

Scottish Health Equity Research Unit

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

2026 Inequality Landscape

Health and Socio-economic Inequality in Scotland in 2026

November 2026

Who we are

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

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

For more information, please visit www.scothealthequity.org.

Scottish Health Equity Research Unit

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

University of Strathclyde Glasgow

The Health Foundation

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

Citation

Please use the following citation for referencing this report:

Jack, D., Thompson, S., Catalano, A., McHardy, F., Smith, K. E., Garnham, L., McFadyen, C., & Congreve, E. (2026). 2026 Inequality Landscape: Health and Socioeconomic Inequality in Scotland. Available at: https://doi.org/10.17868/strath.00097793

Contents

Foreword 1

Executive Summary 3

Progress on Key Trends: What changed this year? 3

Tackling child poverty as prevention 4

Conclusion 5

Introduction 6

Spotlight: How much should we expect things to change in a prevention-focused nation? *7*

Part 1: Progress on Key Trends 9

High-level indicators of health inequality 10

Spotlight: An update on preventing deaths due to drugs, alcohol, and suicide *12*

Poverty and household income 14

Spotlight: Young adult men *18*

Education and early years 20

Employment 25

Spotlight: Labour market data *26*

Housing and homelessness 29

Part 1 Conclusion 33

Part 2: Tackling Child Poverty as Prevention 35

Introduction 36

Prevention-proofing the tackling child poverty agenda 37

Key findings 37

What does the evidence say? 37

How is this reflected in policy? 42

What is missing from the agenda to tackle child poverty? 43

Disruptive experiences affecting children and families 47

Key findings 47

What does the evidence say? 47

Parental imprisonment *48*

Parental drug and alcohol use *49*

Experiences of violence *50*

Care experiences *52*

Homelessness and housing insecurity *54*

Migration *55*

How is this reflected in policy? 56

What is missing from the agenda to tackle child poverty? 57

Education and participation 60

Key findings 60

What does the evidence say? 60

Early years *61*

Additional support needs *62*

Opportunities for participation *65*

How is this reflected in policy? 67

What is missing from the agenda to tackle child poverty? 68

Part 2 Conclusion 70

Key recommendations *71*

Bibliography 72

Foreword

SHERU's third *Inequality Landscape* report provides a familiar and concerning picture of Scotland's health but also cause for optimism in the shape of practical steps that can be taken to realise longstanding policy ambition to reduce health inequalities.

Progress against some of Scotland's deepest inequalities remains frustratingly slow. There are positive signs. Life expectancy is improving, if still below pre-pandemic levels, child poverty has fallen and some outcomes have improved. But the overall picture remains one of persistent inequalities in health and the social and economic determinants of health that continue to take a toll on too many people and communities.

This year's SHERU report highlights child poverty as an example of both the progress Scotland has made and the challenges that remain. In contrast to the story of a policy blind spot in relation to the fortunes of young men, the story this year is of policy disconnect.

Successive governments have maintained a sustained focus on reducing child poverty, and that commitment has delivered results. Measures such as the Scottish Child Payment have helped increase incomes and contributed to falling child poverty rates. These achievements should not be underestimated.

However, this report argues that there is a risk of losing sight of the wider goal. Reducing poverty is an essential objective in its own right, but it is also a means of improving children's lives and long-term outcomes.

Boosting incomes is critical. Yet if Scotland is serious about prevention, it must also focus on mitigating the health consequences of poverty and supporting those children most at risk of poor long-term outcomes. Too often, there is a policy disconnect.

The report identifies practical ways to strengthen the link between tackling child poverty and reducing health inequalities. Doing so can provide a centrepiece to Scotland's wider approach to prevention.

New energy in the prevention agenda stems from the government's Population Health Framework and its Public Services Reform Strategy: Delivering for Scotland. Together they provide an opportunity to finally deliver on the ambitions set out by the Christie Commission more than 15 years ago.

But there is a significant risk.

Public services face severe financial pressures and there will be understandable pressure to focus on measures that deliver short-term savings. There is a danger that public service reform puts structures before outcomes and that in doing so it becomes primarily a cost-cutting exercise accompanied by short-term disruption. This could push the limited progress in improving health to date in the wrong direction rather than a genuine effort to redesign services around prevention.

The distinction matters. Efficiency is important, but it will not, on its own, address Scotland's underlying challenges. Delivering better outcomes with finite resources requires a different approach: intervening earlier, joining up services more effectively and tackling the factors that drive poor outcomes in the first place. Decisions about structures must be made with that in mind.

It is also harder to do – not least because it will require investment today to deliver benefits years into the future. But it is also where the greatest opportunity lies.

As this report argues, Scotland's ambition to become a prevention focused nation will not be realised in any single policy area but by joined up policy design with implementation at its core. The challenge now is to ensure that public service reform goes beyond managing financial pressures and structural considerations and instead delivers the long-term changes needed to address the root causes of health inequalities.

David Finch
Deputy Director Health and Inequalities
The Health Foundation

Executive Summary

This is the third annual Inequality Landscape report from the Health Foundation-funded Scottish Health Equity Research Unit (SHERU). Like last year, the report is organised into two parts.

Part 1: Progress on Key Trends relating to health outcomes takes stock of key indicators which capture inequality trends across health and the socioeconomic conditions which shape population health. These indicators cover health inequality, household income, education and early years, employment, and housing and homelessness. We find that, while Scotland continues to experience modest improvements in living standards as we move further away from the pandemic era, inequalities remain deeply entrenched and interconnected.

Part 2: Tackling Child Poverty as Prevention focuses on one of our key groups of interest who are at risk of poor outcomes, namely children. The chapter identifies a "policy disconnect" between the agenda to tackle child poverty and the health inequalities that this agenda has the potential to prevent. This disconnect is explored in two key areas: disruptive family experiences, such as parental incarceration, parental drug and alcohol use, care experience, housing insecurity, and migration; and inequalities in social and educational experiences, especially in early years and for those with additional support needs. The evidence presented in this report indicates that the agenda to tackle child poverty, needs to engage more closely with the ways that inequalities are shaped during childhood and beyond if its preventative potential is to be realised.

Progress on Key Trends: What changed this year?

Scotland continues to see modest improvements in some measures of health and living standards, but deep and interconnected inequalities remain. Across health, income, education, employment and housing, progress is uneven. Significant disparities persist, while challenges such as avoidable mortality, rising poverty among some young adults, labour market uncertainty and housing pressures risk undermining further progress.

Life expectancy and mortality: Life expectancy continues to improve as we move further away from the pandemic. A particular aspect of mortality, which we explored in depth in the 2025 Inequality Landscape, is **deaths from drugs, alcohol, and suicide,** which we cover in a spotlight in this chapter. We find that, while rates have stayed stable on average over the last few years, there are significant inequalities that have not changed. We also find that there is a lack of cohesion between mental health support, suicide policy, and drug and alcohol policy, which remain separate despite an obvious and crucial overlap.

Household incomes and poverty: Income and poverty rates have improved for most groups, but significant inequalities remain. People from black and black British ethnic backgrounds, young people, and households with three or more children are more likely to be in poverty than they were before the pandemic. Similarly, in a spotlight on **young adult men**, we discuss research over the last year into rising poverty among men aged 18-24, especially among those that live by themselves. These men are at particular risk of early mortality, especially due to drugs, alcohol and suicide. Similar to our spotlight on those deaths, we find that at-risk men were highly visible once they reached a crisis point but are far less visible within preventative policy and service design.

Education and early years: Despite some limited progress, inequalities in education and early years remain substantial, with deprivation continuing to shape children's development, school attendance, educational attainment and future opportunities. Experiences related to education and wider participation, particularly among students with additional support needs or students living in deprived areas, are explored in more depth in Part 2.

Employment: While employment earnings have risen relative to the pre-pandemic period, employment rates have fallen slightly over the past year. Ongoing data quality issues mean that, while we have a sense of overall employment levels, it is challenging to get a clear picture of the relationship between health and the labour market in Scotland. It is also difficult to get a sense of youth employment, which has become an increasingly visible concern in the UK in the last year.

Housing and homelessness: Housebuilding has slowed significantly even whilst homelessness continues to rise. The ongoing housing shortage means that, even when housing needs have been identified, the options for statutory services to provide preventative support is limited. Combining this trend with falling employment points to a worrying picture for Scotland's population health, both now and in the future.

Tackling child poverty as prevention

Poverty in childhood can be a key driver of health inequalities across a person's life, influencing and interacting with health through multiple channels. Scotland has a significant policy focus on reducing child poverty, but there are important gaps that limit the preventative capacity of this agenda. We find that:

Child poverty can be particularly detrimental for health inequalities and other outcomes when it is experienced severely and persistently. Persistent child poverty makes up one of four child poverty targets in Scotland but has remained stubbornly high in recent decades. Meanwhile, Scotland lacks a target for reducing deep child poverty.

Children in poverty are more likely to experience a range of disruptive experiences, which can in turn affect their long-term health. These include parental incarceration and substance use, exposure to violence at home, care experience, homelessness and housing insecurity, and disadvantages associated with migration. A preventative approach to tackling child poverty would be more closely aligned with the policies and services that impact on these disruptions, which often overlap.

Similarly, the disadvantages associated with child poverty can be either reinforced or counteracted through the education system and other forms of participation. Inequalities in these domains are socially patterned, interacting with wider factors such as the growing prevalence of Additional Support Needs. Without support, these inequalities can persist into later life stages. Yet schools and community participation can also play a role both in reducing child poverty and mitigating its effects on health over the long term, with early years and key transitions representing particularly crucial points for intervention.

The chapter concludes that a prevention-informed approach to tackling child poverty would pay greater attention to the ways that childhood disadvantages accumulate over time, and how these disadvantages translate into inequalities in health and other outcomes. Such an approach would involve focusing on the most harmful types of poverty, as well as engaging more deliberately with the disruptive experiences and educational inequalities examined in this report. It would also require further investments in data infrastructure, as well as greater coherence between the various policy areas and services that are involved in addressing childhood disadvantage and driving public service reform.

Conclusion

Scotland's ambition to become a prevention-focused nation will not be realised through improvements in any single policy area. The evidence in this report shows that the health inequalities that persist in Scotland begin early in life, accumulate across the life course, and are shaped by a range of experiences, systems, and domains. Whether considering children in poverty or young adult men facing crisis and early mortality, the findings point to a common challenge: policy must be more joined up, better informed by implementation intelligence from frontline delivery, and focused on addressing the root causes of health inequalities.

Introduction

In 2024, our first annual *Inequality Landscape* provided a framing for the work that SHERU would do in the years since. We established a baseline understanding of socioeconomic and health inequality indicators in Scotland and explored two population groups who are central to long-term poor health prevention: young adult men and children living in poverty. Our *2025 Inequality Landscape* followed this by tracking the socioeconomic and health indicators further and focused more closely on the experiences of the men aged 18-44 who are most at-risk of deaths due to drugs, alcohol, or suicide.

This year's report continues the legacy of the first two *Inequality Landscapes*.

In **Part 1: Progress on Key Trends**, we continue to track the suite of socioeconomic indicators that we compiled over the last two years, looking at **high-level health indicators, poverty and household income, education and early years, employment,** and **housing and homelessness.** When we published our 2024 Inequality Landscape, it was difficult to get a sense for how Scotland had progressed because much of the data reflected pandemic-era chaos. For that reason, we anchored our indicators in the last pre-pandemic data period, reflecting on either how far we had come compared to the pre-pandemic years, or how far we had to go to return to a post-recession, pre-pandemic sense of normalcy.

Now, in 2026, with data several years removed from 2020, we have a very clear picture of where we sit as a nation. We found that, like last year, there has been gradual and uneven progress relative to the pre-pandemic period, with some indicators – like life expectancy, household income, child poverty, and educational attainment gaps – improving slightly, whilst others – like employment, homelessness, and overall inequalities – have stagnated or worsened.

In **Part 2: Tackling Child Poverty as Prevention**, we look more closely at the children who are at risk of health inequalities throughout their lives, bookending the two population identified groups of interest from the Health Foundation's 2023 report *Leave No One Behind,* and in our 2024 report (1). In 2025, we found that at-risk young adult men are often overlooked in preventative policy, with many health-related inequalities only addressed when they reach a crisis point.

In contrast, children are often at the forefront of policy discussions, and there is a substantial body of evidence exploring their experiences and opportunities for prevention. What we find, instead, is **a policy disconnect: there is considerable evidence that different childhood financial, familial, social and educational experiences interact with health inequality throughout an individual's life – and, indeed, with each other - but in practice, that there is little cohesion across different bodies to meaningfully prevent negative health outcomes from occurring.**

Like those previous reports, we also draw on a wide range of qualitative evidence, but for the first time, we feature frontline perspectives gathered from our own work.

Over the last three years, we have conducted a body of qualitative research exploring the identified socioeconomic determinants of poor health, especially housing and employment, and into the experiences of those working with families with children and poverty and with young adult men. The findings from this work are compiled in this report, along with findings from our other qualitative publications from our Strengthening Policy Implementation workstreams.

This includes *Prevention in Practice: Insights from Action Learning,* which explores implementation intelligence from those operationalising polices and services within two local authorities (2). We also draw upon evidence from *Empty Promises Research Report: Families' Experiences of Housing in Edinburgh,* a community-based peer research report delivered in collaboration with the Poverty Alliance and Low Income Families Together (LIFT) (3), and *More Than a Number: Families' Experiences of Temporary Accommodation, Health and Wellbeing in North Lanarkshire*, a second peer research report delivered in collaboration with the Poverty Alliance and One Parent Families Scotland) (4).

This report, and indeed the body of evidence that SHERU has compiled over the last three years, demonstrates the importance of upstream prevention. It also highlights the scale of the challenge that faces Scotland. Life expectancy and healthy life expectancy remain sharply unequal. Child poverty is persistently high, educational inequalities emerge before children begin school, and health outcomes continue to follow strong socioeconomic gradients.

This work nevertheless provides policymakers across Scotland with a roadmap to improvement.

Spotlight: How much should we expect things to change in a prevention-focused nation?

Scotland has long aspired to prevent problems before people reach crisis. The Christie Commission called for a "*radical shift towards preventative public spending*" back in 2011, alongside greater emphasis on people, partnership and performance (5). 15 years later, we remain a long way from realising this ambition.

Prevention has gained renewed prominence over the past year through Scotland's *Population Health Framework* and *Public Service Reform Strategy*, which aim to reorient public services towards earlier action and better outcomes (6–8). A dedicated Cabinet Secretary for Public Service Reform, Ivan McKee, has also been appointed. At the same time, this renewed focus on prevention is occurring against a challenging backdrop, thanks to the combined pressures of an ageing population, rising demand for services and severe pressure on public finances (9).

Throughout our research, we found substantial public support and professional buy-in to the case for prevention. SHERU's analysis of the *2025 Scottish Social Attitudes Survey* found strong public support for reducing health inequalities and broad backing for preventative approaches to public policy (10). Our research through our Strengthening Policy Implementation workstream, *Prevention in Practice: Insights from Action Learning,* elicited "implementation intelligence" in two local authority areas and found strong support for prevention across both strategic level staff and front line practitioners (2).

Their accounts also help explain why progress towards prevention has been difficult, as they describe the realities of implementing a range of policy ambitions alongside competing local priorities and needs.

While participants strongly supported the shift towards prevention, they described services that remained largely crisis oriented. They identified system complexity, resource constraints and governance arrangements as factors limiting the time, capacity and authority needed to act on their knowledge of local communities. Participants also highlighted the importance of

strengthening analytical infrastructure, including long-term data linkage and measurement across life course trajectories. This would support a better understanding of people's pathways and experiences over time, helping to build a stronger evidence base for the design and investment of upstream preventative responses.

There was also a strong sense that national policy ambitions often do not reflect or support local contextual needs, and that funding streams and organisational systems favoured and reinforced siloed activity and short-term outcomes rather than supporting and enabling more preventative ways of working.

This work recognised that ambitions for prevention require changes to structures of governance and accountability and performance management to support and create conditions to support more preventative ways of working. Critically, it also set out the importance of wider messaging and narratives around prevention to drive implementation change, recognising that wider risk appetites and public narratives also shape the experience, scale, and focus of service design and delivery in practice.

Ultimately, the patterns of inequality that we explore throughout this report have developed over decades, shaped by the interaction of poverty, housing, education, employment and health. Sustained preventative action may therefore take many years to produce measurable changes in outcomes such as life expectancy and intergenerational inequality.

In the meantime, we can assess progress by examining whether policies, budgets and public services are becoming better equipped to act earlier and address the underlying causes of poor health. People should find it easier to obtain help; they should not need to tell their story multiple times and should feel that services work together. Frontline staff and local partners should see their knowledge being heard and acted upon.

These implementation insights surface important questions about the current implementation and delivery landscape which require further attention to support Scotland’s shift towards prevention. Evidence from this suggests that achieving ambitions for prevention also requires significant changes to how funding, accountability, and performance management align and create and support the conditions whereby preventative ambitions can be achieved and sustained. This work emphasised the importance of creating protected spaces and mechanisms to discuss candidly where policies were getting stuck and consider and critically reflect on possible responses with colleagues from different parts of the system. Similar spaces could help national and local partners adapt and refine their approaches as implementation progresses.

Changes in policy and strategy practices, like the refreshed National Performance Framework, also provide an opportunity to make prevention more explicit, replace narrow organisational targets with shared measures of progress, and to bring in qualitative evidence alongside quantitative indicators, since changes in relationships, coordination and trust will not be fully captured through routine outcome measures (11).

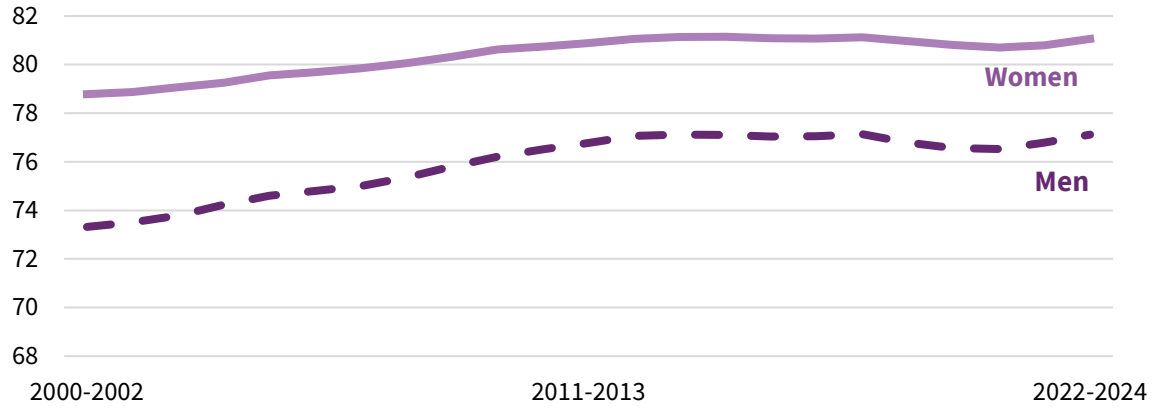
Part 1
Progress on Key Trends

High-level indicators of health inequality

As in previous years, we begin this SHERU Inequality Landscape report with two high-level indicators that provide a broad snapshot of health and socioeconomic trends: life expectancy and median household income. The latest data show modest improvements in both, and in general, despite ongoing progress over the past year, inequalities remain deeply entrenched and interconnected across both health and socioeconomic indicators in Scotland. Median household income has increased, while life expectancy has risen slightly since 2021–23 and is now close to its pre-pandemic level (**Figure 1.1**).

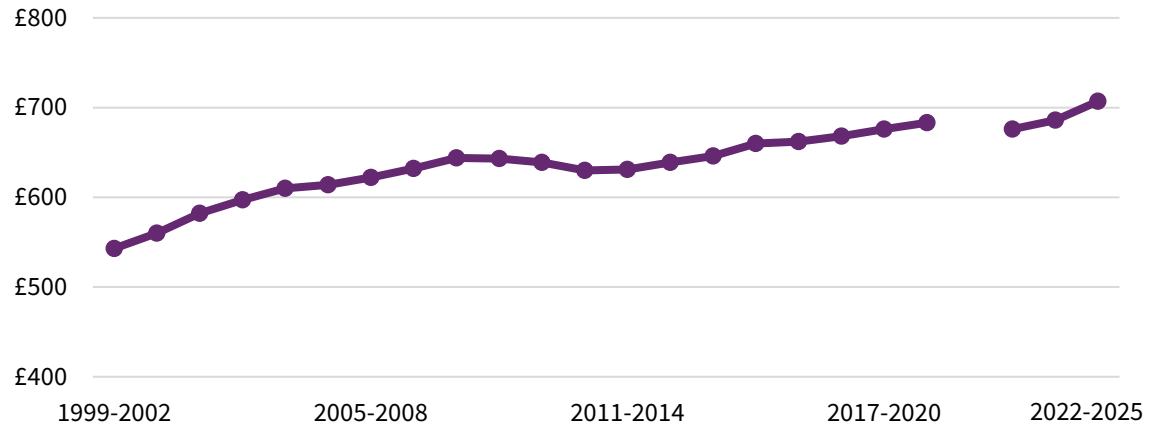
Following a period of relatively slow growth after the 2008 financial crisis and further disruption during the pandemic, median weekly household income has shown a modest increase in the latest data (**Figure 1.2**). Nevertheless, many households, particularly those on lower incomes, continue to face cost-of-living pressures that limit improvements in financial security and wellbeing.

Figure 1.1 *Life expectancy at birth, in years*



Source: *National Records of Scotland, 2025 (12)*

Figure 1.2 *Median weekly household incomes (in 2024-25 prices) before housing costs*



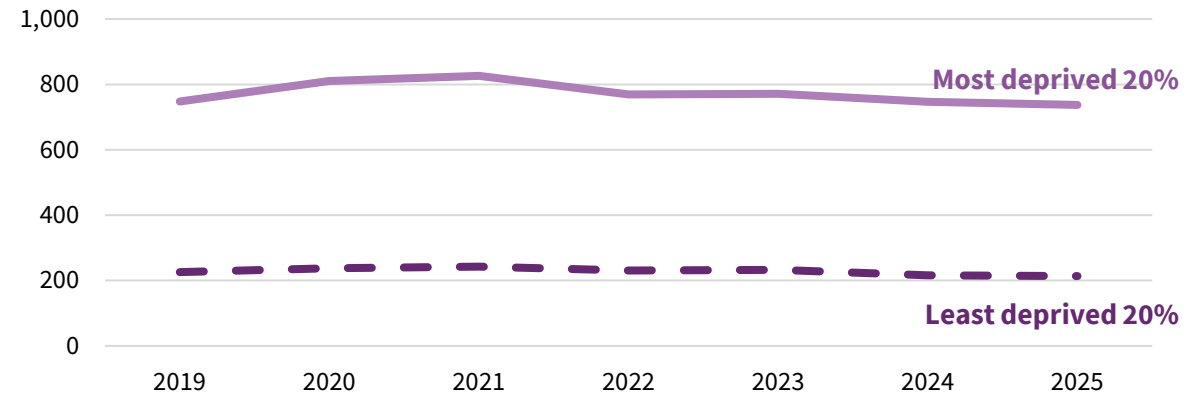
Source: *Scottish Government, 2026 (13)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for 2018-21 to 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

Progress nevertheless remains limited and substantial inequalities persist. Scotland continues to have the lowest life expectancy in the UK, and continues to lag behind many Western European countries (12). Women in the most deprived communities can expect to live around a decade less than those in the least deprived communities; the corresponding gap for men exceeds 13 years.

Between 2024 and 2025, the early mortality rate (deaths under 75 years of age) trended downwards very slightly. For people living in the most deprived 20% of areas, these deaths have fallen below the pre-pandemic rate for the first time, at 737 deaths per 100,000 in 2025 compared to 747 in 2019 (**Figure 1.3**).

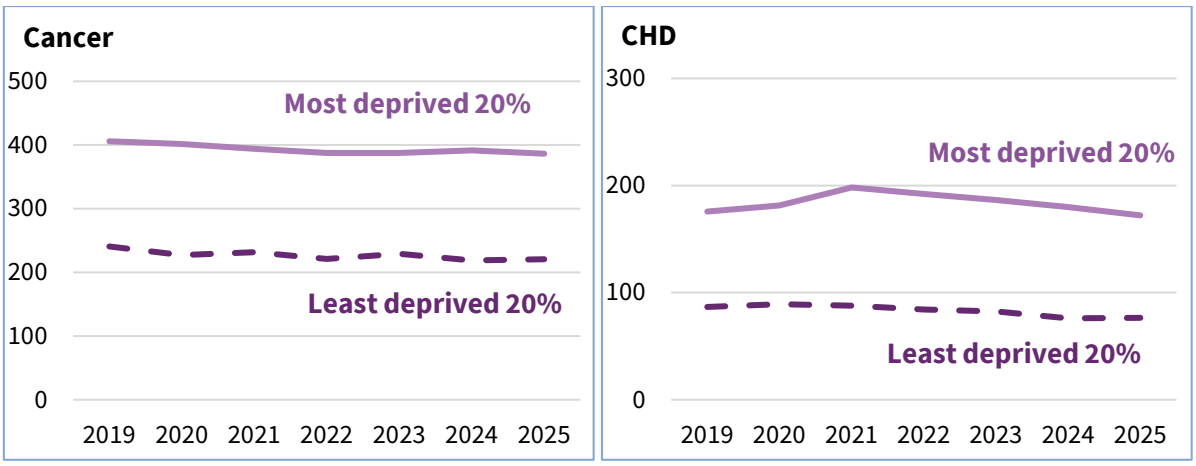
The most common reasons for early mortality were cancer, circulatory system diseases, and ischaemic (coronary) heart disease (CHD). Early deaths for all of these conditions fell between 2024 and 2025 (14). Scotland does not publish mortality statistics by cause of death *and* SIMD quintile for people below age 75 but does for all-age mortality. People in the most deprived areas have a notably higher age-standardised mortality rate for every included cause of death in NRS statistics. Cancer and CHD are highlighted here; the mortality rate for cancer is 75% higher in the most deprived areas and the mortality rate for CHD is 125% higher compared to the least deprived areas (**Figure 1.4)** (14).

Figure 1.3 *Early mortality rate (under 75) (age-sex standardised rate per 100,000 population)*



Source: *National Records of Scotland (2026) (14)*

Figure 1.4 *Mortality rates for cancer and coronary heart disease (CHD) (age-sex standardised rate per 100,000) between the 20% most and least deprived areas of Scotland*



Source: *National Records of Scotland (2026) (14)*

Spotlight: An update on preventing deaths due to drugs, alcohol, and suicide

Drugs, alcohol, and suicide are an important subset of early mortality deaths and have historically heavily impacted Scotland's population. Over the last year, drug-related mortality rates have increased slightly, although the trend since 2022 has remained broadly consistent. On a population level, alcohol and suicide mortality rates have stayed roughly the same, although suicide mortality has declined for people living in the most and least deprived areas. Substantial gaps between populations in the most and least deprived parts of Scotland remain pervasive (**Figure 1.5-1.7**).

Figure 1.5 *Drug-related mortality rate (age-sex standardised rate per 100,000)*

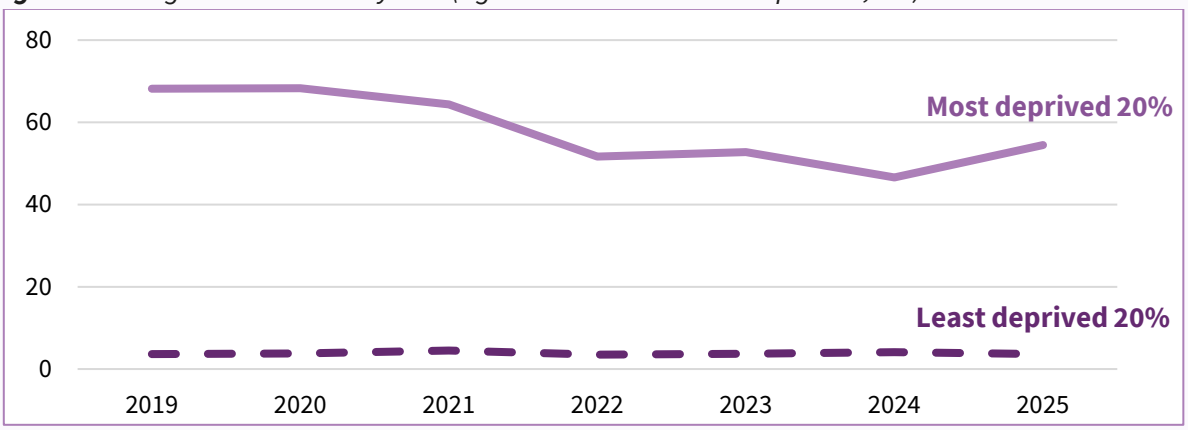


Figure 1.6 *Alcohol-specific mortality rate (age-sex standardised rate per 100,000)*

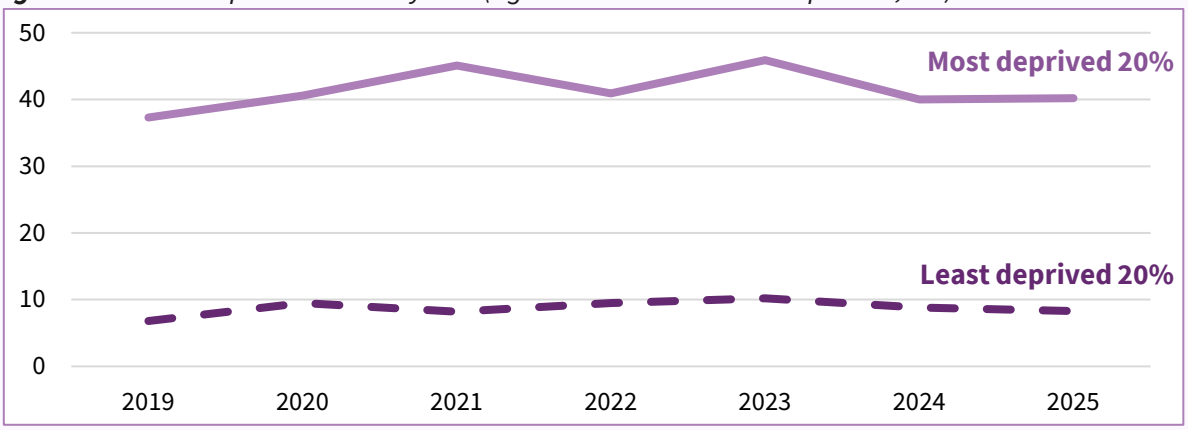
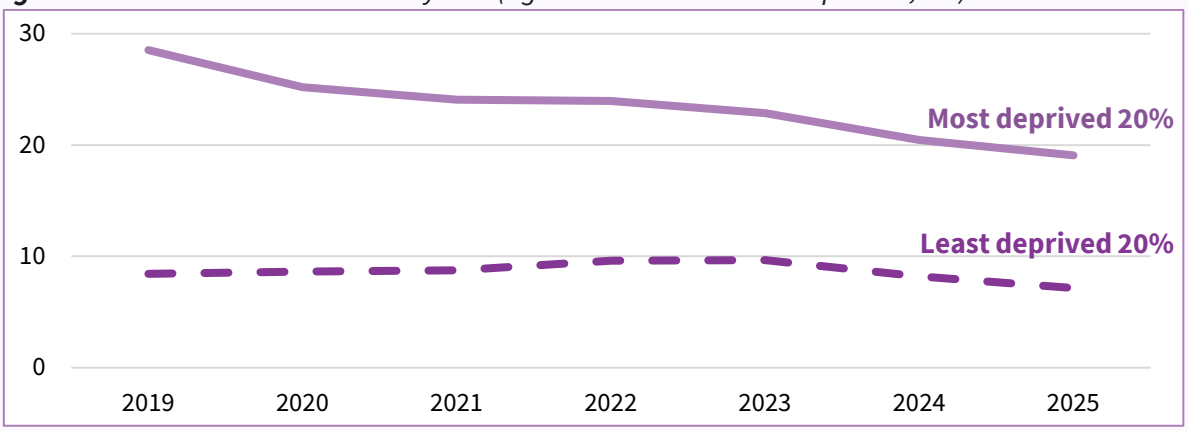


Figure 1.7 *Probable suicide mortality rate (age-sex standardised rate per 100,000)*



Sources: *National Records of Scotland (2026) (15–17)*

Historically, Scotland has had higher mortality rates from drugs, alcohol, and suicide compared to the rest of the UK, and indeed, compared to most of Western Europe. This has changed slightly in the last year; while Scotland continues to have higher rates of drug-related compared to other UK countries (15), as of the most recent data, mortality rates from alcohol and suicide were slightly lower than Northern Ireland and Wales respectively (16,17). Last year's *Inequality Landscape* examined these deaths in detail. It showed how strongly they are associated with socioeconomic disadvantage and highlighted men aged 18–44 experiencing overlapping difficulties across housing, employment, mental health, substance use and justice as an important policy blind spot. It also identified fragmented policy, services and data as barriers to earlier prevention.

