L., Hanratty, J., McCartan, C., Mason, W., Steils, N. (2016). *The Relationship between poverty, child abuse and neglect: an evidence review.* London: Joseph Rowntree Foundation.

CAADA (2012). *A place of greater safety: insights into domestic abuse.* Accessed 27.12.19 at http://www.safelives.org.uk/sites/default/files/resources/A_Place_of_greater_safety.pdf

Capacity (2009). *Peace and Quiet Disadvantage; Children's Centre Provision in Rural Communities.*

Centrepoint (2017). *More than a number: the scale of youth homelessness in the UK.* London: Centrepoint. Accessed 19.2.19 at: https://centrepoint.org.uk/media/2396/more-than-a-number-the-scale-of-youth-homelessness.pdf

Child Poverty Action Group (2019). *Who is at risk of poverty?* Accessed 24.12.19 at https://cpag.org.uk/child-poverty/who-risk-poverty

Commission for Rural Communities (2009). *Memorandum Submitted by the Commission for Rural Communities.* Accessed 12/4/19 at https://publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/memo/sure/ucss3702.htm

Cottam, H. (2019). *Radical Help. How we can remake the relationship between us and revolutionise the welfare state.* London: Virago.

Cottam, H. (2019). *Radically Reinventing Social Systems,* presented at the Word Economic Forum, Geneva, 14th March 2019.

C&K Careers (2020). *Qualifications have a big effect on pay*. Accessed 19.1.2020 at https://ckcareersonline.org.uk/uncategorised/133-qualifications-have-a-big-effect-on-pay

Crisis (2019). *About Homelessness.* Accessed 24.12.19 at https://www.crisis.org.uk/ending-homelessness/about-homelessness/

CSDH (2008). *Closing the Gap in a Generation. Health equity through action on the social determinants of health. Final Report on Social Determinants of Health.* Geneva: World Health Organisation.

Currie, J. (2009). Healthy, Wealthy, and Wise: Socioeconomic Status, Poor Health in Childhood and Human Capital Development, *Journal of Economic Literature,* 47(1), 87-122.

Curtin, N., Stewart, A.J., Cole, E.E. (2015). Challenging the status quo: The role of intersectional awareness in activism for social change and pro-social group attitudes, *Psychology of Women Quarterly,* 39, 512-529.

Cutright, P., Fernquist, R.M. (2011). Predictors per capita alcohol consumption and gender specific liver cirrhosis mortality rates: thirteen European countries, circa 1970-1984 and 1955-2007, *European Journal of Public Health,* 15(3), pp.245-50.

Dahlgren, G., Whitehead, M. (1991). *Policies and strategies to promote social equity in health.* Stockholm: Institute for Future Studies.

Davies S.C. (2013). *Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence*. Accessed 24.12.19 at https://mrc.ukri.org/documents/pdf/chief-medical-officer-annual-report-2013/

Department for Communities and Local Government (2015). *English Housing Survey*. London: DCLG. Accessed 19.2.19 at https://www.gov.uk/government/collections/english-housing-survey

Department for Digital, Culture, Media and Sport (2017). *Taking Part Focus On: Arts.* Accessed 24.12.19 at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740256/April_2018_Arts_Focus_report_revised.pdf

Department for Digital, Culture, Media and Sport (2019). *Community Life Survey 2018-2019.* Accessed on 24.12.19 at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820610/Community_Life_Survey_2018-19_report.pdf

Department for Education (2019). *Statements of SEN and EHC plans: England 2019.* Accessed 24.12.19 at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805014/SEN2_2019_text.pdf

Department for Education (2019) Characteristics of children in need in England, 2018-19. London: Department for Education (DfE). Accessed 27.12.19 at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2018-to-2019

Department for Environment, Food and Rural Affairs (2016). *Rural Population 2014/15.* London: DEFRA.

Dorling, D. (2010). *Injustice. Why social inequality persists.* Bristol: Policy Press.

Dyson, A., Hertsman, C., Roberts, H., Tunstill, J., Vaghri, Z. (2009). *Childhood development, education and health inequalities*. Accessed 27.12.19 at http://www.instituteofhealthequity.org/resources-reports/early-years-and-education-task-group-report-/task-group-1-early-years-and-education-full.pdf

Economic Social Research Council (2013). *Mental health and social relationships*. Accessed 27.12.19 at https://esrc.ukri.org/news-events-and-publications/evidence-briefings/mental-health-and-social-relationships/

Elwell-Sutton, T., Marshall, L., Bibby, J., Volmert, A. (2019). *Briefing: Reframing the Conversation on the Social Determinants of Health.* London: The Health Foundation.

Equality Trust (2020). *The Scale of Inequality in the UK*. Accessed on 19.1.2020 at https://www.equalitytrust.org.uk/scale-economic-inequality-uk

Fallaize, R., Lovegrove, J. (2018). Nutrition in Marginalised Groups in A. Bonner (Ed.) *Social Determinants of Health. An interdisciplinary approach to social inequality and wellbeing.* Bristol: Policy Press, pp.41-56.

