

Glasgow City Thematic Poverty Report

Findings from the NHS Greater
Glasgow and Clyde 2022/23
Health and Wellbeing Survey

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Prepared for:



Summary

Defining and Exploring Poverty

This summary presents findings from the 2022/23 NHS Greater Glasgow & Clyde Health and Wellbeing Survey, specifically exploring poverty-related thematic analysis for Glasgow City. Three key indicators of poverty were explored:

- 14% of adults **received all household income from benefits**
- 19% of adults would have a **problem meeting an unexpected expense of £35**
- 22% of adults had at least one indicator of **food insecurity**.

Overall, 34.5% of adults had any of the above three indicators of poverty, including 4.9% who had all three.

Factors associated with having indicators of poverty included living in the most deprived areas, living alone and having children in the household, living in socially rented homes, being economically inactive and having no qualifications.

Poverty and Views of Local Services

Those with indicators of poverty were less likely to have positive views of their local GP/doctor, local leisure/sports facilities and local childcare provision.

Poverty and Caring

Carers were no more or less likely than others to have any of the key indicators of poverty.

Poverty and Health

There was a very strong relationship between indicators of poverty and indicators of health. Those with indicators of poverty were much less likely to have positive views of their general health, physical wellbeing and mental/emotional wellbeing, and much more likely to have a long-term limiting condition, be receiving treatment or have a WEMWBS score indicating depression.

Poverty and Feeling in Control

Indicators of poverty were associated with a much lower likelihood of feeling in control of the decisions affecting one's life (e.g. planning budgets, moving house or changing job).

Poverty and Isolation and Loneliness

Indicators of poverty were associated with a higher likelihood of feeling isolated or lonely.

Poverty and Discrimination

Indicators of poverty were associated with a higher likelihood of experiencing all types of discrimination. Among all those who had experienced discrimination, those with indicators of poverty were more likely than others to perceive the reason for discrimination to be their education or income level, aspects of their physical appearance or a physical disability.

Poverty and Health-Risk Behaviours

Indicators of poverty were associated with higher rates of smoking, vaping and exposure to second-hand smoke.

Those with indicators of poverty were less likely to drink alcohol, but more likely to have indicators of alcohol-related risk and binge drinking.

Those with indicators of poverty were less likely to consume fruit/vegetables and less likely to meet the target for physical activity or to participate in strength/balance activities.

Poverty and Internet Use

Indicators of poverty were associated with a lower likelihood of using the internet.

Poverty and Gambling

Indicators of poverty overall were associated with a lower likelihood of playing the National Lottery (but those with all three indicators of poverty were as likely as those with no indicators of poverty to play the lottery).

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1 Introduction

1.1 Introduction¹

Poverty is a significant and persistent determinant of poor health and has posed a sustained challenge for Glasgow City for decades. People experiencing poverty are more likely to face worse physical and mental health outcomes, including higher rates of illness and shorter life expectancy. In 2023/24, 36% of children in Glasgow were living in relative poverty (after housing costs), compared to 23% across Scotlandⁱ.

From 2012, austerity measures contributed substantially to stalling historic improvements in mortality rates in Scotland and increasing mortality rates for people living in the most deprived areasⁱⁱ. This trend was exacerbated by the COVID-19 pandemic and the cost of living crisis, deepening poverty and widening health inequalities.

Poverty hinders access to essential resources such as nutritious food, safe spaces for physical activity, stable housing, and opportunities to fully participate in society. It can negatively impact child development, with lasting effects on education and wellbeing. Addressing poverty, particularly child poverty, is crucial to enabling healthier lives and breaking the cycle of ill health that perpetuates inequalities. Similarly, supporting a healthy working-age population contributes to economic prosperity, while unemployment, insecure work, and poor working environments harm mental health.

It is estimated that the additional cost of child poverty to public services and the Glasgow economy in 2022/23 was between £823 million and £1.09 billionⁱⁱⁱ. This stretches the capacity of key services and drives demand for crisis responses; preventative action can shift the focus of interventions and ultimately reduce costs.

There is a strong commitment in Glasgow City to improve alignment of partnership effort to tackle poverty, as evidenced via Strategic Plans for Glasgow City Council^{iv}, Glasgow Health & Social Care Partnership^v, the Integrated Children's Services Plan^{vi} and NHSGGC's delivery plan^{vii}. Furthermore, Glasgow's Community Plan^{viii} places eradicating family poverty at the heart of the City's shared agenda by prioritising person-centred and place-based approaches, working intensively with families and communities. Collectively, all stakeholders acknowledge the imperative to work together to tackle structural barriers that limit access to services and support, by targeting action to those most in need.

This approach is underpinned by the Programme for Government 2025–26^{ix}, which outlines the necessity to eradicate child poverty, grow the economy

¹ This section has been prepared by colleagues at Glasgow City HSCP

and deliver high quality public services. It emphasises protecting households from the cost-of-living crisis and improving access to healthcare and childcare support.

Finally, Scotland's Population Health Framework^x, which aims to improve life expectancy and reduce the deprivation-related gap, reinforces the need to adopt whole system approaches to health improvement, with poverty and social determinants at its core.

1.2 This Report

This Poverty report has been produced as a dedicated thematic analysis for Glasgow City. It explores the relationship between a number of thematic areas with indicators of poverty, and provides intelligence to support strategic planning, service redesign, and partnership working.

The report is based on findings from the 2022/23 NHSGGC Health and Wellbeing Survey², which included 4,518 face-to-face interviews with adults aged 16 or over in Glasgow City. The survey methodology engaged a (weighted) representative sample of Glasgow residents ensuring that the findings reflect the lived experiences of diverse communities across the City. Where differences between groups are said to be significant, this is at the 99% ($p < 0.01$) level.

Chapter 2 sets out the indicators of poverty used throughout the rest of the report, as well as exploring the relationship between the key indicators of poverty and other indicators of financial wellbeing or disadvantage, and the demographics associated with indicators of poverty.

Chapters 3-11 present thematic explorations of the relationship between indicators of poverty and: views of services, caring, health and illness, feeling in control, isolation and loneliness, discrimination, health-risk behaviours, internet use and gambling.

Chapter 12 provides a summary of the key indicators of poverty, financial wellbeing and disadvantage for Glasgow City together with the comparative findings for each of the other HSCPs in Greater Glasgow and Clyde, and the Greater Glasgow and Clyde area as a whole.

² <https://www.stor.scot.nhs.uk/entities/publication/5fce493f-7f56-4071-91b6-32b645751c15>

Data Weighting

Findings are all based on **weighted data**, ensuring the sample is representative of the geography, population profile and deprivation groups of the Glasgow City population as a whole. A full description of the weighting process can be found in the main Glasgow City report³.

Missing and 'Don't Know' Responses

Unless otherwise stated, all findings exclude 'don't know' and 'prefer not to say' responses.

Trends

Trends are reported for key indicators where they have been asked consistently across historic NHSGGC Health and Wellbeing surveys. Trend data show key indicators since the 2008 NHSGGC Health and Wellbeing survey where available. Trends are broken down by those who received all household income from benefits and others – this is the only indicator of poverty which has been consistently collected across surveys. Commentary on significant changes since 2017/18 are based on the 99% ($p \leq 0.01$) level of significance.

Policy Context

Each thematic chapter begins with an infographic summary and a **Policy Context** box. The Policy Context has been provided by colleagues at Glasgow City HSCP.

1.3 Other data sources

Where available and relevant, other data sources have been cited in this report for context. Key data sources are:

- [Scottish analysis of the UK-wide Family Resources Survey \(FRS\)](#)
- [The 2023 Scottish Household Survey](#)
- [The Scottish Health Survey 2023](#)

³ <https://www.stor.scot.nhs.uk/entities/publication/5fce493f-7f56-4071-91b6-32b645751c15>

1.4 Social and Economic Context

It is important to consider the very significant social and economic changes that occurred since the previous NHSGGC Health and Wellbeing survey in 2017/18 and continued to change during the survey period. Those surveyed in 2022/23 were living in a very different context to those in 2017/18, not least those associated with:

- **the UK's withdrawal from the European Union** (formally initiated in January 2020)
- **the COVID pandemic** since March 2020 and its impacts on physical health, mental health, isolation, financial wellbeing and other factors. Beyond the period of restrictions (Spring 2022), some lasting changes in lifestyle (e.g. working patterns/home working), long-lasting physical effects (e.g. long Covid), longer term impacts on mental health and knock-on effects (e.g. on hospital waiting lists) etc. should be considered as contextual factors of the 2022/23 survey
- the very significant rise in the **cost of living**, including steep rises in energy costs from October 2021, exacerbated by the war in Ukraine from February 2022. Inflation was consistently over 5% from January 2022 onwards, and was over 10% during most of the survey period.

In addition, the continuing effects of pre-pandemic austerity have been explored by work led by Glasgow Centre of Population Health and University of Glasgow which have linked **austerity** to life expectancy plateauing (or decreasing in the most deprived areas) in Scotland and across the UK since 2012^{xi}, and healthy life expectancy showing a two-year decrease in Scotland between 2011 and 2019^{xii}.