A year on from our earlier analysis, there is a strong policy focus on prevention and on reforming public services to provide more effective, joined-up support, intervening earlier wherever possible, through programmes such as Public Service Reform and the Population Health Framework. The Scottish Government and COSLA's *Preventing Harm, Promoting Recovery*, their Alcohol and Drugs Strategic Plan for 2026–35 (18), in particular, signals greater recognition at a national level of the connections between substance use, poverty, homelessness, unemployment and mental health.

However, when we look at how the recent Public Service Reform agenda and Population Health Framework will improve support for people at greatest risk of early, preventable death, important gaps remain. The Framework provides limited detail about how housing, employability, mental health, alcohol and drug, social work and justice services will coordinate support for people whose circumstances span these areas, and little about how these policy and service boundaries will be implemented or monitored. (19). Participants in SHERU's Action Learning Sets, in particular, described people moving back and forth between services, with no part of the system taking responsibility for coordinating their support:

> *"Trying to get access to right support that they need – this whole back and forth issue and housing team stuck in the middle because nobody takes the lead in case management for them."*
>
> *SHERU Action Learning Set participant*

Suicide prevention and alcohol and drug policy also remain institutionally separate, despite research highlighting the close relationship between mental health and substance use. Suicide was discussed particularly in the Action Learning Sets focusing on young adult men, where justice social workers described managing immediate suicidal distress without sufficient mental health training or access to longer-term support:

> *"The main problem we have is the crisis they are experiencing, the suicidal thoughts they're having. They are expressing this distress to their social workers, but we don't have the training to deal with this, with mental health, but it's left to us to resolve that day, we're not making long-term change. We know they are safe for that day but what about going forward? Where is the long-term planning?"*
>
> *SHERU Action Learning Set participant*

These findings point to a more specific implementation challenge: ensuring there is clear responsibility for coordinating support when people's needs cross service boundaries, and sufficient capacity to respond when people are ready for help and adapt provision as risks change.

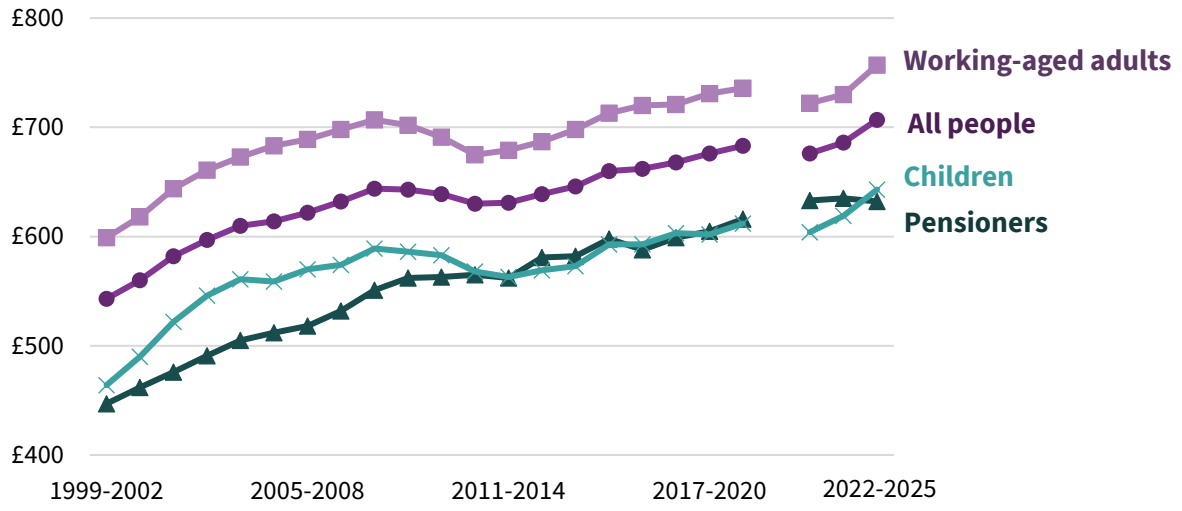
Poverty and household income

Household income plays a critical role in explaining health inequalities, and there are dramatic differences in health outcomes between wealthy and poor groups. A lack of income can make it harder to afford items that are essential for health, such as food and heating, while also causing stress and anxiety. Lack of income also shapes experiences with accessing and engaging support services. In addition, inequality of income can lead to social isolation and stigma, which in turn have negative impacts on health. In **Part 2**, we explore the relationship between household income and health outcomes in more detail, focusing particularly on child poverty.

Statistics on poverty and household income are derived from the Family Resources Survey, which has entered a transitional period as a programme of improvements is carried out (20). Data from 2021-22 onwards has been revised since last year, with an additional year of data (2024-25) also released. However, these revisions have created a break in the data from 2021-22, which makes it harder to track trends over time. The break also means that the previous measure of absolute poverty, which was based on median income in 2010-11, has had to be rebased, making it particularly unsuitable for monitoring changes; we have therefore not included absolute poverty in this report. Further revisions to the data are expected in future years.

Figure 2.1 shows that median household incomes rose in real terms in the latest period (2022-2025) for children, for working-age adults, and for the population as a whole. On the other hand, median income has stagnated for pensioners in recent years. This reflects the complicated nature of pensioner income composition. While the State Pension "triple lock" should mean that it outpaces earnings at the UK level over the long term, annual uprating is based on retrospective data, meaning it can lag behind income-based earnings in the short term (21).

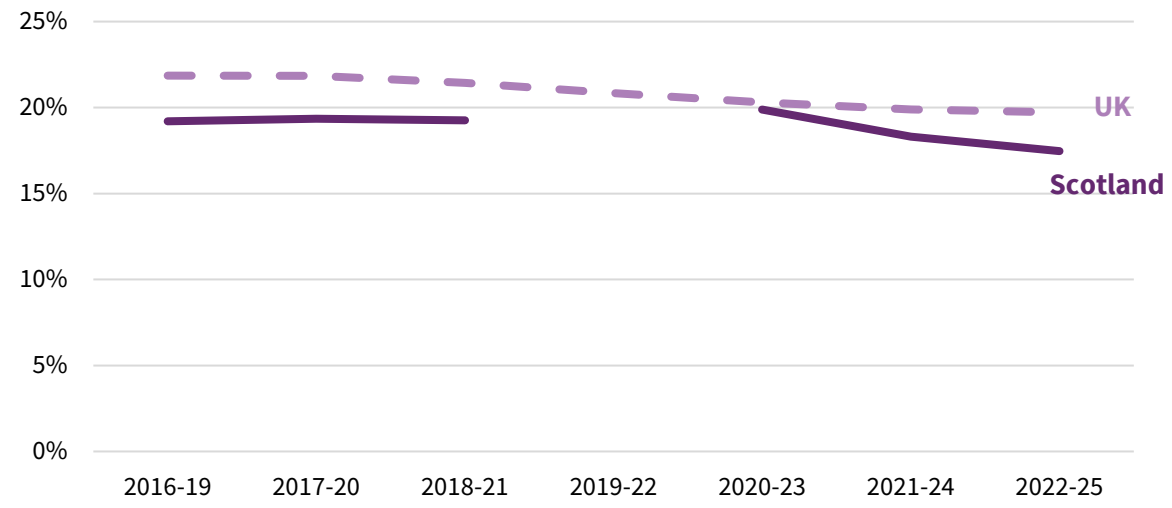
Figure 2.1 *Median weekly equivalised household incomes (in 2023-24 prices) before housing costs*



Source: *Scottish Government, 2026 (13)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for 2018-21 to 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

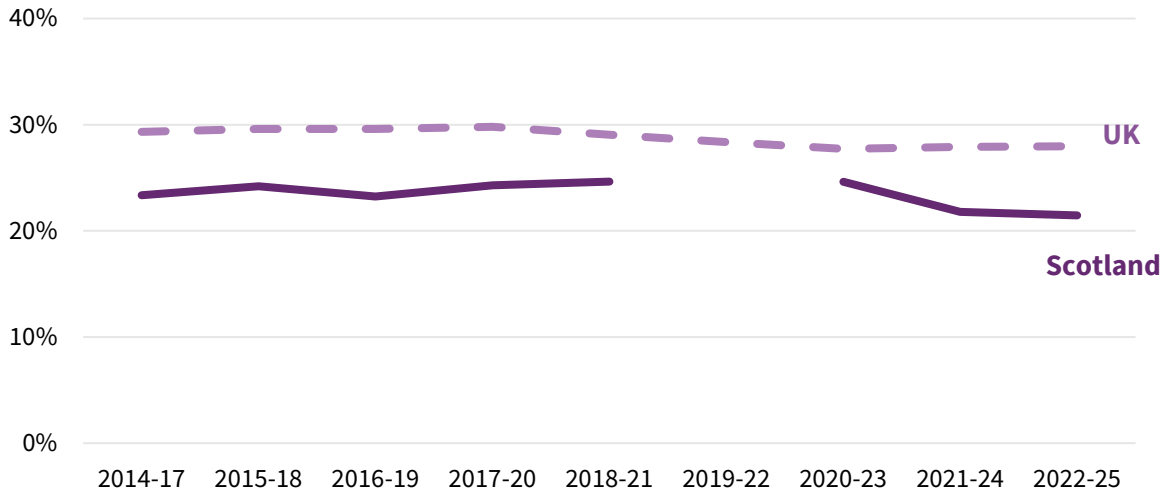
Increases in income have translated into reductions in relative poverty in Scotland, with lower-income households experiencing greater increases than middle-income households (**Figure 2.2**). Households with children in particular have experienced reductions in poverty in Scotland that are not observed in the UK as a whole (**Figure 2.3)**. As we noted in last year's report, the rollout of the Scottish Child Payment is largely responsible for this divergence. However, at 21%, the relative child poverty rate in 2022-25 was still well above the statutory target of less than 10% by 2030-31.

Figure 2.2 *Average proportion of the Scottish and UK population in relative poverty (after housing costs)*



Source: *Scottish Government, 2026 (13), DWP (2026) (22)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for Scotland covering 2018-21 to 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for Scotland covering 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

Figure 2.3 *Average proportion of children in Scotland and the UK in relative poverty (after housing costs)*

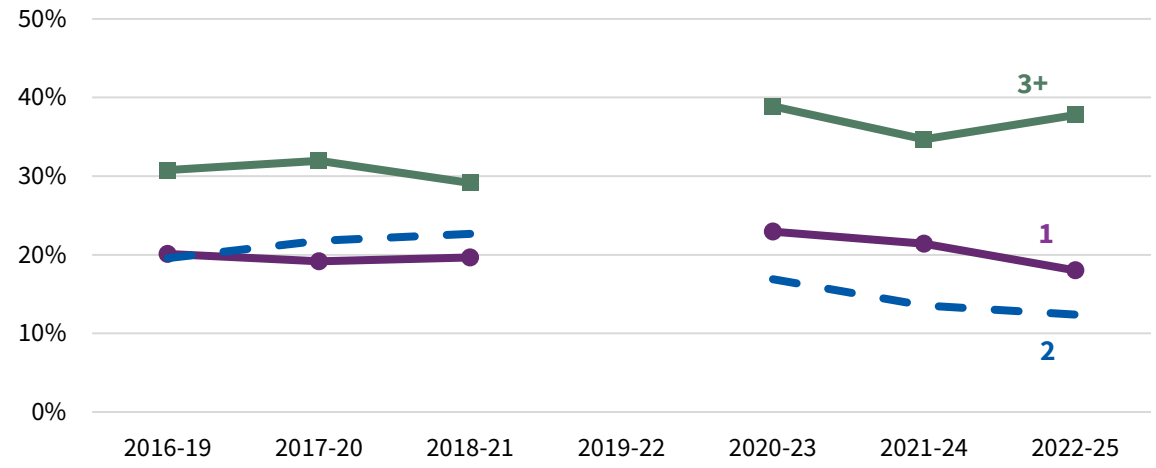


Source: *Scottish Government, 2026 (13), DWP (2026) (22)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for 2018-21 to 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

People in households with three or more children have continued to show much higher poverty rates than people in households with fewer children (**Figure 2.4**). However, these statistics predate the abolition of the "two-child limit" to Universal Credit recipients from April 2026, so we might expect to see poverty reductions among this group when the next year of data is released.

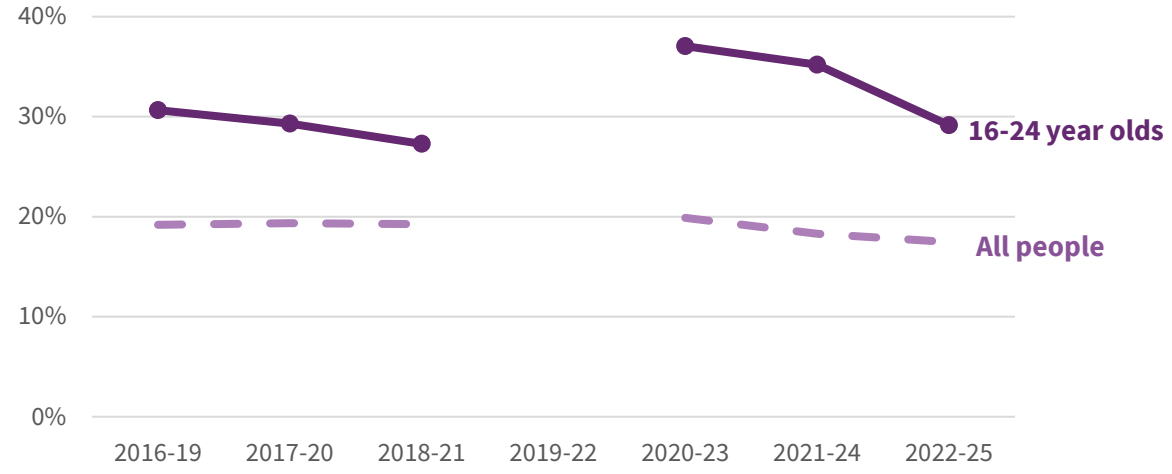
People aged 16-24 have seen particularly large falls in poverty, especially in the latest period, when the poverty rate among this group fell by 6 percentage points (**Figure 2.5**). However, despite these improvements, the relative poverty rate among 16-24-year-olds remained substantially higher than the overall rate in 2022-25 (29% compared with 17%). This is a key age group, in which people often intend to leave home and transition to financial independence.

Figure 2.4 *Proportion of people in relative poverty by number of children in household*



Source: *Scottish Government, 2026 (13)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for 2018-21 to 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

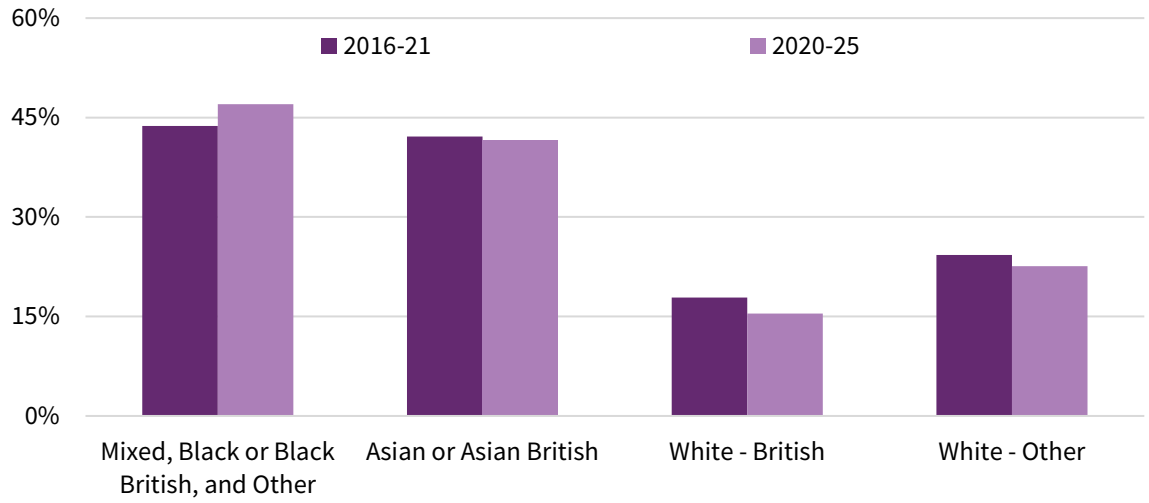
Figure 2.5 *Average proportion of non-dependent 16- 24-year-olds in relative poverty (after housing costs)*



Source: *Scottish Government, 2026 (13)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for 2018-21 to 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

Different ethnic groups also continue to face different poverty rates (**Figure 2.6**). While small sample sizes make it difficult to monitor changes year-on-year, the picture has changed little between 2016-21 and 2020-25: "White British" households continue to face the lowest risk of living in poverty, followed by "White – Other," while "Mixed, Black or Black British, and Other" continue to face the highest risk, followed by "Asian or Asian British."

Figure 2.6 Percentage of people living in relative poverty by ethnicity, Scotland (after housing costs, 5-year averages)



Source: *Scottish Government, 2026 (13)*
Notes: *Ethnicity data relates to all people in a household and is based on the ethnicity of the adult with the highest income. There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. As a result, 5-year average estimates are not available for 2017-22, 2018-23 or 2019-24. This data is published as 5-year averages. For 5-year averages only 2020-25 provides a fully data-linked estimate.*

Recent improvements in median income and relative poverty are welcome, but they do not mean that low-income households are now financially secure. Poverty rates remain high, progress has been uneven across population groups, and aggregate measures do not capture the insecurity, additional costs and difficult trade-offs experienced by households living on low incomes. In qualitative studies, people describe struggling to meet basic costs such as food, heating and transport, alongside experiences of anxiety, shame and distress (23).

> *"My depression comes from not having enough or able to give my kids not what they want but what they need. I battle every day to ensure my kids are loved, but do they know they are loved when all they hear is 'sorry we can't do that today' or 'you can't have that today'. I do not want the choices I have had to make in their life affect their health, education, or wellbeing all because I just simply didn't have the money!"*
>
> *(24)*

Overall, the evidence suggests that recent reductions in relative poverty are welcome but have not removed the financial insecurity experienced by many households. Low and unpredictable incomes, ongoing cost-of-living pressures, and difficulties navigating employment, social security and housing systems continue to affect people's health and wellbeing. Preventing poverty-related health inequalities therefore requires both adequate household incomes and public services designed around the connected circumstances in which people live.

Spotlight: Young adult men

Our 2025 Inequality Landscape report focused on preventing deaths due to drugs, alcohol, and suicide; and in particular centred on the young adult men in Scotland who are at greatest risk. Over the past year, SHERU has continued looking into the experiences of these men.

Our first report, *Poverty Among Young Adult Men in Scotland,* highlighted an alarming rise in poverty since the Covid-19 pandemic among men in Scotland aged 18-44, which was not observed in other UK regions or among women in the same age group (25). The report found that the increase in Scotland, and the resulting divergence with the rest of the UK, was driven by increases in poverty risk among those aged 18-24, those who are out of work, and those who are single without children but living with other adults. The report also found that the falls in real-terms income that were responsible for the rise in poverty represented wage reductions among other household members, raising questions around both the causes of such reductions and how poverty is measured.

Our second report, *Poverty Dynamics Among Young Adult Men in Scotland*, dug deeper into the trajectories of poverty that young men experience (26). It found that men aged 18-44 have been more likely to be living in persistent poverty in Scotland than in the rest of the UK, on average, in most years since 2016-2017. Reinforcing the findings from the first report, we also found that young adult men who are single with no children but living with other adults, such as parents or housemates, enter poverty at a higher rate than those in most other living situations without experiencing higher exit rates. Young men in Scotland who are in work are also less likely to exit poverty than both young women in Scotland and young men in the rest of the UK in work, pointing to issues of job quality that specifically affect this group.

These reports, which were supported by engagement from experts and webinar attendees, have improved our understanding of the causes of poverty among young adult men. However, they have also raised further questions, which we intend to explore going forward. This includes the issue of non-standard living arrangements, with young men often staying at home with their parents or in shared accommodation, and how these arrangements interact with poverty and health.

SHERU's Action Learning Sets provide further insight into how these problems are experienced across services, bringing together people working in housing, health, employability, social work, justice and the third sector in two local authority areas. Participants noted that at-risk men were highly visible once they reached crisis, particularly in homelessness and justice services, but far less visible within preventative policy and service design. Their lives and needs crossed housing, health, employability, social work, alcohol and drug, and justice services, with no clear ownership of earlier intervention or longer-term outcomes.

Looking across these services revealed connections that were difficult to see from the perspective of any single organisation. Participants traced pathways linking disrupted childhood experiences, unmet additional support needs, disengagement from school, insecure housing and employment, poor mental health, substance use and justice involvement:

> *"Young people don't suddenly become complex at sixteen. The signs were all there."*
>
> *SHERU Action Learning Set participant*

They also linked the relative invisibility of young adult men to the ways services interpreted distress. Anger, withdrawal or disengagement could be treated primarily as risk or non-compliance rather than as signs that support was needed:

> *"Some behaviours are seen as 'understandable' in other groups... in young men they're seen as dangerous."*
>
> *SHERU Action Learning Set participant*

The discussions also showed how public and political narratives could constrain preventative work, particularly where support was directed towards groups viewed unsympathetically. This arose most explicitly in the two Action Learning Sets focusing on preventing homelessness:

> *"Who [needs help] matters… we are working with an unpopular group of people [around housing] in the eyes of the public and politicians."*
>
> *SHERU Action Learning Set participant*

Justice involvement was often cited as the point at which accumulated disadvantage and unmet need finally became visible. As one participant put it:

> *"Justice becomes the container for everything else that's gone wrong."*
>
> *SHERU Action Learning Set participant*

Similarly, homelessness support can arrive after the opportunity for prevention has passed. This has heightened importance when considered against the backdrop of Scotland's declared national housing emergency and levels of need (27).

> *"By the time someone meets the threshold for housing, the opportunity to prevent homelessness has usually already passed."*
>
> *SHERU Action Learning Set participant*

Participants felt that recognising and responding to these needs earlier could help prevent some of the pathways that ended in crisis.

In total, our body of research has reinforced a key finding from last year's report: by the time people enter statutory services, opportunities for support through education, housing, mental health, employability and other services have already been missed.

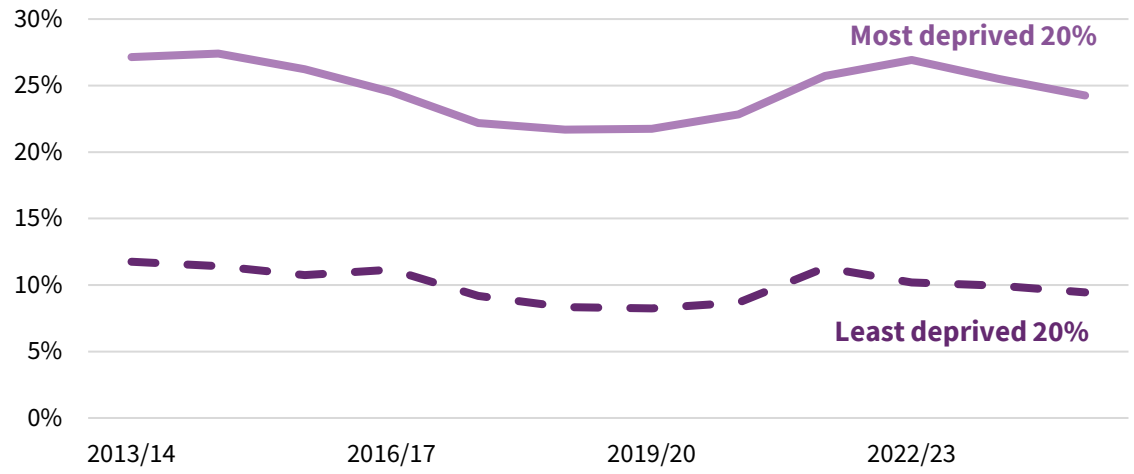
Education and early years

Socioeconomic inequalities shape children's experiences and outcomes throughout the educational journey, from the early years to further and higher education. Education is one of the most important social determinants of health, shaping opportunities and life chances throughout adulthood. Many of the health inequalities observed later in life have their roots in unequal experiences during childhood and education.

Although attainment is often used as a key measure of inequality, it reflects a much broader set of circumstances affecting children's development, readiness to learn, engagement with education and future opportunities. The following indicators show how these inequalities emerge early and persist across different stages of education.

The proportion of children with developmental concerns at the 27–30-month review has improved slightly over the last two years (**Figure 3.1**). In the 20% most deprived areas, the proportion fell from 27% in 2022/23 to 24% in 2024/25, while remaining comparatively stable in the least deprived areas (10% to 9%). As a result, the gap narrowed from 17 to 15 percentage points over a two year period. Despite this recent improvement, inequalities remain substantial. Children living in the most deprived communities are still more than two and a half times as likely to have developmental concerns identified at review as those living in the least deprived communities. Although rates in the most deprived areas have fallen, they remain above pre-pandemic levels, suggesting that wider social and economic pressures affecting families continue to influence children's early development.

Figure 3.1 *Proportion of children who have developmental concerns at 27-30 months*



Source: *Public Health Scotland, 2026 (28)*

There are signs of gradual progress in reducing educational inequalities at primary school level. Nationally, the attainment gaps in both literacy and numeracy have narrowed to their lowest levels since comparable records began. For literacy, this reflects increases in the proportion of pupils achieving the expected Curriculum for Excellence level across primary stages (P1, P4 and P7 combined), with the largest gains among pupils from the most deprived communities.

In numeracy, the attainment gap also reached its lowest recorded level, driven by improved attainment among pupils in the most deprived areas. This apparent improvement should be interpreted with caution, however, as the narrowing also reflects a small decline in attainment among pupils in the least deprived areas, highlighting that a reduced gap does not necessarily indicate improved outcomes for all pupils.

Progress has not been uniform across all stages of primary education. While attainment gaps among older primary pupils have generally narrowed and are now below pre-pandemic levels, inequalities at Primary 1 remain similar to, and in some cases wider than, those observed before the pandemic. This pattern is evident across several measures, including reading, writing, listening and talking, and numeracy, suggesting that socioeconomic inequalities continue to emerge early in children's educational journeys. (**Figure 3.2**).

Figure 3.2a *Proportion of P1 and P7 pupils meeting grade level expectations in reading*

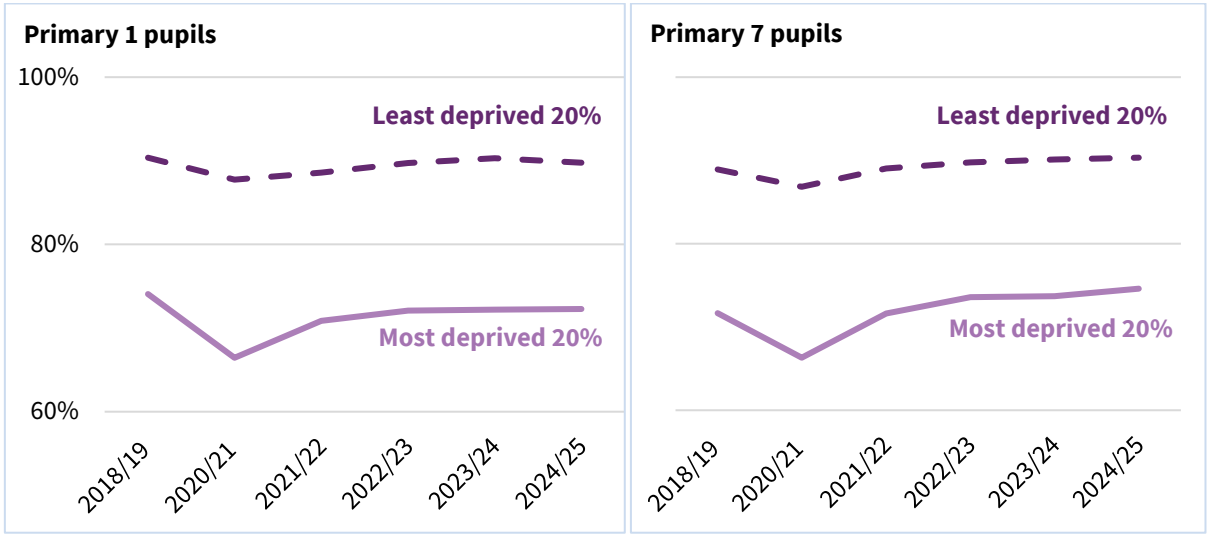
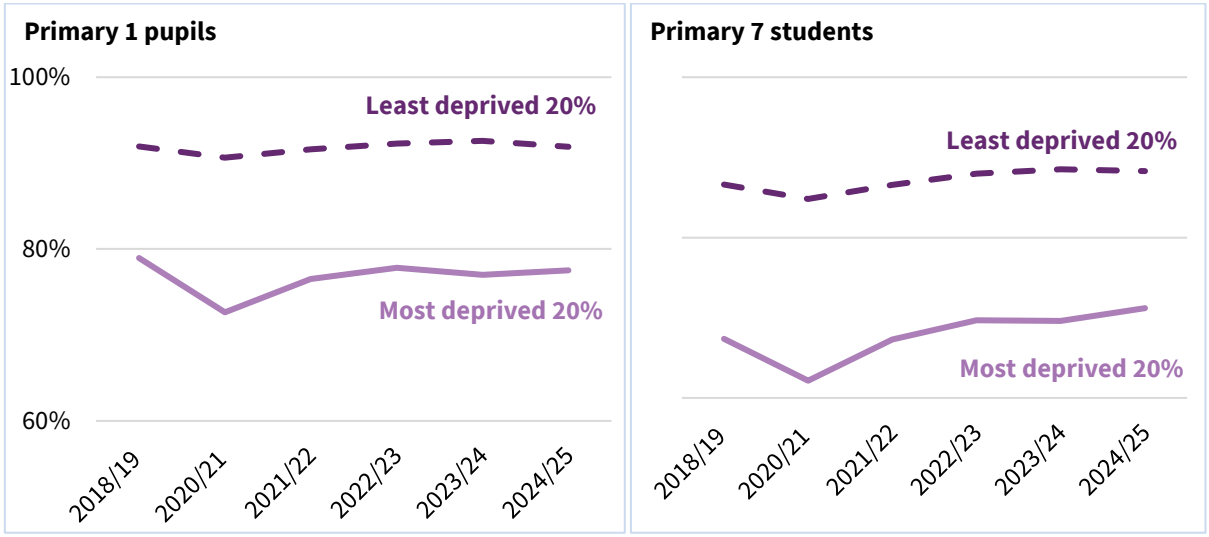


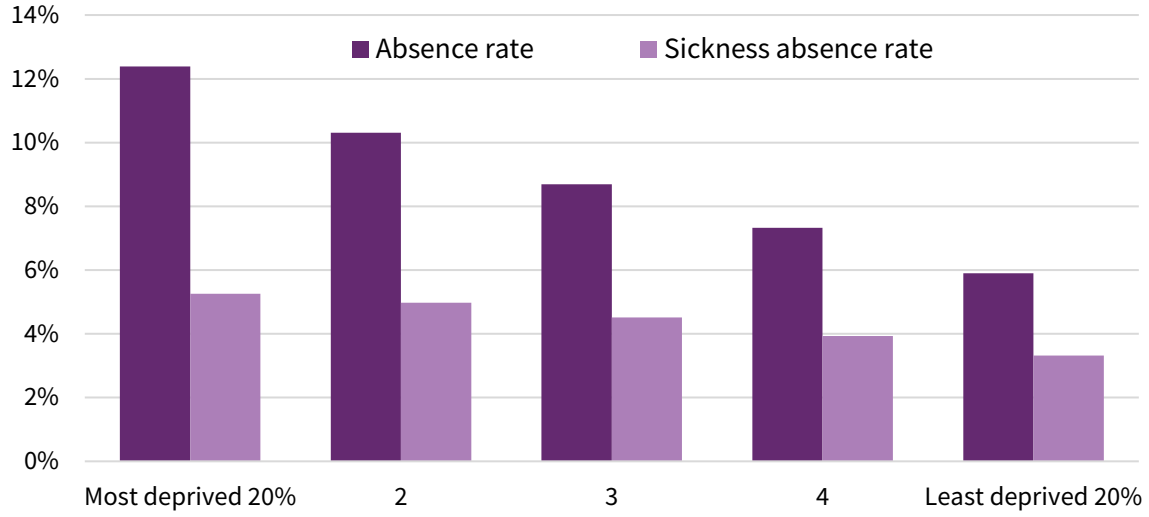
Figure 3.2b *Proportion of P1 and P7 pupils meeting grade level expectations in numeracy*



Source: *Scottish Government, 2025 (29)*
Note: *2019/20 data is unavailable as the data collection and publication was cancelled.*

School attendance continues to display a strong social gradient. The persistence of these inequalities is concerning, given the established relationship between attendance and educational attainment. Higher absence rates may reflect a range of underlying challenges, including poorer health, financial pressures, family stress and emotionally based school avoidance. Absence rates and sickness absence rates are roughly double in the 20% most deprived areas compared the 20% least deprived areas (**Figure 3.3)**.