Fineberg, N., Haddad, P., Carpenter, L., Gannon, B., Sharpe, R., Young, A., Joyce, E., Rowe, J., Wellsted, D., Nutt, D. and Sahakian, B. (2013). The size, burden and cost of disorders of the brain in the UK, *Journal of Psychopharmacology,* 27(9),761-770.

Florence, M. D., Asbridge, M., & Veugelers, P. J. (2008). Diet quality and academic performance, *Journal of School Health*, 78(4), 209-215.

Friedman, S., Laurison, D. (2019). The Class Ceiling. Why it Pays to be Privileged. Bristol, Policy Press.

Fritzell, J. (2014). Health Inequality and Social Justice, in M. Reisch (Ed.) *The Routledge International Handbook of Social Justice*. Abingdon, Routledge, pp.339-352.

Fritzell, J., Lundberg, O. (2007). Health inequalities, welfare and resources: Findings and forecasts, in J. Fritzell and O. Lundberg (Eds.) *Health Inequalities and Welfare Resources.* Bristol: Policy Press.

Fergusson, D.M., Woodward, L.J. (2002). Mental Health, Educational, and Social Role Outcomes of Adolescents with Depression, *Journal of Arch Gen Psychiatry,* 59(3), pp.225-231.

Gana, K., Bailly, N., Saada, Y., Joulain, M., Trouillet, R., Herve, C., Alaphilippe, D. (2013). Relationship Between Life Satisfaction and Physical Health in Older Adults: A Longitudinal Test of Cross-Lagged and Simultaneous Effects. *Health Psychology,* 32(8), pp.64-83.

Gov.UK (2019). *Ethnicity Facts and Figures.* Accessed on 24.12.19 at https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/unemployment/latest

Graafland, J., Lous, B. (2019). Income Inequality, Life Satisfaction Inequality and Trust: A Cross Country Panel Analysis, *Journal of Happiness Studies,* 20(6), pp.1717-1737.

Graham, H. (2009) *Understanding Health Inequalities, 2nd Edition.* Maidenhead: Open University Press.

Green, H., McGinnity, A., Meltzer, H., ford, T., Goodman, R. (2005). *Mental health of children and young people in Great Britain.* London: ONS.

Greenwood, R.M. (2017). Intersectionality Foundations and Disciplinary Adaptations in *Intersectional Pedagogy Complicating Identity and Social Justice.* New York: Routldege.

Hagell, A., Shah, R., Coleman, J. (2017). *Key Data on Young People 2017*. London: Association for Young People's Health.

Home Office (2015) *Mandatory Reporting of Female Genital Mutilation.* London: Home Office.

Hortulanus, R., Machielse, A., Meeuwesen, L. (2004). *Social Isolation in Modern Society.* London: Routledge.

House of Commons Library (2018) NEET: Young People Not in Education, Employment or Training. Accessed 23/4/19 at https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06705

House of Commons Library (2019) *UK Prison Population Statistics Briefing Paper CBP-04334*. London: House of Commons.

Innovation Unit (2019) *Improving Outcomes for Care Leavers with Prison Sentences.* Accessed on 8/4/19 at https://www.innovationunit.org/thoughts/new-project-to-support-care-leavers-in-the-criminal-justice-system/

Joseph Rowntree Foundation (2019) *Non-Decent Housing and Overcrowding.* Accessed 24.12.19 at https://www.jrf.org.uk/data/non-decent-housing-and-overcrowding

Kalleberg, A.L. (2018). *Precarious Lives. Job Insecurity and Well-Being in Rich Democracies.* Cambridge: Polity Press.

Kerr, K. (2018). Addressing inequalities in education: parallels with health in A. Bonner (Ed.) *Social Determinants of Health. An interdisciplinary approach to social inequality and wellbeing.* Bristol: Policy Press, pp.17-28.

Lance, B., Van de Werfhorst, H.G. (2012). Income inequality and participation: a comparison of 24 European countries, *Social Science Research,* 41(5), pp.1459-80.

Li, Y. (2018). Social mobility, social network and subjective wellbeing in the UK in *Exploring Social Inequality in the 21st Century.* London: Routledge, pp.120-133.