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- i <https://data.gov.scot/poverty/>
- ii <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>
- iii https://www.glasgow.gov.uk/media/14949/Glasgow-s-Local-Child-Poverty-Action-Report-2023-24/pdf/Glasgow_LCPAR_23-24_DRAFT_1pgjgqjylitsi.pdf?m=1729595326820
- iv <https://glasgow.gov.uk/article/1334/Strategic-Plan>
- v <https://www.glasgow.gov.uk/article/4865/Social-Work-Services-Planning>
- vi <https://onlineservices.glasgow.gov.uk/councillorsandcommittees/viewSelectedDocument.asp?c=P62AFQDNZ3UT81ZLZ3>
- vii <https://www.nhsggc.scot/downloads/nhsggc-board-meeting-documents-25-june-2024/>
- viii <http://www.glasgowcpp.org.uk/>
- ix <https://www.gov.scot/publications/programme-government-2025-26/>
- x <https://www.gov.scot/publications/scotlands-population-health-framework/>
- xi McCartney G, Walsh D, Fenton L, Devine R. Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the rest of the UK. Glasgow; Glasgow Centre for Population Health/University of Glasgow:2022. https://www.gcph.co.uk/assets/0000/8723/Stalled_Mortality_report_FINAL_WEB.pdf
- xii Walsh D, Wyper GMA, McCartney G: Trends in healthy life expectancy in the age of austerity *J Epidemiol Community Health* 2022;76:743-745. <https://jech.bmj.com/content/76/8/743>

Poverty



14.1%

received all household
income from state
benefits



18.9%

would have a problem
finding £35 to meet an
unexpected expense



21.8%

had at least one indicator
of food insecurity

34.5% had **at least one** of the above indicators of poverty, including **4.9%** who had **all three**.

Factors associated with indicators of poverty:



living in the most
deprived areas



living alone



children in
household



living in social
rented home



economically
inactive



no
qualifications

Policy Context

The Fairer Scotland Duty requires public bodies to actively consider how strategic decisions can reduce inequalities caused by socio-economic disadvantage. This aligns with the Child Poverty (Scotland) Act 2017, which sets statutory targets to reduce child poverty by 2030.

References:

- <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>
- <https://www.legislation.gov.uk/asp/2017/6/contents>

2.1 Indicators of Poverty

The Scottish Government recognises the following measures of poverty⁴:

Absolute poverty: Individuals living in households whose equivalised income is below 60% of inflation adjusted UK median income in 2010/11. (A measure of whether those in the lowest income households are seeing incomes rise in real terms);

Relative poverty: Individuals living in households whose equivalised income is below 60% of UK median income in the same year. (A measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole).

Using these measures, it is estimated that the proportion of people living in relative poverty after housing costs in Scotland in 2021-24⁵ are:

- 23% of children
- 20% of working-age adults
- 15% of pensioners.

The NHSGGC Health and Wellbeing Survey does not measure household income, and it is therefore not possible to determine whether individuals meet the criteria for poverty using these standard definitions. However, there are other questions which give indications of whether individuals may face financial hardship/poverty.

Throughout this report there are three key indicators used to categorise survey respondents according to whether they do, or do not, have indicators of poverty. Those described as having indicators of poverty have at least one of the following:

⁴ <https://www.gov.scot/publications/poverty-in-scotland-methodology/pages/poverty-definition/>

⁵ <https://data.gov.scot/poverty/> (data from the Family Resources Survey)

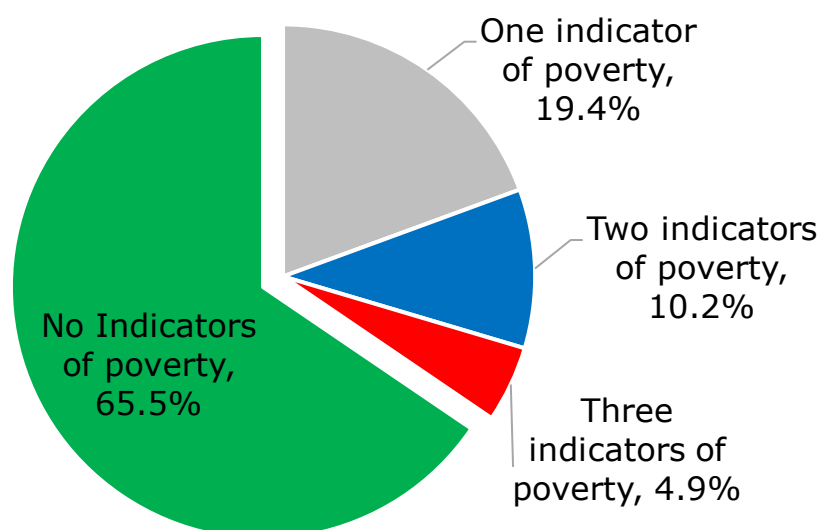
- Live in a household where all income comes from state benefits
- Report that it would be a problem to find a sum of £35 to meet an unexpected expense⁶
- Exhibit at least one indicator of food insecurity in the last year.

Of the (unweighted) 4,518 respondents in Glasgow City, 317 did not answer all three of these questions. Thus, the unweighted sample size for which analysis is available by 'indicators of poverty' is 4,201.

Overall, using weighted data, the survey tells us that in Glasgow City:

- 14.1% of adults live in households where all income comes from state benefits;
- 18.9% say it would be a problem (impossible/a big problem/a bit of a problem) to find £35 to meet an unexpected expense;
- 21.8% had at least one indicator of food insecurity in the last year;
- 34.5% had at least one of the above three indicators of poverty;
- 19.4% exhibited one indicator of poverty; 10.2% exhibited two indicators of poverty; 4.9% exhibited all three indicators of poverty.

Figure 2.1 Number of Indicators of Poverty (from total of three indicators)



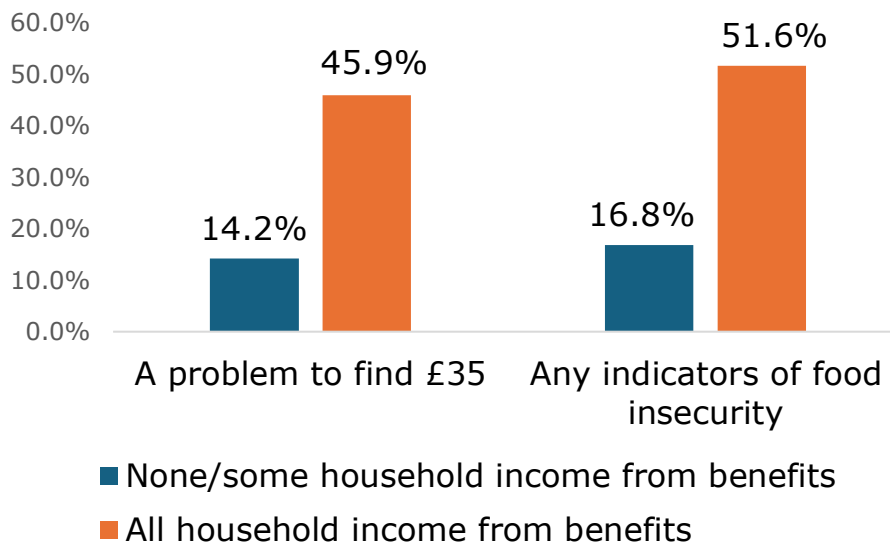
⁶ Surveys prior to 2017/18 asked about problems finding unexpected sums of £20, £100 and £1,000. From 2017/18 onwards, these have been revised to £35, £165 and £1,600 to account for inflation.

Relationship between indicators of poverty

There was a strong relationship between the three indicators of poverty.

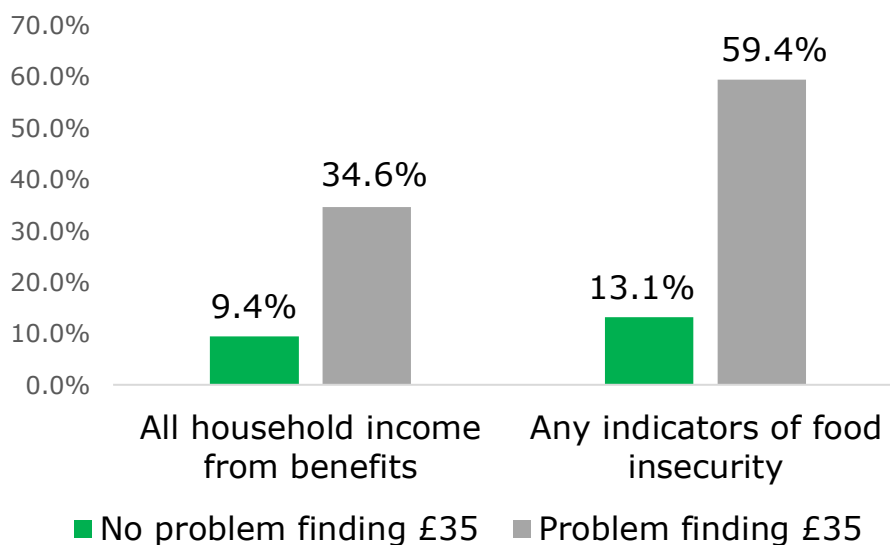
Among those who received all household income from benefits, 46% said it would be a problem to find £35 to meet an unexpected expense, and 52% exhibited at least one indicator of food insecurity.