Figure 3.3 *Proportion of half days of possible attendance recorded as absent in school by students' deprivation quintile, 2024-25*



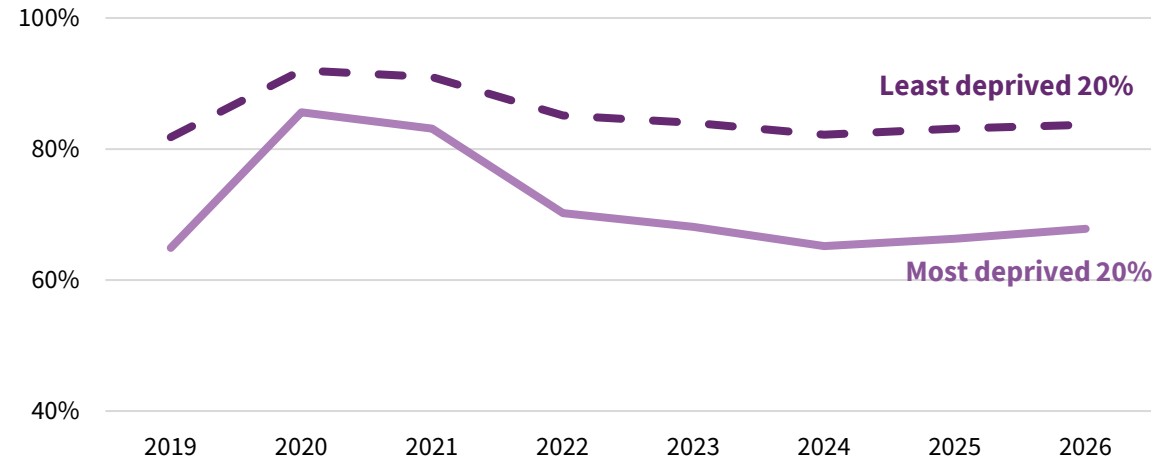
Source: *Scottish Government, 2026 (30)*

The fact that deprivation-related attendance gaps are largest in secondary schools suggests that inequalities may widen at key transition points in the education system. Difficulties navigating the transition from primary to secondary school can compound existing disadvantages, increasing the risk of persistent absence, disengagement from learning and poorer educational outcomes. The recent move from biennial to annual publication of attendance and absence statistics provides more regular opportunities to monitor inequalities in school attendance and track changes over time (30).

In 2026, Scotland's exam results saw a further, albeit limited, reduction in the attainment gap between pupils from the most and least deprived communities, supported by improved pass rates (grades A-C) across National 5, Higher **(Figure 3.4)** and Advanced Higher qualification levels. However, progress remains gradual, with pupils from the least deprived communities continuing to markedly outperform their peers in the most deprived communities.

While this year's results represent a positive step, the scale of improvement falls short of the transformational progress envisaged when the Scottish Government committed more than a decade ago to substantially eliminate the poverty-related attainment gap by 2026. This is further reinforced when looking at school leaver attainment. At the time this commitment was made the attainment gap between 2014/15 school leavers from the most and least deprived areas achieving one or more qualifications at SCQF Level 6 (Higher) was 39.1 percentage points. By 2024/25, the equivalent gap stood at 37.7 percentage points, indicating limited progress in reducing this longstanding inequality over the past decade (31).

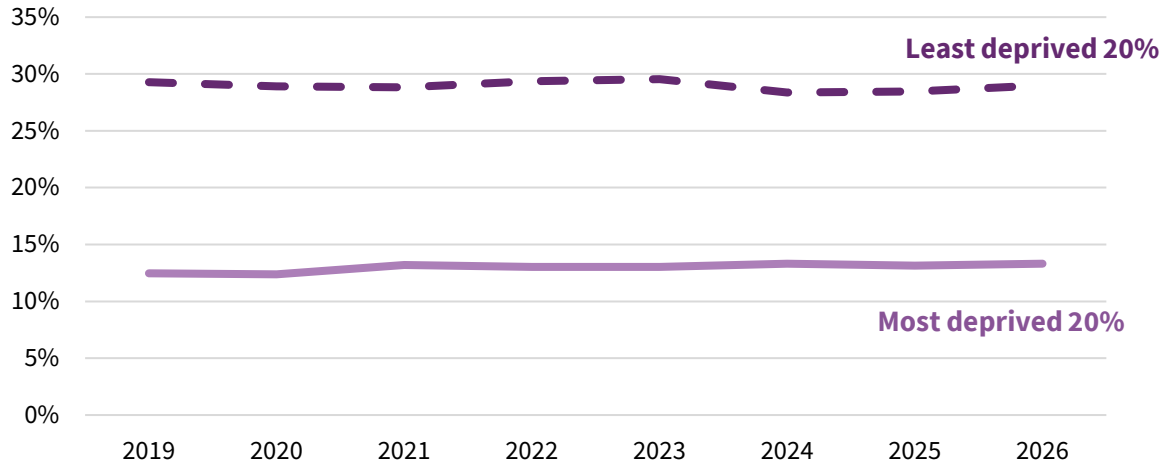
Figure 3.4 *Proportion of candidates attaining grade A-C at Higher*



Source: Qualifications Scotland, 2026 (32,33)

Higher education participation rates for 16-19-year-olds continued to show little change in 2026. Participation among the 20% most deprived areas remained broadly unchanged at 13.3%, while rates among the 20% least deprived areas rose slightly to 29.0%, resulting in a modest widening of the gap compared with the previous year (Figure 3.5).

Figure 3.5. *Proportion of people aged 16-19 participating in higher education*



Source: *Skills Development Scotland, 2026 (34)*

These indicators show some recent progress, but substantial inequalities remain across early development, attainment, attendance and post-school participation. Experiences of inequality can significantly impact children's educational and wider social experiences. Recent research involving thousands of pupils across Scotland shows how socioeconomic circumstances continue to shape young people's readiness to learn, participation and sense of inclusion at school:

> *"Poverty can affect how ready we feel to learn, what equipment we have for classes, basics like uniform and food and access to school trips that spark passion for subjects. Poverty can have a detrimental effect on our learning and can hold us back."*
>
> *Members of the Cost of the School Day Voice Network (35)*

Financial barriers can also restrict the experiences through which young people develop interests and envisage future pathways. As pupils at one Scottish secondary school explained:

> *"Trips make you want to engage with subjects and do well. It's important to get people excited about things. If you miss out because you can't afford it, you could miss out on something you're really passionate about, something that you want to do later on in life."*
>
> *Young people at Auchenharvie Academy, North Ayrshire (35)*

This suggests that educational inequalities are reflected across a range of interconnected outcomes throughout childhood, all of which shapes post-school participation. The move from primary to secondary school, and later transitions into employment, training or further study, can present particular challenges for young people facing socioeconomic disadvantage, and can reinforce cumulative inequalities, with implications for future opportunities and wellbeing.

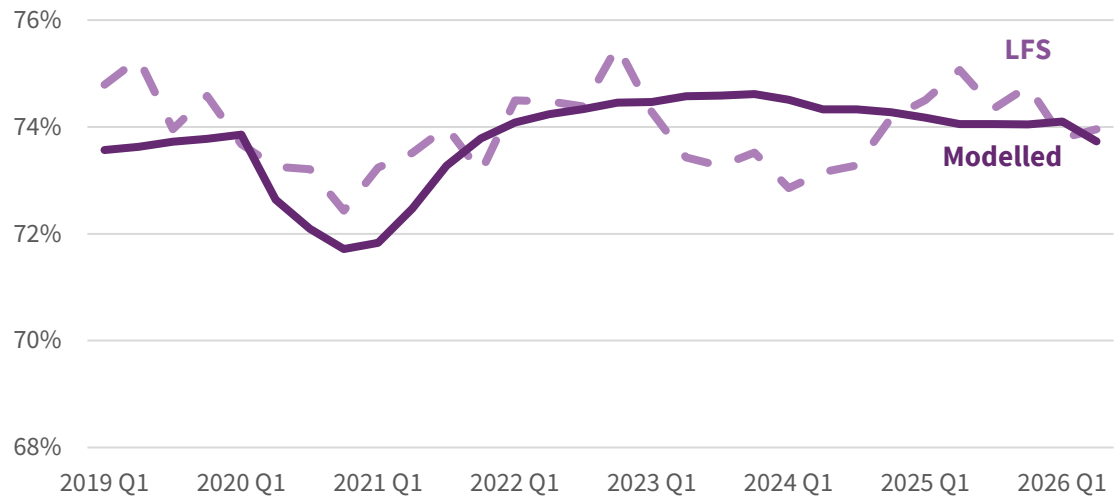
Employment

Employment can impact health, both positively and negatively, and health can profoundly impact a person's ability to access work. There is ongoing concern about people who are not engaged in the labour market (referred to as economic inactivity), especially when people cannot access it due to health conditions, or among young people, as being out-of-work during transitional periods can have long-term ramifications for mental and physical health.

Work quality, which encompasses job security, working conditions, and the level of stress associated with a job, plays an especially critical role in people's physical and mental health. Both having a job and the quality of that job are linked to earnings, which is a significant component of household income. Employment is therefore an important mechanism for addressing health inequalities, even if it does not guarantee a way out of poverty.

Employment rates have fallen slightly over the past year, with roughly 74% of people aged 16-64 in employment as of mid-2026 (**Figure 4.1**). Although we present the Labour Force Survey (LFS) employment rate here, because of ongoing data quality issues, we at SHERU do not routinely use it, instead relying on our in-house model. Based on our modelling, which we describe further in our **Spotlight: Labour market data** below, we find that employment rates remain higher than pre-pandemic figures, but lower than it was in 2023. While our modelling provides improved estimates of overall employment rates, the underlying data remain insufficiently robust to support detailed analysis of employment inequalities or interactions between employment and health.

Figure 4.1 *Modelled and LFS-derived employment rates for adults age 16-64*



Source*: ONS, SHERU*

This fall in employment appears to be driven by a decline in payrolled employment rates among people under age 35 (36). Employment among people aged 16-24, in particular, has been a key concern in the last year, thanks in part to 2026's Milburn Review, which reported a growing crisis in youth employment (37,38).

Spotlight: Labour market data

Most labour market data come from the quarterly Labour Force Survey (LFS), along with the Annual Population Survey (APS), which combines data from LFS over a full year together with additional local-area sample boosts. The quality of this survey data has come under a lot of scrutiny in recent years due to falling sample sizes, which remain below the sample sizes that the ONS achieved before 2018 (and briefly in 2020, thanks to an emergency Covid-era financial boost) (39).

Various factors contribute to this trend, including survey fatigue, digital exclusion, the Covid-19 pandemic, public mistrust in data collection agencies, and difficulties in reaching marginalised populations. Additionally, rising survey costs, resource constraints, and challenges in recruiting and retaining fieldworkers further impact the ability to conduct high-quality, large-scale surveys (40).

The drop in responses has had a significant effect on data in Scotland. While the Great Britain sample size rebounded across 2025, the Scottish sample appears to have stayed roughly the same (41). Prior to October 2025, the Scottish Government spent extra money on a boost to LFS sample sizes in Scotland, which would allow for more detailed labour market analysis across different population subgroups. At its height, this doubled Scotland's sample size, allowing for an achieved sample of over 16,000 households; in 2024, this had fallen to around 5,300 households.

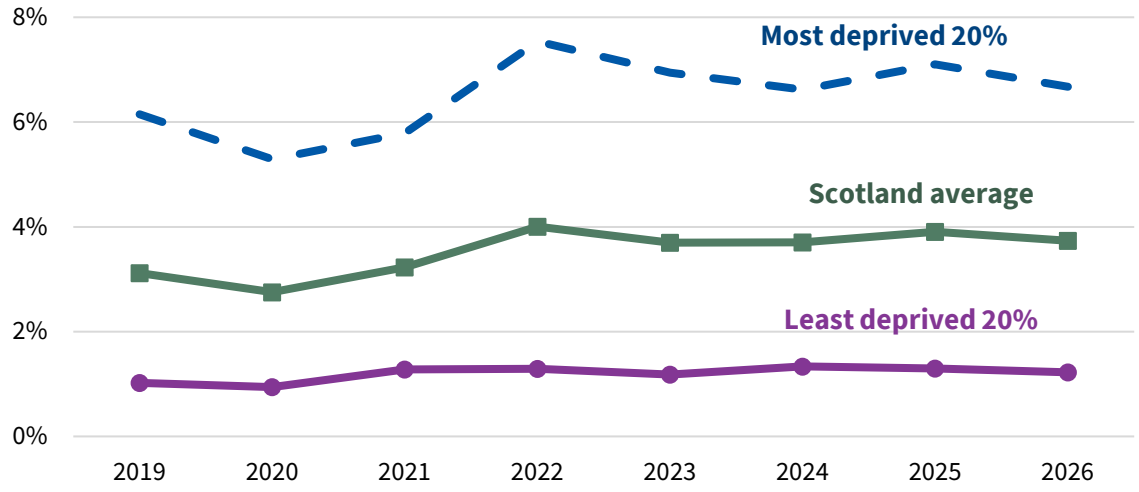
Because of this, the Scottish Government recently announced that this sample size boost has become "*poor value for money,*" and decided to stop funding boosted responses from October 2025 on (41). This means that, today, the APS and LFS are increasingly unreliable, especially for local authorities, who need data at smaller geographies. To help address this, in early 2025, we adapted a model from the Resolution Foundation for Scotland-wide statistics, and in 2026, produced an updated data dashboard for local authorities on our website, which provides alternative estimates of employment and economic inactivity trends (42).

Our modelling suggests that working-age employment in Scotland has been slowly declining since late 2023, accompanied by rising economic inactivity, while trends in some local authorities may differ substantially from those implied by APS estimates. For more information, see our relevant publications: *Rethinking Labour Market Statistics in Scotland* (43), and *A new model for economic inactivity in Scotland: Replicating alternative labour market projections* (42).

Elsewhere in the UK, youth participation is measured using the term "NEET" ("Not in education, employment, or training") for those aged 16-24. Because this measure is sourced using the LFS, sample sizes for this population are too small to be reliable in Scotland. Instead, youth non-participation in Scotland is reported using the Annual Participation Measure (APM) for adults aged 16 to 19.

According to the most recent APM data, overall participation increased slightly from 93.3% to 93.6% between 2025 and 2026. Correspondingly, the share of 16-19-year-olds confirmed as not participating in employment, education or training fell by 0.2 percentage points overall, and from 7.1% to 6.7% in the most deprived areas and from 1.3% to 1.2% in the least deprived areas (**Figure 4.2**).

Figure 4.2 *Proportions of those aged between 16 and 19 who are not participating in education, employment or training*



Source: *Skills Development Scotland, (2026)*

This is a diverging trend from the rest of the UK, which has seen shrinking rates of young adults participating, but may be in part due to differences between APM and LFS-derived NEET statistics. APM data excludes adults aged 20-24, who are most at-risk of becoming NEET. At the same time, the APM is compiled using various administrative datasets, similar to our employment model above, meaning that it offers a more accurate picture of participation among this age group than the LFS-derived NEET statistics might.

One challenge with youth participation, noted in the Milburn Review, has been the lack of post-secondary vocational work opportunities for young people (37,38). For example, participants in a recent research project conducted with young people based in Inverclyde contrasted the area's past vocational employment opportunities with their limited options today:

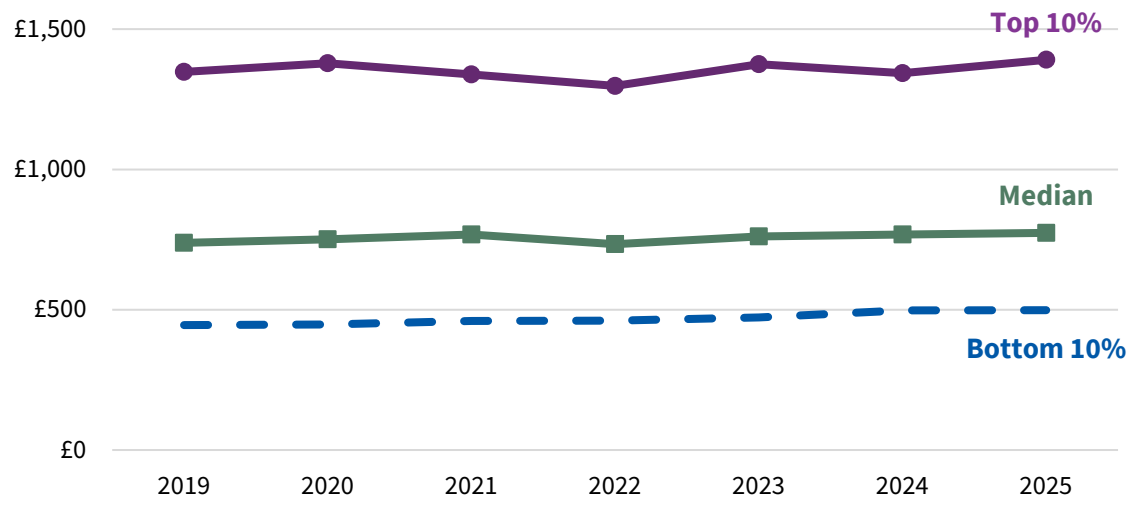
> *"When I was a wee guy, you couldnae move for people. It was shipyards and buildings. Now, it's just dead. A lack of opportunities leads young people to struggle when it comes to finding a job in the local area. If you want something decent, you look elsewhere."*
>
> *Inverclyde Participant 5 (44)*

These transitional periods are crucial for addressing and preventing long-term health inequalities. Importantly, as discussed in the Poverty and household income section, young people are at particular risk of being in poverty, largely due to their challenges accessing work. However, work in itself is not a guaranteed path out of poverty, especially given that in 2022-25, nearly two-thirds (63%) of working-age adults and three-quarters (75%) of children in poverty were living in a household with someone in work (13).

> *"Working people are still in poverty. Working and employment doesn't equal removal from poverty. It's the elephant in the room."*
>
> *SHERU Action Learning Set participant*

Notably, the median and bottom 10% of workers have seen little to no change in year-on-year earnings, whilst the top 10% have increased their real earnings by about 4%. Compared to 2019, the top 10% have seen earnings grow by around 3%, while the bottom 10% have seen a 12% growth, which is likely driven by Minimum Wage and National Living Wage increases (**Figure 4.3**). This highlights an important facet of inequality in Scotland in that it demonstrates that full-time work can be insufficient for providing a basic standard of living, and that improvements in wage floors alone are insufficient in improving poverty levels.

Figure 4.3 *Average weekly full-time employment earnings (in 2025 £)*



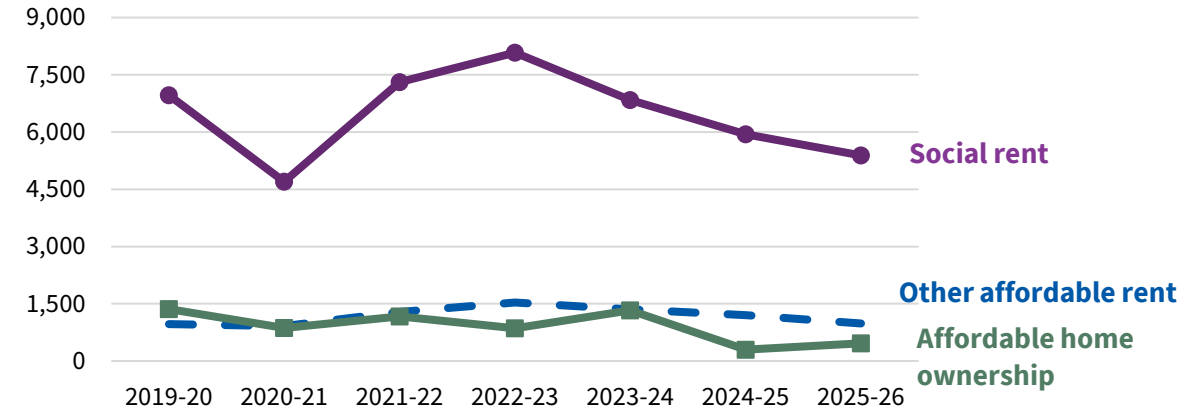
Source: *Office For National Statistics (2025) "Annual Survey of Hours and Earnings." Nomis (45)*

Housing and homelessness

Housing quality, access, and affordability directly influence people's physical and mental health, and also affects disposable income, limiting the ability to spend on other necessities. Insecure housing, in particular, can be challenging for people seeking stability and, in extreme cases, can lead to homelessness, which is closely related to a wide range of poor health outcomes. Housing and homelessness remain a significant challenge for Scotland. Since the Scottish Parliament formally recognised a national housing emergency in 2024, pressures relating to housing supply, affordability and homelessness have continued unabated.

The Affordable Housing Supply Programme remains a key element of Scotland's response to the shortage of affordable housing. However, as **Figure 5.1** shows, the number of homes completed for social rent has fallen for three consecutive years, and while delivery of affordable home ownership increased in the last year, it remains considerably below previous levels. In 2025/26, 6,832 affordable homes were completed, around 15% below the Scottish Government's target of 8,000. Higher numbers of housing starts may signal future improvement, but current completion rates remain below those needed to meet the ambition of delivering 110,000 affordable homes by 2032.

Figure 5.1 *Number of new affordable homes built in Scotland*



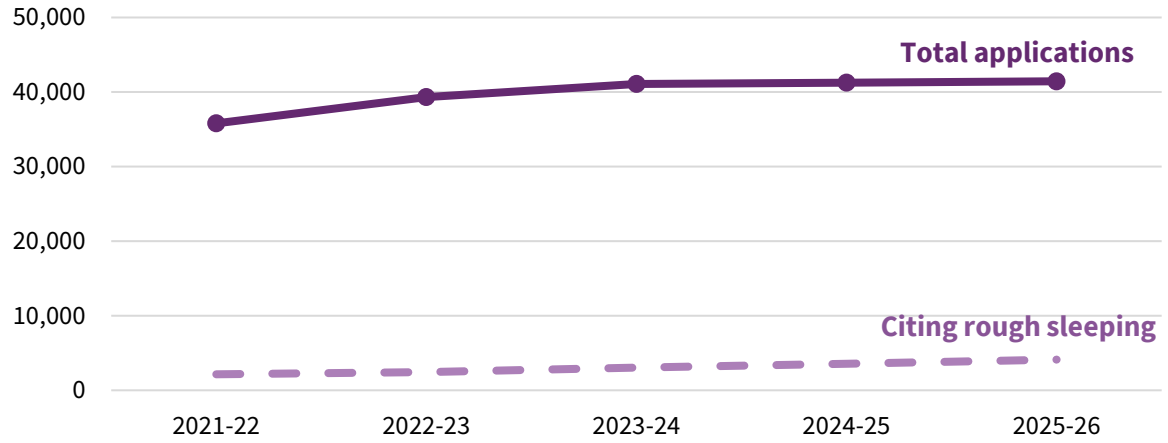
Source: *Scottish Government, 2026 (46)*

Local authorities have statutory duties towards households that are deemed to be homeless or threatened with homelessness, with temporary accommodation commonly used where permanent accommodation is not immediately available. As shown in **Figure 5.2**, homelessness applications increased slightly in 2025-26. The number of households and children in temporary accommodation both reached record highs, and applications reporting rough sleeping in the previous three months continued to rise, approaching double the level seen in 2021-22.

Mental health continues to be the most common reason for failing to maintain accommodation prior to a homelessness application, although the number citing mental health reasons fell by 5% in 2025-26. The number citing physical health conditions also fell slightly. Worryingly, however, the number citing drug and alcohol dependency increased slightly over the year (**Figure 5.3**).

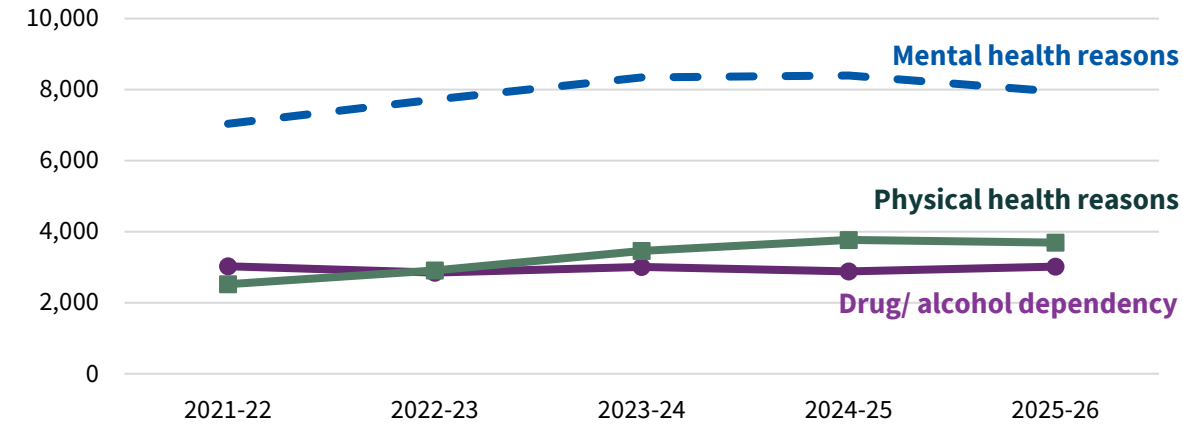
The number of estimated and identified deaths among people experiencing homelessness continued its gradual decline in the latest data, covering 2024. Although this is a positive direction of travel, deaths remain above their pre-pandemic level (**Figure 5.4**).

Figure 5.2 *Number of homelessness applications and applications citing rough sleeping in the previous 3 months*



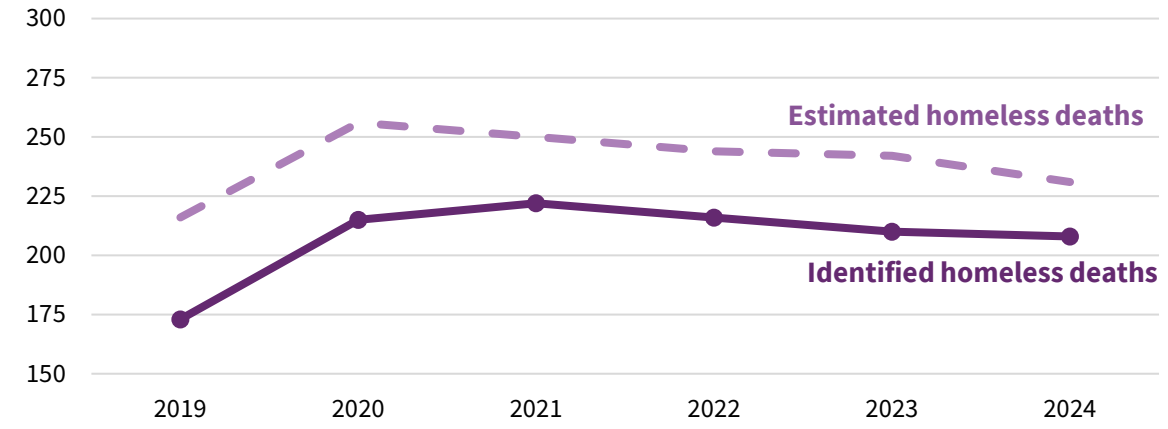
Source: *Scottish Government, 2026 (47)*

Figure 5.3 *Number of homelessness applications citing mental health, physical health, or a drug or alcohol dependency*



Source: *Scottish Government, 2026 (47)*

Figure 5.4 *Number of estimated and identified deaths among people experiencing homelessness*



Source: *National Records of Scotland, 2026 (48)*
Note: *The estimated number is an attempt to correct for underreporting.*

These statistics are derived from death registrations and primarily identify people using emergency or temporary homelessness accommodation. Some people experiencing homelessness, particularly those outside the formal system, may therefore not be identified.

Not everyone experiencing severe housing insecurity approaches homelessness services. In Scotland, many people experiencing severe housing insecurity never enter the formal homelessness system. Young people, women, people experiencing domestic abuse, minority ethnic communities and students may be particularly susceptible to hidden homelessness and face additional barriers to seeking formal support (49).