Local Government Association (2017). *Health and Wellbeing in Rural Areas.* Accessed 10/4/19 at https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf

Local Government Association (2019). *Proportion of Population Aged 16-64 with No Qualifications in England.* Accessed 24.12.19 at https://lginform.local.gov.uk/reports/lgastandard?mod-metric=98&mod-area=E92000001&mod-group=AllRegions_England&mod-type=namedComparisonGroup

Loyds Bank (2019). *Happiness Index: Lloyds Bank reveals the happiest regions to live in Britain.* Accessed 24.12.19 at https://www.lloydsbankinggroup.com/globalassets/documents/media/press-releases/lloyds-bank/2019/lloyds-bank---2019-happiness-index-1.pdf

Lyubomirsky, S. (2007). *The How of Happiness.* London: Sphere.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). Fair society, healthy lives: Strategic review of health inequalities in England post 2010. Accessed 24.12.19 at www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Martin-Merino, E., Ruigomez, A., Wallander, M., Johansson, S. and Garcia Rodriguez, L. (2009). Prevalence, incidence, morbidity and treatment patterns in a cohort of patients diagnosed with anxiety in UK primary care, *Family Practice,* 27(1),9-16.

Maynard, L., Stuart, K. (2018). *Promoting Young People's Wellbeing Through Empowerment and Agency: A Critical Framework for Practice*. 179 pages. London: Routledge.

Mental Health Foundation (2016). *Fundamental Facts About Mental Health 2016.* London: Mental Health Foundation.

Mental Health Taskforce NE (2016). *The Five Year Forward View for Mental Health*. Accessed 24.12.19 at https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

McManus S, Bebbington P, Jenkins R, Brugha T. (2016). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NatCen Social Research and Department of Health Sciences, University of Leicester.

Mind (2019). *Anxiety and Panic Attacks.* Accessed 24.12.19 at https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/causes-of-anxiety/#.XgHf75P7Q_U

Ministry of Justice and Office National Statistics (2018) *Youth Justice Statistics.* Accessed on 8/4/19 at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/676072/youth_justice_statistics_2016-17.pdf

Moran, D. (2016). *Breaking the Cycle? Prison Visitation and Recidivism in the UK*. Birmingham: UK Research and Innovation.

Morgan, P. L., Farkas, G., Hillemeier, M. M., & Maczuga, S. (2009). Risk factors for learning-related behavior problems at 24 months of age: Population-based estimates. *Journal of Abnormal Child Psychology, 37,* 401-413. doi:10.1007/s10802-008-9279-8

National Centre for Voluntary Organisations (NCVO) (2019). *The UK Civil Society Almanac 2019.* Accessed 24.12.19 at https://data.ncvo.org.uk/volunteering/demographics/

National Crime Agency (2018) *National referral mechanism statistics: end of year summary 2017*. London: NCA.

Natural England (2019). *Monitor of the Engagement with the Natural Environment 2018 to 2019*. London: Natural England.

NHS (2015). Loneliness 'increases risk of premature death', *NHS Behind the Headlines,* 13th March 2015. Accessed on 19.1.2020 at https://www.nhs.uk/news/mental-health/loneliness-increases-risk-of-premature-death/.

NHS Digital (2017) *Annual statistical publication for FGM.* Accessed 27/4/19 at https://digital.nhs.uk/news-and-events/news-archive/2017-news-archive/annual-statistical-publication-for-fgm-shows-5-391-newly-recorded-cases-during-2016-17

Office of the Children's Commissioner (2017). *Estimating the Number of Vulnerable Children (29 Groups).*London: Alma Economics.

Office for National Statistics (2016). *Suicides in Great Britain.* London: ONS.

Office for National Statistics (2019). *Domestic abuse in England and Wales: year ending March 2018.* London: ONS.

Neruda, P. (1972). *The Captain's Verses* (D.D. Walsh, Trans.). New York: New Directions Books.

Office for National Statistics (2019). *Measures of National Well-Being Dashboard.* London: ONS. Accessed 24.12.19 at https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashboard/2018-04-25

Office for National Statistics (2019). *Measures of National Well-Being Infographic.* London: ONS.

Office for National Statistics (2019). *Understanding Well-Being Inequalities: Who has the poorest personal well-being?* London: ONS. Accessed 24/12/19 at https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/understandingwellbeinginequalitieswhohasthepoorestpersonalwellbeing/2018-07-11

Office for National Statistics (2019). *Young people not in education, employment or training (NEET), UK: November 2019.* Accessed 24/12/19 at https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/november2019

Parliament UK (2019). *Select Committee on Education and Skills Third Report: SEN.* Accessed on 24.12.19 at https://publications.parliament.uk/pa/cm200506/cmselect/cmeduski/478/47806.htm

Parnham, A. (2018). Wholistic well-being and happiness: psychosocial-spiritual perspective in A. Bonner (Ed.) *Social Determinants of Health. An interdisciplinary approach to social inequality and wellbeing.* Bristol: Policy Press, pp.29-40.

Pickett, K.E., Kelly, S., Brunner, E., Lobstein, T., Wilkinson, R.G. (2005). Wider income gaps, wider waistbands? An ecological study of obesity and income inequality, *Journal of Epidemiology and Community Health,* 59(8), pp.670-74.

Pickett, K.E., Wilkinson, R.G. (2010). Inequality as an underacknowledged source of mental illness-related morbidity and resilience: a systematic review and meta-analysis, *Lancet Psychiatry,* 4(7), pp.554-62.