Figure 2.2: Difficulty finding £35 and Indicators of Food Insecurity by Whether All Household Income from Benefits



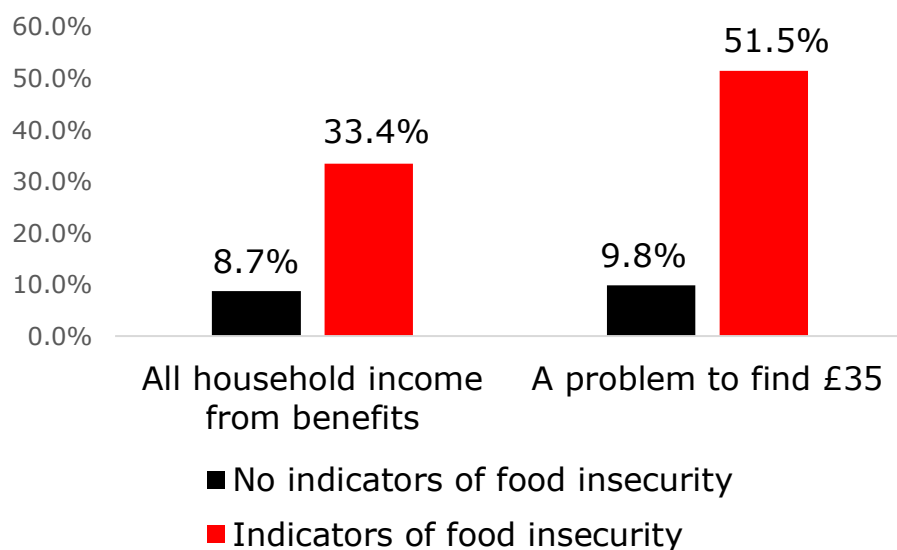
Among those who said it would be difficult to find £35 for an unexpected expense, 35% received all household income from state benefits and 59% had indicators of food insecurity.

Figure 2.3: Whether All Household Income Comes from Benefits and Indicators of Food Insecurity by Whether it Would be a Problem to Find £35.



Among those who had indicators of food insecurity, 33% received all household income from benefits and 51% said it would be a problem to find £35 for an unexpected expense.

Figure 2.4: Whether All Household Income Comes from Benefits and Difficulty Finding £35 by Indicators of Food Insecurity

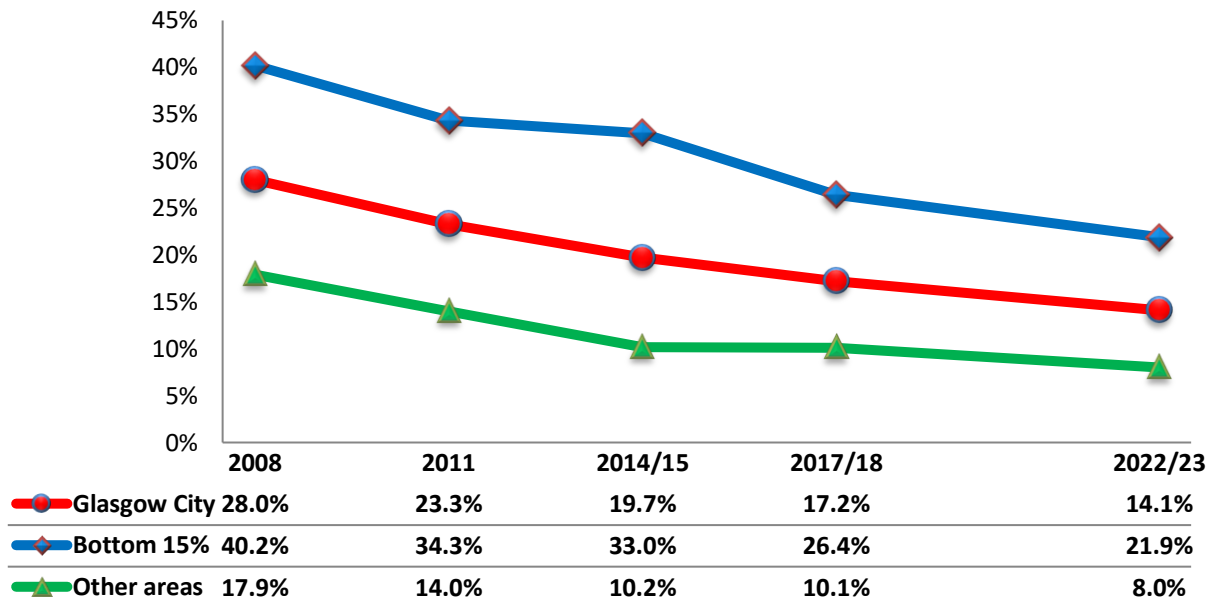


Changes over time

Of the three key indicators of poverty, only one has been measured consistently in NHSGGC Health and Wellbeing Surveys in Glasgow City since 2008 – proportion of adults in households receiving all income from state benefits. There has been a continual downward trend since 2008 in the proportion who received all household income from state benefits, and a narrowing of the gap between the most deprived and other areas (based on 2006 SIMD⁷ classifications).

⁷ SIMD – Scottish Index of Multiple Deprivation - is a tool for identifying areas with relatively high levels of deprivation. There are 6,976 datazones (small areas) in Scotland, each assigned a measure of deprivation. The 'bottom 15%' refers to the 15% most deprived datazones in Scotland.

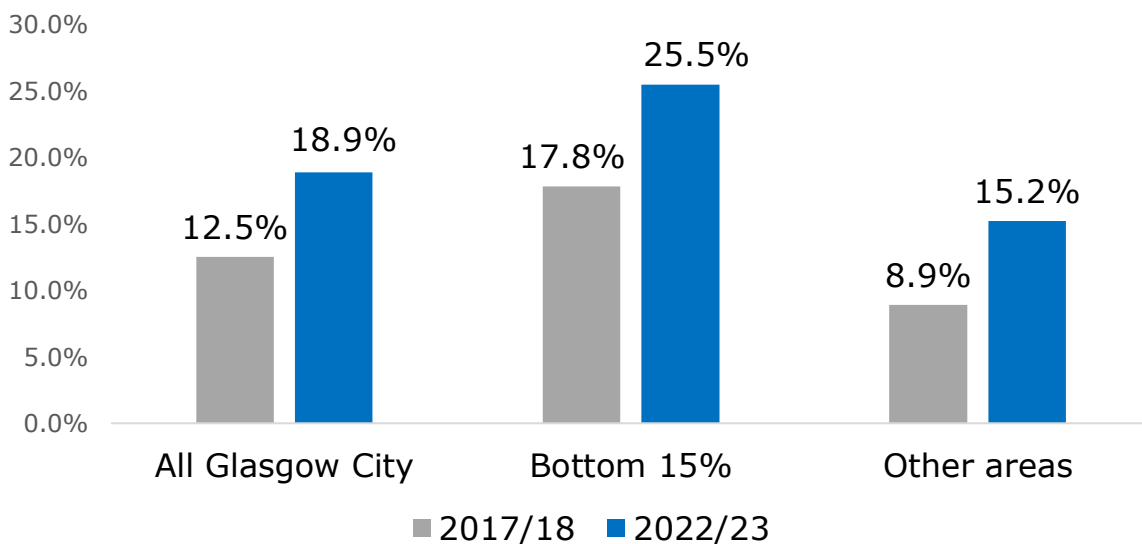
Figure 2.5: Trends for All Household Income from State Benefits 2008 to 2022/23



The other two key poverty indicators can be compared to the previous (2017/18) Health and Wellbeing Survey. Both showed a rise since 2017/18.

The proportion who said it would be a problem to find £35 for an unexpected expense rose from 12.5% in 2017/18 to 18.9% in 2022/23.

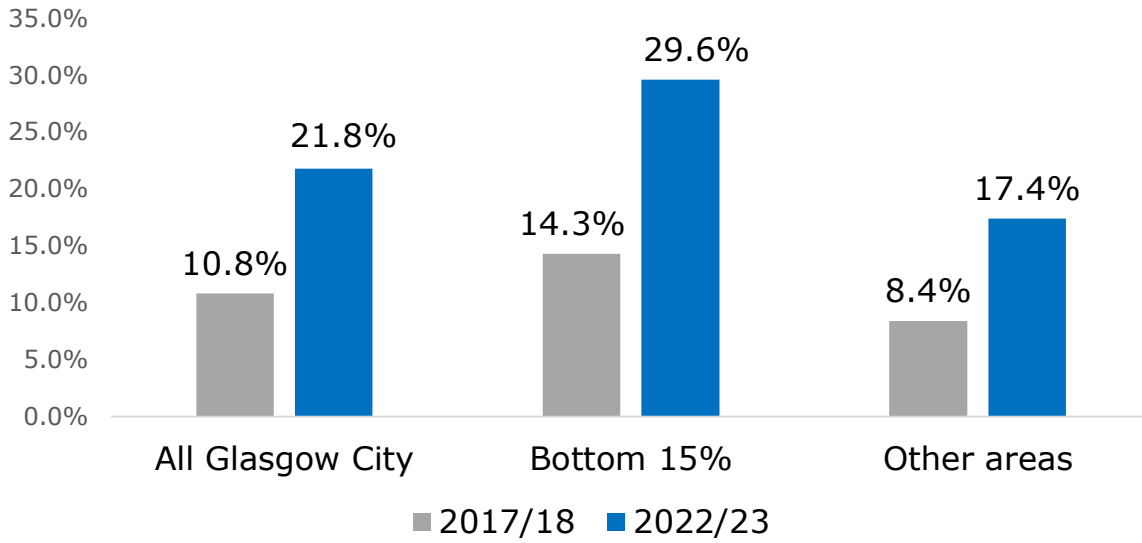
Figure 2.6: Proportion Saying it Would be a Problem to Find £35 – 2017/18 and 2022/23



There was a very significant rise in food insecurity between 2017/18 and 2022/23, with the proportion in Glasgow City showing any indicators of food insecurity doubling from 10.8% to 21.8%. It should be borne in mind that the 2022/23 survey followed the COVID pandemic and was a period of