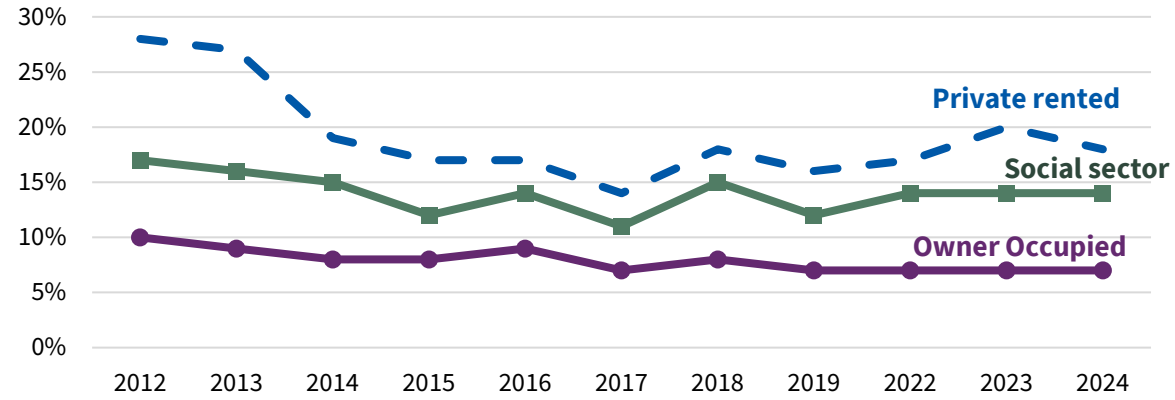
SHERU's *Prevention in Practice: Insights in Action Learning* provides a complementary practitioner perspective. Participants described housing shortages as limiting the options available even where needs had been identified. Hospital discharge, prison release and relationship breakdown were identified as particularly important points at which coordinated support could prevent homelessness (2).

Alongside homelessness, housing quality remains an important concern, particularly for people on low incomes. Evidence on the experience of families living in temporary accommodation in Scotland described a range of hidden impacts such as feeling unsafe, quality of accommodation, impacts on play and developmental experiences for children and other adverse experiences (50).

> *"It is very cold. And in winter is like all damp and wet. I tried to clean it with, because I have two boys who have asthma, I try always to clean, open the window but it is very, very cold."*
>
> *Mother of Participant 17, age 13 (50)*

As **Figure 5.5** shows, damp or condensation is consistently most common in the private rented sector, although the proportion of renters facing damp or condensation issues fell slightly, from 20% in 2023 to 18% in 2024. There is little evidence of improvement in the social rented sector, where rates have remained relatively stable since the pandemic, although the same survey reports slight reductions in mould across all tenures in the latest year.

Figure 5.5 *Proportion of housing stock with damp or condensation by tenure*



Source: *Scottish Government, 2026 (51)*
Note: *Data from the years 2020 and 2021 are not available due to the COVID-19 pandemic.*

SHERU's peer-research with families in Edinburgh provides additional insight into how poor housing conditions and inadequate repairs interact. Participants described delays, incomplete work and repeated short-term treatments that failed to address underlying causes.

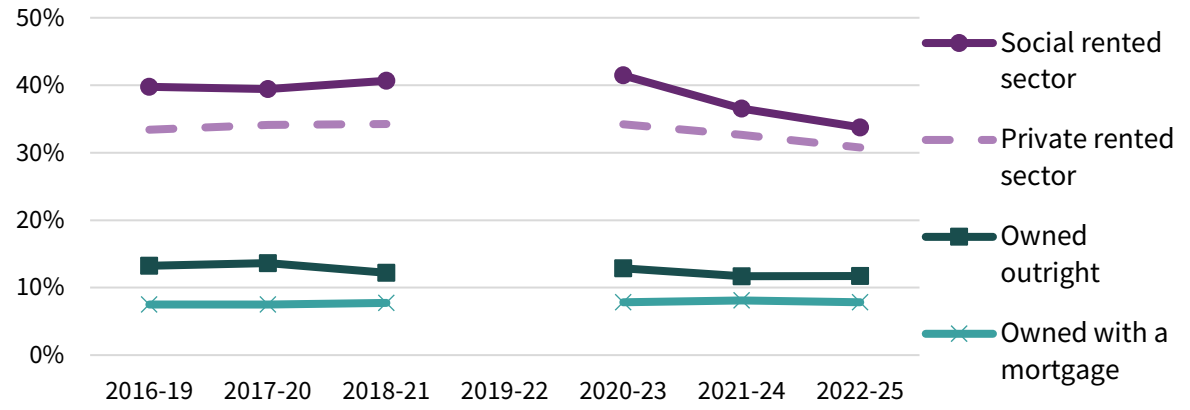
"So, it's dampness issues. Most rooms… The window doesn't latch so obviously the heating escapes… And two windows don't unlock. 'Open your window for dampness', but we can't even actually physically open their windows… There's damp treatment they can get every six months, but they're still in the same situation."

Peer-research participant, Empty Promises (3)

Tenure remains closely associated with economic security and relative poverty is substantially more common among social and private renters than among owner occupiers (**Figure 5.6**). However, rates have declined in recent years, particularly among social renters, narrowing the gap between renters and owners. Households that own their homes outright predominantly contain older adults, often living on pension income, and should not necessarily be assumed to have high incomes.

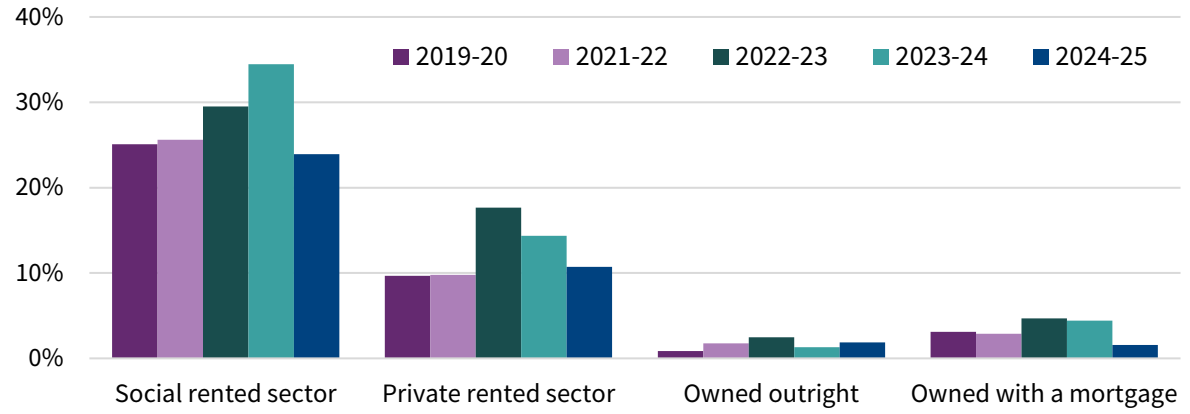
Food insecurity follows a similar pattern, remaining highest among social renters and substantially lower among owner occupiers (**Figure 5.7**). The latest data indicate some improvement: food insecurity has fallen from last year's peak among social renters and for two consecutive years among private renters. Nevertheless, marked inequalities by tenure remain.

Figure 5.6 *Proportion of population in relative poverty by tenure*



Source: *Scottish Government, 2026 (13)*
Notes: *There is a break in series from 2021-22 with the introduction of integrated survey and benefit data. Estimates for 2018-21 and 2020-23 are two-year averages due to the impact of the pandemic on the survey. Estimates for 2019-22 have been suppressed as they contain one year of linked data and one year of unlinked data.*

Figure 5.7 Proportion of people that are food insecure by tenure



Source: *SHERU analysis of DWP (2026) Households Below Average Income (HBAI) (22)*
Notes: *Issues with data collection in 2020-21 means we are missing data for Scotland for this year. There is a break in series from 2021-22 with the introduction of integrated survey and benefit data.*

Part 1 Conclusion

This year's analysis presents a mixed picture, broadly consistent with the gradual and uneven progress identified in last year's report. Many of the outcomes examined in this report are also central to the Scottish Government's increasing focus on prevention. This emphasis can be seen in the Population Health Framework (8), the Public Service Reform agenda (6), and the introduction of the Scottish Government's Prevention Unit (52). While too early to attribute changes in outcomes to these developments, several indicators have moved in a positive direction.

Life expectancy has risen slightly and is approaching its pre-pandemic level, median household income has increased, child poverty has fallen and some educational attainment gaps have narrowed. Developmental concerns among young children in the most deprived communities and deaths among people experiencing homelessness have also declined. This progress across policy, health, and socioeconomic outcomes are welcome, but some are modest or fragile. The unequal distribution of health, opportunities and resources across Scotland remains significant.

Large gaps in life expectancy and premature mortality remain between the most and least deprived communities, and Scotland continues to experience exceptionally high rates of deaths from drugs, alcohol and suicide. More than one in five children remains in poverty, and while progress varies across population groups, aggregate trends can conceal concerning trajectories, including persistent poverty among young adult men. Educational inequalities continue to emerge early and remain visible in attendance, attainment and post-school participation. Employment and earnings trends are mixed, affordable housing delivery has declined, and homelessness, insecure housing and poor housing conditions continue to fall disproportionately on people already experiencing disadvantage.

Scotland's policy system increasingly recognises the connections between these issues and places considerable emphasis on prevention, public service reform and earlier, more coordinated support. But evidence from SHERU's Prevention in Practice: Insights Action Learning Sets helps explain why these ambitions remain difficult to realise (2). Participants described services operating amid rising and increasingly complex demand, workforce and housing shortages, fragmented responsibilities and short-term funding. Immediate risks and statutory duties repeatedly took priority over earlier intervention, while performance indicator-based reporting requirements reinforced this pattern. Thresholds allowed overstretched services to manage demand, though they also meant that support was often unavailable until people's circumstances had deteriorated considerably.

Making prevention possible will require changes in how Scotland designs and implements policy. National and local leaders need to draw on the expertise of local areas, frontline services and communities when designing policy strategies and implementation plans, taking account of funding timelines, accountability arrangements and performance management systems. This suggests moving towards a model of co-design. It also has implications for how progress is assessed.

Routinely collected data remain central to understanding changes in inequalities, yet they cannot provide a holistic, up-to-date picture. Findings depend on what is measured, and we know some datasets contain gaps, breaks in continuity or wider concerns about quality (as recent labour-market statistics illustrate). Aggregate trends can also hide sharply different experiences between population groups and tell us little about what happens when people seek support. Qualitative evidence from frontline staff and communities can identify emerging problems, missed opportunities and unintended consequences much earlier. It can also show whether support is becoming more timely, coordinated and responsive. Crucially, it can help assess whether these improvements are translating into better experiences and outcomes for the people using services.

Used routinely, this evidence would provide a stronger basis for judging progress and learning during implementation.

Overall, across Part 1, the quantitative and qualitative evidence shows how inequalities interact and accumulate across the life course. Poverty, housing, education, employment and health influence one another. Difficulties in one area can narrow opportunities or increase risks elsewhere, especially during periods of transition. People experience these connections through financial insecurity, disrupted education and employment, unsuitable housing, difficulties navigating services and support that often arrives only after circumstances have reached crisis.

Our next part takes this life-course analysis back to childhood. It considers the immediate effects of disadvantage on children's health and wellbeing, alongside the pathways through which poverty, family disruption, housing insecurity and educational inequalities shape later outcomes. Understanding how these processes begin and build over time helps identify opportunities for earlier and more sustained action, before inequalities become entrenched within and across generations.

Part 2

Tackling Child Poverty as Prevention

Introduction

Last year's annual report focused on young adult men, who occupy what we called a "policy blind spot" (53). A subset of young men in Scotland have experienced years of poor health outcomes, facing inordinately high risks of dying from drugs, alcohol, and suicide. Our report highlighted that policy responses continue to be oriented around managing these outcomes through crisis interventions, rather than preventing them by addressing their underlying socioeconomic drivers.

This year, we examine another population group for whom inequalities are especially concerning: children. In their 2023 report *Leave No One Behind: The state of health and health inequalities in Scotland*, the Health Foundation identified children as a key group of interest alongside young men (1). This reflects both the inequalities that children experience and the potential consequences of these inequalities for health outcomes over the life course. There is now widespread recognition, in both research and policy, that these consequences can be profound.

While young men fall into a policy blind spot, whereby policies engage with health outcomes without confronting their socioeconomic determinants, we detect that the policy environment surrounding children suffers from the opposite problem – what might be called a "policy disconnect." Socioeconomic inequalities in childhood are at the forefront of the government's policy agenda, particularly through its strategy for tackling child poverty. However, we see a worrying lack of join-up to the associated inequalities in health outcomes.

From a prevention perspective, a strategy to tackle child poverty is justified. Indeed, there is an exceptionally strong body of evidence that reducing child poverty can be one of the most powerful ways to prevent health inequalities, both during childhood and over the life course. But our question, and challenge, is the following: how much more effective could such a strategy be, both for reducing child poverty and for preventing adverse outcomes, if it were developed with health inequalities in mind? What would look different?

After all, the links between child poverty and health inequalities are not abstract; as we will show in this report, they take place in particular experiences, systems, and contexts, often interacting with other sources of disadvantage. Indeed, child poverty is itself shaped – and either reinforced or countered – through many of the same pathways. Depending on how they engage with these pathways, some approaches may therefore be more effective than others, both in reducing child poverty and in ensuring that these reductions translate into improvements in health and other outcomes.

We begin Part 2 by examining the relationship between child poverty and health inequalities and drawing out broad implications for the tackling child poverty agenda. Subsequent chapters then investigate key channels that mediate the relationship between child poverty and health inequalities – and where the policy disconnect between the two is particularly concerning. These include disruptive family experiences, such as parental incarceration, parental drug and alcohol use, care experience, housing insecurity, and migration; and inequalities in education and participation, particularly in relation to early years and additional support needs. The final section sets out our key recommendations for developing an approach to tackling child poverty that is informed by the imperative to prevent health inequalities.

Prevention-proofing the tackling child poverty agenda

Key findings

- **There is a strong body of evidence showing that child poverty is a key driver of health inequalities over the life course**, affecting health through multiple channels. For example, poverty can prevent parents from being able to afford nutritious food, being able to heat their home effectively, or accessing essential services, while also creating a more stressful home environment. This is reflected in Scottish data, which show clear disparities in health outcomes associated with household income. From a prevention perspective, the policy focus on reducing child poverty is therefore justified.
- **A prevention-informed approach to tackling child poverty would more deliberately target deep and persistent poverty**, which studies have shown to be particularly pernicious. These forms of poverty can become entrenched, with households pushed into coping strategies that further reduce their security. This in turn can have profound implications for their health as well as how they interact with public services.
- **Developing such an approach would also involve paying greater attention to the specific ways that childhood disadvantages accumulate over the life course**. This would require modifications to policies that are already core to the tackling child poverty agenda, as well as expanding the agenda to focus more intentionally on the ways that childhood disadvantages are shaped throughout childhood, including key events and experiences that disrupt children's lives as well as their interaction with education and other forms of community participation.

What does the evidence say?

There is a strong body of evidence demonstrating that child poverty is a key driver of health inequalities over the life course. For example, two large-scale reviews of causal studies from European and OECD countries found evidence, with varying degrees of confidence, that increases in household income can improve birthweight, children's cognitive and physical development and parental mental health, while reducing hospital admissions and healthcare costs (54,55). These findings indicate that changing families' material circumstances can improve health and alter later trajectories, although the scale and distribution of the effects depend on the specific intervention and the circumstances in which it is implemented.

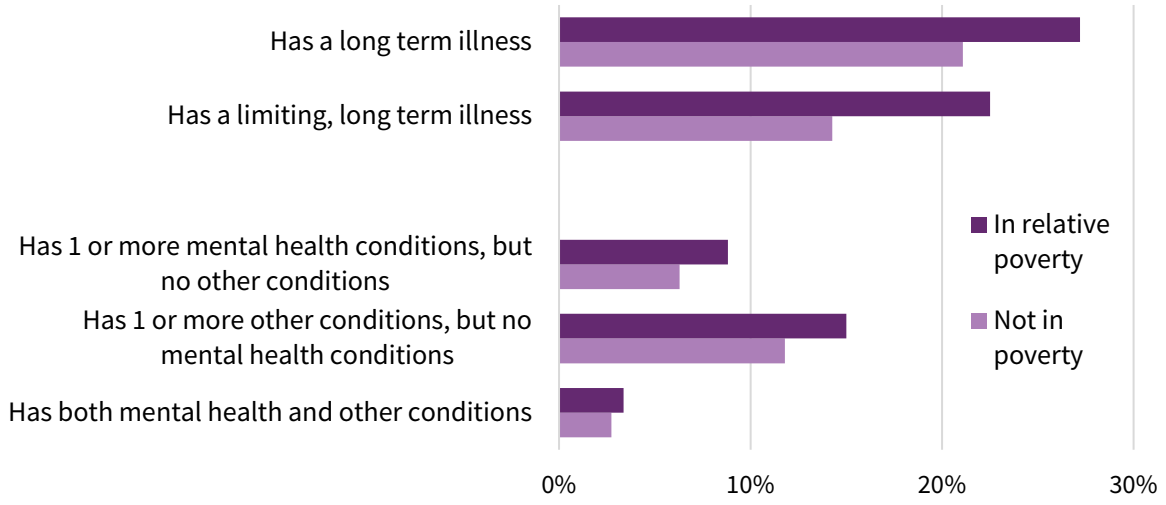
The most direct way that child poverty can affect health outcomes is by preventing families from being able to afford health essentials, such as suitable housing, nutritious food, healthcare services, learning opportunities, and social activities. Yet the impacts of poverty are much broader than this. For example, the strain of managing financial hardship can affect the wellbeing of children and parents and place pressure on family relationships (56).

Poverty can also limit children's access to social networks and opportunities, engendering social exclusion, which we discuss in a later chapter (57). These and other channels can act directly on children's health while also contributing to other drivers, for example by lowering educational attainment, potentially persisting across the life course.

Poverty is not the only form of socioeconomic disadvantage in childhood that is relevant to health inequalities (58). For example, while poverty is conventionally defined in terms of household income, affecting what a family can afford, socioeconomic inequalities are also shaped by what is available to a family and what surrounds them, as represented by the concept of area deprivation (59). In Scotland, deprivation is most commonly measured through the Scottish Index of Multiple Deprivation (SIMD), which combines data on health, employment, education, crime, housing, and public services. Poverty and deprivation are clearly related, but do not always coincide; for example, a working group on SIMD found that over half of people on low incomes live outwith the 20% most deprived areas of Scotland, a commonly used threshold in deprivation analysis (60). Reliance on deprivation measures can therefore obscure household-level disadvantages (40,61).

Health inequalities in Scotland are commonly analysed in terms of deprivation (62). While data on the relationship between health and poverty is less abundant, the Scottish Health Survey provides some insight. Over a quarter of children living in relative poverty were reported to have a long-term illness, compared with 21% of children in households above the poverty threshold. Among children with a long-term illness, those living in relative poverty were also more likely to have a condition that limited their day-to-day activities (**Figure 6.1**).

Figure 6.1 Health conditions among children aged 4 to 15, 2023 and 2024 average



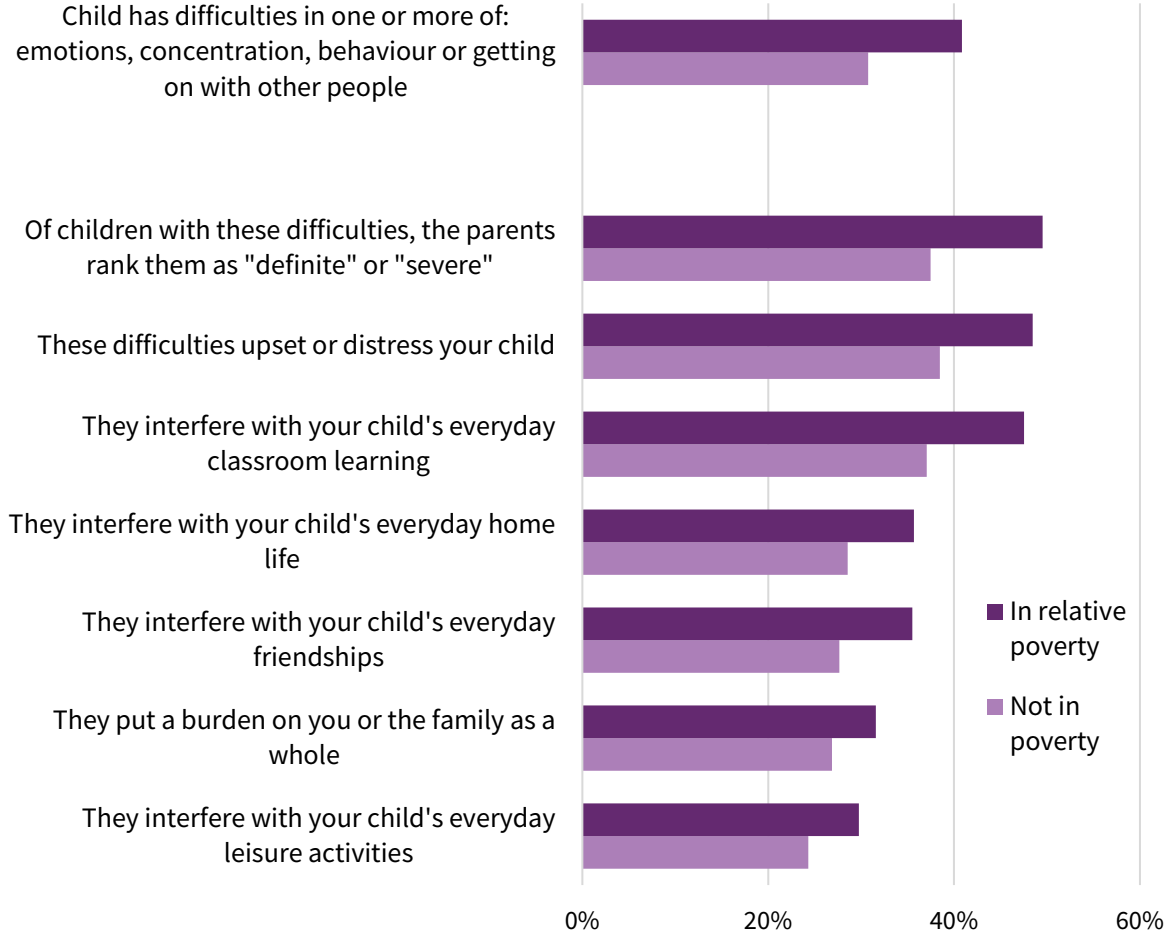
Source: *SHERU analysis of the Scottish Health Survey (63)*
Note: *Poverty defined in relative terms as having net equivalised household income before housing costs below 60% of the Scottish median*

Poverty is also associated with inequalities in children's emotional wellbeing, concentration, behaviour and relationships with peers. Between 2023 and 2024, 41% of parents in households in relative poverty reported that their children experienced difficulties in one or more of these areas, compared with 31% of parents in other households (**Figure 6.2**). Among children experiencing these difficulties, half of parents in households in poverty described them as "definite" or "severe", compared with 37% of parents in other households.

This analysis is based on the relative measure of poverty, which sets the poverty line at 60% of median household income by convention. While this is a commonly used measure – and one which is enshrined in the statutory targets – it collapses households with widely different incomes into a single category.

These differences matter when it comes to health inequalities, with the evidence indicating that the negative health effects of poverty – and the positive health effects of poverty reduction – are especially strong among the lowest-income families (64). This is particularly significant in light of evidence that poverty in Scotland has deepened since the mid-1990s, despite improvements on the headline relative poverty measure (65).

Figure 6.2 *Strengths and Difficulties Questionnaire, children aged 4 to 12, 2023 and 2024 average*



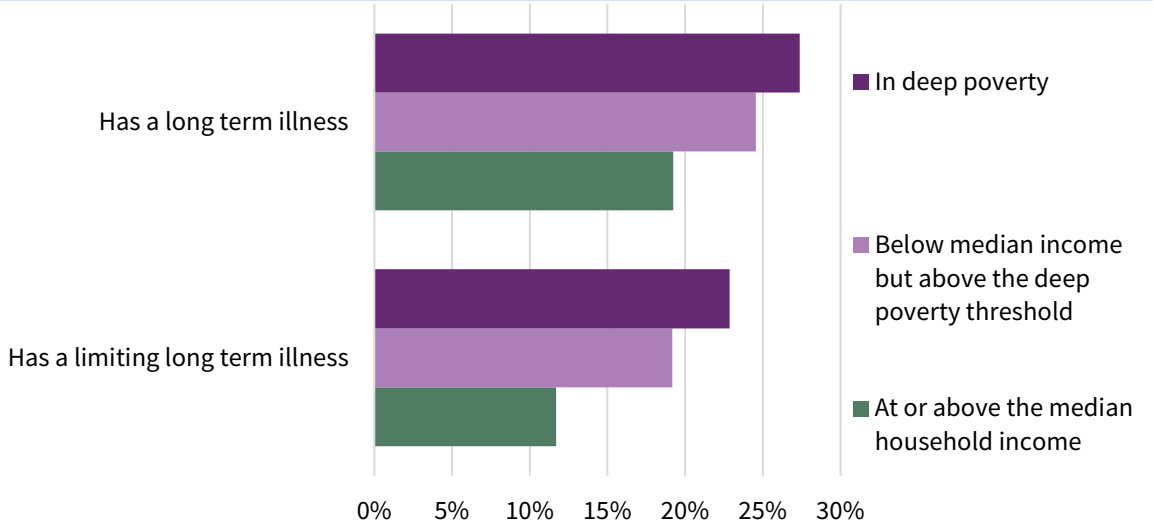
Source*: SHERU analysis of Scottish Health Survey (63)*
Note: *Poverty is defined in relative terms as having net equivalised household income before housing costs below 60% of the Scottish median. Difficulties examined include parents who responded that they placed a burden on family life, interfered with a child's life, or affected them "quite a lot" or "a great deal".*

To take an example, among households with two adults and two children aged 5 and 14, the relative poverty measure would treat a household with little to no income identically as a household with a net income of £34,400 per year before housing costs in 2024-25, equivalent to around £36,800 in 2026-27 (13). Clearly, the experiences of these two households are likely to differ substantially, even if they can both be reasonably classified as low income (66).

Deep poverty can severely constrain families' options – and this in turn can lead them to resort to survival strategies such as borrowing or pawning possessions, which can further increase their financial insecurity (67). Families in deep poverty may also be more exposed to stigma and social exclusion, and less likely to engage with public services (68).

Deep poverty is often measured using a poverty line of 50% of median household income rather than 60%. **Figure 6.3** compares the health status of children who fall under this definition with children in households above the deep-poverty threshold but still below the median and children in households at or above the median. Children in deep poverty are more likely to experience a long-term illness of any kind and more likely to experience limiting condition, demonstrating a clear gradient in the relationship between income and health.

Figure 6.3: *Presence of a long term or limiting long term illness among children aged 4-15, 2023 and 2024 average*



Source*: SHERU analysis of Scottish Health Survey (63)*
Note: *Deep poverty is defined in relative terms as having net equivalised household income before housing costs below 50% of the Scottish median*

The conventional measure of deep poverty still suffers from some of the same shortcomings as the relative poverty measure. Not only is it based on an arbitrary threshold; it also ignores debt, savings, unavoidable expenses, public services, and other factors besides income that are likely to determine the material capabilities of a households and thus impact health outcomes (69).

Material deprivation is a more direct measure of whether a household can afford basic goods and services. The official measure is based on a child lacking at least four out of 25 items due to financial constraints, where the items are selected through focus group research and the threshold is set using statistical methods that maximise the difference between deprived and non-deprived groups while minimising differences within them (70–72). In Scotland, this measure is combined with a measure of low income (using a threshold of 70% of the median) to form one of the statutory targets. As part of its Child Poverty Strategy, the UK Government has recently developed a measure of deep material deprivation, called "deep material poverty", which is based on a child lacking at least four out of a narrower group of 13 essential items (73).

The overlap between this measure and the income-based measure of deep poverty is highly imperfect. In 2024-25, over half of children in Scotland who were in deep poverty after housing costs (with household income less than 50% of the median) were not in deep material poverty (lacking at least 4 of 13 essentials) and vice versa.[1] This suggests that some families with low incomes may be able to maintain a basic standard of living, for example if their income is only temporarily reduced; while some families with higher incomes may be struggling to make ends meet; this may be due to debt repayment obligations or additional expenses related to caring or disability, for example.

There are, however, valid reasons for using income-based measures. For one, income is objective, whereas the survey questions pertaining to material deprivation can be interpreted differently. For example, research indicates that households whose expectations have "adapted" to a lower standard of living may report that they chose not to purchase an item, when previously they would have reported being unable to afford it (74). Income also permits a particularly wide range of analysis, including decomposition into different sources that broadly correspond to different policy mechanisms. Finally, income is more widely available across data sources – including the Scottish Health Survey used above – than the bespoke survey questions required to measure material deprivation.

A third option is to blend the two approaches. For example, the Minimum Income Standard (MIS) uses focus groups to decide what goods and services different households need to reach a socially acceptable standard of living; these items are then costed to produce income thresholds. The MIS is not a measure of deep poverty, but similar methods could conceivably be used to construct such a measure. The Minimum Income for Healthy Living (MIHL) is likewise constructed by costing a basket of goods, but the basket is determined by referring to scientific evidence on the basic requirements for health, including with respect to nutrition, physical activity, housing, social relations and social inclusion (75). The MIHL is directly relevant to health inequalities but arguably removed from the lived experience of poverty given it is decided by technical experts and defined specifically in terms of health. Ultimately, no method for measuring poverty, including deep poverty, will be perfect; but different methods do have advantages and disadvantages.

The duration of poverty is another aspect of poverty with particularly significant implications for health inequalities, despite being concealed by conventional measures of poverty that are often a snapshot of a single point in time. In particular, quantitative evidence indicates that poverty can be particularly detrimental for health when it persists over time – especially when it is experienced during childhood (76–80). Despite being embedded in the statutory targets, persistent child poverty appears to have changed little in recent decades, with around 17% of children in Scotland living in relative poverty for at least three out of four years between 2020-2021 and 2023-2024 (81).

The broader dynamics of poverty are also relevant. The variety of factors that cause households to enter, exit, and stay in poverty produce distinct experiences that interact with a range of other experiences, such as parental interactions with the justice system, parental drug and alcohol use, migration, experiences of violence, entering care systems, and housing insecurity (82,83). We explore these interruptions further in the next chapter, **Disruptive experiences affecting children and families**.

[1] SHERU analysis of DWP, Households Below Average Income (22).

The point at which poverty is experienced also matters for health. There is a substantial literature indicating that pregnancy and the early years are especially important periods for intervention, when children's physical and cognitive development can be especially sensitive to their material and social environments (84). However, income and poverty also remain important during later childhood and adolescence, particularly for emotional, behavioural and social outcomes – a point to which we return in our final chapter on **Education and participation** (64). Preventative action therefore needs to combine support during pregnancy and the early years with sustained attention to families' material circumstances throughout childhood and beyond.

How is this reflected in policy?

Reducing child poverty has been a policy priority since 2017, when the Child Poverty (Scotland) Act established statutory targets to be met in 2030-31, with interim targets for 2023–24. A series of Scottish Government delivery plans published in 2018, 2022, and 2026 have set out a range of actions to work towards these targets, accompanied by annual progress reports (85–87). Local authorities are also required to produce annual reports in collaboration with regional health boards, outlining current and planned action to tackle child poverty at local level (88). The First Minister has described eradicating child poverty as the Scottish Government's "defining mission" – a commitment that was reiterated in the recent Programme for Government (89).

The Scottish Government has approached this agenda using a three-fold framework comprising income from employment, income from social security, and costs of living, which are intended to correspond to the drivers of child poverty. While measuring progress since the 2017 Act has been confounded by revisions to the official data – to the point that is it not even clear if the interim targets were or were not met in 2023-24 (20) – most of the progress that has been achieved can be attributed to social security, particularly the Scottish Child Payment (SCP) (90).