Pickett, K.E., Wilkinson, R.G. (2015). Income inequality and health: a causal review, *Social Science and Medicine, 128, pp.316-26.*

Pinquart, M., Sorensen, S. (2000). Influences of Socioeconomic Status, Social Network and Competence on Subjective Well-Being in Later Life: A Meta-Analysis, *Psychology and Ageing,* 15(2), 187-274.

Prince's Trust (2018). *EBay Youth Index.* London: Prince's Trust. Accessed 24.12.19 at file:///Users/kaz/Downloads/PRINCES_TRUST_EBAY_YOUTH_INDEX_2019_Report.pdf

Public Health England (2019). Alcohol and Drug Treatments for Adults. Statistics Summary 2017-2018. Accessed 27.12.19 at https://www.gov.uk/government/publications/substance-misuse-treatment-for-adults-statistics-2017-to-2018/alcohol-and-drug-treatment-for-adults-statistics-summary-2017-to-2018

Roemer, J.E. (1998). *Equality of Opportunity.* Cambridge MA: Harvard University Press.

Royal College of Psychiatrists (2016). *Parental Mental Illness: The impact on children and adolescents. Information for parents, carers and anyone who works with young people.* London: Royal College of Psychiatrists

Scope (2019). *Disability Facts and Figures.* Accessed 24.12.19 at https://www.scope.org.uk/media/disability-facts-figures/

Siraj, I., Hollingworth, K., Taggart, B., Sammons, P., Melhuish, E., Sylva, K., Welcomme, W. (2014). *Report on students who are Not in Education, Employment of Training (NEET).* London: Institute of Education and Department for Education. Accessed 24/12/19 at https://www.ucl.ac.uk/ioe/sites/ioe/files/16-Report-students-NEET-RR.pdf

Scottish Government (2015). *Consequences, risk factors, and geography of young people not in education, employment or training (NEET).* Accessed 27.12.19 at https://www.gov.scot/publications/consequences-risk-factors-geography-young-people-education-employment-training-neet-research-findings/

Sport England (2019). *Active Lives Adult Survey 17/18 Report.* Accessed 24.12.19 at https://www.sportengland.org/news-and-features/news/2019/april/11/record-numbers-of-people-in-england-are-getting-active/

Standing, G. (2016). *The Precariat. The Dangerous New Class.* London: Bloomsbury Press.

Steptoe, A., Tsude, A., Tanaka, Y., Wardle, J. (2007). Depressive symptoms, socio-economic background, sense of control, and cultural factors in university students from 23 countries, *International Journal of Behavioural Medicine,* 14(2), pp.97-107.

Strother Ratcliff, K. (2017). *The Social Determinants of Health: Looking Upstream.* Cambridge: Polity Press.

Stuart, K. (2018) Rebalancing the scales – asset-balanced practice, *Sociology International Journal, 2 (1), pp.1-2.*

Stuart, K. et al., (2019) An Equalities Literacy Framework for Practitioners Working with Children, Young People and Families through Action Research, *Educational Action Research,* doi.org/10.1080/09650792.2019.1593870

Stuart, K. (2019) Challenging Neoliberal Discourses as 'nasty little theories': Co-Creation in Higher Education, *Journal of Youth Voices in Education,* 1(2), pp.59-70.

Sturge, G. (2019). *UK Prison Population Statistics, House of Commons Briefing paper CBP-04334, 23 July, 2019.* London: House of Commons.

Svanberg, J. (2018). Addition, inequality and recovery in A. Bonner (Ed.) *Social Determinants of Health. An interdisciplinary approach to social inequality and wellbeing.* Bristol: Policy Press, pp.73-84.

Szlendak, T., Karwacki, A. (2012). Do the Swedes really aspire to sense and the Portuguese to status? Cultural activity and income gap in the member states of the European Union, *International Sociology,* 27(6), pp.807-26.

The Children's Society (2018). *The Good Childhood Report 2018.* London: The Children's Society.

The King's Fund (2019). *What is Happening to Life Expectancy in the UK?* London: The King's Fund.

Torre, R., Myrskyla, M. (2014). Income Inequality and Population Health: an analysis of population data for 21 developed countries 1975-2006, *Population Studies,* 68(1), pp.1-13.

Total Investor (2011) *How Much is the Big Boss Worth?* Accessed 20.1.20 at http://www.totalinvestor.co.uk/i/press/show/701

Towers Watson (2010) *2010 Global Workforce Study.* Accessed 20.1.20 at http://www.towerswatson.com/global-workforcestudy

Townsend, M. (2018). Streets of fear: how London death toll reached 100, *The Guardian Online, 26th August 2018.* Accessed on 4/1/20 at https://www.theguardian.com/society/2018/aug/26/death-toll-london-reaches-100-knife-crime-gang-violence

Wacquant, L. (2009). *Punishing the Poor. The Neoliberal Government of Social Insecurity.* Duke University Press.