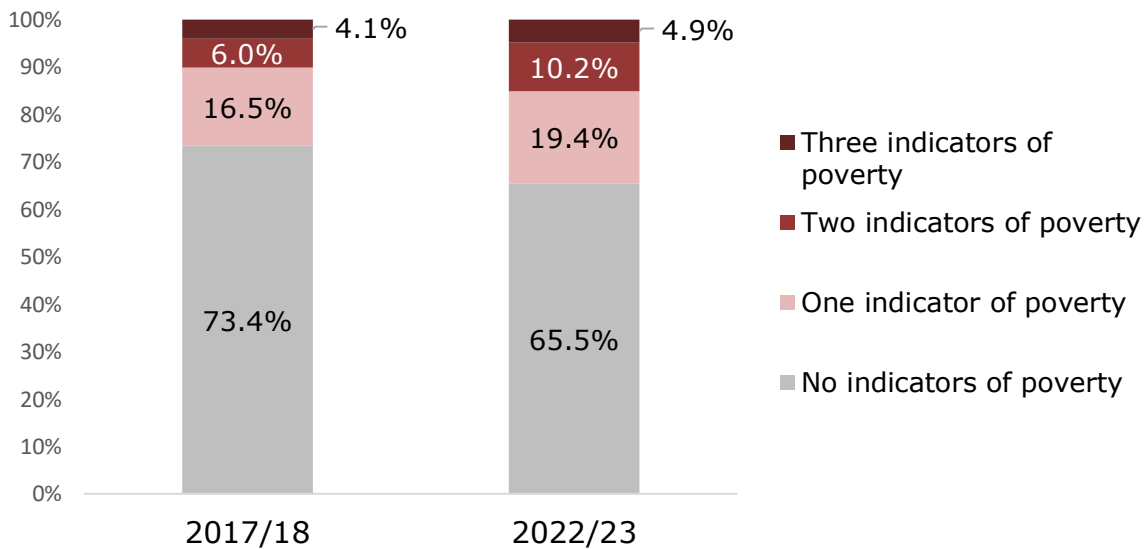
increasing cost of living pressures including high food inflation. Food inflation reached a 45-year high of 19.2% in March 2023.

Figure 2.7: Food Insecurity Experience – 2017/18 and 2022/23



Overall, the proportion who had any of the three indicators of poverty rose from 26.6% in 2017/18 to 34.5% in 2022/23. The proportion who had two or three of the indicators rose from 10.1% in 2017/18 to 15.1% in 2022/23.

Figure 2.8: Number of Indicators of Poverty – 2017/18 and 2022/23

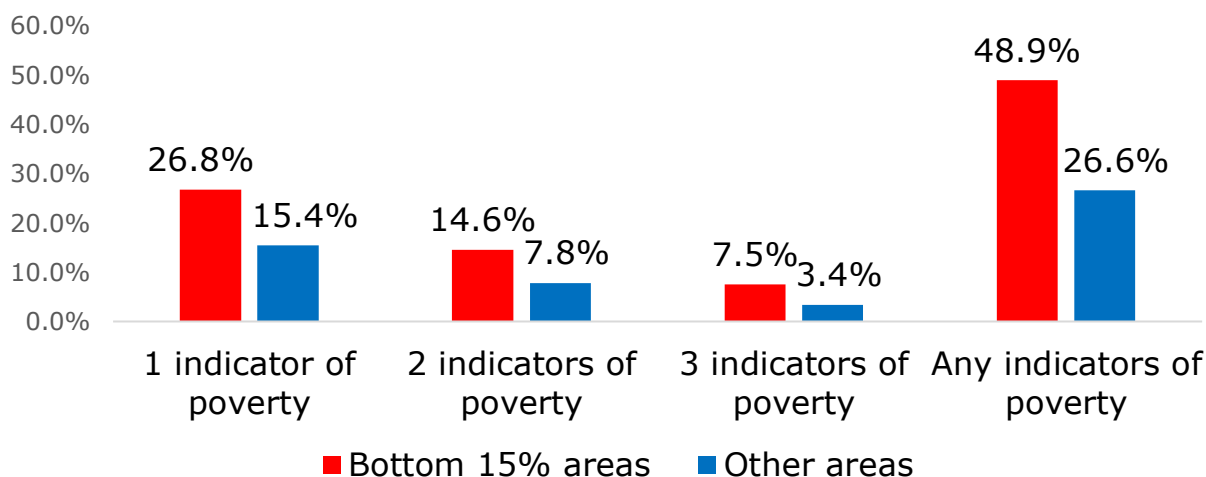


2.2 Indicators of Poverty by Demographics

Deprivation

Those living in the bottom 15% most deprived areas were nearly twice as likely as those in other areas to have any of the three indicators of poverty (49% compared to 27%), as Figure 2.9 shows.

Figure 2.9: Indicators of Poverty by Deprivation

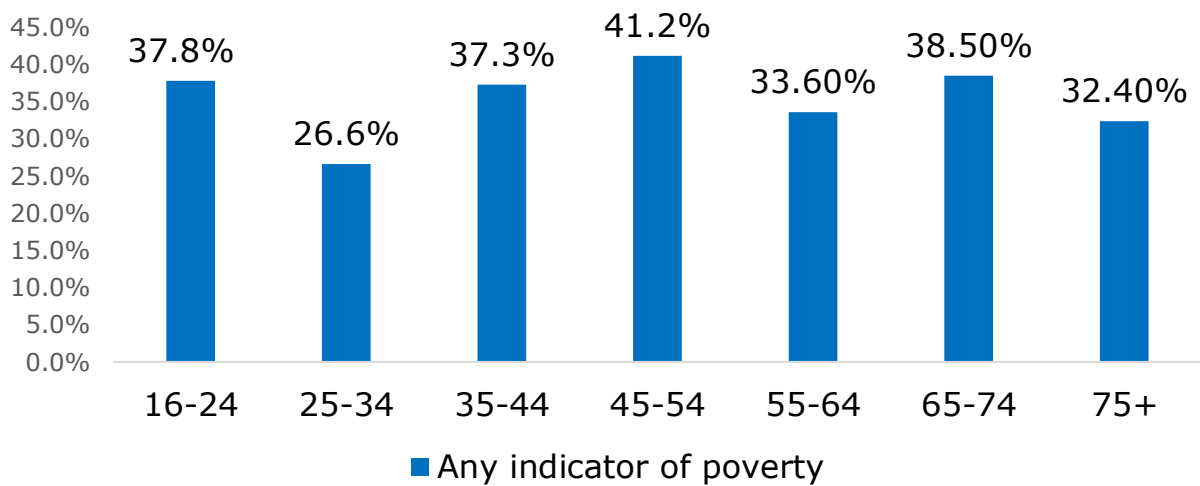


- The Scottish Household survey 2023 showed that 17% of those in the 20% most deprived areas said they were not managing well financially, compared to 3% of households in the least deprived areas.

Age

There was no clear relationship between age and poverty, but the 25-34 year old group was the least likely to have an indicator of poverty.

Figure 2.10: Proportion with any Indicator of Poverty by Age Group



Gender

Indicators of poverty did not vary significantly by gender.

Sexual Orientation

Indicators of poverty did not vary significantly by sexual orientation.

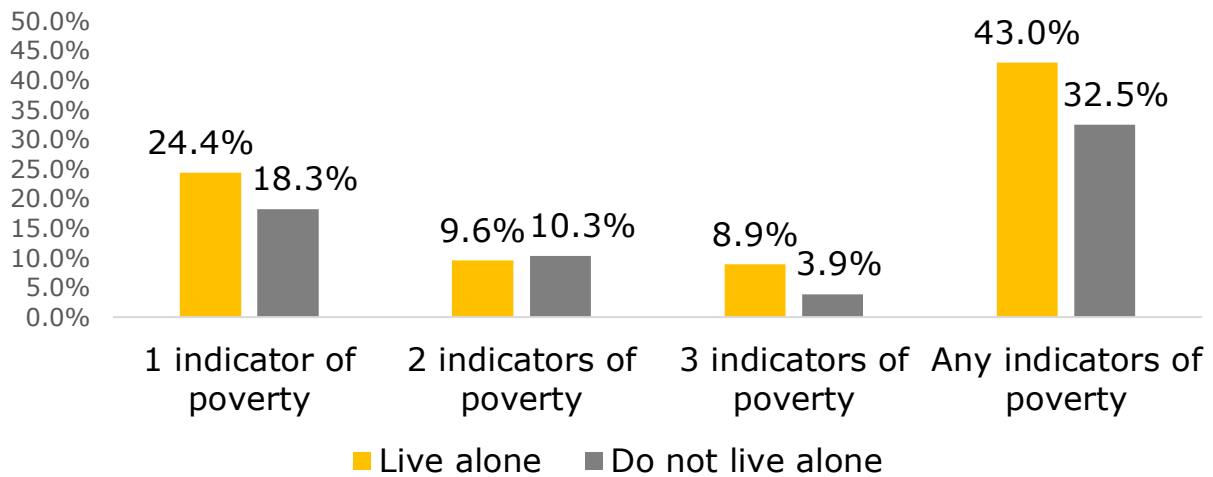


- Scottish Government analysis of the Family Resources Survey show that LGBT+ adults had consistently higher rates of poverty than straight/heterosexual adults. In 2021-24, 28% of LGBT+ adults were in relative poverty, compared to 19% of straight adults.

Household Composition

Those who lived alone were more likely than others to have indicators of poverty.