SCP is one of the five devolved "family payments" delivered by Social Security Scotland to low-income families receiving qualifying benefits such as Universal Credit. The policy was introduced in February 2021 at a rate of £10 per week for children under 6; the following year it was gradually boosted to £25 and extended to cover children under 16, before gradually being uprated to its 2026-27 level of £28.20. Starting in 2027/28, families with children under one will receive a higher payment of £40 per week. The other family payments are Best Start Foods (a four-weekly payment that helps parents of children under 3 buy healthy food) and the three Best Start Grants (one-off grants paid to parents of children at different ages to help with the costs of having a baby, early learning, and preparing for school).

There is a growing body of evidence that SCP has not only reduced levels of child poverty – keeping around 50,000 children out of relative poverty, according to the latest estimates (91) – but has also improved a range of other outcomes for families. While based on self-reported data, the Scottish Government's evaluation found that SCP improved the health of a large proportion of parents and children, especially their mental health, while also reducing barriers to work or education for some recipients (92). Echoing the findings of an earlier, interim evaluation (93), independent research found that SCP has enabled parents to spend more on essential items, including those needed for child development; relieved parental stress; and reduced material deprivation and food insecurity (94). There is also evidence that SCP has reduced usage of food banks, at least for some family types (95).

Alongside social security, the Scottish Government has presented parental employment as a key mechanism for reducing child poverty. While it seeks to use a range of levers to influence labour-market outcomes among parents, delivery plans and other strategic documents emphasise the role of employability policies, which work with individuals to develop the skills and systems around them needed to move into work (87,96). However, there is less evidence that efforts to increase or improve parental employment have had significant impacts on child poverty.

In terms of living costs, childcare is a key expense for many families. This is an area where the Scottish Government has invested heavily, in particular through the expansion of funded childcare from 600 to 1,140 hours per year for all three- and four-year-olds and eligible two-year-olds. The Programme for Government has committed to providing an expanded childcare offer that supports children from nine months old through to the end of primary school (89). An evaluation of the 1,140 expansion found positive associations with parental employment, particularly among low-income households, but the evidence was mixed with respect to child outcomes and the methodology was not able to isolate the effects of the policy from other factors that may have contributed over the same period (97).

Housing represents the largest living cost that most families pay, but the Scottish Government's housing policies, such as its affordable and social housing programmes, have generally not been targeted at families with children (98). Lower housing costs have historically been the main reason why Scotland has enjoyed lower child poverty rates than England, but the divergence was mainly caused by policies that drove up social rents south of the border (99).

What is missing from the agenda to tackle child poverty?

Given current levels of child poverty and the short amount of time that remains, it appears increasingly unlikely that the Scottish Government will meet its statutory child poverty targets by 2030-31 (100). This poses a danger that the tackling child poverty agenda will lose credibility, along with the broad political support that was evident when the Child Poverty (Scotland) Act was unanimously passed by the Scottish Parliament in 2017 – particularly in a context of sharp fiscal trade-offs. The latest delivery plan has not helped in this regard: published shortly before the 2026 elections, it was light on action, effectively serving as a placeholder but without any indication of what would replace it (101).

As we set out in the **Spotlight: How much we should expect things to change in a prevention-focused nation** in **Part 1**, all of this has happened at a time when prevention has made its way to the top of the policy agenda. The Public Service Reform Strategy recognises that the shift to prevention must include a continued focus on reducing child poverty, given the critical role that child poverty can play in influencing long-term outcomes (6). Yet for the same reason, the tackling child poverty agenda needs to be more deliberately oriented around prevention – not only to maintain its relevance as a policy priority, but also to maximise its impact (90).

The latest delivery plan acknowledges the preventative potential of tackling child poverty, including through early intervention. The Scottish Government has also added indicators relating to the longer-term consequences of poverty to its child poverty measurement framework, including developmental concerns (102). Yet there is scope for the agenda to be genuinely informed by the ways that child poverty can result in adverse outcomes over the life course. This is key to ensuring the effectiveness of policies both in reducing child poverty and in preventing other adverse outcomes.

In part, prevention-proofing the child poverty agenda would involve adapting some of its core principles. Policymakers should not lose sight of the outcomes that the tackling child poverty agenda has the potential to influence – including through the way child poverty is measured and targeted. While reductions in various indicators of child poverty can be expected to have positive effects on health, actions that address deep and persistent poverty are likely to be especially valuable for reducing health inequalities over the life course.

Although persistent poverty is enshrined in the child poverty targets, it is not clear if poverty persistence is ever the primary focus of policy. Indeed, the Scottish Government's monitoring and evaluation framework states that the same sorts of policies will reduce both relative poverty and persistent poverty (103). Deep poverty, meanwhile, is not included in the targets, with the absolute measure designed to track incomes against inflation and the material deprivation measure based on a wider basket of goods than the recently developed "deep material poverty" measure. Scotland's experience since the 2017 Child Poverty (Scotland) Act indicates that statutory targets provide a powerful impetus for focus and action, even if they can have unintended consequences and are not in themselves sufficient to drive transformative change (104).

Deep and persistent poverty may be particularly difficult to reduce thanks the self-reinforcing drivers that often accompany them. Yet doing so could, by the same token, have self-reinforcing benefits – not only for individuals themselves, but also for public services. Our Action Learning Sets demonstrate that where communities have high, intersecting needs, it can be harder for local public services to move beyond crisis support to undertake preventative work (2). This finding was echoed in a 2024 study by the Joseph Rowntree Foundation, which found that UK primary schools and community healthcare settings were diverting significant resources away from health and education and into addressing the immediate needs of those who could not afford basic essentials (105). Besides being inherently preventative, reducing the most severe forms of poverty could therefore support public service reform by enabling a shift towards preventative interventions.

A focus on poverty depth and persistence could also lend itself to a life-course perspective, highlighting variations not only across childhood but also as children transition into adulthood. This could include drawing links between children and our other key group of interest, young adult men. However, improvements to Scotland's data infrastructure would be required to take full advantage of this opportunity. In particular, better use of linked administrative and longitudinal data could improve understanding of how experiences of poverty evolve over time across multiple life stages and policy domains; which groups face the greatest long-term risks and how these risks emerge and accumulate; and where policy could make the most difference.

More basic improvements may also be needed. As we noted in **Part 1**, the core dataset used to measure child poverty in Scotland and the UK – the Family Resources Survey (FRS) – is undergoing a transformation programme that should increase the accuracy of official statistics (20). However, like other large-scale household surveys and research methods more broadly, the FRS omits some of the groups at greatest risk of deep poverty, such as those experiencing homelessness (106); and has experienced a secular decline in sample size, particularly since the Covid-19 pandemic (65).

Richer data is also needed to evaluate the long-term outcomes of existing policies, with SCP offering one example: while the evaluation sheds light on recipients' experiences and perceptions, it is unable to establish long-term effects robustly without data that tracks the outcomes of recipients and non-recipients over time.

Indeed, a more preventative approach to child poverty may involve reviewing some of the policies that are currently central to the agenda, including social security. Under Universal Credit, individuals can be classified as dependents if they are between the ages of 16 and 19, provided they are still living at home and are in approved education or training. However, these individuals are not eligible for SCP, creating a cliff edge that takes effect at an age that represents a key stage for life transitions. We discuss this in a later chapter: **Education and Participation: How is this reflected in policy?**. This is in contrast to the recent introduction of the higher payment for children under one, which recognises that parents with young children face particular challenges, including with respect to employment and living costs (107).

Other groups continue to be excluded from the social security system altogether, including individuals with No Recourse to Public Funds (NRPF) and some people in temporary or supported accommodation (108). We cover these topics in a later chapter addressing **disruptive experiences affecting children and families**. There may also be an argument for targeting social security payments more strongly at households facing deep poverty (109).

Another example is parental employment. While it is hard to overstate the importance of work from a health inequalities perspective, a lack of parental employment does not in itself appear to be the key problem underlying current levels of child poverty. Families with nobody in paid work continue to face elevated risks of poverty, yet recent decades have seen significant increases in parental employment that have not translated into poverty reductions. As a result, three-quarters of children in poverty now live in a household in which someone is in paid work (13).

Employability services certainly have a role to play in assisting groups with complex needs, which can include some parents, to secure and sustain high-quality work as well as to achieve a range of other beneficial outcomes. However, our research indicates that current efforts to channel employability services to parents may be misguided, with local authorities often reporting that the proportion of funding ringfenced for parents does not reflect the pattern of needs that they observe on the ground (110). This is likely due in part to deficiencies in other services that prevent parents from working, especially transport and childcare. The childcare expansion announced in the Programme for Government may be an important step towards a wraparound model of provision. However, it risks repeating problems that affect the current offer: lower take-up among low-income families, sectoral capacity constraints, and a substantial number of parents finding that the 1,140 entitlement does not fit their working patterns or that suitable services are not available locally (111–113).

So far, we have mentioned some of the ways that core elements of the child poverty agenda could be reframed in order to better reflect the evidence on how childhood inequalities translate into adverse health outcomes. However, for a child poverty strategy to be effective at preventing such outcomes, it also needs to be better informed by the specific ways – the events and experiences, the processes and systems – through which disadvantages accumulate over the life course. This in turn should also make for a strategy that is more effective at reducing child poverty.

In its latest delivery plan, the Scottish Government added a fourth pillar to its analytical framework alongside income from work, income from social security, and costs of living, titled "supporting children and families to thrive". Covering policies such as Whole Family Support and outcomes such as child wellbeing, this appears to represent an acknowledgement that actions to effectively tackle child poverty will need to address a wider range of issues. Whether this signals a shift to a more holistic, preventative approach remains to be seen.

In the remainder of this report, we examine two sets of factors that would be particularly crucial for developing this preventative approach. Firstly, we consider disruptive experiences that affect children and families, including parental imprisonment, parental drug and alcohol use, domestic abuse and other forms of violence, migration, care experience, and housing insecurity. Child poverty and other socioeconomic inequalities are strongly implicated in these disruptions; but the disruptions can in turn represent 'flash points' where inequalities become embedded, making them crucial points for intervention.

We then turn to consider issues surrounding education, participation, and wellbeing. Child poverty likewise underlies many of these issues, including attendance and attainment gaps. However, they cannot be reduced to child poverty. For example, Additional Support Needs (ASN) have become a defining feature of educational inequalities in Scotland. Education also contains critical opportunities for prevention – not only at key transitions that can be pivotal in either amplifying or undoing inequalities, but also through the protective environments that schools and related activities can offer.

Disruptive experiences affecting children and families

Key findings

- **Children who experience socioeconomic inequalities, including poverty, are more likely to have experienced a range of family disruptions**. These include parental imprisonment, substance use, exposure to violence at home, care experience, experiences of homelessness and housing insecurity, and migration. There are considerable overlaps between these disruptions, which can be intrinsic to the lived experience of child poverty rather than representing one-off events.
- **These disruptions act to mediate the relationship between child poverty and long-term health outcomes.** Children who experience family disruptions are more likely to suffer from health problems, particularly mental health, and there is some evidence that impacts can persist later in life. In many cases, these disruptions also act to make poverty deeper and more persistent.
- **A preventative approach to tackling child poverty would be more closely aligned with the policies and services that impact on these disruptions.** Getting It Right for Every Child, or GIRFEC, is the main policy framework that oversees the range of statutory and third-sector services relating to family disruptions but appears to sit outside of the core tackling child poverty agenda.

What does the evidence say?

Disruptive experiences are important pathways through which childhood socioeconomic inequalities can become embedded, influencing health outcomes across the life course. This chapter focuses on a particular set of experiences: parental imprisonment, problematic parental alcohol or drug use, domestic abuse and other violence in the home, care experience, housing insecurity, and migration. It is not possible to do justice to each of these experiences, each of which is itself a diverse category. What ties them together is that they are all associated with poverty and other forms of disadvantage but represent distinct channels through which these disadvantages can accumulate and through which they are translated into inequalities in health outcomes.

Disruptive experiences often overlap. For example, children's accounts indicate that parental imprisonment, domestic abuse, and problematic parental substance use are often experienced together alongside problems with parents' mental health, shaping their everyday life rather than representing discrete events (114). More recent Scottish evidence confirms that parental imprisonment commonly occurs alongside wider emotional, practical and financial pressures, and is associated with substantially greater exposure to other childhood adversities (115,116). These experiences have a cumulative negative effect on young people; those that experience more family disruptions are often more likely to experience these negative health outcomes (117).

The experiences considered in this chapter overlap partly with those examined in the literature on adverse childhood experiences (ACEs). Exposure to ACEs has been associated both with socioeconomic disadvantage and with a range of adverse outcomes that can extend into adulthood. However, ACEs are often aggregated into a score out of ten to create an indicator of health risks later in life, which can obscure important differences between experiences and the wider structural conditions in which they occur. This framing can also convey a sense of fatalism, when in practice there is potential to alter life trajectories through factors such as supportive relationships, material security, and effective services.

Parental imprisonment

Having a family member in prison is highly correlated with poor physical and mental health outcomes. According to our analysis of the Planet Youth survey, which surveyed 7,662 third and fourth year students across six Scottish Local Authorities in 2025, 40% of respondents aged 13-15 with a family member in prison reported poor mental health, while 14.5% reported "bad" or "very bad" physical health.[2] By comparison, 22% of those without a family member in prison reported poor mental health, and 7% reported bad physical health[3] (118). Parental imprisonment is also associated with an increased risk of substance use and contact with the justice system later in life (119–121).

The most direct way that parental imprisonment can affect children's health is through emotional distress, particularly as contact with the parent can be abruptly limited. The additional caring responsibilities that children often assume when a parent is imprisoned can add to this emotional toll, which can involve isolation, anxiety, and sleep deprivation.

> *"I wouldn't speak to anyone, for the first month that I knew he was in jail... I did not sleep. I didn't go to school for a whole month... Like, I would not go to sleep. And if I tried to, I could not. Like, just knowing about it, I just couldn't..."*
>
> *Noah (121)*

Parental imprisonment can also affect children by reducing their household income and stability, at the same time as the household faces the additional cost of supporting the person in prison (121). Families Outside, the main Scotland-wide support system specifically aimed at supporting children with imprisoned parents, estimated that families spent an average of £180 a month supporting someone serving a prison sentence, rising to around £300 for someone held on remand (122).

This gap is significant, given the substantial amount of time that people can spend awaiting trial or sentencing; as of September 2026, the median length of time an adult spent on remand was around two months (64 days), and 30% of people had spent more than 4.5 months (140 days) awaiting a trial or sentencing (123). Families can additionally face travel and telephone costs as they seek to maintain contact. As the following account illustrates, the result is to place strain on household budgets, producing or exacerbating conditions of child poverty.

---

[2] N=219 for mental health and N=221 for physical health

[3] N=5,686 for mental health and N=5,706 for physical health

"The internet cost was too much. I stopped paying for it because I couldn't afford it. The Council tax went up. I told them 'I either pay you or feed my kids.'...I had been paying TV, landline and it was £70 a month but then it went to £80. I asked if I could cancel, and they said I would have to pay a fee. The bill and fee to get it disconnected. I left it and it is saying overdue and overdue. It is so stressful..."

Jessica, 30s, on Universal Credit, supporting partner serving a long-term sentence (124)

In 2024, the Scottish Government reported that between 20,000 and 27,000 children and young people each year experienced a parent going to prison, amounting to 2-3% of the Scottish population under age 16, but this figure is not routinely captured (115). Data from Winning Scotland aligns with this, with around 3.5% of their survey respondents[4] in 2025 reporting that a person that they live with had served time in prison at some point (118).

Parental drug and alcohol use

Children's experiences of problematic parental drug and alcohol use vary, but can include emotional distress, disrupted relationships, school absences, anxiety, stigma, social isolation, and additional caring responsibilities, with implications for their health and development that can have repercussions later in life (125). In the extreme, children can face the death of a parent or carer. The following extract from recent research in Scotland quotes a 15-year-old who is supporting a father with mental health and drug use issues:

"I check–in at my dad's every day to make sure he is alright. Sometimes my mum is just not well, and I need to help her if she is feeling down. Sometimes I can't go to school, it's just stuff that's going on with my mum."

Cooper, 15 (126)

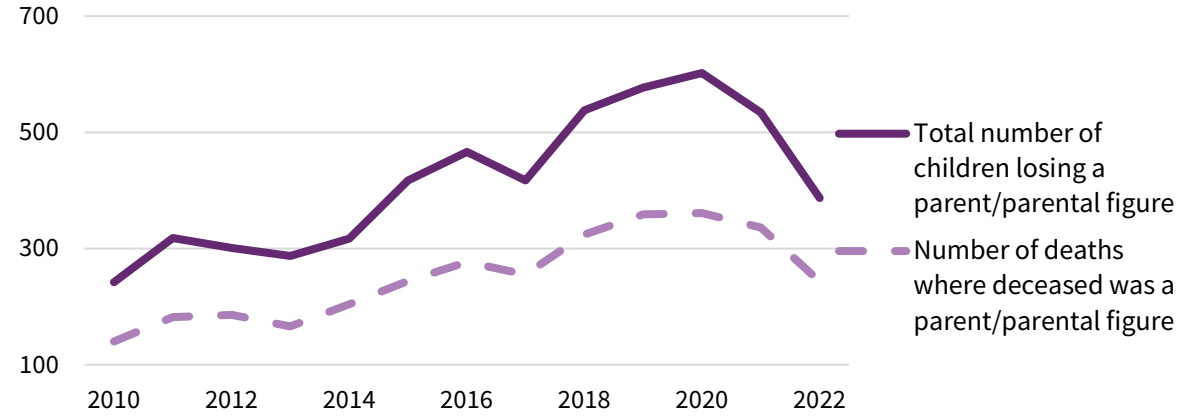
The number of children in Scotland affected by problematic parental alcohol or drug use is unclear. Analysis published in 2019 estimated that around 14% of children in one Growing Up in Scotland cohort had experienced problematic parental alcohol or drug use by age eight (127). In 2025, however, in a different cohort who responded to the Planet Youth survey, around 9% reported that a member of their household had ever had a drug or alcohol problem, even though participants only consisted of 13- to 15-year-olds.[5] We do know that, in 2024/25, nearly 40% of children in Scotland added to the child protection register had a concern related to parental substance use (128).

[4] Based on students who responded to the question, "*Have any of these things ever happened to you: Someone you live with has served time in prison or a young offenders' institution*." N=6,785. Note that this question includes anyone that a person lives with and is not exclusive to parents.

[5] N=6,109. Note that the children in the Growing Up in Scotland study were born in 2004/2005, making them a different cohort compared to those in the Planet Youth study, who were largely born between 2010/2011.

While the number of children losing a parental figure to a drug-related death was lower in 2022 than at any point since 2014 (**Figure 7.1**), each of these experiences represents a profound loss for children and their families (129).

Figure 7.1 *Number of children losing a parent or parent figure to a drug related death in Scotland*



Source*: Public Health Scotland analysis of deaths registered in 2021 and 2022 (129)*

Comparable information is not available for alcohol-specific deaths. The Scottish Health Survey indicates that, between 2021 and 2024, around 2.5% of adults living in households with children reported drinking at higher-risk levels, defined as more than 35 units a week for women and 50 units for men (130). This compared with 3.4% of adults in households without children (63). However, the measure does not establish whether respondents were parents and faces a significant risk of underreporting given the sensitivities associated with self-reporting problematic behaviours.

Experiences of violence

Experiencing violence at home, in school or in the wider community can affect physical and mental health both immediately and over the longer term (131–133). Domestic abuse can particularly affect children's safety, relationships, emotional wellbeing and development as they grow older. This form of violence is directed at a partner or ex-partner, though children living in households experiencing domestic abuse are themselves disproportionately likely to have been hit by a parent (134).

Domestic abuse occurs across society, but its prevalence and severity, and the resources available to achieve safety, are socially patterned. Scottish research found that mothers in the lowest household-income quintile were more likely to report abuse and around five times more likely to experience high-intensity abuse than those in the highest-income quintile (135).

A similar picture is evident in data from Child Protection Conferences, which are multi-agency meetings that convene when there are concerns that a child may be at risk of significant harm. The rate of conferences involving domestic abuse was nearly ten times higher in the most deprived areas than in the least deprived. Domestic abuse was also frequently recorded alongside neglect and emotional or physical abuse (136).

While there is a substantial volume of qualitative research into domestic abuse and associated inequalities, both for the parents receiving this abuse and for the children witnessing it, we have less insight from quantitative data outside of statutory service reporting. In 2024/25, police in Scotland recorded nearly 65,000 domestic abuse incidents, 81% of which involved a female victim and a male suspected perpetrator (137).

Households with single mothers are often more likely to have experienced domestic abuse compared to other household types, although it is not possible to know how many children witnessed these incidents. In the 2025 Planet Youth survey, around 6% of respondents reported witnessing physical violence between adults in their home, but this is not necessarily representative of Scotland as a whole (118).

Homelessness data also provides an insight into the picture of people experiencing violence, as domestic abuse is a leading cause of women's homelessness in Scotland. In 2025, 13% of homelessness applications were made due to a violent or abusive dispute in the household, with a further 3% fleeing non-domestic violence (47). There is not additional detail on how many of these households had children, although in 2025, 1,341 children entered child protection services as a result of domestic abuse (128).

Wider experiences of violence are also important and contribute to children and young people's sense of wellbeing and safety at home, in the community, and in school. A study from Young Scot found that over 80% of respondents aged 11 to 25 felt that violence had a significant impact on people their age. Around half of respondents reported witnessing violence on transport or in their community, and around 30% had experienced bullying first-hand (138).

> *"I was affected by bullying at school, which made me feel anxious and less confident. It impacted my ability to focus on learning and made me avoid certain social situations. Over time, with support from teachers and friends, I've started to rebuild my confidence, but it showed me how deeply violence can affect young people's wellbeing."*
>
> *Young Scot survey respondent (138)*

While the survey itself does not highlight inequalities in experiences of violence, many respondents discussed how inequality contributes to violent activities.

> *"This occurs when people have no chance in life ether money, role models or smarts if you're not academically smart then you're dumb. If you have no money then you're somehow also dumb. So what else would you do? What fun/future do you even have when you walk into a shop and see people following you with their eyes like you can't afford a can of juice. Then you get into gangs because no one else has ever looked at you like you could actually do something useful and you do things for those gangs etc"*
>
> *Young Scot survey respondent (138)*

Care experiences

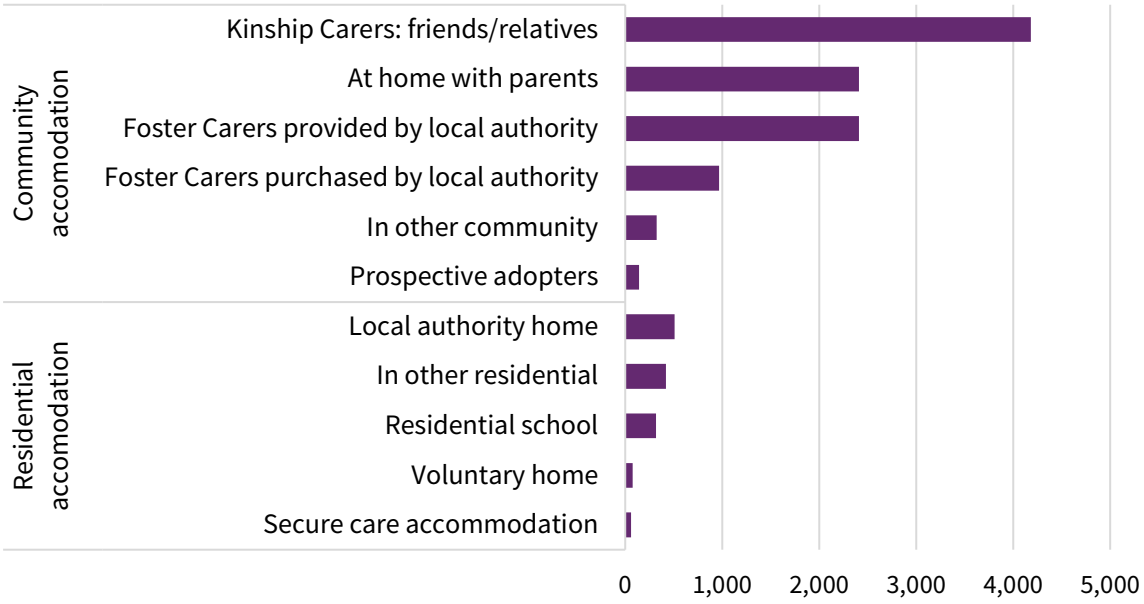
Care experience refers to a diverse set of experiences of different forms of care, from social work support whilst living with parent(s), to formal or informal kinship care, to short- or long-term foster placements and group home living, as well as secure care and adoption (139). Care may be short-term, whilst a family deals with an emergency or crisis, or may be longer-term, reflecting ongoing difficulties or challenges within the family. Some care experienced children and young people will be in receipt of statutory (i.e. legally mandated) care, while some will not.

The most common reason that children enter care is because they have experienced abuse and/or neglect. Experiences of care can also occur alongside other family disruptions. For example, entering care can represent a form of housing insecurity, with many children experiencing multiple different placements.

> *"At nine, basically my mum was an addict, and her partner was a heroin addict all of the bad stereotypes you can imagine with that and she would try and leave him. And we went to respite with her at the women's refuge and basically (they) couldn't house her as there were other women here and stuff so basically we got put into foster (care)"*
>
> *Hamish, age 29, 10 years in care, 51 care placements (140)*

While in care, a child is referred to as "looked after" in Scotland. In 2025, a total of 11,800 children were looked after at some point. **Figure 7.2** shows the different types of care that these children experienced, with kinship care making up the largest category (141).

Figure 7.2: *Number of looked after children by placement type, 2025*

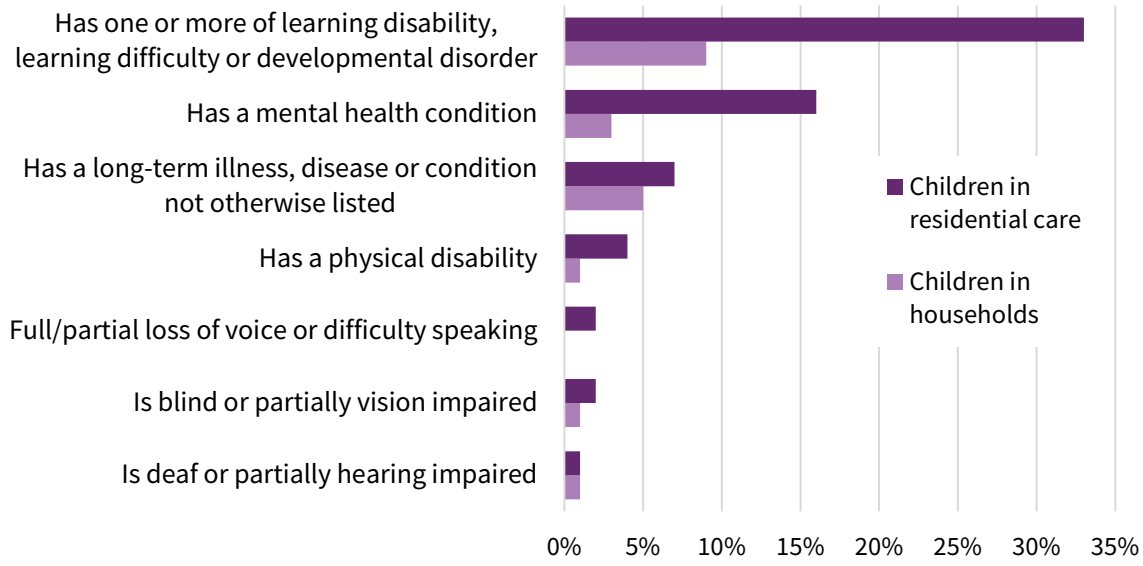


Source: Scottish Government, 2026 (142)

Children living in residential accommodation (i.e. in a group home) often face particular challenges and inequalities, and this group made up around 12% of all looked-after children in 2025 (142). Recent Scottish Government statistics on children living in residential accommodation, which draw on data from Scotland's Census 2022, illustrate the complexity of their needs.

A substantial proportion have disabilities and long-term health conditions, with social, emotional and behavioural difficulties among the most commonly reported needs (**Figure 7.3**). These findings reinforce the view that care experience frequently overlaps with wider health, developmental and wellbeing challenges rather than representing a standalone experience (143).

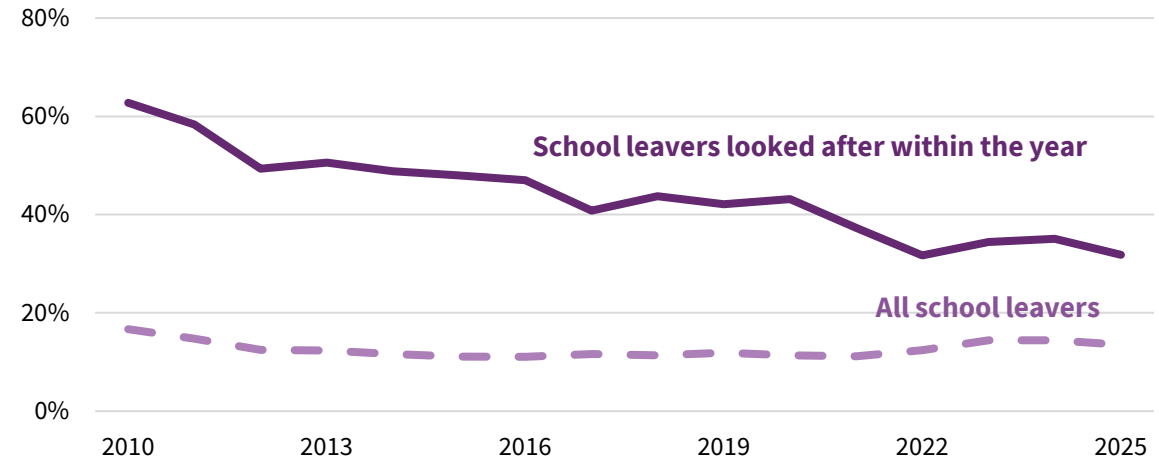
Figure 7.3: *Health conditions among children in residential care, 2022*



Source*: Scottish Government, 2026 (143)*

Looking ahead to the next chapter of this report, **Education and Participation**, educational inequalities are also particularly pronounced among care-experienced children and young people. Children who are looked after continue to experience lower attendance rates, higher levels of exclusion, poorer attainment and less favourable post-school outcomes than their peers (144). This is illustrated in **Figure 7.4**, which shows that the proportion of care-experienced young people leaving school in S4 (i.e., at age 16) or earlier remains just over two times higher than the proportion for school leavers overall despite falling substantially over time.

Figure 7.4 Percentage of looked after school leavers who left school in S4 or earlier



Source: *Scottish Government, 2026 (144)*

Leaving care – whether through "aging out" of the care system or through entering a stable home situation – also comes with challenges. Experiences of trauma and other disadvantages do not end, necessarily, when the child leaves a looked-after accommodation. Care leavers are at a significantly higher risk of mental health conditions in comparison to the general population and are three times as likely to commit suicide (145,146). They are also likely to be overrepresented in the adult homeless population, based on previous qualitative studies, and they are more likely than other adults experiencing homelessness to have compounded problems of sleeping rough, substance dependency and mental ill-health (147).

Homelessness and housing insecurity

Housing insecurity involves repeated or involuntary moves, which can be disruptive for many aspects of a child's life. The risk of needing to move can itself be disruptive, as it prevents families from being able to settle in a long-term home. Housing insecurity is often connected to poverty, with children in low-income households at greater risk – particularly lone-parent households and those experiencing discrimination related to ethnicity, disability, sexuality or other characteristics (148). Families facing housing insecurity can also face additional costs. For example, SHERU's peer research found that families in temporary accommodation could be charged £50 each time they needed to retrieve possessions from storage, which participants said prevented them from accessing items they needed (3).