Wang, M., Huguley, J.P. (2012). Parental Racial Socialisation as a Moderator of the Effects of Racial Discriminaton on Educational Success Among African American Adolescents, *Child Development,* 83(5), pp.1716-1731.

Wilkinson, R. (2005). *The Impact of Inequality. How to Make Sick Societies Healthier.* Oxfordshire: Routledge.

Wilkinson, R., Pickett, K. (2007). The problems of relative deprivation: why some societies do better than others, *Social Science and Medicine,* 65(9), pp.1965-78.

Wilkinson, R., Pickett, K. (2010). *The Spirit Level. Why Equality is Better for Everyone.* London: Penguin Books.

Wilkinson, R., Pickett, K. (2018). *The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improves Everyone's Wellbeing.* Milton Keynes: Penguin Random House.

Wilson, W., Barton, C. (2019). *Statutory Homelessness in England. No 01164. Feb 2019.* London: HMSO. Accessed on 19.2.19 at www.researchbriefings.files.parliament.uk/documents/SN01164/SN01164.pdf

Wunder, C., Schwarze, J. (2006). *Income Inequality and Job Satisfaction of Full Time Employees in Germany. Discussion Paper 2081.* Bonn: IZA.

Social Determinants of Wellbeing Framework: A Synthesis of Secondary Data (Stuart, 2020).

Red text indicates an area of wellbeing I have added to the ONS metrics. Blue shading indicates the areas raised in the talk tonight.

I hope you can use this information to good effect in your own activism.

Domain of Wellbeing	**Indicator of Wellbeing**	**How well are we doing in each of these areas and who does better than others in each?**	**What is the impact it has on people's lives now and in the future as a determinant of other poor outcomes?**	**Is this issue worse in countries with the worst economic inequality?**
Our Education and skills	Human capitals	£20.4 trillion value on human capital (ONS, 2019) Higher social classes have more resources and social networks (Li (2018) Parents SES affects child's human capital (Currie, 2009)	Ability to secure future work?	
	NEET	11.5% of 16-24 year olds are NEET (ONS, 2019) Clear link to low social class and low parental qualifications (Siraj et al., 2014) More males (51%) than women (49%). North East highest prevalence (14%) and South West lowest (9.4%) (House of Commons, 2018) Female NEET linked to being unpaid carers and teenage pregnancy. Family and home conditions and levels of NEET in the local area are also key determinants of NEET status (Scottish Government, 2015).	Future earnings?	
	Qualifications	7.8% of UK residents have no qualifications (ONS, 2019) Low SES linked to lower academic skills (Morgan, Farkas, Hillemeier, &	Impact on future job prospects and earnings?	Wilkinson and Pickett, 2007

		Maczuga, 2009), academic progress and outcomes (Aikens & Barbarin, 2008). 33.1% of FSM children achieved 5 GCSE A-C's compared to 60.9% of all other pupils. Only 24% of white FSM boys compared to 80.6% of Chinese FSM girls, so gender and ethnicity count too (DfE). Father's occupation, mother's qualifications and family income impact in widening respects from 3-14 years of age. Poorer outcomes in deindustrialised urban areas, seaside towns and former coalfield sites (Kerr, 2018). Conditions at home, support at home, drug use, crime etc.		
	SEND	There were 354,000 SEND children and young people with Education, Health and Care (EHC) plans maintained by local authorities as at January 2019 (DfE, 2019) At secondary school level, children with statements of SEN are nearly twice as likely to be eligible for free school meals as the average school population. Undeniable link SES and SEN (Parliament, 2019).	Future earnings Future health	
Our Personal wellbeing	Worthwhile	36.1 over 16's reported very high rating for things they do being worthwhile (ONS, 2019). Only 18% of 16 to 25 year olds disagree with the statement that 'life is really worth living' – doubled in a decade (Prince's Trust, 2018) Precarity (low security, low trust employment) leads to a lack of	Future health? Future finance?	

		wellbeing (Kalleberg, 2018), through anger, anxiety, anomie and alienation (Standing, 2016). Affects everyone but a higher proportion of deprived families.		
	Happiness	35.4 over 16's reported their happiness yesterday as very high (ONS, 2019). SES has an impact on subjective wellbeing (Pinquart and Sorensen, 2000) Personal income increases happiness up to £100,000 at which point it decreases (Lloyds Bank, 2019)		
	Life satisfaction	70% of over 16 year olds reported they were less than satisfied with their lives (30.7 reported being very satisfied (ONS, 2019). (Around 11% of children had low life satisfaction, The Children's Society, 2018). Family factors such as parental mental ill health and emotional neglect Material factors such as households being in debt or struggling with bill Neighbourhood factors such as children worrying about or experiencing crime, were particularly important for children's subjective wellbeing (Children's Society, 2018).	Links to future mental health? Earnings?	
	Anxiety	40.9% of over 16 year olds report very low anxiety levels (ONS, 2019) In 2013, there were 8.2 million cases of anxiety in the UK (Fineberg et al., 2013) Bad health, economically inactive, disabled, middle-aged, living alone, in rental, not educated, retirees with health issues (ONS, 2019).		