Figure 2.11: Indicators of Poverty by Whether Live Alone

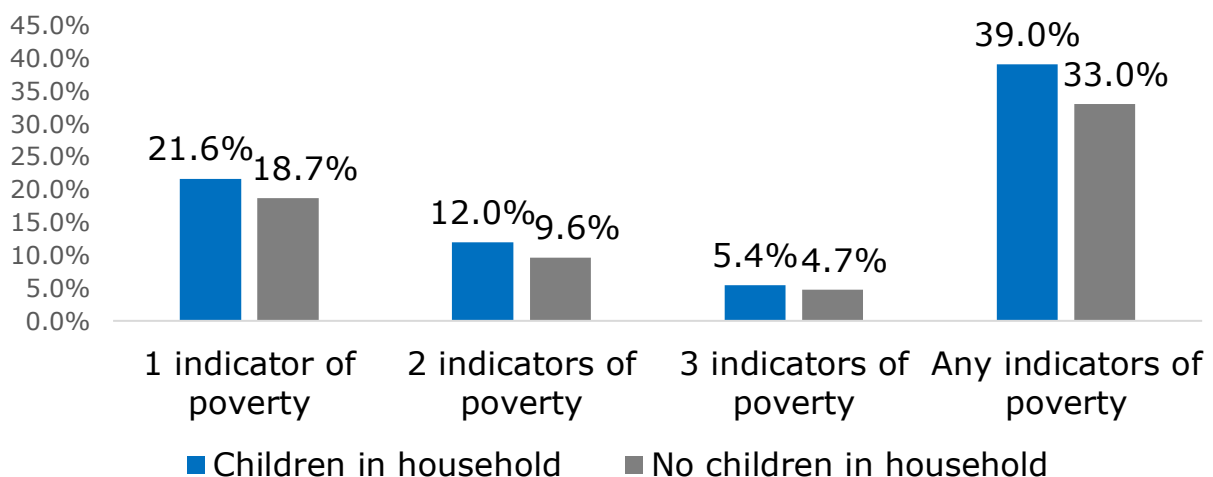


Evidence from Other Sources

- Scottish Government analysis of the Family Resources Survey show that 27% of single adult households in Scotland were in relative poverty, compared to 19% of the total adult population.

Those living in households with children aged under 16 were more likely than others to have indicators of poverty.

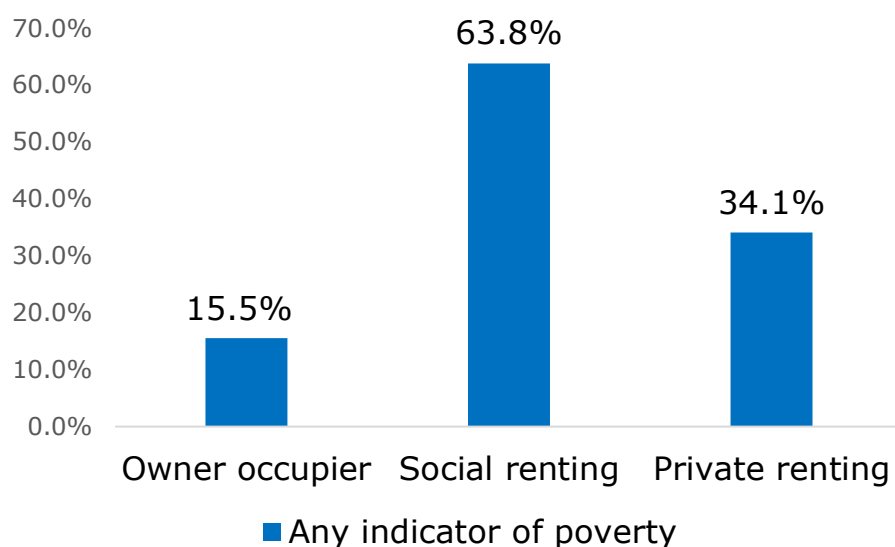
Figure 2.12: Indicators of Poverty by Whether Children Under 16 in Household



Tenure

Those living in socially rented homes were much more likely than those in owner-occupied or privately rented homes to have indicators of poverty.

Figure 2.13: Proportion with any Indicator of Poverty by Tenure



Those in socially rented homes were much more likely than others to exhibit any of the three individual poverty indicators, with receiving all household income from benefits showing the most marked difference, as Table 2.1 shows.

Table 2.1: Indicators of Poverty by Tenure

	Owner Occupier	Social Renting	Private Renting
All household income from benefits	4%	36%	5%
A problem finding £35	8%	34%	21%
Any indicators of food insecurity	9%	40%	23%



- The 2023 Scottish Household Survey found that 60% of owner occupiers said they were managing well financially, compared to 26% of those in social renting.

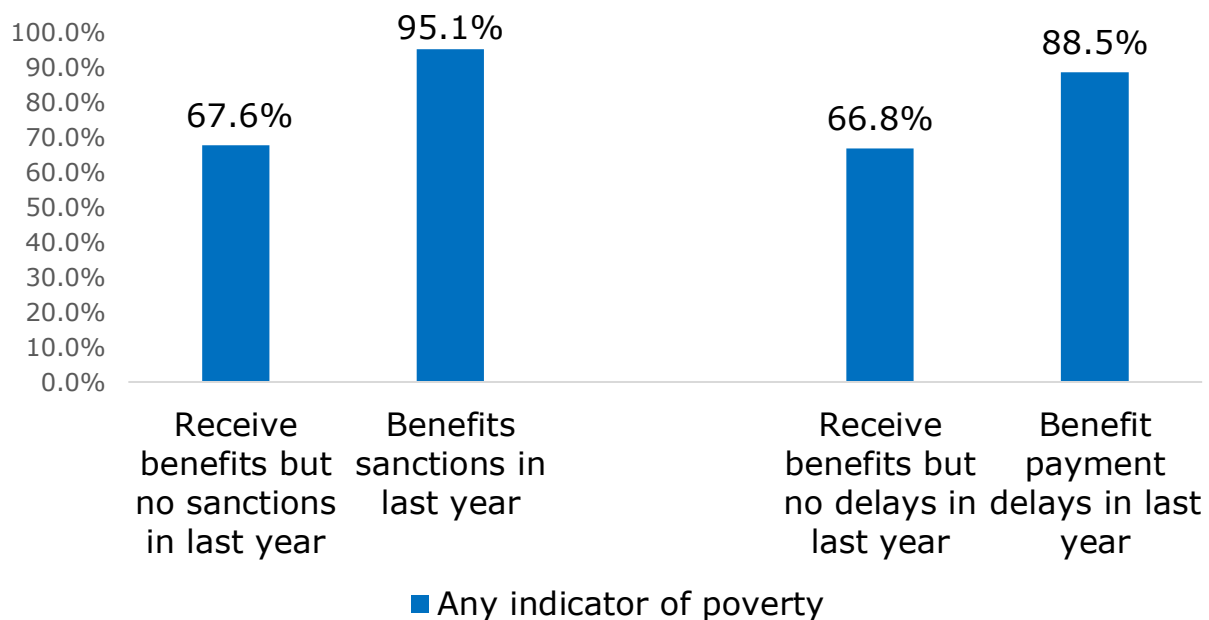
2.3 Poverty Indicators and other Indicators of Financial Wellbeing and Disadvantage

Benefits

Among those who received any amount of state benefits, 3.5% (unweighted N=48) had experienced benefits sanctions in the last year and 7.1% (unweighted N=94) had experienced delays in benefits payments.

Nearly all (95%) of those who had received benefits sanctions had indicators or poverty, compared to 68% of those who received benefits but had not been sanctioned. Nine in ten (89%) of those who experienced delays in benefit payments had indicators of poverty, compared to 67% of those who received benefits but had not experienced delays.

Figure 2.14: Proportion with any Indicator of Poverty by Whether Experienced Benefits Sanctions and Delays in Benefit Payment (Benefit Claimants Only)



Economic Activity

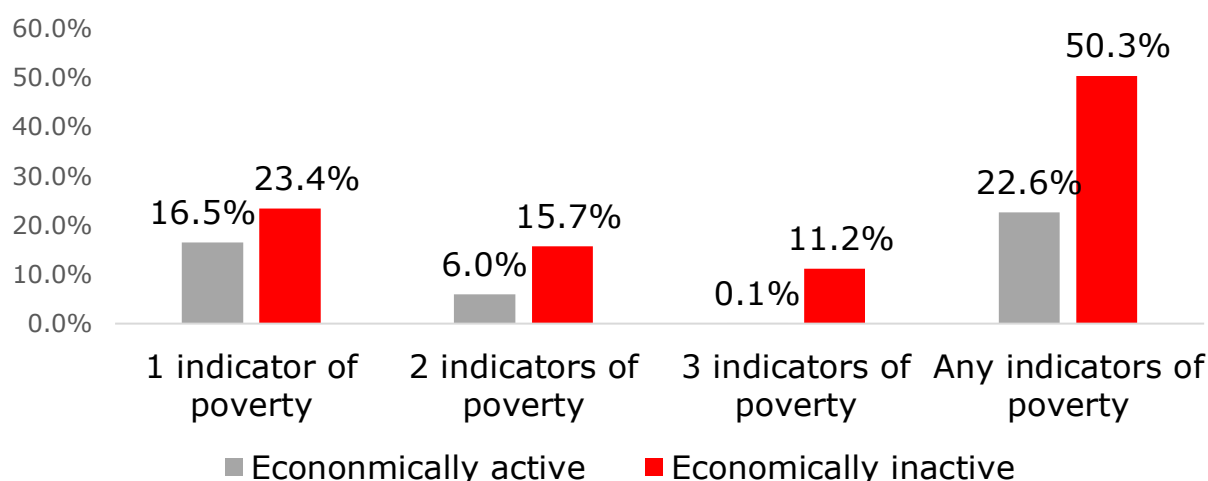
Overall, 55% of adults were economically active. The survey only included questions about the respondent's employment status rather than measuring whether there were economically active members of the household. The breakdown of employment status is shown in the table below.