There are associations between this form of disruption and poorer health and wellbeing, both in childhood and into adulthood. For example, children living in temporary accommodation are more likely than children in secure housing to experience subsequent mental health difficulties and may face a greater risk of homelessness later in life (148). Temporary accommodation can also be of poor quality, which has direct consequences for children's physical and mental wellbeing. SHERU's recent peer-research with families experiencing homelessness illustrates these effects on parents (3,4), while research by the Children and Young People's Commissioner Scotland provides some insights into children's experiences:

> *"There is no designated study area, my parents have to leave the room so I can get time to study or join in my online lessons, coz if they are speaking on the phone or moving in the room that is distracting, at least in a house even if you have one room you can go to the sitting room."*
>
> *A child living in hotel accommodation (149)*

SHERU's peer-research in North Lanarkshire also shows that the effects of homelessness or housing insecurity may continue after a family secures permanent accommodation. One participant described how repeated displacement had left her unable to feel confident that her new home was secure:

> *"Even when we got the keys to our own property… we even now don't think that we're going to be there for the rest of our lives… I've still got stuff in boxes because I feel like I need to be ready for when I've got to move again… I want my boy to grow up and feel certain and feel like he's at home."*
>
> *Workshop participant, More Than a Number (4)*

Housing precarity can also result in children missing out on educational opportunities, as moving to different areas can necessitate a change in schools. This can also result in challenges maintaining friend groups and extracurricular activities, both of which can leave children feeling isolated and can compound with worsened emotional wellbeing (150).

It is not possible to quantify housing insecurity overall using Scottish data, though we are able to consider specific aspects. Between January and September 2025, around 14,000 children were assessed as homelessness or threatened with homelessness, accounting for around one-quarter of the total (47). Meanwhile, as of September 2025, around 10,000 children in Scotland were living in temporary accommodation (47).

Migration

Migration can fundamentally shape the inequalities experienced by children and families, for whom moving between countries can be highly disruptive. The implications for poverty and health vary according to people's circumstances before, during and after migration; the resources and support available to them; and, crucially, the policy rules to which they are subject (151). All of these factors are in turn experienced unequally, with some groups facing more scrutiny and exclusion than others (152).

Refugees and people seeking asylum can be particularly vulnerable. While the majority of asylum claims in the UK are made by young adult men – our other key group of interest – the Pupil Census indicates that asylum seekers and refugees respectively made up around 2,400 and 7,600 children and young people in Scottish public schools in 2025 (153,154). Not only may these individuals have been forced to migrate in order to avoid persecution, often coinciding with conflict and associated harms (155); when they reach the UK, levels of asylum support are often insufficient to meet basic needs (156,157), meaning that, as Isaacs et al. suggest, "*poverty is a formalised feature of the UK asylum process*" (157). The resulting experience was described by a research participant in 2025:

> *"People have children. You should spend £5 per day, but everything is not like a robot; you are a robot if you have only 5 pounds in expenses every day. If you tell an English person, you should only spend 5 pounds a day they will mock you, they will think you are crazy or not OK. They go to the food bank (asylum seekers) most of the food is expired, or they are very short"*
>
> *Nour, interview 14 (158)*

Individuals in the asylum system can additionally face insecure housing, restrictions on their ability to work and access social security, and long periods of uncertainty around the status of their claims, along with social isolation and exclusion (159–161). All of this can negatively impact their mental, emotional, and physical health. For example, as part of a qualitative study in Scotland investigating the health and wellbeing impacts of the UK immigration and asylum system, a mother of three from Mozambique described how the engaging with the asylum system not only created stress but also detracted from her ability to engage in health practices.

> *"We go through maybe like a lot of stress with the Home Office and stuff and I end up not prioritising [our health] because of that. Because I'm trying to focus on that [health] and then when I start focussing on Home Office issues everything else just falls to the side."*
>
> *Priscilla (157)*

Once health conditions develop, refugees and asylum seekers may also struggle to access healthcare services due to unfamiliarity with the system, language and literacy barriers, limited entitlements or limited awareness of their entitlements, and a lack of culturally appropriate services and support (162).

While refugees and asylum seekers face particular inequalities, other experiences of immigration are also relevant – as are the policies that shape them. For example, many people subject to immigration control are not eligible to access most benefits and housing assistance. Although local authorities and Scottish public services retain important responsibilities, the interaction between reserved immigration rules and devolved services can leave families reliant on limited or crisis-based assistance (163).

How is this reflected in policy?

Across these disruptions, only care experience and homelessness are directly governed by statutory bodies, although many third sector bodies also provide support for people currently or previously experiencing these disruptions. In the case of care experience, for example, local authorities oversee statutory support for those in care and those leaving care up to age 25. This support is largely joined to a variety of other services, with care leavers receiving additional support or funding in terms of housing, social security benefits, education, and criminal justice. *The Promise* is Scotland's policy response to the care system, aiming to ensure "*that all Scotland's children and young people will grow up loved, safe and respected so they can realise their full potential*" (164).

Meanwhile, support systems for children and families experiencing parental imprisonment, parental substance use, and violence are delivered by third sector bodies, except where they overlap with the statutory services mentioned above. For example, while various statutory bodies support parents facing addiction, there are none that directly deal with the impact parental drug and alcohol use has on children. Health services, justice services, schools, and the care system are all responsible for some aspects of this disruption, although third sector organisations are more broadly responsible for supporting children and families. Instead, a range of small organisations and funding schemes across Scotland deliver support to children and families who are experiencing parental drug and alcohol addiction. There are likewise a wide range of bodies which support children who are affected by violence (165). Schools, the justice system, and the care system all provide statutory service responses to victimisation or witnessing violence, whilst numerous third sector bodies provide further support.

The Scottish Government and related bodies, like the Scottish Prison Service, have a range of high-level policy documents and strategies which guide statutory services and third sector organisations to adequately support children facing family disruptions.

Getting it Right for Every Child (GIRFEC) is the main policy framework for addressing children's wellbeing, rights, and support services. Policies around child poverty, care services, and children's services planning all tie into this overarching work programme.

Because of how frequently these disruptions occur alongside each other, coordination across services is a necessity. This was the motivation behind one of the key recommendations that we made in last year's annual report, namely that preventative policies should be designed with long-term infrastructure that supports horizontal and vertical collaboration to oversee delivery and implementation (53).

GIRFEC largely meets this criterion. Reflecting on 20 years of GIRFEC, Children in Scotland found that GIRFEC "*prompted a positive shift towards more wrap-around support for families, with services increasingly recognising the wider context of a child or young person's wellbeing.*" Their review also found that GIRFEC enabled positive relationship building between third and public sector partners (166). The longevity of GIRFEC is itself positive in that it provides a stable foundation for these benefits to develop over time.

The other recommendation in last year's report was for preventative policies to be designed with "*long term, multi-year funding for the organisations which deliver preventative programmes*" (53). In this vein, the Scottish Government is currently piloting a multi-year funding scheme for the third sector, called the Fairer Funding pilot. This funding scheme began in 2025, promising £61.7m to a range of organisations in 2025/26 and increasing to £63.2m in 2026/27. The organisations targeted broadly address child poverty and essential services, meaning that many directly support children experiencing family disruptions (167). However, short-term funding remains a key concern across the third sector – and across local areas more generally – which can detract from the benefits of having a long-term policy framework like GIRFEC.

What is missing from the agenda to tackle child poverty?

Children in poverty face elevated risks of experiencing the range of disruptions examined in this chapter, which can in turn increase the risk of facing long-term physical and mental health concerns. This strengthens the argument that reducing child poverty is a powerful form of prevention. Yet it also demonstrates that supporting children who face family disruptions can be not only preventative in itself, but also key to tackling child poverty over the long term. Besides being intrinsic to the lived experience of poverty for many children, these disruptions represent pathways through which the disadvantages associated with poverty are magnified, with poverty itself often becoming deeper and more persistent.

This in turn points to the necessity of joining up the child poverty agenda with policy frameworks that impact family disruptions, particularly GIRFEC. The latest tackling child poverty delivery plan does not mention GIRFEC, except by signposting it at the end of the document (87). Meanwhile, the plan varies in the extent to which it engages with the specific disruptions covered in this chapter. For example, homelessness features prominently, including its links to domestic abuse. On the other hand, parental imprisonment and problematic use of drugs and alcohol are not mentioned at all, while care experience is cited once in the context of a school-based mentoring programme.

In large part, greater join-up between the child poverty agenda and the areas covered by GIRFEC would involve reckoning with some of the issues that constrain the preventative potential of existing policies and services (168). For example, research by the Joseph Rowntree Foundation found that the public tend to see reducing child poverty as the responsibility of all tiers of government, including both Scottish Government and local authorities (100). While the research encountered a general dissatisfaction with the efforts made by councils to reduce child poverty – and, among people with lived experience of poverty, a view that prevention needs to be prioritised – it also reiterated well-known difficulties facing council finances.

Data is another area where improvements could strengthen both existing services and the tackling child poverty agenda. Existing data provide limited insight into how frequently experiences overlap, how children move between services, or where timely intervention changes their trajectories. Long-term links with later outcomes in adulthood are also difficult to examine. Greater linkage across health, education, social care and justice data – as well as the domains that are already central to the tackling child poverty agenda, such as social security and parental employment – could improve understanding of how disruptive experiences influence outcomes over the life course and help identify opportunities for earlier intervention. This data should be considered alongside qualitative evidence from children, families, and the service providers who support them (115,116).

Another challenge holding back prevention, which relates to our discussion of deep poverty in the previous chapter, is that some of the children most at risk of poor outcomes may be least visible within existing data systems. This includes children experiencing unstable housing, severe disability, and migration-related insecurity. Furthermore, dimensions of inequality that are relevant to both poverty and health inequalities, such as ethnicity and disability, are often absent from existing data on family disruptions.

Research that we have undertaken with delivery organisations and communities has also highlighted gaps in support as well as areas where coordination between services could be improved, particularly since children often experience multiple disruptions:

> *“Issue is there’s a gap in legislation to allow us to go in, to support the family and protect the children when a parent is involved in criminal activity. Support is there once someone is incarcerated but how do we intervene earlier? It’s hard to get everyone on board when you are speculating about the harm. Intervention at an earlier stage is needed."*
>
> *Participant in Action Learning Set on Young Adult Men*

> *"I would like to get the right people behind this and be able to share info more easily. Create a shared perspective. If a process came into being, how do you standardise it? Discussion needs to be had about how you refer someone [to child protective services]. How that would look, I don’t know. There are families you can see are following the cycle of criminality. Kids getting involved in crime. You can see the charted course but we’re not sharing info well enough to get everyone on the same page to fix this."*
>
> *Participant in Action Learning Set on Young Adult Men*

Our recent Action Learning Set report also found that third-sector bodies are often better able than statutory services to connect children and families to the services they need (2). As highlighted in last year's report, individuals can also face a cliff edge in support once they become adults. All of this has implications for a holistic approach to child poverty that considers how disadvantages accumulate and how they can be countered.

In summary, a preventative approach to tackling child poverty would necessitate a sharper focus on the disruptive experiences outlined in this chapter, which, along with a range of existing policies and services, can mediate the impacts of child poverty on long-term health outcomes. Such an approach may also strengthen the tackling child poverty agenda on its own terms, by engaging with some of the key pathways through which child poverty can become ingrained.

Education and participation

Key findings

- **Educational inequalities are socially patterned.** These inequalities begin before children start school, reflecting child poverty alongside other forms of socioeconomic disadvantage and wider family circumstances. Patterns of school attendance, attainment and exclusion all vary by measures of socioeconomic inequality, with persistent absence increasingly recognised as an indicator of wider vulnerability. Yet educational inequalities also reflect a wider set of factors, including elements of the education system itself. This is demonstrated by the growing number of pupils identified as having Additional Support Needs (ASN), who experience inequalities greater than those associated with deprivation alone.
- **Education and wider opportunities for participation provide crucial points for intervention.** While the early years of a child's life are particularly pivotal for long-term outcomes, so too are transitions into secondary school and out of compulsory education. Schools and related activities can also serve as important protective environments, mitigating the adverse effects of childhood disadvantage.
- **Prevention-proofing the tackling child poverty agenda would involve more careful engagement with education and participation opportunities**. In particular, there is a need to consider how these domains can help to both reduce child poverty and mitigate its effects on health over the long term.

What does the evidence say?

Education is one of the most important mechanisms through which childhood socioeconomic inequalities influence health, wellbeing and life chances across the life course. Educational experiences can shape attainment and future employment opportunities, as well as mental health, social connectedness, health behaviours and long-term economic security.

Importantly, educational inequalities do not begin when children enter school. Evidence from Scotland and internationally shows that inequalities in cognitive, language, social, emotional and physical development emerge during the earliest years of life and are strongly associated with family income, along with other inequalities. By the time children start school, many of the developmental gaps that influence later educational attainment are already evident. Educational outcomes therefore reflect both children's experiences within school and the cumulative effects of conditions experienced before formal education begins (84,169).

Neither do educational inequalities end after young people leave school. Both the move to secondary school and the transition out of compulsory education have long been recognised as periods when disadvantages can be amplified, influencing subsequent patterns within education as well as outcomes later in life. Recent developments such as the Scottish Longitudinal Education Outcomes (LEO) dataset create new opportunities to examine how education experiences can shape such outcomes, including with respect to employment, earnings and benefit receipt (170).

Four main themes emerge in this section: early childhood development; educational engagement; additional support needs; and opportunities for participation, belonging and connection. Together, these dimensions provide important insight into the ways inequalities develop and interact throughout childhood and adolescence.

Early years

Many educational inequalities emerge long before children begin primary school, making the early years a critical period for reducing disadvantage. The first three years of life, including the perinatal period, are increasingly recognised as a critical period for child development. Evidence from neuroscience, developmental psychology and population health demonstrates that experiences during pregnancy and infancy can influence language development, social and emotional wellbeing, stress regulation and later learning.

As noted previously, household income plays an important role in shaping these developmental trajectories (84,171). This is illustrated by evidence from Save the Children and The Lines Between, based on interviews and group discussions with parents and caregivers of young children across Scotland. Parents described how financial pressures affected their emotional wellbeing, time and capacity to engage with their children:

> *"If we're going through a bit of financial pressure... It's more like, 'Look, I just don't have the time right now', or you get a little bit snappy. When we have these environmental pressures... that affect our emotions... that's when we find it hard - we can't be the parents we know we are."*
>
> *Mother, Highland (172)*

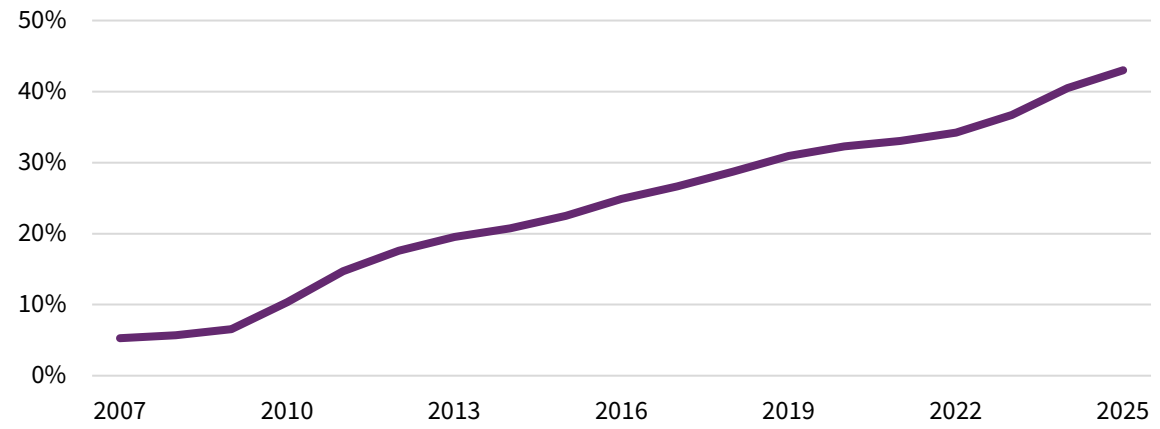
Many parents felt they had limited opportunities for time away from caring responsibilities, leaving them exhausted and less able to engage in play and home learning activities. These challenges were often particularly acute for single-parent households, where childcare, household responsibilities and financial pressures were managed alone. Parents and caregivers also described housing and neighbourhood issues that affected their wellbeing and family life, such as noise in the local area causing disrupted sleep which reduced the time and energy available for activities that support children's learning and development (172).

Besides supporting parental employment, high-quality early learning and childcare (ELC) can play an important role in helping children's development, reducing the inequalities associated with child poverty. A substantial evidence base suggests that ELC can aid language development, school readiness, social development and later educational attainment, particularly among children experiencing socioeconomic disadvantage (169,173–176). However, these effects are contingent. Recent Scottish and international reviews suggest that the effects of early entry into formal childcare vary according to children's age, family circumstances, the quality of provision and the amount of time spent in care (177,178).

Additional support needs

Over the past two decades, Scotland has seen a substantial increase in the proportion of pupils identified as having an Additional Support Need (ASN). In 2025, nearly 300,000 pupils were recorded as having an ASN, representing 43% of all pupils in Scotland, compared with around 5% in 2007 (**Figure 8.1**). The proportion is even higher in secondary schools, where almost half of pupils (49%) have an identified ASN.

Figure 8.1 *Percentage of pupils with Additional Support Needs (ASN) on the school roll*



Source: *Scottish Government, 2026 (154)*

Although there is ongoing debate about the extent to which this increase reflects changes in underlying need, greater awareness, improved identification or recording practices, it has important implications for how education and other public services support participation, attainment and wellbeing. Importantly, the distribution of additional support needs is not uniform across the population. Even though ASN are often discussed as individual characteristics, some forms of need are associated with unequal exposure to the consequences of poverty and disadvantage, including poorer mental health, developmental difficulties, and speech and language delays (84,169).

Education data do not always permit analysis by poverty status, with analysis by deprivation (as measured by the SIMD) being more common. In 2025, 58% of pupils living in the most deprived decile had an identified ASN, compared with 30% in the least deprived decile.

Exploratory analysis provided by Scottish Government also found a high prevalence of ASN among pupils registered for free school meals (FSM). Among P6-P7 pupils, 2024 Pupil Census data show that 62% of those registered for FSM had an identified ASN, while the equivalent figure for S1-S4 pupils was 69%. While FSM is an imperfect proxy for low income and has been affected by recent policy changes to entitlement and provision, these findings are consistent with the SIMD data.

The Scottish Government has also recently linked education data with the Children in Low Income Families dataset, although work is ongoing to understand the strengths and limitations of these data and their potential analytical applications (179).

Against this backdrop, the growth in ASN has reinforced the importance of inclusive education and multi-agency support. As the proportion of pupils requiring additional support continues to rise, questions remain about whether schools and wider services are sufficiently equipped to respond to increasingly diverse educational, behavioural, emotional and health-related needs. From a health inequalities perspective, the challenge is not simply ensuring support is available but ensuring that children and young people can participate meaningfully in school life and have their needs understood and met.

Evidence from Young Scot's *What I Need to Learn* survey illustrates these challenges. Young people with disabilities, long-term health conditions and ASN were more likely to report negative experiences of school and were more likely to strongly dislike attending. Their experiences highlighted the importance of educational environments that recognise and respond to individual needs.

> *"I am autistic and I learn and take in information a bit from my other classmates, my 3 teachers understand this and sit with me during class or teach the whole class in a way that we all understand, myself included, although the other two are very stuck in their ways and can't seem to grasp that between my social anxiety, money situation and autism being motivated, safe and learning in their class is very difficult for me especially when they are asking me personal questions in front of the whole class such as 'why were you not in class yesterday?' or 'where is your uniform?' If the teachers actually engaged with me they would know the answer to the question and wouldn't need to ask in the first place, and they could at least take me aside to ask instead of shouting my name in a class full of people I am uncomfortable with".*
>
> *(180)*

Similar themes emerged through evidence submitted to the Scottish Parliament's inquiry into Additional Support for Learning which highlighted a range of challenges that can affect the extent to which children and young people are able to participate fully in education (181).

These challenges are reflected in patterns of school engagement. Increasingly, persistent absence, wherein a student misses 10% or more of school sessions, is understood not simply as an educational issue, but as a potential indicator of wider inequalities affecting children's lives. In 2024/25, pupils living in the most deprived areas were almost three times as likely to be persistently absent as those living in the least deprived areas.

Pupils with an identified ASN were also substantially more likely to be persistently absent than pupils without ASN (38% of pupils with an identified ASN were persistently absent, compared with 22% of pupils without ASN) (30). Scottish longitudinal research using linked administrative data further shows that attendance gaps widen during secondary school, particularly among pupils whose support needs relate to social-emotional factors and family circumstances (182).

Similar patterns are evident in school exclusions. Although formal exclusion rates have fallen over time, exclusions remain disproportionately concentrated among pupils with ASN, raising important questions about the extent to which schools and wider support services are able to respond effectively to increasingly diverse and complex needs (183).

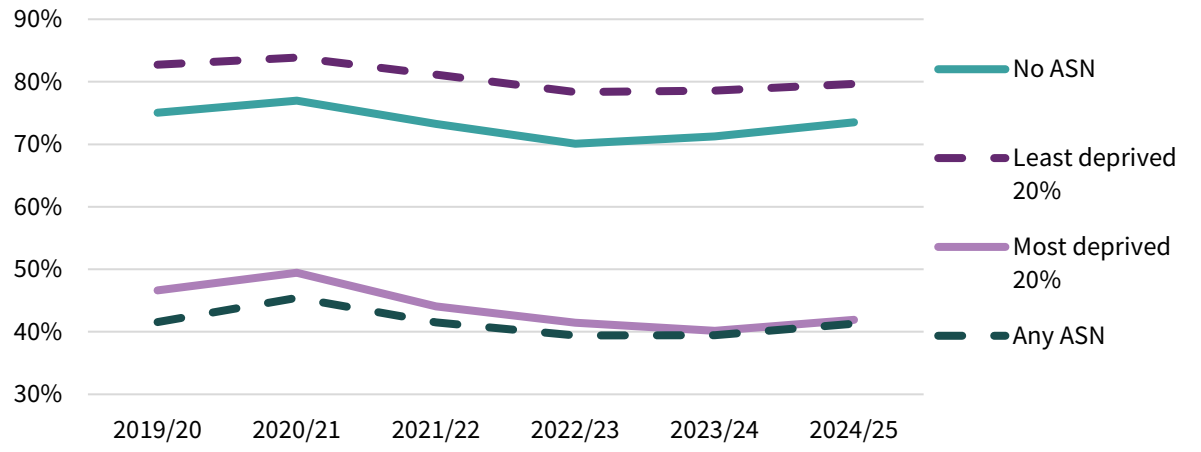
The cumulative effects of these inequalities are evident in attainment outcomes, where inequalities linked to both socioeconomic disadvantage and ASN remain pronounced. Longitudinal evidence at a UK level suggests that school absence is associated with poorer educational attainment, lower qualification levels and less favourable labour market outcomes later in life. Educational transitions, particularly the move from primary to secondary school, appear to be key points at which these inequalities can deepen further, underlining the importance of continuity of support during periods of change (184).

Figure 8.2 illustrates inequalities in attainment at SCQF Level 6 or above in Scotland (equivalent to a Higher qualification) according to both area deprivation and ASN status. In 2024/25, 80% of school leavers from the least deprived areas attained qualifications at SCQF Level 6 or above, compared with 42% of those living in the most deprived areas. A similarly large inequality is evident for pupils with ASN compared with pupils with no ASN. Across the period shown, the attainment gaps associated with both ASN status and area deprivation have remained substantial and broadly comparable in size. Notably, attainment among pupils with ASN has consistently been similar to, and slightly lower than, that observed among pupils from the most deprived areas, highlighting the extent to which socioeconomic inequalities interact with a wide range of factors to shape educational disparities.

As **Figure 8.3** shows, inequalities in attainment are reflected in post-school destinations. Lower attainment may reduce access to further and higher education, training opportunities and employment, with longer-term implications for income, economic security and wellbeing. Consistent with the broader evidence presented throughout this chapter, the transition out of compulsory schooling represents a particularly important point at which existing inequalities can either widen or be reduced.

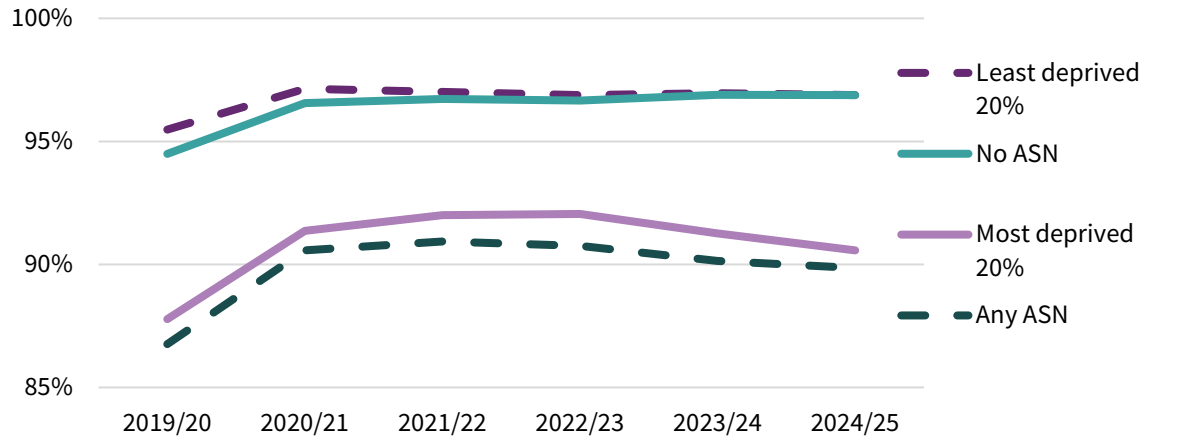
The growing prevalence of ASN, alongside the strong social gradient in ASN identification, highlights the importance of understanding educational inequalities through a broader health inequalities lens. Ensuring that children and young people receive timely and appropriate support is not only important for educational attainment, but also for promoting participation, wellbeing and longer-term life opportunities. This reinforces the importance of inclusive schools, effective multi-agency support and early intervention in preventing disadvantage from accumulating across childhood and adolescence.

Figure 8.2: *Percentage of school leavers attaining National Qualifications at SCQF level 6 or above*



Source: *Scottish Government, 2026 (31)*
Note: *Figures are based on percentage of school leavers by total attainment under the National Qualifications measure.*

Figure 8.3 Percentage of school leavers entering HE, FE, training or employment 3 months after the end of the school year



***Source**: SHERU analysis of Scottish Government data, 2026 (31)*

Opportunities for participation

Evidence suggests that participation in leisure activities, sport and community life can play an important protective role in children's health and wellbeing, and it can have an important long-term preventative effect on later adult outcomes. Participation is about more than recreation: it offers important opportunities for social connection, confidence-building and supportive relationships that can promote positive outcomes throughout childhood and adolescence.

Analysis from the Planet Youth Scotland survey found that regular engagement in out-of-school activities, along with strong parental support, positive self-esteem, and good sleep quality were among the strongest protective factors associated with better mental health and lower substance use among young people (118). Similarly, in 2025, Public Health Scotland produced a report on preventing substance use harm among children and young people, citing leisure and extracurricular activities as key protective factors (117). Physical activity, in particular, is crucial for health and mental wellbeing outcomes throughout a person's life. It is also increasingly recognised as an important contributor to educational engagement and attainment (185,186).

Inequalities in access to participation are therefore important to consider: . In SHERU's programme of peer-researcher work with Poverty Alliance, parents described having little or no money for leisure, children entering temporary accommodation with very few toys, and housing arrangements that contributed to isolation (3,4). These findings give continuing resonance to one early years practitioner's observation (in earlier Poverty Alliance research) that

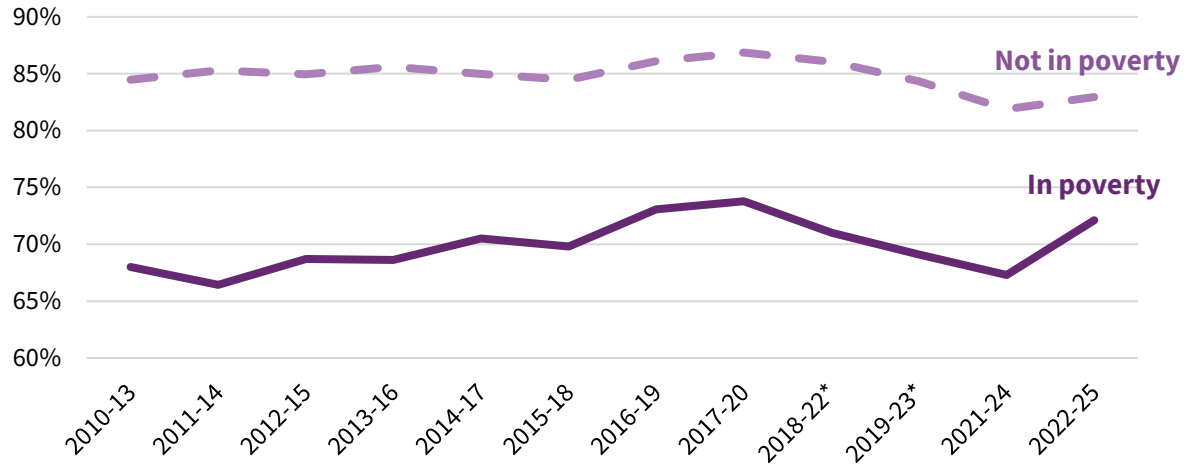
> *"play is undervalued when life is quite pressured"*
>
> *(187)*

The evidence suggests that those children and young people who stand to benefit most from participation in sport, physical activity and other organised activities are often the least likely to participate.

In Scotland, children in poor households are less likely to regularly participate in extracurricular activities. This gap has closed slightly over time, though this has reflected a decrease among children in higher-income households rather than an increase among children in poverty. On average between 2022 and 2025, around 72% of children aged 5-15 living in poverty reported that they participate in an organised activity weekly, compared to 83% of children who are not (**Figure 8.4**).

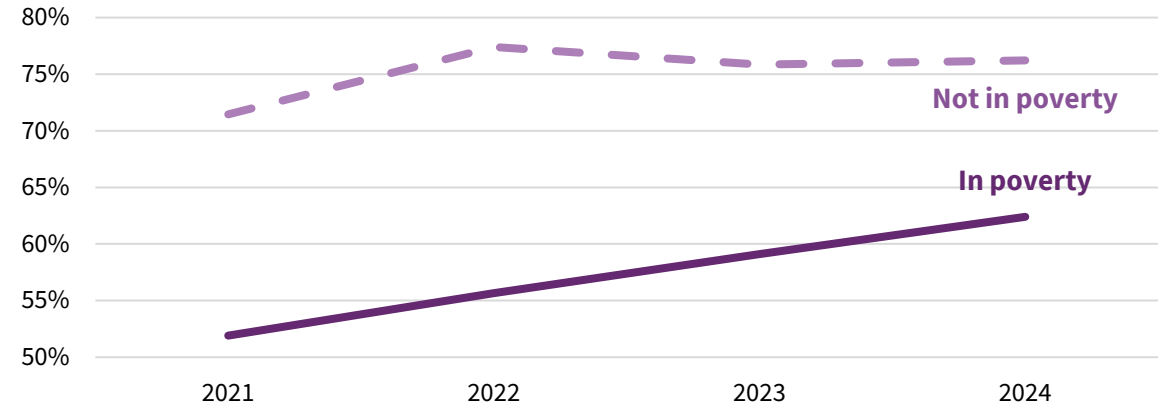
These inequalities are reflected in levels of physical activity. Only 61% of children living in the most deprived communities met recommended activity levels in 2024, compared to 81% of children living in the least deprived communities, with additional inequalities evident for disabled children and young people (188). Analysis of the 2025 Planet Youth Scotland survey found that sport was the most common form of participation in general; and in this activity, children living in low-income households are likewise less likely to participate than those from higher-income households, despite an apparent increase in recent years (**Figure 8.5**).