		Highly affected by loneliness (ESRC, 2013; Lyubomirsky, 2007). Sense of meaning, coherence, purpose (salutogenesis, Antonovsky, 1979)		
	Mental wellbeing	Average over 16 year old scores were 25.2 out of 35 for mental wellbeing (ONS, 2019) 1 in 4 people experience mental health issues each year (MHTF NE, 2016) At any given time, 1 in 6 working-age adults have symptoms associated with mental ill health (McManus et al., 2016) In England women are almost twice as likely to be diagnosed with anxiety disorders as men (Martin-Mereno et al., 2009) Those with prior negative childhood experiences, difficulties in current life situation, physical and mental health issues and drug use or extended use of medications (Mind, 2019) 75% of mental illness (excluding dementia) starts before age 18 (Davies, 2013) Men aged 40-49 have the highest suicide rates in Great Britain (ONS, 2016) 70-75% of people with diagnosable mental illness receive no treatment at all (ONS, 2016) Looked after children, SEND and Black children have higher rates of mental health problems then their peers (Hagell et al., 2017) 11 year olds from the lowest income families are 4.5 times more likely to experience severe mental health problems when compared to those from the highest income families (Guttman et al., 2015).	The total cost of mental ill health in England is estimated at £105 billion per year (MHTF NE, 2016)	Pickett and Wilkinson, 2010

Our Relationships	Happiness of relationships	3.6% of population very unhappy with relationships (ONS, 2019)		
	Loneliness v connection	6.1% feel lonely often or always (ONS, 2019) 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013) 8 million people live alone in the UK (Campaign to End Loneliness, 2019). Over 9 million people in the UK – almost a fifth of the population – say they are always or often lonely, but almost two thirds feel uncomfortable admitting to it (British Red Cross and Co-Op, 2016)	Strong relationships are by far the most significant factor in promoting life satisfaction (ESRC, 2013; Lyubomirsky, 2007). Loneliness is strongly correlated to incidences of anxiety (ESRC, 2013; Lyubomirsky, 2007). Loneliness increases the likelihood of mortality by 26%	
	Level of support from family and friends	84% of people have someone they can rely on (ONS, 2019) Poverty Poor housing Poor familial relationships Carer		
	Number of children abused / neglected	52,260 children on child protection orders due to neglect, physical abuse, sexual abuse, emotional abuse, or multiple abuses (DfE, 2019). These are just the prosecutions not the unreported or unproved cases. Action for children (2014) research with 18,000 people including 4,000	Most likely to be perpetrated by previous victims of abuse. There is a strong association between familial socio economic	

		children aged 8-16 years of age. They found one in ten children is a victim of neglect. The Crime Survey for England (2016) asked 20,582 adults about their experiences of sexual abuse before the age of 16. 10.6% of women and 2.6% of men said they had experienced sexual assault. 3.4% of women and 0.6% of men said they had experienced sexual assault by rape or penetration. NHS Digital (2017) found 5,391 newly recorded cases of FGM during the year 2016-17. Attendances and treatments for FGM totalled 9,179 appointments with NHS.	status and the prevalence of child abuse and neglect – with a gradient relationship (Bywaters et al., 2016). FGM - Somalian women and children represented 35% of the cases and 112 of the new cases were women and girls who were born in the UK.	
	Number of people experiencing domestic violence	4.2% of men and 7.9% of women reported domestic violence (Office for National Statistics, 2019). Another source states that 130,000 children in live households with high risk domestic abuse (CAADA, 2012).	Mostly female victims – but not all. Linked to poverty (increased stress, less opportunity to escape. Linked to previous history of violence / abuse. Linked to alcohol and substance abuse.	
	Number of people trafficked / exploited	The 2017 National Referral Mechanism was a new reporting tool put in place from 2015. In 2017 it received a total of 5,145 referrals of potential victims of trafficking, 2,118 (41%) were under the age of 18. Some 559 of the child referrals were trafficked for sexual exploitation (26%). The referral rate is likely to under represent the severity of the issue as much trafficking or modern day slavery is not known of or not reported (National Crime Agency,	Women and girls make up **96%** of trafficking for sexual exploitation victims (Actionaid, 2019).	