Table 2.2: Employment Status

	% of respondents
Economically Active	
Employee in full-time job (35 or more hours per week)	37.9%
Employee in part-time job (less than 35 hours per week)	11.3%
Employed on a zero hours contract	0.5%
Self-employed – full or part time	5.5%
All Economically Active	55.2%
Economically Inactive	
Unemployed and available for work	4.9%
Full-time education at school, college or university	10.2%
Part-time education at school, college or university	0.6%
Wholly retired from work	15.9%
Looking after the family/home	4.7%
Permanently sick/disabled	7.3%
Other	1.2%
All Economically Inactive	44.8%

Overall, those who were economically inactive were more than twice as likely as those who were economically active to have at least one indicator of poverty.

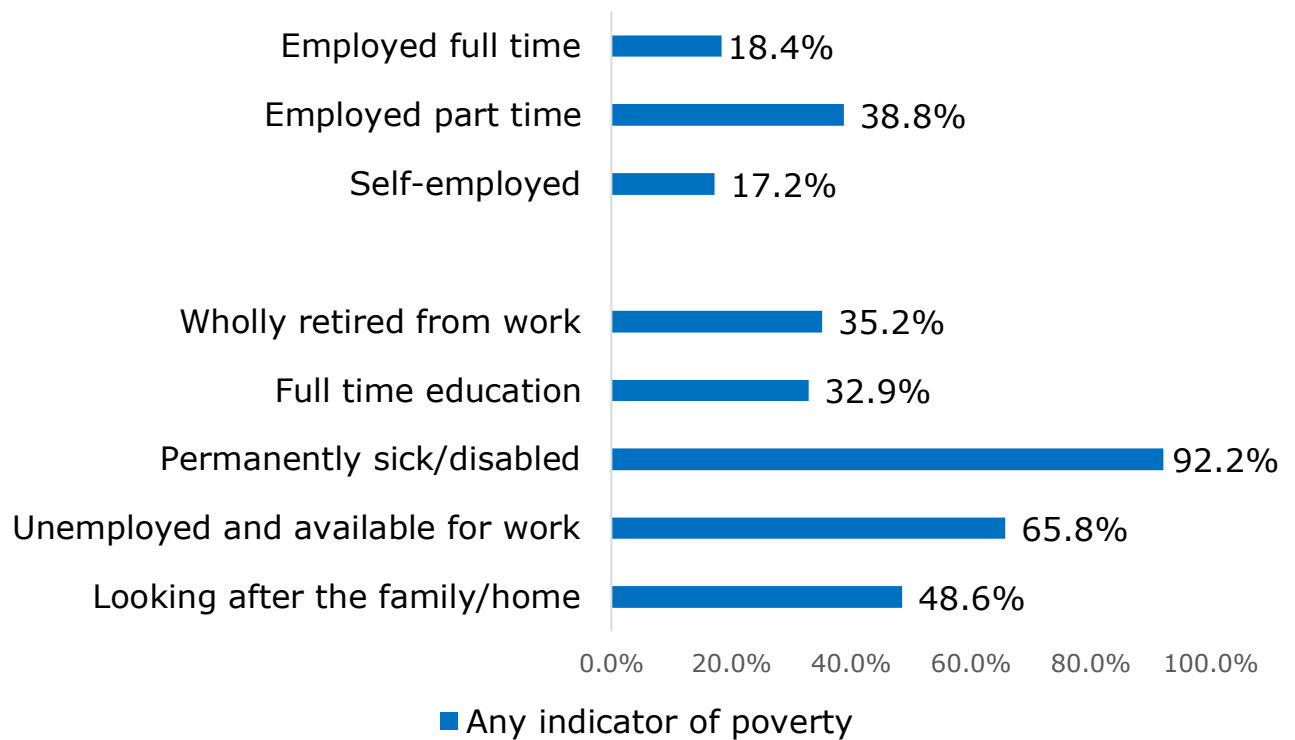
Figure 2.15: Indicators of Poverty by Whether Economically Active



However, looking in more detail at those who were economically inactive – those who were permanently retired from work and full-time students were no more likely than the overall population to have indicators of poverty. On the other hand, nearly all (92%) of those who were permanently sick or

disabled and two thirds (66%) of those who were unemployed and available for work had indicators of poverty. Among those who were economically active, those working full time and the self-employed were much less likely than those working part time to have indicators of poverty, as Figure 2.16 shows.

Figure 2.16: Proportion with any Indicator of Poverty by Most Common Types of Employment Status



Educational Qualifications

Overall, 15% of adults in Glasgow City said they had no qualifications. The likelihood of having no qualifications rose with age from 5% of those aged under 25 to 46% of those aged 75 or over.

Those who had no qualifications were twice as likely as those with qualifications to have indicators of poverty.

Figure 2.17: Indicators of Poverty by Whether Have Qualifications

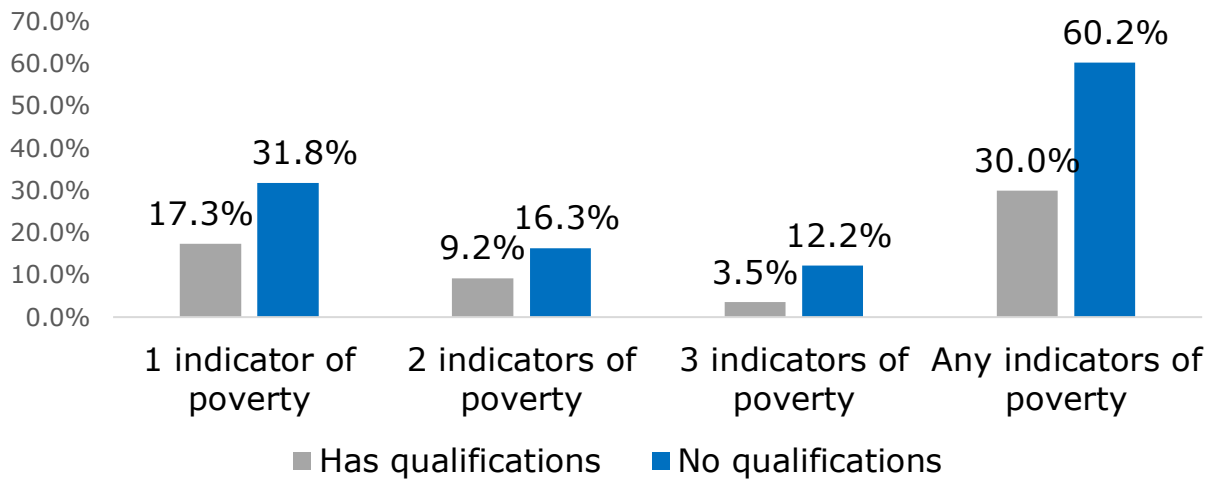
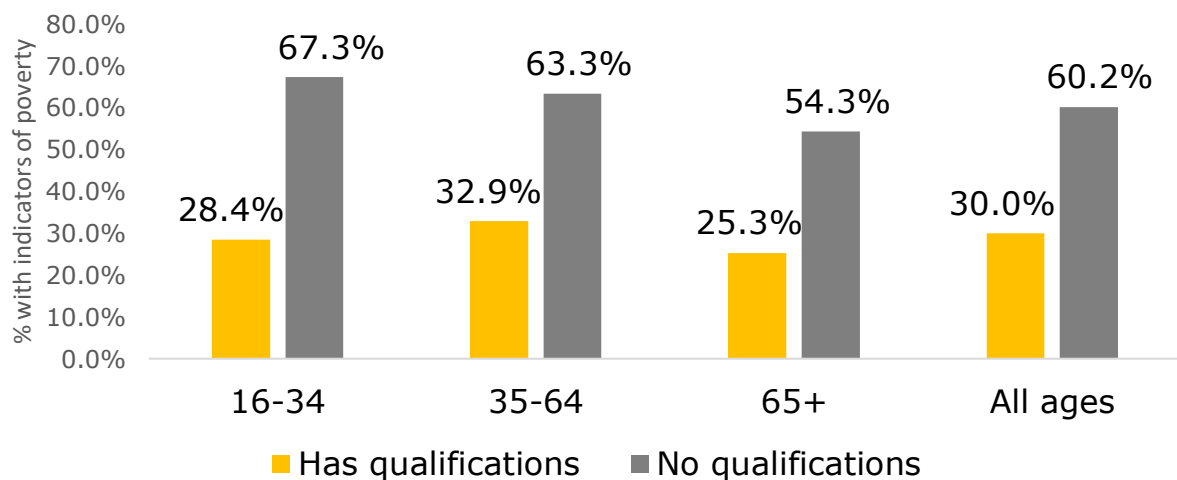


Figure 2.18 shows the proportion who had indicators of poverty for three age groups by whether they had qualifications. Two thirds (67%) of those aged under 35 who had no qualifications had indicators of poverty.