Figure 8.4 *Proportion of children aged 5 to 15 who attend an organised activity once a week (3-year rolling average)*



Source: *SHERU analysis of HBAI (22)*
Note: ** 2020/21 data excluded due to quality issues. Poverty is defined in relative terms as having net equivalised household income after housing costs below 60% of the UK median.*

Figure 8.5 *Proportion of children aged 4 to 15 that participated in sports in the last week*



Source: *SHERU analysis of the Scottish Health Survey (63). Poverty is defined in relative terms as having net equivalised household income before housing costs below 60% of the Scottish median.*

As children move through adolescence, and particularly where poverty, disability or other barriers are present, opportunities to participate may become increasingly limited. Physical activity declines in adolescence (188), while many young people encounter a lack of spaces for recreation:

> *"[…] There are next to no spaces for people to go to spend time besides pubs or the forest which is where most young people go to do substances or drink. There's a lack of spaces for people to go and have fun."*
>
> *Young Scot survey respondent (138)*

How is this reflected in policy?

Getting It Right for Every Child (GIRFEC), which we discussed in the previous chapter, is also relevant to the topics covered in this chapter. GIRFEC provides an overarching framework for supporting children's wellbeing through coordinated action across education, health and wider services. Its emphasis on early intervention, prevention and multi-agency working reflects recognition that educational outcomes are closely linked to broader aspects of children's lives.

In terms of early years specifically, the Scottish Government's commitment to expand the childcare offer to support children from nine months old through to the end of primary school, building on commitments first announced in 2023 and reaffirmed in 2026, represents a potentially important opportunity to reduce educational inequalities. However, the extent to which this expansion delivers on that potential will depend on its implementation, including the type and quality of provision, the flexibility of the offer, and the extent to which it reaches the children and families most likely to benefit. As noted previously, uptake of the current offer is lower among lower-income families.

There is a strong commitment to inclusive education in Scotland. However, many children and young people with ASN continue to experience barriers in accessing the support required to participate, engage and achieve within school. This was highlighted in submissions to the Additional Support for Learning inquiry, which pointed to inconsistency in the availability and accessibility of support, lengthy waiting times for assessments and specialist services, and concerns that support provision did not always meet children's needs in practice (181).

Scotland is entering a period of significant education reform through the Education (Scotland) Act 2025 and proposals within the Tertiary Education and Training (Funding and Governance) (Scotland) Bill. Reforms to qualifications, assessment, skills and tertiary education governance have the potential to improve educational transitions and strengthen progression into further study, training and employment, although their success should be judged by their ability to reduce inequalities in educational experiences and outcomes as well as by improvements in attainment or participation.

Local authorities are responsible for many leisure, sport, and youth programmes, which play an important preventative role in a community through supporting participation and wellbeing. However, recent evidence suggests that spending on these services has fallen in real terms, while attendance at leisure facilities has also declined (189,190). Although many opportunities may be free or low-cost, practical barriers relating to cost, transport, awareness, availability and local provision can all influence who is able to participate. As a result, opportunities for participation and barriers to access vary considerably between areas.

What is missing from the agenda to tackle child poverty?

Child poverty and other socioeconomic inequalities are manifested in the educational system and in wider opportunities for participation. Yet, in common with the kinds of experiences we discussed in the previous chapter, education and participation also represent channels through which these inequalities and their implications for health are either reinforced or countered, interacting with a wide range of factors – including aspects of the education system itself, but also with wider conditions such as housing quality, parental wellbeing, and childhood adversity. Education and participation must therefore be central to an agenda that seeks to tackle child poverty – particularly if it seeks to do so in a way that is explicitly preventative.

Up to now, education has arguably not been as central in this agenda as other policy areas, such as social security and employability. In part this is because the emphasis has been placed on the role of child poverty in shaping educational outcomes, with less attention paid to the ways that the education system and wider opportunities for participation shape the experience of poverty. The income-based nature of the child poverty targets also lends itself to income-based policies. Clearly, however, a preventative strategy for tackling child poverty would be obligated to engage with the long-term determinants of incomes, and more generally the ways that socioeconomic inequalities can accumulate over the life course.

Educational transitions offer one example. Evidence has long pointed to the importance of the move to secondary school and the move out of compulsory education as critical points where existing disadvantages can be amplified – but also where these disadvantages could potentially be combatted. The fact that we continue to highlight educational transitions as an area of concern underlines the need to redouble efforts, from the perspective of reducing child poverty as well as the broader ambition to become a prevention-focused nation.

At the same time, the growing scale of identified ASN raises questions about whether education and wider public services are sufficiently equipped to provide effective support, promote meaningful inclusion and respond to increasingly complex educational, behavioural, emotional and wellbeing needs. The continuing debate about support for neurodivergent children and young people, alongside the decision not to proceed with the proposed Learning Disabilities, Autism and Neurodivergence Bill, raise similar questions about how Scotland's policy framework supports participation, inclusion and access to services across the life course.

Data will be key to maximising the preventative potential of education and participation opportunities and strengthening links with the child poverty agenda. Although longitudinal studies such as Growing Up in Scotland and the Millennium Cohort Study, have significantly improved understanding of how educational experiences and socioeconomic disadvantage interact over time, there is scope to strengthen evidence on key transitions and the longer-term outcomes associated with different educational pathways (191–193). Internationally, increasingly sophisticated linked administrative datasets are being developed to support this kind of life-course research. For example, England's Education and Child Health Insights from Linked Data, known as ECHILD links education, health and social care records to support analysis of children's outcomes across multiple domains (194), with similar development in Australia (195).

ASN is an area where linkage across domains could be particularly valuable. While education datasets increasingly allow monitoring of ASN prevalence, they shed less light on the ways that educational, health and social care needs interact over time and how outcomes differ between groups of children with ASN – including with respect to poverty and household income. Given that ASN have become a defining feature of educational inequality in Scotland, these kinds of insights are crucial for tackling child poverty and for advancing the wider prevention agenda.

Part 2 Conclusion

In recent years, Scotland has strengthened its commitment to prevention through the development of the Population Health Framework (8), Public Health Scotland's 10-Year Strategy (196), and the Public Service Reform agenda (6). More recently, proposals to refresh the National Performance Framework have placed greater emphasis on long-term wellbeing, cross-cutting policy, and a consolidated number of national outcomes (11). These developments create a valuable opportunity to establish a more coherent national approach to prevention, to strengthen implementation, and to improve understanding of how policies interact and contribute to shared long-term outcomes.

In this context, the rationale for tackling child poverty remains clear. As demonstrated in this report, there is an exceptionally strong evidence base demonstrating that childhood inequalities can shape outcomes across the life course, meaning that reductions in child poverty are inherently preventative. However, the links between childhood inequalities and long-term health outcomes are not abstract – they take place in particular experiences, systems, and contexts, which can reinforce or counter underlying inequalities. Prevention-proofing the agenda to tackle child poverty would involve engaging more deliberately with these pathways.

Positive lessons can be drawn from the Child Poverty Pathfinders in Glasgow and Dundee. The Pathfinders were initiated in 2022 as part of the second Tackling Child Poverty Delivery Plan, with the express intention of achieving systems change at a local level within the wider agenda of public service reform (86). The Glasgow Pathfinder, for example, has focused on taking a whole-system approach to tackling the barriers, gaps, and disconnections in governance and delivery that can entrench child poverty and associated inequalities, including issues around data and funding. Overseen by a multi-agency team that includes the Health and Social Care Partnership alongside the third sector, academia, and multiple tiers of government, the programme has aimed to achieve prevention by reducing child poverty while also addressing its long-term outcomes and drivers, including health.

While the work is still underway – and while initiatives that aspire to systems change are inherently challenging to evaluate (197) – parents interviewed as part of the Scottish Government's interim evaluation referenced improvements with health and wellbeing as well as reduced barriers to employment and training (198). The Improvement Service has also highlighted the ways that the Pathfinder programme has strengthened coherence by creating shared priorities, outcomes, and governance structures, supported by investment in cross-agency data and cross-sector relationships (199) – even if these areas continue to present barriers (168). This speaks to the 'implementation intelligence' that our own research has found to be essential for effective policymaking and public service reform, with people at the coalface of delivery often best placed to advise on what changes are feasible and desirable (200).

The latest child poverty delivery plan did not set out a route to meeting the statutory child poverty targets in 2030-31. If a revised plan were to be developed, either before or after the targets come due – and if that plan were to be more explicitly centred around preventing negative health outcomes, in keeping with the direction of travel in the policy landscape more broadly – this report provides some key, evidence-based insights that could help to address the policy disconnect that currently exists between child poverty and health inequalities.

Key recommendations

- **Focus on the most harmful types of poverty in developing policy**. The evidence suggest that deep and persistent poverty can be particularly detrimental for health, especially when they are experienced during childhood. However, these forms of poverty may also be more challenging to tackle unless they are directly targeted. A statutory target for deep child poverty would therefore be consistent with a preventative approach, potentially helping to focus action where it is most needed; but care would need to be taken in selecting an appropriate measure. In particular, the Scottish Government would need to compare the merits of income-based and alternative approaches, with the recently developed measure of deep material poverty providing a useful starting point.
- **Focus on the experiences through which child poverty and its effects on long-term outcomes can become entrenched.** The approach to tackling child poverty needs to move beyond a simple classification of policies according to whether they impact earnings, benefits, or living costs, to a more holistic approach to delivery. This would include engaging more directly with the disruptive experiences and associated services that we have examined in this report.
- **Focus on early intervention, key transition points, and the protective role of schools and related activities, but be genuinely outcome focused.** Ensure investments and reforms in ELC, education, and opportunities for participation are evaluated according to their contribution to child development, health outcomes, and inequality reduction, rather than siloed performance metrics. These efforts in turn need to be guided by the evidence, for example by confronting the stark inequalities surrounding Additional Support Needs.
- **Invest in the data infrastructure needed to inform crosscutting, preventative policy.** Scotland has a strong foundation of data assets, but further investment is needed to strengthen data linkage across policy areas, improve representation of underrepresented groups, and build longitudinal evidence on how childhood inequalities develop, accumulate and intersect over time. Quantitative indicators should be combined with qualitative, participatory and lived-experience evidence, and used more systematically in policy development, implementation and evaluation. This should be complemented by greater understanding of the practical realities of delivering preventative policy and services, helping to bridge the gap between ambition and implementation.
- **Adopt a stronger test of policy coherence.** The Child Poverty Delivery Plan, GIRFEC, the Population Health Framework, the Population Health Strategy and the Public Service Reform agenda should be brought into greater alignment through shared outcomes, measures and accountability. This would require action on data, evaluation, budgets, and wider decision-making processes. The revised National Performance Framework should also recognise the preventative rationale of child poverty reduction, for example by drawing a link between indicators of child poverty and the new “Healthy” national outcome.

If Scotland wants to realise its ambition of becoming a genuinely prevention-focused nation, tackling child poverty must remain a top priority. Yet, as the evidence set out in the report demonstrates, the agenda to reduce child poverty also needs to be more substantively connected to the prevention imperative, not least with respect to health inequalities. The actions outlined above would represent significant steps towards bridging this gap.

Bibliography

1. Finch D, Wilson H, Bibby J. Leave no one behind: The state of health and health inequalities in Scotland [Internet]. The Health Foundation; 2023 Jan. Available from: https://www.health.org.uk/publications/leave-no-one-behind doi:10.37829/hf-2023-hl01

2. McHardy F, Smith KE. Prevention in Practice: Insights from Action Learning [Internet]. Scottish Health Equity Research Unit; 2026 Sep [cited 2026 Sep 24]. Available from: https://scothealthequity.org/prevention-in-practice-insights-from-action-learning/

3. Thomson S, Keatley N, Robertson L. Empty Promises Research Report: Families' Experiences of Housing in Edinburgh. Poverty Alliance and Scottish Health and Equity Research Unit; 2026.

4. Lochrie B, Macdonald C, McKay J, Avery D, Wilks L. More Than a Number: Families' Experiences of Temporary Accommodation, Health and Wellbeing in North Lanarkshire. Poverty Alliance and Scottish Health and Equity Research Unit; 2026.

5. Christie C. Christie Commission on the future delivery of public services [Internet]. 2011 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/commission-future-delivery-public-services/

6. Scottish Government. Scotland's Public Service Reform Strategy: Delivering for Scotland [Internet]. 2025 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/

7. Scottish Parliament. Public Service Reform (Staff, Service Users and Local Communities) [Internet]. 2026 [cited 2026 Aug 11]. Available from: https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/recent-publication?meeting=20169&iob=223798

8. Scottish Government. Scotland's Population Health Framework [Internet]. 2025 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/scotlands-population-health-framework/

9. Scottish Fiscal Commission. Challenging fiscal outlook for the next Scottish Parliament elected in May [Internet]. 2026 Feb 25 [cited 2026 Sep 30]. Available from: https://fiscalcommission.scot/challenging-fiscal-outlook-for-the-next-scottish-parliament-elected-in-may/

10. Catalano A, Smith K, Jack D. Poverty, Prevention, and Fairness. Scottish Health Equity Research Unit [Internet]. 2026 Mar 25 [cited 2026 Aug 18]. Available from: https://scothealthequity.org/poverty-prevention-and-fairness/

11. Eagle K. What's Changing in Scotland's National Performance Framework and Why It Matters. SPICe Spotlight [Internet]. 2026 Mar 25 [cited 2026 Aug 11]. Available from: https://spice-spotlight.scot/2026/03/25/whats-changing-in-scotlands-national-performance-framework-and-why-it-matters/

12. National Records of Scotland. Life Expectancy in Scotland, 2022-2024 [Internet]. 2025 [cited 2026 Aug 18]. Available from: https://www.nrscotland.gov.uk/publications/life-expectancy-in-scotland-2022-2024/

13. Scottish Government. Poverty and Income Inequality in Scotland 2022-25 [Internet]. 2026 [cited 2026 Aug 18]. Available from: https://www.gov.scot/publications/poverty-and-income-inequality-in-scotland-2022-25/

14. National Records of Scotland. Age-standardised Death Rates Calculated Using the European Standard Population [Internet]. 2026 [cited 2026 Nov 3]. Available from: https://www.nrscotland.gov.uk/publications/age-standardised-death-rates-calculated-using-the-european-standard-population/

15. National Records of Scotland. Drug-related deaths in Scotland, 2025 [Internet]. 2026 [cited 2026 Sep 30]. Available from: https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2025/

16. National Records of Scotland. Alcohol-specific deaths 2025 [Internet]. 2026 [cited 2026 Oct 27]. Available from: https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2025

17. National Records of Scotland. Probable Suicides in Scotland, 2025 [Internet]. 2026 [cited 2026 Nov 3]. Available from: https://www.nrscotland.gov.uk/publications/probable-suicides-in-scotland-2025/

18. Scottish Government. Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035 [Internet]. 2026 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/preventing-harm-promoting-recovery-scotlands-alcohol-drugs-strategic-plan-2026-2035/

19. SHERU. SHERU Response: Population Health Framework. Scottish Health Equity Research Unit [Internet]. 2025 Jun 19 [cited 2026 Sep 30]. Available from: https://scothealthequity.org/sheru-response-population-health-framework/

20. Thompson S, Randolph H. Understanding the latest child poverty statistics. FAI [Internet]. 2026 Mar 27 [cited 2026 Jul 22]. Available from: https://fraserofallander.org/child-poverty-stats-2026/

21. Cribb J, Henry A, Karjalainen H. How have pensioner incomes and poverty changed in recent years? [Internet]. 2024 Jul 19. doi:10.1920/re.ifs.2024.0327

22. Department For Work And Pensions. Households Below Average Income, 1994/95-2024/25 [Internet]. UK Data Service; 2026 [cited 2026 Jul 14]. Available from: http://doi.org/10.5255/UKDA-SN-5828-21 doi:http://doi.org/10.5255/UKDA-SN-5828-21

23. Scottish Government Social Research. Evidence Review of Inequalities and Challenges Experienced by Disabled People in Scotland. 2026.

24. Edinburgh Poverty Commission. 2025 Update: Actions to end poverty in Edinburgh [Internet]. 2025 [cited 2026 Aug 24]. Available from: https://edinburghpovertycommission.org.uk/wp-content/uploads/2025/10/Edinburgh-Poverty-Commission-2025-Calls-to-Action.pdf

25. Thompson S. Poverty among young adult men in Scotland [Internet]. Scottish Health Equity Research Unit; 2026 Feb [cited 2026 Jun 22]. Available from: https://scothealthequity.org/poverty-among-young-adult-men-in-scotland/

26. Thompson S. Poverty dynamics among young adult men in Scotland [Internet]. Scottish Health Equity Research Unit; 2026 Jul [cited 2026 Jul 31]. Available from: https://scothealthequity.org/poverty-dynamics-among-young-adult-men-in-scotland/

27. Griffin M. Scotland's Housing Emergency [Internet]. Scottish Parliament; 2024 [cited 2026 Oct 1]. Available from: https://www.parliament.scot/chamber-and-committees/votes-and-motions/S6M-13197

28. Public Health Scotland. Early child development statistics - Scotland 2024 to 2025 - Early child development [Internet]. 2026 [cited 2026 Aug 18]. Available from: https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2024-to-2025/

29. Scottish Government. Achievement of Curriculum for Excellence (CfE) Levels 2024-25 [Internet]. 2025 [cited 2026 Aug 18]. Available from: https://www.gov.scot/publications/achievement-of-curriculum-for-excellence-cfe-levels-2024-25/

30. Scottish Government. School attendance and absence statistics [Internet]. 2026 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/school-attendance-and-absence-statistics/

31. Scottish Government. Summary Statistics for Attainment and Initial Leaver Destinations, No. 8: 2026 edition [Internet]. [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/summary-statistics-for-attainment-and-initial-leaver-destinations-no-8-2026-edition/

32. SQA. Equalities Monitoring Report 2025 [Internet]. Qualifications Scotland; 2025 [cited 2026 Aug 18]. Available from: https://www.sqa.org.uk/sqa/114467.html

33. SQA. Equalities Monitoring Report 2026 [Internet]. Qualifications Scotland; 2026 [cited 2026 Aug 18]. Available from: https://www.sqa.org.uk/sqa/117847.html

34. Skills Development Scotland. Annual Participation Measure [Internet]. 2026 [cited 2026 Nov 3]. Available from: https://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/annual-participation-measure/

35. Child Poverty Action Group. School Shouldn't Cost: The Young People's Poverty and Education Manifesto [Internet]. [cited 2026 Sep 30]. Available from: https://cpag.org.uk/sites/default/files/2025-12/CPAG_Cost_of_the_School_Day_Manifesto_v3_Screen%20%281%29.pdf

36. Crummey C, Catalano A, Rooney A, Congreve E, Randolph H, Jack D, et al. FAI Economic Commentary Q3 2026. FAI [Internet]. 2026 Sep 29 [cited 2026 Oct 16]. Available from: https://fraserofallander.org/publications/fai-economic-commentary-q3-2026/

37. Catalano A, Jack D, McFadyen C. Employment and Education Among Young Adults in Scotland: Reflections following the Milburn Review. Scottish Health Equity Research Unit [Internet]. 2026 Jun 4 [cited 2026 Aug 18]. Available from: https://scothealthequity.org/employment-and-education-among-young-adults-in-scotland/

38. Catalano A. Prevention Watch July 2026. Scottish Health Equity Research Unit [Internet]. 2026 Jul 30 [cited 2026 Aug 18]. Available from: https://scothealthequity.org/prevention-watch-july-2026/

39. Office for National Statistics. Labour Force Survey: planned improvements and its reintroduction [Internet]. 2023 [cited 2026 Aug 18]. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyplannedimprovementsanditsreintroduction

40. Jack D. Addressing Survey Response Challenges and Leveraging Data Integration in Scotland. Scottish Health Equity Research Unit [Internet]. 2025 May 28 [cited 2026 Jul 14]. Available from: https://scothealthequity.org/addressing-survey-response-challenges-and-leveraging-data-integration-in-scotland/

41. Scottish Government. Changes to Labour Market Statistics in Scotland: What You Need to Know [Internet]. 2025 [cited 2026 Aug 18]. Available from: https://www.gov.scot/publications/changes-to-labour-market-statistics-in-scotland-what-you-need-to-know/pages/the-future-of-the-ons-annual-population-survey-in-scotland/

42. Catalano A. A new model for economic inactivity in Scotland: Replicating alternative labour market projections. Scottish Health Equity Research Unit [Internet]. 2025. Available from: https://scothealthequity.org/a-new-model-for-economic-inactivity/

43. Randolph H, Catalano A. Rethinking Labour Market Statistics in Scotland. Scottish Health Equity Research Unit [Internet]. 2026 Jun 25 [cited 2026 Aug 19]. Available from: https://scothealthequity.org/rethinking-labour-market-statistics-in-scotland/

44. HealthMod. Policy Modelling for Health [Internet]. [cited 2026 Sep 30]. Available from: https://www.gla.ac.uk/research/az/phiuk/informingpolicyandpractice/communityinsights/inverclyde/

45. Office for National Statistics. Annual Survey of Hours and Earnings [Internet]. 2025 [cited 2026 Sep 30]. Available from: https://www.nomisweb.co.uk/datasets/ashe

46. Scottish Government. Housing Statistics for Scotland Quarterly Update: New Housebuilding and Affordable Housing Supply to end March 2026 [Internet]. 2026 [cited 2026 Aug 18]. Available from: https://www.gov.scot/publications/housing-statistics-for-scotland-quarterly-update-new-housebuilding-and-affordable-housing-supply-to-end-march-2026/

47. Scottish Government. Homelessness in Scotland: 2025-26 [Internet]. 2026 [cited 2026 Jul 22]. Available from: https://www.gov.scot/publications/homelessness-in-scotland-2025-26/

48. National Records of Scotland. Homeless Deaths 2024 [Internet]. 2026 [cited 2026 Aug 18]. Available from: https://www.nrscotland.gov.uk/publications/homeless-deaths-2024/

49. RSM UK Consulting LLP. Research into housing insecurity and hidden homelessness. Scottish Government; 2025.

50. Svirydzenka N, Lakhanpaul M, Williams J. In Their Own Words: Children's Experiences in Temporary Accommodation [Internet]. Shelter Scotland; 2025 [cited 2026 Aug 18]. Available from: https://downloads.ctfassets.net/6sqqfrl11sfj/7fSJxsqgmhFgYYeqKrH3Zd/a57139d368636ff5d954861899a3b823/-Digital-_Shelter_Scotland_-_In_Their_Own_Words.pdf

51. Scottish Government. Scottish House Condition Survey: Damp & Mould [Internet]. 2026 [cited 2026 Aug 18]. Available from: https://scotland.shinyapps.io/sg_damp_mould/

52. Scottish Government. Scottish Government Prevention Unit Plan [Internet]. 2026 [cited 2026 Oct 28]. Available from: https://www.gov.scot/publications/scottish-government-prevention-unit-plan/

53. Catalano A, Congreve E, Jack D, McHardy F, Smith K. 2025 Inequality Landscape : Health and Socioeconomic Inequality in Scotland in 2025 [Internet]. Scottish Health Equity Research Unit; 2025 [cited 2026 Jul 21]. Available from: https://strathprints.strath.ac.uk/id/eprint/94201 doi:10.17868/STRATH.00094201

54. Department for Work and Pensions. Costs of Child Poverty: A rapid evidence review of the effect of income on child outcomes [Internet]. GOV.UK; 2025 [cited 2026 Jul 14]. Available from: https://www.gov.uk/government/publications/costs-of-child-poverty-a-rapid-evidence-review-of-the-effect-of-income-on-child-outcomes/costs-of-child-poverty-a-rapid-evidence-review-of-the-effect-of-income-on-child-outcomes

55. Cooper K, Stewart K. Does Household Income Affect children's Outcomes? A Systematic Review of the Evidence. Child Ind Res. 2021 Jun 1;14(3):981–1005. doi:10.1007/s12187-020-09782-0

56. National Academies of Sciences E, Education D of B and SS and, Statistics C on N, Board on Children Y, Years C on B an A to R the N of C in P by H in 10, Menestrel SL, et al. Consequences of Child Poverty. In: A Roadmap to Reducing Child Poverty [Internet]. National Academies Press (US); 2019 [cited 2026 Jul 14]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK547371/

57. Pearce A, Dundas R, Whitehead M, Taylor-Robinson D. Pathways to inequalities in child health. Archives of Disease in Childhood. 2019;104(10):998–1003.

58. Broadbent P, Carr A, Igelström E, Calderon M, Hainey K, Campbell M, et al. Childhood socioeconomic circumstances and adult mortality: a systematic review and meta-analysis. The Lancet Public Health. 2026 Oct 1;11(10):e753–66. doi:10.1016/S2468-2667(26)00187-8 PubMed PMID: 42772297.

59. Jivraj S, Murray ET, Norman P, Nicholas O. The impact of life course exposures to neighbourhood deprivation on health and well-being: a review of the long-term neighbourhood effects literature. Eur J Public Health. 2020 Oct 1;30(5):922–8. doi:10.1093/eurpub/ckz153 PubMed PMID: 31576400; PubMed Central PMCID: PMC8489013.

60. Scottish Government. Final report of the Access Data Short-Life Working Group [Internet]. 2024 [cited 2026 Aug 20]. Available from: https://www.gov.scot/publications/final-report-access-data-short-life-working-group/pages/4/

61. Jack D. Collaborative Research for Meaningful Impact. Scottish Health Equity Research Unit [Internet]. 2025 May 28 [cited 2026 Jul 14]. Available from: https://scothealthequity.org/collaborative-research-for-meaningful-impact/

62. Public Health Scotland. Long-term monitoring of health inequalities in Scotland by area deprivation [Internet]. [cited 2026 Jul 14]. Available from: https://publichealthscotland.scot/publications/long-term-monitoring-of-health-inequalities-in-scotland-by-area-deprivation/long-term-monitoring-of-health-inequalities-in-scotland-by-area-deprivation/

63. ScotCen Social Research. Scottish Health Survey [Internet]. UK Data Service; 2023 [cited 2026 Jul 14]. Available from: https://datacatalogue.ukdataservice.ac.uk/series/series/2000047#doi doi:10.5255/UKDA-SERIES-2000047

64. Cooper K, Stewart K. Does money affect children's outcomes? [Internet]. Joseph Rowntree Foundation; 2013 Oct [cited 2026 Jul 14]. Available from: https://www.jrf.org.uk/care/does-money-affect-childrens-outcomes

65. Birt C, Cebula C, Evans J, McKenzie A. Poverty in Scotland 2025 [Internet]. Joseph Rowntree Foundation; 2025 Oct [cited 2026 Jul 14]. Available from: https://www.jrf.org.uk/poverty-in-scotland-2025

66. Carr SC. Setting 'poverty thresholds': whose experience counts? Sustain Sci. 2021;16(1):31–6. doi:10.1007/s11625-020-00859-x PubMed PMID: 32874354; PubMed Central PMCID: PMC7451228.

67. Edmiston D, Hyde E, Adnan-Smith T. Submerged: Surfacing Deep Poverty during Permacrisis. Sociology. 2025 Aug 1;59(4):782–800. doi:10.1177/00380385251320564

68. Tyler I, Campbell S. Poverty stigma: a glue that holds poverty in place [Internet]. Joseph Rowntree Foundation; 2024 May [cited 2026 Aug 4]. Available from: https://www.jrf.org.uk/power-and-participation/poverty-stigma-a-glue-that-holds-poverty-in-place

69. Mack J. Poverty and Social Exclusion [Internet]. 2023 [cited 2026 Oct 29]. Income threshold approach. Available from: https://www.poverty.ac.uk/definitions-poverty/income-threshold-approach

70. Department for Work and Pensions. Technical report: update to measures using material deprivation for households below average income FYE 2024 [Internet]. 2025 May [cited 2026 Oct 29]. Available from: https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2024/technical-report-update-to-measures-using-material-deprivation-for-households-below-average-income-fye-2024

71. McKnight A, Bucelli I, Burchardt T, Karagiannaki E. Review of the UK Material Deprivation Measures [Internet]. 12 April 2024: Centre for Analysis of Social Exclusion, LSE; [cited 2026 Oct 30]. (DWP research report; no. 1049). Available from: https://www.gov.uk/government/publications/review-of-the-uk-material-deprivation-measures/review-of-the-uk-material-deprivation-measures

72. Gordon D, Adelman L, Ashworth K, Bradshaw J, Levitas R, Middleton S, et al. Poverty and Social Exclusion in Britain. Joseph Rowntree Foundation; 2000.

73. Department for Work and Pensions. Deep material poverty: Financial year ending 2024 [Internet]. 2026 Jul [cited 2026 Oct 29]. Available from: https://www.gov.uk/government/statistics/deep-material-poverty-financial-year-ending-2024/deep-material-poverty-financial-year-ending-2024

74. Halleröd B. Sour Grapes: Relative Deprivation, Adaptive Preferences and the Measurement of Poverty. Journal of Social Policy. 2006 Jul;35(3):371–90. doi:10.1017/S0047279406009834

75. Morris JN, Donkin AJM, Wonderling D, Wilkinson P, Dowler EA. A minimum income for healthy living. Journal of Epidemiology & Community Health. 2000 Dec 1;54(12):885–9. doi:10.1136/jech.54.12.885 PubMed PMID: 11076983.

76. Lai ETC, Wickham S, Law C, Whitehead M, Barr B, Taylor-Robinson D. Poverty dynamics and health in late childhood in the UK: evidence from the Millennium Cohort Study. Arch Dis Child. 2019 Nov;104(11):1049–55. doi:10.1136/archdischild-2018-316702 PubMed PMID: 31186294; PubMed Central PMCID: PMC6837248.

77. Scottish Government. Growing up in Scotland: the circumstances of persistently poor children [Internet]. 2010 Apr [cited 2026 Jul 15]. Available from: https://www.gov.scot/publications/growing-up-scotland-circumstances-persistently-poor-children/

78. Udu K, Adjei NK, Akanni L, Niccodemi G, Chen Y, Chua YW, et al. Poverty and family adversity trajectories and not in education, employment or training (NEET) status in late adolescence: evidence from the UK Millennium Cohort Study. bmjph. 2026 Mar 30;4(1). doi:10.1136/bmjph-2025-003958 PubMed PMID: 10.1136/bmjph-2025-003958.