		2018). The Government estimates that there are 13,000 victims of modern slavery nationally, of which around a third (more than 4,000) are believed to be children (Home Office, 2014).		
Our Health	Life expectancy	Life expectancy at birth for males 63.1 and females 63.6 years of age (ONS, 2019) Reasons for the widening gender gap included poor working conditions and smoking rates for men in contrast to improved life chances for women, for example, lower risk of dying in labour and from tuberculosis, which affected women more than men. Deprivation impacts on birth mortality and life expectancy up to 0.5 years. North to south divide – up to 18 years difference. (The Kings Fund, 2019) The top five causes of premature death in the UK are cancer, heart disease, stroke, respiratory disease and liver disease – all affected by lifestyle (Parnham, 2018). Poor lifestyles "point to psychological, emotional and existential issues of discontent and dissatisfaction. It is these underlying problems that should concern us as well as the physical maladies" (Parnham, 2018, p.31). 80% of chronic diseases is attributed to poor diet and lifestyle (Alwin et al., 2011). Homeless people have life expectancy of 47 years of age (Fallaize and Lovegrove, 2018).		Pickett and Wilkinson, 2015

	Depression	19.1% have some anxiety or depression (ONS, 2019) – an increase from last few years. In 2014, 19.7% of people in the UK aged 16 and over showed symptoms of anxiety or depression - a 1.5% increase from 2013. This percentage was higher among females (22.5%) than males (16.8%). In 2016, the Royal College of Psychiatrists reported that approximately 68% of women and 57% of men with mental health problems are parents. According to the ONS surveys (1999, 2004) the rates of mental health problems rise steeply in mid to late-adolescence. For adolescents aged 11–16, the rate of mental health problems is 13% for boys (an increase from 10% of boys aged 5–10) and 10% for girls (an increase from 5% of girls aged 5–10), and this figure rises to around 23% by age 18–20. Post-natal incidence. Elderly and lonely. Black, Asian and minority ethnic groups Refugee, asylum-seeking and stateless people LGBT People with disabilities Carers Victims of domestic violence Deprivation Social Isolation Poor Housing (Mental Health Foundation, 2016)	Increased stress in children's lives if they are parents? Outcomes for individuals???	Steptoe and Tsuda, 2007
	Disability	13.8% have an illness or disability (ONS, 2019)		

		8% of children are disabled 19% of working age adults are disabled 45% of pension age adults are disabled Disabled people are more than twice as likely to be unemployed as non-disabled people. After housing costs, the proportion of working age disabled people living in poverty (28%) is higher than the proportion of working age non-disabled people (18%). (Scope, 2019)		
	Levels of people drug and alcohol addicted	There were 268,390 adults in contact with drug and alcohol services in 2017 to 2018 There were an estimated 589,101 adults with alcohol dependency in need of specialist treatment in 2016 to 2017 (Public Health England, 2019) More likely for people from low income backgrounds (Wilkinson and Pickett, 2010) More likely for people who have had negative childhood experiences (Svanberg, 2018) ACE's 7.2 times more likely to be alcoholic, 4.5 more likely to use illicit drugs, 11.1 times more likely to inject drugs (Anda et al., 2006)		Cartwright and Fernquist, 2011
	Obesity	Children in lower SES are more prone to obesity (Bann, Johnson and Li, 2018).		Torre and Myrskyla, 2014
	Satisfaction with health	49.9% of population report mostly satisfactied with their health (ONS, 2019) Black people had the highest unemployment rate out of all the ethnic groups (9%) (Gov.UK 2019) NEET youth 2.8 times more prone to long term unemployment (Scottish Government, 2015).		Pickett and Kelly, 2005

What we do (with our lives)	Unemployment	The ONS state the unemployment rate is now 4% (ONS, 2019)		
	Job satisfaction	56% report being satisfied with jobs (ONS, 2019) Class matters – only 3.3% of elite jobs are held by people from working class origins, compared to 8.9% from professional or managerial origins. Top earners from working class origins earn £40,768, whereas top earners from professional backgrounds earn £47,131 (Friedman and Laurison, 2019).	Precarity (low security, low trust employment) leads to a lack of wellbeing (Kalleberg, 2018), through anger, anxiety, anomie and alienation (Standing, 2016). Affects everyone but a higher proportion of deprived families	
	Volunteering	17.1% of the population volunteer once a year – less than previous years (ONS, 2019)		Lancee and van de Wertfhost, 2012
	Involvement in arts	80.8% had participate in art or cultural activity three times a year (ONS, 2019) - deterioration The proportion of adults engaging with the arts was higher among certain groups including women, people aged 16 to 74, white adults, people in the upper socioeconomic group, people without a long-standing illness (Dept for DCMS, 2017).		Szlendak and Karwacki, 2012
	Involvement in sports	62.6% of population took part in 150 minutes of sport a week (ONS, 2019) • Women from lower socio-economic groups and black and South Asian communities are less likely to be active • Lower-socio economic groups remain significantly less likely to be active than those from higher-socio economic groups		