Figure 2.18: Indicators of Poverty by Age Group and Whether Have Qualifications

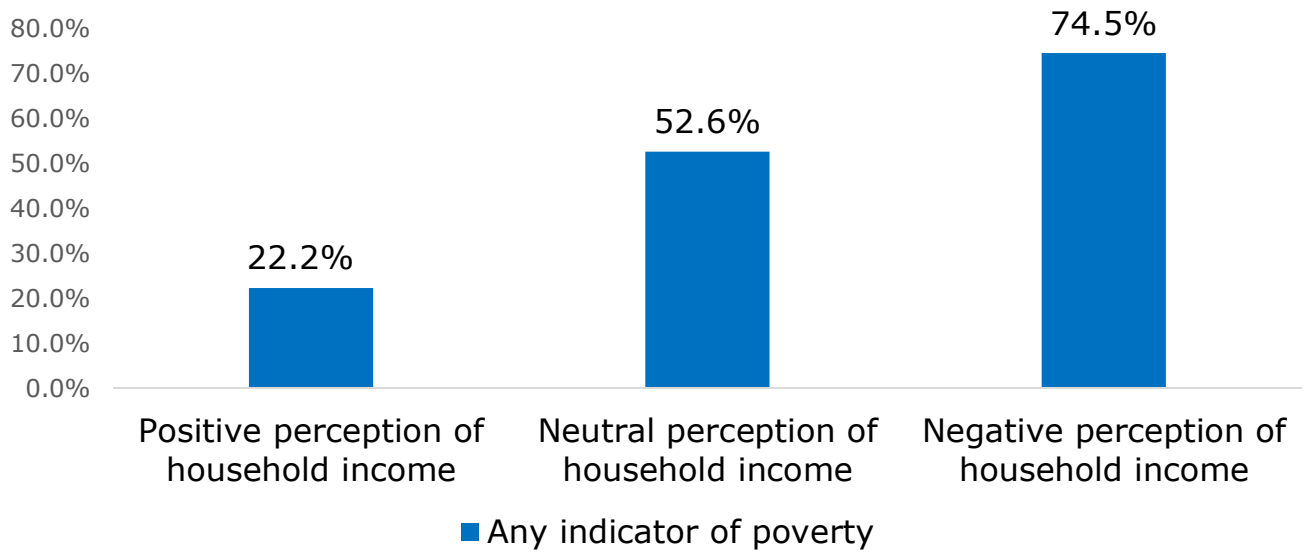


Perceived Adequacy of Household Income

Using a 'faces' scale, respondents indicated how they felt about the adequacy of their household income. Overall, 69% expressed a positive perception of the adequacy of their household income, 17% had a neutral perception and 14% had a negative perception.

Three in four (74%) of those with a negative perception of the adequacy of their household income had indicators of poverty. By comparison, 22% of those with a positive perception of their household income had indicators of poverty.

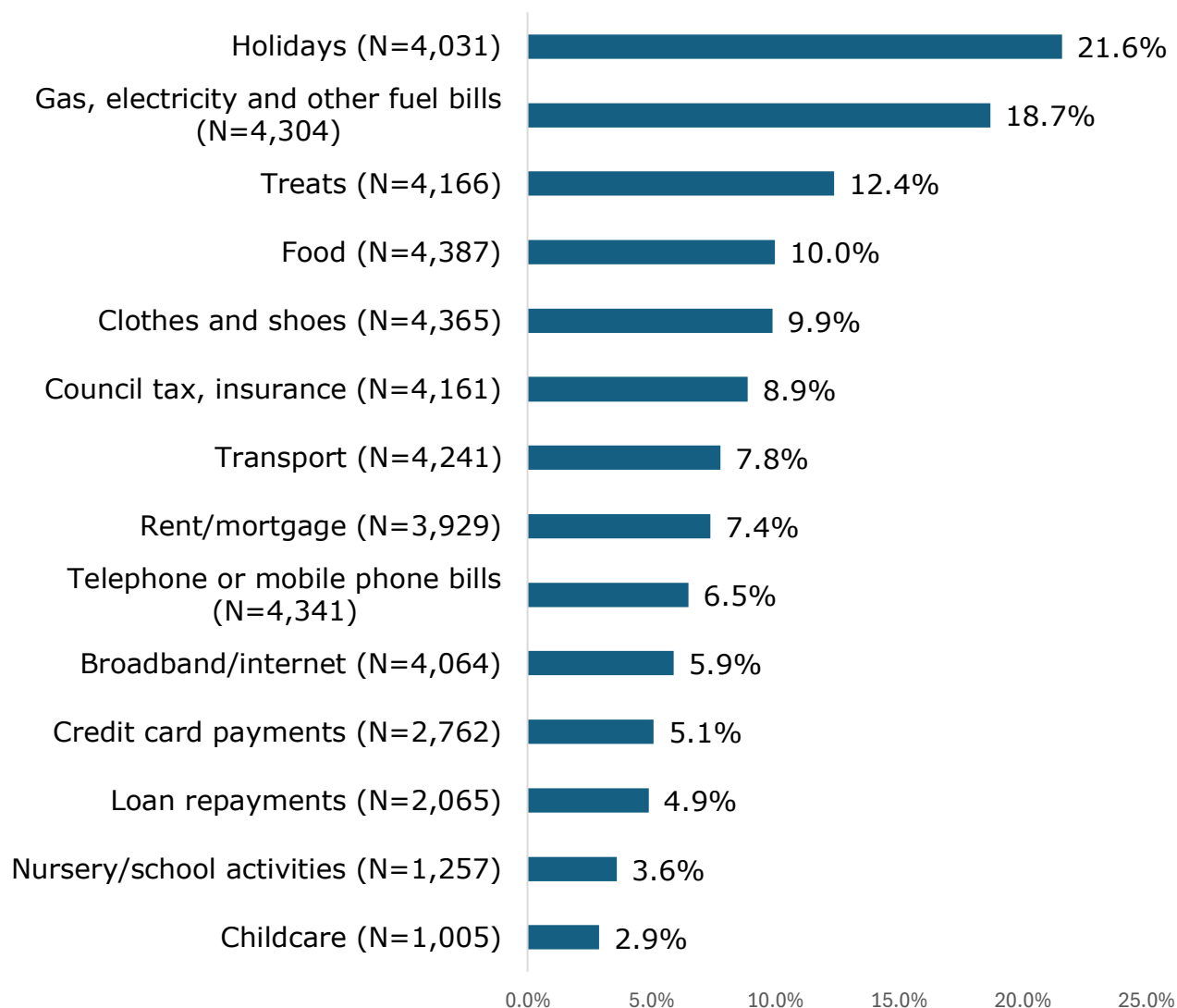
Figure 2.19: Proportion with any Indicators of Poverty by Perception of Adequacy of Household Income



Difficulty Meeting Expenses

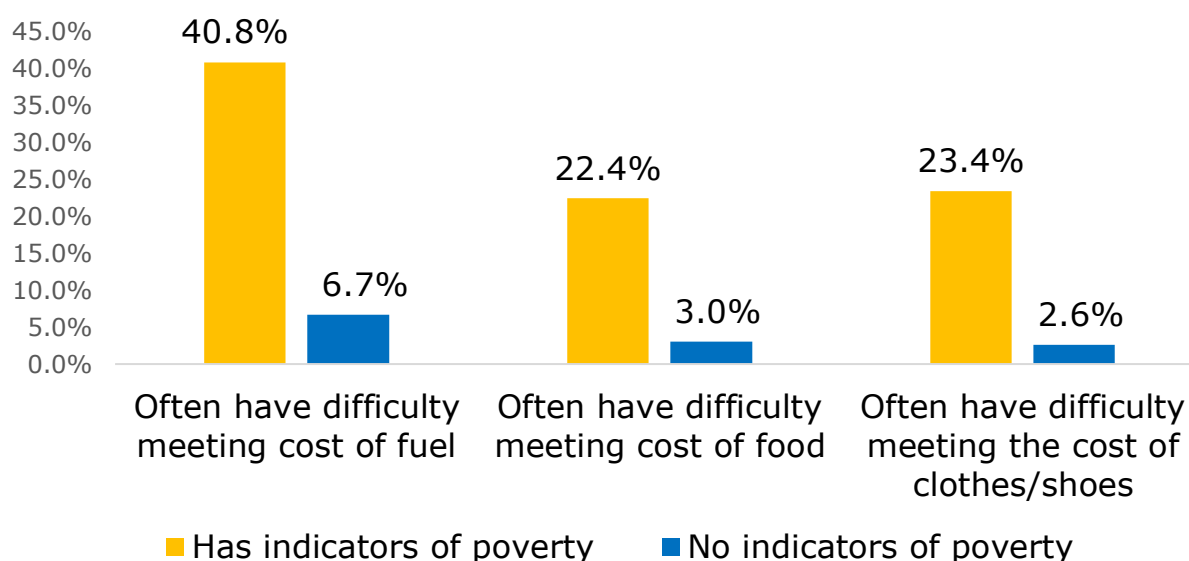
Survey respondents were asked how often they had difficulty meeting the cost of a number of types of expenses. Figure 2.20 shows the proportion who said that they 'very often' or 'often' had difficulty meeting each expense. These exclude those for whom each expense was not applicable, thus the number of respondents answering for each expense is shown.

Figure 2.20: Proportion who 'Very Often' or 'Often' Had Difficulty Meeting Each Type of Expense



Those who had any of the three indicators of poverty were much more likely than others to often/very often have difficulty meeting each type of expense. Figure 2.21 shows the proportion who had difficulty meeting the costs of fuel bills, food and clothes and shoes.