79. Dickerson A, Popli GK. Persistent Poverty and Children's Cognitive Development: Evidence from the UK Millennium Cohort Study. J R Stat Soc Ser A Stat Soc. 2016 Feb 1;179(2):535–58. doi:10.1111/rssa.12128

80. Casey R, Richardson I, Schmeucker K. Falling through the cracks: how childhood hardship shapes life chances [Internet]. Joseph Rowntree Foundation; 2026 Sep [cited 2026 Oct 7]. Available from: https://www.jrf.org.uk/social-security/falling-through-the-cracks-how-childhood-hardship-shapes-life-chances

81. Scottish Government. Persistent poverty in Scotland 2010-2024 [Internet]. 2026 Mar [cited 2026 Jul 14]. Available from: https://www.gov.scot/publications/persistent-poverty-in-scotland-2010-2024/

82. Millar J. The Dynamics of Poverty and Employment: The Contribution of Qualitative Longitudinal Research to Understanding Transitions, Adaptations and Trajectories. Social Policy and Society. 2007 Oct;6(4):533–44. doi:10.1017/S1474746407003879

83. Ridge T, Millar J. Following Families: Working Lone-Mother Families and their Children. Social Policy & Administration. 2011;45(1):85–97. doi:10.1111/j.1467-9515.2010.00755.x

84. Scottish Government. Health outcomes of experiencing poverty in the early years: evidence review [Internet]. 2025 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/understanding-health-outcomes-experiencing-poverty-early-years-evidence-review/

85. Scottish Government. Every child, every chance: tackling child poverty delivery plan 2018-2022 [Internet]. 2018 Mar [cited 2026 Oct 7]. Available from: https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/

86. Scottish Government. Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 [Internet]. 2022 Mar [cited 2026 Oct 7]. Available from: https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/

87. Scottish Government. Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031 [Internet]. 2026 Mar [cited 2026 Aug 7]. Available from: https://www.gov.scot/publications/bringing-hope-building-futures-tackling-child-poverty-delivery-plan-2026-2031/

88. Improvement Service. Local Child Poverty Action Reports [Internet]. [cited 2026 Oct 7]. Available from: https://www.improvementservice.org.uk/products-and-services/inequality-economy-and-climate-change/child-poverty/local-child-poverty-action-reports

89. Scottish Government. Programme for Government 2026 to 2031 [Internet]. 2026 [cited 2026 Oct 7]. Available from: https://www.gov.scot/publications/programme-government-2026-2031/

90. Thompson S. Assessing the tackling child poverty agenda: the role of prevention [Internet]. Scottish Health Equity Research Unit; 2026 Apr [cited 2026 Jul 15]. Available from: https://scothealthequity.org/assessing-the-tackling-child-poverty-agenda-the-role-of-prevention/

91. Scottish Government. Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031 – annex 5: Cumulative impact assessment [Internet]. 2026 Mar [cited 2026 Oct 7]. Available from: https://www.gov.scot/publications/bringing-hope-building-futures-tackling-child-poverty-delivery-plan-2026-2031-annex-5-cumulative-impact-assessment/pages/3/

92. Scottish Government. Five Family Payments: evaluation [Internet]. 2025 Sep [cited 2026 Jul 17]. Available from: https://www.gov.scot/publications/evaluation-five-family-payments/

93. ScotCen Social Research. Scottish Child Payment: interim evaluation [Internet]. 2022 [cited 2026 Jul 14]. Available from: https://www.gov.scot/publications/interim-evaluation-scottish-child-payment/

94. Andersen K, Nesom S, Patrick R, Pinter I, Stewart K, Tominey E. Investing in Children: Early findings on the difference the Scottish Child Payment makes to child well-being [Internet]. Centre for Analysis of Social Exclusion, LSE; 2025 Dec [cited 2026 Jul 14]. Report CASE 238. Available from: https://sticerd.lse.ac.uk/CASE/_new/publications/abstract/?index=11919

95. Randolph H, Congreve E, Milne K. The impact of the Scottish Child Payment on the need for food banks [Internet]. The Trussel Trust; 2024 [cited 2026 Jul 14]. Available from: https://www.trussell.org.uk/news-and-research/publications/report/impact-of-the-scottish-child-payment-on-the-need-for-food

96. Scottish Government. No One Left Behind: employability strategic plan 2024 to 2027 [Internet]. 2024 Sep [cited 2025 Dec 15]. Available from: https://www.gov.scot/publications/no-one-left-behind-employability-strategic-plan-2024-2027/

97. Scottish Government. Expansion of funded early learning and childcare to 1140 hours: 2018-2025 national outcomes evaluation [Internet]. 2026 Mar [cited 2026 Oct 7]. Available from: https://www.gov.scot/publications/expansion-funded-early-learning-childcare-1140-hours-2018-2025-national-outcomes-evaluation/

98. Poverty and Inequality Commission. The Poverty and Inequality Commission Annual Report 2024-2025 [Internet]. 2025 [cited 2026 Jul 14]. Available from: https://povertyinequality.scot/publication/the-poverty-and-inequality-commission-annual-report-2024-2025/

99. Congreve E. Poverty in Scotland 2019 [Internet]. Joseph Rowntree Foundation; 2019 Oct [cited 2025 Dec 6]. Available from: https://www.jrf.org.uk/poverty-in-scotland-2019

100. Birt C, Cebula C, Evans J, McKenzie A, Gorman C. Poverty in Scotland 2026 [Internet]. Joseph Rowntree Foundation; 2026 Oct [cited 2026 Oct 7]. Available from: https://www.jrf.org.uk/understanding-poverty/poverty-in-scotland-2026

101. Thompson S, Randolph H. Does the Tackling Child Poverty Delivery Plan deliver? [Internet]. Fraser of Allander Institute; 2026 Mar [cited 2026 Oct 7]. Available from: https://fraserofallander.org/does-the-tackling-child-poverty-delivery-plan-deliver/

102. Scottish Government. Tackling Child Poverty delivery plan: progress report 2025-2026 - annex A - child poverty measurement framework [Internet]. [cited 2026 Aug 4]. Available from: https://www.gov.scot/publications/tackling-child-poverty-delivery-plan-progress-report-2025-26-annex-child-poverty-measurement-framework/

103. Scottish Government. Child poverty - monitoring and evaluation: policy evaluation framework: Annex A: Child poverty data [Internet]. 2023 Jan [cited 2026 Oct 7]. Available from: https://www.gov.scot/publications/child-poverty-monitoring-evaluation-framework-policy-evaluations/pages/7/

104. Social Justice and Social Security Committee. Scottish Parliament [Internet]. 2024 [cited 2026 Oct 29]. Post-legislative scrutiny of the Child Poverty (Scotland) Act 2017. Available from: https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/Session-6/session-6-social-justice-and-social-security-committee/business-items/post-legislative-scrutiny-of-the-child-poverty-scotland-act-2017

105. Schmeucker K, Bestwick M. The impact of hardship on primary schools and primary and community healthcare [Internet]. Joseph Rowntree Foundation; 2024 Jun [cited 2026 Aug 4]. Available from: https://www.jrf.org.uk/deep-poverty-and-destitution/the-impact-of-hardship-on-primary-schools-and-primary-healthcare

106. Bramley G, Fitzpatrick S. Capturing the neglected extremes of UK poverty: a composite modelling approach to destitution and food bank usage. Journal of Poverty and Social Justice. 2023 Feb 1;31(1):5–26. doi:10.1332/175982721X16649700901023

107. Scottish Government. Tackling child poverty delivery plan: fourth year progress report 2021-2022 - focus report on households with babies under one [Internet]. 2022 [cited 2026 Jul 14]. Available from: https://www.gov.scot/publications/tackling-child-poverty-delivery-plan-fourth-year-progress-report-2021-22-focus-report-households-babies-under-one/

108. Child Poverty Action Group. Strengthening Scottish social security for children and families [Internet]. 2026 Jan [cited 2026 Aug 9]. Available from: https://cpag.org.uk/policy-and-research/policy-briefings-reports/strengthening-scottish-social-security

109. Kidner C, Waldmann M. Scottish Child Payment – who gets it? SPICe Spotlight | Solas air SPICe [Internet]. 2024 Jul 31 [cited 2026 Oct 15]. Available from: https://spice-spotlight.scot/2024/07/31/scottish-child-payment-who-gets-it/

110. Catalano A, Thompson S, Jack D. Reviewing Employability Services in Scotland: Our findings on the future of No One Left Behind [Internet]. Scottish Health Equity Research Unit; 2026 Oct [cited 2026 Oct 7]. Available from: https://scothealthequity.org/reviewing-employability-services-in-scotland/

111. Alexander T. Delivering a more progressive childcare offer for Scotland [Internet]. Pregnant Then Screwed; 2025 Sep [cited 2026 Oct 7]. Available from: https://pregnantthenscrewed.com/delivering-a-more-progressive-childcare-offer-for-scotland/

112. Evans J, Cebula C. Poverty proofing the future of early years childcare [Internet]. Joseph Rowntree Foundation; 2024 Apr [cited 2026 Oct 7]. Available from: https://www.jrf.org.uk/child-poverty/poverty-proofing-the-future-of-early-years-childcare

113. Poverty and Inequality Commission. Advice on the Scottish Government's Child Poverty Delivery Plan 2026-2031 [Internet]. 2025 Nov [cited 2026 Oct 7]. Available from: https://povertyinequality.scot/publication/advice-on-the-scottish-governments-child-poverty-delivery-plan-2026-2031/

114. Backett-Milburn K, Jackson S. Children's concerns about their parents' health and well-being: researching with ChildLine Scotland. Children & Society. 2012 Sep;26(5):381–93. doi:10.1111/j.1099-0860.2010.00349.x

115. Scottish Government. Children and Young People Affected by a Family Member in Prison or Secure Care: Final Report of Short-Life Group [Internet]. 2024 [cited 2026 Jul 16]. Available from: https://www.gov.scot/publications/children-young-people-affected-family-member-prison-secure-care-final-report-short-life-group/pages/3/

116. Scottish Government. Understanding family support needs of people in prison custody: literature review [Internet]. 2025 [cited 2026 Sep 30]. Available from: https://www.gov.scot/publications/literature-review-understanding-family-support-needs-people-prison-custody/

117. Bibby W, Piazza G. Planet Youth Scotland National Survey 2025: An analysis of outcomes, predictors, and inequalities among Scotland's young people. Winning Scotland; 2026 Jan.

118. Winning Scotland. Planet Youth Scotland survey. 2025.

119. Beresford S, Loucks N, Raikes B. The health impact on children affected by parental imprisonment. BMJ Paediatr Open. 2020 Feb 10;4(1):e000275. doi:10.1136/bmjpo-2018-000275 PubMed PMID: 32154384; PubMed Central PMCID: PMC7047477.

120. Long T, Lockwood K, Loucks N, Nugent B, Raikes B, Sharratt K, et al. Improving Outcomes for Children Affected by Parental Involvement with the Criminal Justice System in Scotland. Applied Research Quality Life. 2022 Jun 1;17(3):1883–908. doi:10.1007/s11482-021-10012-0

121. Scott S, Griffin N, Crowe L, Shildrick T, Young T, Loucks N, et al. "There are a million and one other ways to punish someone than sending them away…" Exploring the impact of having a family member in prison on children and young people's health and emotional wellbeing – A qualitative longitudinal study. Children and Youth Services Review. 2026 Jun 1;185:108904. doi:10.1016/j.childyouth.2026.108904

122. Families Outside. Paying the Price: A Project on the Financial Impact on Families of Imprisonment and Release [Internet]. 2023 [cited 2026 Jul 16]. Available from: https://www.familiesoutside.org.uk/content/uploads/2023/03/MASTER-COPY-Financial-Impact-Report.pdf

123. Scottish Government. Safer Communities and Justice Statistics Monthly Data Report: May 2026 [Internet]. 2026 [cited 2026 Jul 16]. Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2026/5/safer-communities-and-justice-statistics-monthly-data-report-may-2026/documents/safer-communities-and-justice-statistics-may-2026/safer-communities-and-justice-statistics-may-2026/govscot%3Adocument/Safer%2BCommunities%2Band%2BJustice%2BStatistics%2BMonthly%2BData%2BReport%2B-%2BMay%2B2026.pdf

124. Nugent B. Paying the Price: The Cost to Families of Imprisonment and Release [Internet]. Families Outside; 2022. Available from: https://www.familiesoutside.org.uk/content/uploads/2022/11/Paying-the-Price-October-22022.pdf

125. Kuppens S, Moore SC, Gross V, Lowthian E, Siddaway AP. The Enduring Effects of Parental Alcohol, Tobacco, and Drug Use on Child Well-being: A Multilevel Meta-Analysis. Dev Psychopathol. 32(2):765–78. doi:10.1017/S0954579419000749 PubMed PMID: 31274064; PubMed Central PMCID: PMC7525110.

126. Nicholson J. Young people affected by drug use: implications for teacher education. Journal of Education for Teaching. 2025 May 27;51(3):417–31. doi:10.1080/02607476.2025.2480087

127. Marryat L, Frank J. Factors associated with adverse childhood experiences in Scottish children: a prospective cohort study. BMJ Paediatr Open. 2019;3(1):e000340. doi:10.1136/bmjpo-2018-000340 PubMed PMID: 30815585; PubMed Central PMCID: PMC6361326.

128. Scottish Government. Children's Social Work Statistics: Child Protection - 2024-25 [Internet]. 2026 [cited 2026 Jul 21]. Available from: https://www.gov.scot/publications/childrens-social-work-statistics-child-protection-2024-25/

129. Public Health Scotland. The national drug-related deaths database (Scotland) report: analysis of deaths registered in 2021 and 2022 - National drug related death database (Scotland) [Internet]. 2026 [cited 2026 Jul 21]. Available from: https://publichealthscotland.scot/publications/national-drug-related-death-database-scotland/the-national-drug-related-deaths-database-scotland-report-analysis-of-deaths-registered-in-2021-and-2022/

130. NHS England. Chapter 12: alcohol [Internet]. 2025 [cited 2026 Jul 21]. Available from: https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-12-alcohol

131. Moffitt TE. Childhood exposure to violence and lifelong health: Clinical intervention science and stress biology research join forces. Dev Psychopathol. 2013 Nov;25(4 0 2):10.1017/S0954579413000801. doi:10.1017/S0954579413000801 PubMed PMID: 24342859; PubMed Central PMCID: PMC3869039.

132. Sapkota D, Ogilvie J, Thompson C, Kuluk A, Dennison S, Baird K. A longitudinal study on timing, type, and frequency of violence victimization and preterm birth. Aggression and Violent Behavior. 2026 May 1;88:102156. doi:10.1016/j.avb.2026.102156

133. Stafford A, Stead J, Grimes M. The support needs of children and young people who have to move home because of domestic abuse [Internet]. Scottish Women's Aid; 2008 [cited 2026 Sep 30]. Available from: https://www.pure.ed.ac.uk/ws/portalfiles/portal/13435037/K200806.pdf

134. Skafida V, Morrison F, Devaney J. Intimate partner violence and child maltreatment in Scotland – Insights from nationally representative longitudinal survey data. Child Abuse & Neglect. 2022 Oct 1;132:105784. doi:10.1016/j.chiabu.2022.105784

135. Skafida V, Morrison F, Devaney J. Prevalence and Social Inequality in Experiences of Domestic Abuse Among Mothers of Young Children: A Study Using National Survey Data from Scotland. J Interpers Violence. 2022 Jun;37(11–12):NP9811–38. doi:10.1177/0886260520980392 PubMed PMID: 33416002; PubMed Central PMCID: PMC9136476.

136. Morris K, Featherstone B, Hood R, Cunnington C, Liao L, Bowyer S, et al. Rethinking Domestic Abuse in Child Protection: responding differently [Internet]. The University of Sheffield; 2026 [cited 2026 Sep 30]. Available from: https://centreforcare.ac.uk/wp-content/uploads/2026/06/RDAC-final-version_tagged.pdf

137. Scottish Government. Domestic abuse: statistics recorded by the police in Scotland, 2024-25 [Internet]. 2026 [cited 2026 Jul 22]. Available from: https://www.gov.scot/publications/domestic-abuse-statistics-recorded-police-scotland-2024-25/

138. Young Scot. Truth About Youth: Our 2026 Insights Survey [Internet]. 2026 [cited 2026 Aug 12]. Available from: https://static1.squarespace.com/static/5cee5bd0687a1500015b5a9f/t/6a3bd2c1d2d3f41c0a81e5da/1782305473957/YS+Truth+about+Youth+Survey+2026+Online+Version.pdf

139. The Promise Scotland. The Promise Scotland's response to the Scottish Government's consultation on Developing a Universal Definition of 'Care Experience' [Internet]. 2025 [cited 2026 Jul 28]. Available from: https://thepromise.scot/resources/2025/consultation-response-definition-of-care-experience.pdf

140. Whitelaw RV. Educational trajectories for residential care experienced young people are complex. A lived experience perspective from a PhD study in Scotland. Journal of Children's Services. 2024 Aug 7;19(3):142–57. doi:10.1108/JCS-04-2023-0024

141. Scottish Government. Scottish Exchange of Data: looked after children and care leavers [Internet]. 2026 [cited 2026 Jul 30]. Available from: https://www.gov.scot/publications/scottish-exchange-of-data-looked-after-children/

142. Scottish Government. Children's Social Work Statistics: Looked After Children - 2024-25 [Internet]. 2026 [cited 2026 Aug 25]. Available from: https://www.gov.scot/publications/childrens-social-work-statistics-looked-after-children-2024-25/

143. Scottish Government. Children in residential care statistics [Internet]. 2026 [cited 2026 Jul 30]. Available from: https://www.gov.scot/publications/children-in-residential-care-statistics/pages/key-points/

144. Scottish Government. Education Outcomes for Looked After Children 2024/25 [Internet]. 2026 [cited 2026 Aug 11]. Available from: https://www.gov.scot/publications/education-outcomes-for-looked-after-children-2024-25/

145. MacDonald S, Trubey R, Noyes J, Vinnicombe S, Morgan HE, Willis S, et al. Mental health and wellbeing interventions for care-experienced children and young people: Systematic review and synthesis of process evaluations. Children and Youth Services Review. 2024 Jan 1;156:107266. doi:10.1016/j.childyouth.2023.107266

146. Stein M. Supporting young people from care to adulthood: International practice. Child & Family Social Work. 2019;24(3):400–5. doi:10.1111/cfs.12473

147. CELCIS. Homelessness and care experience: Beyond the headlines [Internet]. 2019 [cited 2026 Jul 30]. Available from: https://www.celcis.org/application/files/7215/5835/3996/Beyond_The_Headlines__Homelessness_May_2019.pdf

148. Hock ES, Blank L, Fairbrother H, Clowes M, Cuevas DC, Booth A, et al. Exploring the impact of housing insecurity on the health and wellbeing of children and young people in the United Kingdom: a qualitative systematic review. BMC Public Health. 2024 Sep 9;24:2453. doi:10.1186/s12889-024-19735-9 PubMed PMID: 39251944; PubMed Central PMCID: PMC11385840.

149. Children and Young People's Commissioner Scotland. 'Sometimes I feel like I am in prison;' Placing children in Hotel-Type Accomodation: A Human Rights Analysis Report [Internet]. 2023 [cited 2026 Aug 4]. Available from: https://www.cypcs.org.uk/wpcypcs/wp-content/uploads/2023/11/Children-Young-Peoples-Commissioner-Scotland_Hotel-Accommodation-Report_November-2023.pdf

150. Roovis L. "We had nowhere to go": Exploring children's experiences of homelessness using Interpretative Phenomenological Analysis [Internet]. University of Bristol; 2021. Available from: https://research-information.bris.ac.uk/ws/portalfiles/portal/317047336/Final_Copy_2022_03_22_Roovis_L_DEdPsy_Redacted.pdf

151. Wickramage K, Vearey J, Zwi AB, Robinson C, Knipper M. Migration and health: a global public health research priority. BMC Public Health. 2018 Aug 8;18(1):987. doi:10.1186/s12889-018-5932-5

152. Amnesty International. Why systemic racism has a lot to do with migration and asylum systems [Internet]. 2025 Dec 18 [cited 2026 Aug 4]. Available from: https://www.amnesty.org/en/latest/campaigns/2025/12/why-systematic-racism-has-a-lot-to-do-with-migration-and-asylum-systems/

153. Home Office. How many people claim asylum in the UK? [Internet]. 2026 Jul [cited 2026 Aug 3]. Available from: https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-march-2026/how-many-people-claim-asylum-in-the-uk

154. Scottish Government. Pupil census supplementary statistics 2025 [Internet]. 2025. Available from: https://www.gov.scot/publications/pupil-census-supplementary-statistics/

155. Amnesty International. Who is a refugee, a migrant or an asylum seeker? [Internet]. [cited 2026 Aug 4]. Available from: https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/

156. Lovell-Kennedy S, Grieve LM, Shemery S, Mufara V, Lerkins T, Umanhonlen B, et al. 'We don't ask for a luxury life, just basic things': the experiences of mothers with babies in the UK asylum system. Wellbeing, Space and Society. 2025 Jun 1;8:100264. doi:10.1016/j.wss.2025.100264

157. Isaacs A, Burns N, Macdonald S, O'Donnell CA. 'I don't think there's anything I can do which can keep me healthy': how the UK immigration and asylum system shapes the health & wellbeing of refugees and asylum seekers in Scotland. Critical Public Health. 2022 May 27;32(3):422–32. doi:10.1080/09581596.2020.1853058

158. Elmammeri S. Surviving or Living: The Effect of Financial Barriers on Asylum Seekers Navigating the UK Asylum Process. In: Aladağ Görentaş I, Mallet-Garcia M, Mandin J, Mescoli E, Özdemir Dal B, editors. Everyday Bordering in Migrants' Access to Rights: Scope, Practices and Strategies of Resistance [Internet]. Cham: Springer Nature Switzerland; 2025 [cited 2026 Aug 20]. p. 81–104. Available from: https://doi.org/10.1007/978-3-031-96664-4_4 doi:10.1007/978-3-031-96664-4_4

159. Asylum Matters. Surviving in Poverty [Internet]. 2023 Dec [cited 2026 Aug 4]. Available from: https://asylummatters.org/2023/12/06/new-report-surviving-in-poverty/

160. Page S. Seeking Asylum and Refuge: Poverty, Destitution and Unemployment. In: Action on Poverty in the UK. Palgrave Macmillan; 2023. p. 303–26.

161. British Red Cross. State of the Nation: the UK asylum system [Internet]. 2024 Mar [cited 2026 Aug 4]. Available from: https://public.flourish.studio/story/2011057/

162. Healthcare Improvement Scotland. How to engage with refugees and asylum seekers [Internet]. 2025 [cited 2026 Aug 4]. Available from: https://www.hisengage.scot/refugees

163. Scottish Government. Ending destitution together: strategy [Internet]. 2021 Mar [cited 2026 Oct 16]. Available from: https://www.gov.scot/publications/ending-destitution-together/

164. Independent Care Review. The Promise [Internet]. 2020 [cited 2026 Jul 28]. Available from: https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

165. COPFS. Crown Office Procurator Fiscal Service [Internet]. 2026 [cited 2026 Aug 17]. Victim Support. Available from: https://www.copfs.gov.uk/services/victim-services/resources-for-victims/victim-support-organisations/

166. Children in Scotland. Reflecting on 20 years of Getting it right for every child implementation [Internet]. 2026 [cited 2026 Aug 6]. Available from: https://childreninscotland.org.uk/wp-content/uploads/2026/04/STTS_GIRFEC_20-years.pdf

167. Scottish Government. Fairer funding for charities [Internet]. 2025 [cited 2026 Aug 12]. Available from: https://www.gov.scot/news/fairer-funding-for-charities/

168. McEwen N, Dugdale K, MacRae C, Duncan F, Rochow T. Rewiring the State of Poverty [Internet]. University of Glasgow Centre for Public Policy; 2026 Nov [cited 2026 Nov 5]. Available from: https://www.gla.ac.uk/research/az/publicpolicy/research/state-of-poverty/headline_1302059_en.html

169. Cattan S, Fitzsimons E, Goodman A, Phimister A, Ploubidis G, Wertz J. Early childhood inequalities [Internet]. 2022 Jun 23. doi:10.1920/re.ifs.2022.0214

170. ADRUK. Scottish Longitudinal Education Outcomes (LEO) – University extract [Internet]. 2026 [cited 2026 Jul 14]. Available from: https://www.adruk.org/data-access/flagship-datasets/dataset/scottish-longitudinal-education-outcomes-leo-university-extract/

171. National Scientific Council on the Developing Child. Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined Working Paper No. 15. Center on the Developing Child at Harvard University [Internet]. 2020 [cited 2026 Aug 17]. Available from: https://developingchild.harvard.edu/resources/working-paper/connecting-the-brain-to-the-rest-of-the-body-early-childhood-development-and-lifelong-health-are-deeply-intertwined/

172. Save the Children, The Lines Between. Parents' Experiences and Views on Supporting Early Learning and Development (At Home) [Internet]. 2023 [cited 2026 Oct 1]. Available from: https://i.stci.uk/dam/parents_views_early_years_research_report_2023.pdf-ch11218106.pdf/t413q87xu72bmq31j7aeb73vo5xq8763.pdf

173. Vandenbroeck M. Early childhood education and care (ECEC) in promoting educational attainment including social development of children from disadvantaged backgrounds and in fostering social inclusion [Internet]. doi:10.13140/2.1.4844.7686

174. Tanner J, Candland T, Odden WS. Later Impacts of Early Childhood Interventions: A Systematic Review [Internet]. 2016 Apr [cited 2026 Oct 12]. Available from: https://ieg.worldbankgroup.org/evaluations/later-impacts-early-childhood-interventions

175. Scottish Government. Growing Up in Scotland: changes in language ability over the primary school years [Internet]. 2019 [cited 2026 Oct 12]. Available from: https://www.gov.scot/publications/growing-up-scotland-changes-language-ability-over-primary-school-years/pages/3/

176. Scottish Borders Council. Closing the Gap – SBC Early Level Portal [Internet]. [cited 2026 Oct 13]. Available from: https://blogs.glowscotland.org.uk/sb/earlylevelportal/closing-the-gap/

177. Public Health Scotland. Early entry into early learning and childcare and children's developmental outcomes: Evidence review [Internet]. 2023 [cited 2026 Oct 13]. Available from: https://publichealthscotland.scot/publications/early-entry-into-early-learning-and-childcare-and-childrens-developmental-outcomes-evidence-review

178. Scottish Government. Scottish Study of Early Learning and Childcare: final report [Internet]. [cited 2026 Oct 13]. Available from: https://www.gov.scot/publications/scottish-study-early-learning-childcare-final-report/

179. GOV.UK. School-level children in low income families in Scotland [Internet]. 2025 [cited 2026 Oct 14]. Available from: https://www.digital-economy-act-register.data.gov.uk/agreements/477

180. Young Scot. What I Need to Learn [Internet]. 2024 [cited 2026 Oct 13]. Available from: https://static1.squarespace.com/static/5cee5bd0687a1500015b5a9f/t/66f2e05ece0419310402e2c8/1727193184703/Young+Scot_What+I+Need+to+Learn_Survey+Report+.pdf

181. Scottish Parliament. Additional Support for Learning inquiry [Internet]. 2024 [cited 2026 Oct 13]. Available from: https://www.parliament.scot/chamber-and-committees/committees/committee-reports/ecyp/2024/5/15/ecyps62402

182. Behrens S, Treanor M, Troncoso P, Lee-Shield B, Williamson L, Macintyre C. Early ASN identification and trajectories of school absence in Scotland. European Journal of Special Needs Education. 2026 Aug 4;0(0):1–23. doi:10.1080/08856257.2026.2713545

183. Treanor M, Troncoso P. The impacts of poverty on children's social, emotional and behavioural outcomes. UK Data Service [Internet]. 2024 [cited 2026 Aug 11]. Available from: https://ukdataservice.ac.uk/case-study/impacts-of-poverty-on-children/

184. Klein M, Sosu E, Drager J, Perinetti Casoni V. Understanding School Attendance, Educational Attainment, and Labour Market Outcomes. 2022.

185. Barbosa A, Whiting S, Simmonds P, Scotini Moreno R, Mendes R, Breda J. Physical Activity and Academic Achievement: An Umbrella Review. International Journal of Environmental Research and Public Health. 2020 Jan;17(16):5972. doi:10.3390/ijerph17165972

186. Booth JN, Leary SD, Joinson C, Ness AR, Tomporowski PD, Boyle JM, et al. Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort. Br J Sports Med. 2014 Feb 1;48(3):265–70. doi:10.1136/bjsports-2013-092334 PubMed PMID: 24149097.

187. McHardy F. Play in and around the home: Play and poverty in Fife [Internet]. The Poverty Alliance; 2015. Available from: https://www.povertyalliance.org/wp-content/uploads/2019/03/Play_Poverty_in_Fife_FINAL_March15.pdf

188. Scottish Government Social Research. Sport and Physical Activity: State of the Nation [Internet]. 2026 [cited 2026 Aug 17]. Available from: https://www.gov.scot/publications/sport-physical-activity-state-nation/

189. Catalano A. Prevention Watch May 2026. Scottish Health Equity Research Unit [Internet]. 2026 May 29 [cited 2026 Jul 14]. Available from: https://scothealthequity.org/prevention-watch-may-2026/

190. Audit Scotland. Local government performance: Spotlight on culture and leisure services. 2025.

191. Knudsen L, Holman E, Bradshaw P, Wilson H, Minty S, Biggs H, et al. Life at age 17: initial findings from the Growing Up in Scotland study (Sweep 11) [Internet]. Scottish Government; 2025 [cited 2026 Jul 14]. Available from: https://www.gov.scot/publications/life-age-17-initial-findings-growing-up-scotland-study-sweep-11/

192. Centre for Longitudinal Studies. Millennium Cohort Study. CLS [Internet]. 2026 [cited 2026 Jul 14]. Available from: https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/

193. UK Data Service. UK Data Service [Internet]. 2026 [cited 2026 Jul 14]. Millennium Cohort Study Age 23 data now available from the UK Data Service. Available from: https://ukdataservice.ac.uk/2026/02/16/millennium-cohort-study-age-23-data-now-available-from-the-uk-data-service/

194. ECHILD. ECHILD: Education and Child Health Insights from Linked Data [Internet]. 2026 [cited 2026 Sep 30]. ECHILD: Education and Child Health Insights from Linked Data. Available from: https://www.echild.ac.uk

195. Australian Bureau of Statistics. About the Life Course Data Initiative [Internet]. 2026 [cited 2026 Sep 30]. Available from: https://www.abs.gov.au/about/key-priorities/life-course-data-initiative/about-life-course-data-initiative

196. Public Health Scotland. Together we can: our 10-year strategy to 2035 [Internet]. 2026 [cited 2026 Sep 30]. Available from: https://publichealthscotland.scot/about-us/what-we-do-and-how-we-work/together-we-can-our-10-year-strategy-to-2035/strategic-vision/

197. Scottish Government. Evaluating evolving and complex programmes: learning and reflections from the child poverty pathfinders' evaluation [Internet]. 2025 Sep [cited 2026 Oct 15]. Available from: https://www.gov.scot/publications/evaluating-evolving-complex-programmes-learning-reflections-child-poverty-pathfinders-evaluation/pages/3/

198. Scottish Government. Child poverty pathfinders in Dundee and Glasgow: phase two evaluation [Internet]. 2025 Jun [cited 2026 Oct 15]. Available from: https://www.gov.scot/publications/phase-2-evaluation-child-poverty-pathfinders-dundee-glasgow/

199. Improvement Service. New briefings published by the Improvement Service are highlighting Glasgow's pioneering work to tackle child poverty through public service reform. Improvement Service [Internet]. 2026 Jul 6 [cited 2026 Oct 15]. Available from: https://www.improvementservice.org.uk/news/july-2026/new-briefings-published-by-the-improvement-service-are-highlighting-glasgows-pioneering-work-to-tackle-child-poverty-through-public-service-reform

200. Smith K, Jack D, McHardy F, Thompson S. Making Prevention Real: What Public Sector Reform Needs to Deliver for Scotland. Scottish Health Equity Research Unit [Internet]. 2026 Aug 18 [cited 2026 Aug 19]. Available from: https://scothealthequity.org/making-prevention-real/



Scottish Health Equity Research Unit

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

---

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

Contact us at **sheru@strath.ac.uk**