		• South Asian and black adults are the least likely to be active. (Sport England, 2019)		
	Leisure satisfaction	44.8% satisfied with amount of leisure time (ONS, 2019)		
	Levels of (young) people imprisoned	Statistics from the Ministry of Justice and Office for National Statistics (2018) provide the following details for the year ending March 2017: • 4,315,000 recorded crimes by children and young people • 74,784 arrests of children and young people • 28,400 children and young people were convicted • On average 868 children and young people are in custody at any point in time for an average custodial sentence of 16 months long. Not all young people are equally represented in the criminal justice system: • 28% of all arrests were BAME youth who comprise 18% of the general population. 84% of all arrests were male who comprise 51% of the general population (MoJ and ONS, 2018) • 33% of all young people in custody are in care but only 1% of all children are in care (BYC, 2019). 31% of prisoners are aged 30-39. 27% of prisoners are ethnic minority compared to 13% in the general population. Male? (House of Commons, 2019) Indeed, 50% of care leavers have experience of the criminal justice		Wilkinson and Pickett, 2007

		system. These young people face additional challenges after leaving prison as they already have heightened risk factors and reduced protective factors through their looked after status (2019 Innovation Unit). 0.9% of 10-15 year olds are gang involved (30,000) (Office of the Children's Commissioner, 2014), and there were 124 deaths from gang activity in the last year (Townsend, 2018).		
Where we live	Levels of crime	58 crimes per 1000 adults (ONS, 2019) 31% of prisoners are aged 30-39. 27% of prisoners are ethnic minority	Risk of unemployment and reoffending.	Wilkinson and Pickett (2010).
	Levels of safety	88.4% of men and 68.4% of women feel safe walking alone after dark (ONS, 2019)		
	Access to nature	64.7% of people visit a natural environment once a week (ONS, 2019) Children from the most deprived areas are 20% less likely to spend time outside than those in affluent areas, while 70% of children from white backgrounds spend time outside once a week compared to 56% of children from black, Asian and ethnic minority backgrounds (Natural England, 2019)		
	Belonging to a neighbourhood	68.8% of people felt they belonged to their neighbourhood (ONS, 2019) Age, ethnicity and rurality were prime differentiators (Dept for DCMS, 2019)		
	Satisfaction with accommodation	90.1% satisfied with their accommodation (ONS, 2019) Low income households and people who rent.		

		34% of homes in England are non-decent (Joseph Rowntree Foundation, 2019) Lack of housing, poverty, unemployment, life events, leaving prison, leaving care, leaving home, escape from domestic violence, mental health issues, substance misuse. Homeless people on average die aged 44 (Crisis, 2019). Impact of psychological insecurity, poor standard living and food insecurity if in temporary accommodation (Fallaize and Lovegrove, 2018). 50% more likely to develop asthma than people in houses that are of good condition.		
	Levels of poor housing / TA / homelessness	There are 27.2 million households in the UK. In June 2018 a total of 64,690 decisions on homelessness in England were recorded in national statistics. This shows that 0.24% of households in the UK were homeless at that point in time. In addition to this, there were a total of 82,310 households in temporary accommodation in June 2018, 0.3% of the national households (Wilson and Barton, 2019). The charity Centrepoint's (2017) research estimated 83,000 young people in the UK in 2017 were homeless. This stands in contrast to official figures of 26,862 homeless young people released by the Department of Communities and Local Government (DCLG, 2015) illustrating how undocumented the issue may be.		
	Rurality	In 2015, 11.4 million people lived in a predominantly rural area, 20.7% of the England population (Department for Environment, Food and Rural Affairs, 2016).		

		More frequent for those over 44. Highest levels of rurality in the North West Cost of living higher, access to services harder, more people work from home, annual earnings lower, housing costs higher, but reduced levels of homelessness (LGA, 2017; Capacity, 2009). A quarter of all low income houses are in rural areas (Commission for Rural Communities, 2009).		
	Access to key services	Average walk time of 17.7 minutes to get to services (ONS, 2019) Barriers include poverty, rurality, disabilities, literacy, digital literacy.		
Personal finance	Income level	17% of households are 60% below the median income level before housing costs (ONS, 2019) 1.25 million people in the UK are struggling to eat, keep warm and clean and find a bed for the night (Armstrong, 2017) 1/3rd of children grow up in poor households where the wages are too low to lift them out of poverty (Cottam, 2019). Children (30%), lone parents (45%), disabled people (26%), ethnic minority families (45% of their children), people of Bangladeshi origin (50%), workless households are more likely to experience poverty, remain in poverty for longer and to experience deeper poverty than others. Women still lower paid than men. (Child Poverty Action Group, 2019).	Feelings of inferiority, frustration and a lack of autonomy lower the immune system, make people feel ill and shortens lives (Marmot, 2010).	By definition?
	Household wealth	Median household wealth of £259,400 (ONS, 2019)		
	Household income	Real median household income was £28,418 (ONS, 2019)		
	Satisfaction with income	45.7% were satisfied with their income (ONS, 2019)		

	Extent to which can manage finance	6.6% of people cannot manage their finances (ONS, 2019)		