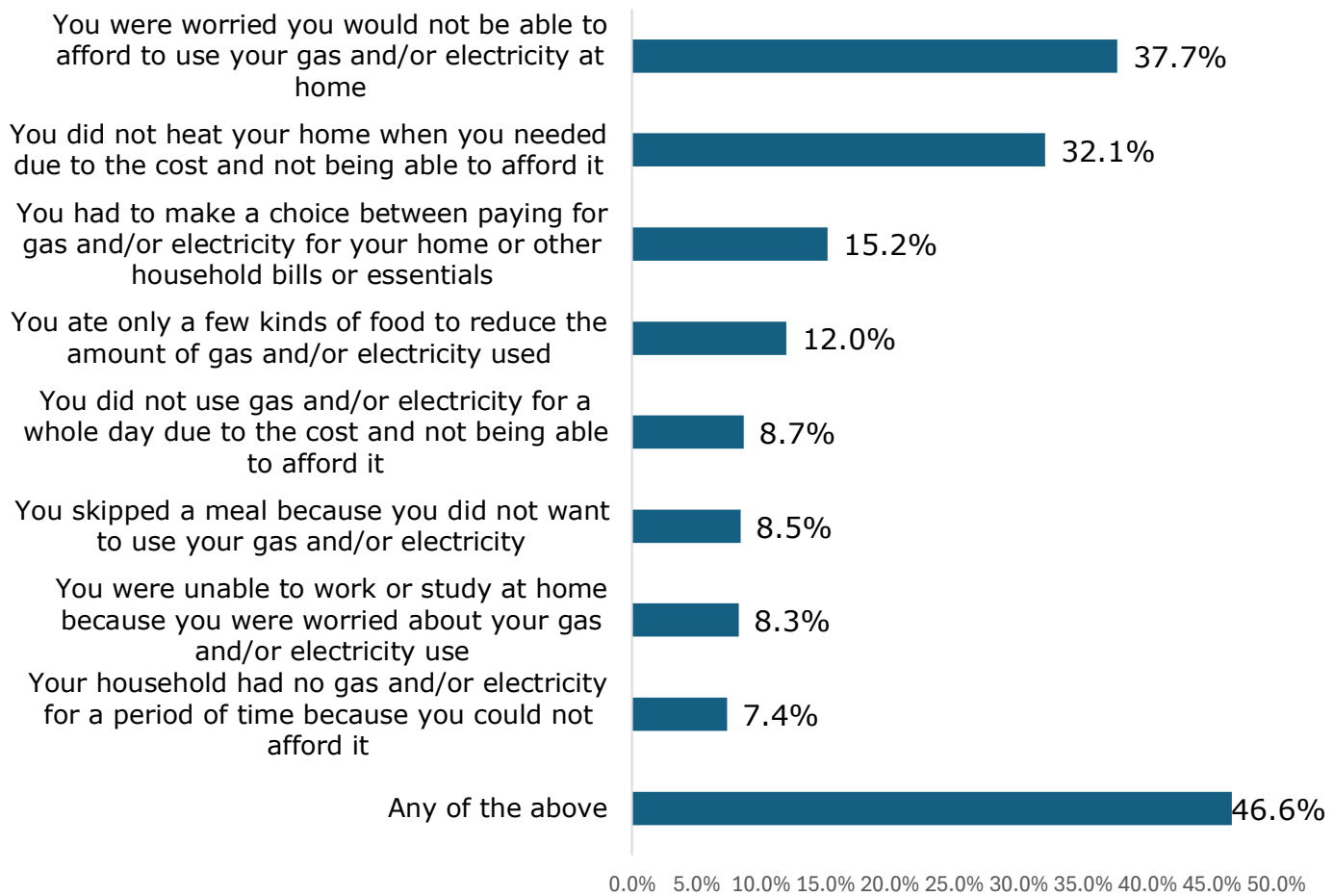
Figure 2.21: Proportion who 'Very Often' or 'Often' Had Difficulty Meeting Selected Types of Expense by Whether Have any Indicators of Poverty



Difficulty Affording Energy

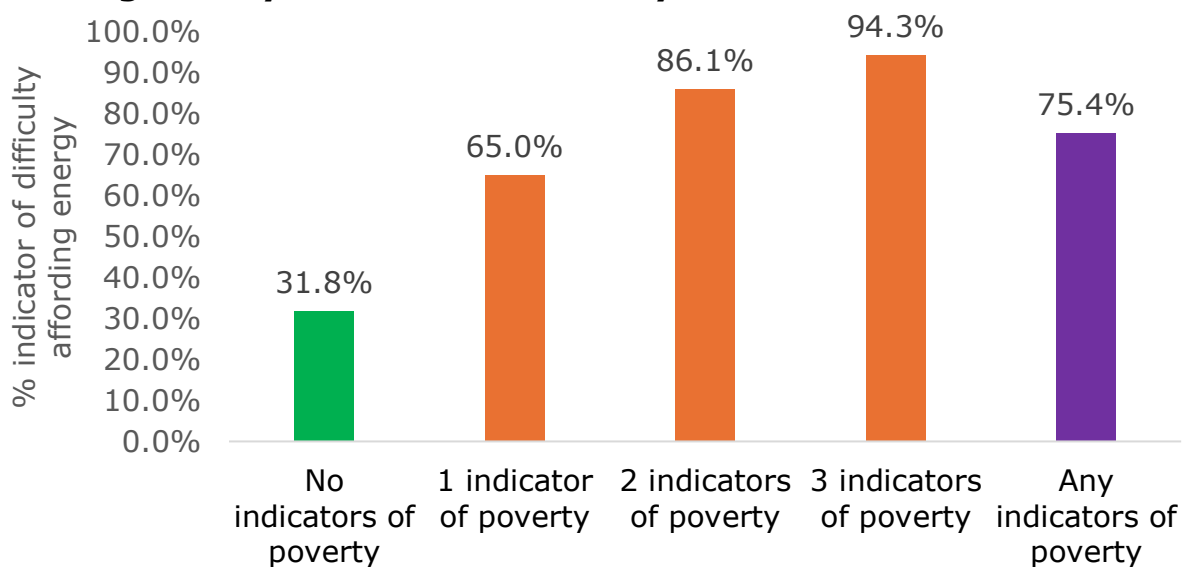
Note that the 2022/23 Health and Wellbeing Survey was undertaken at a time when there was a large spike in energy costs, peaking in January 2023, and this will have affected the proportion of adults reporting difficulty meeting the cost of fuel (as reported above), and also in a separate set of questions which gauged indicators of difficulties with energy bills. These questions are shown in Figure 2.22. Overall, just under half (47%) of adults in Glasgow City had at least one of these indicators of difficulty affording energy.

Figure 2.22: Proportion who Reported that each Indicator of Difficulties with Energy Bills Occurred in the Last Year



Among those who had any of the three indicators of poverty, 75% had any of the indicators of difficulty affording fuel, compared to 32% of those who did not have any indicators of poverty.

Figure 2.23: Proportion who had any Indicators of Difficulty Affording Fuel by Indicators of Poverty

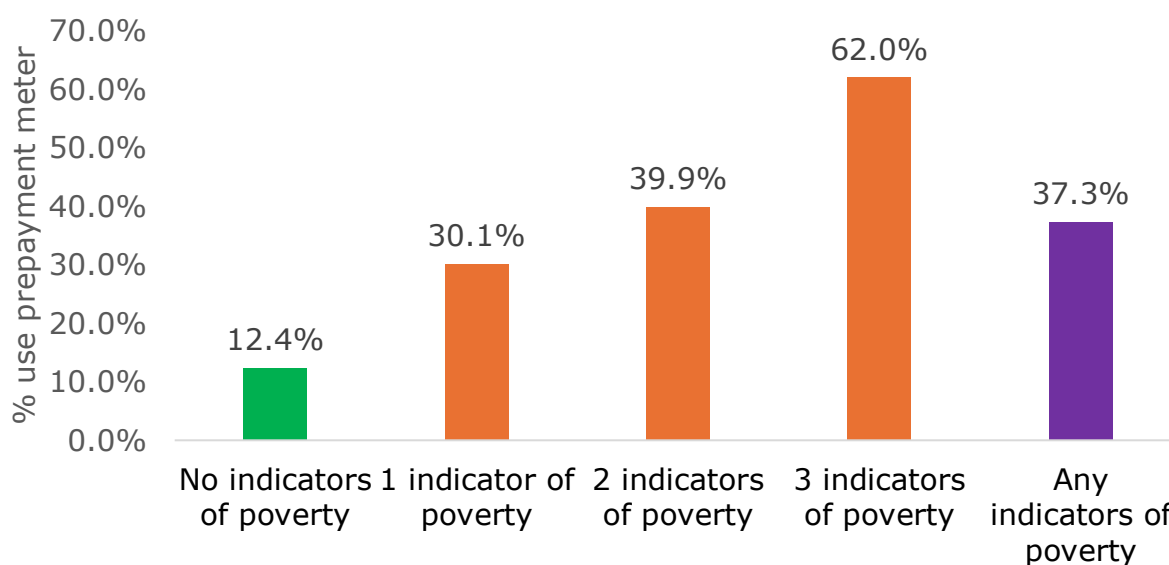


Prepayment Meters

Prepayment meters to pay for fuel offer an advantage for customers who find them helpful for budgeting, but traditionally fuel costs more using prepayment meters and energy suppliers do not usually offer the same discounted tariffs to prepayment customers as those offered to customers paying by direct debit. The 2022/23 Health and Wellbeing Survey was undertaken before reform in 2025 which has seen the cost of energy paid for via prepayment meters fall.

Overall, 22% of adults in Glasgow lived in households with a prepayment meter. Those with any indicators of poverty were three times as likely as others to have a prepayment meter (37% compared to 12%). Among those with all three indicators of poverty, 62% had a prepayment meter.

Figure 2.24: Proportion who Used a Prepayment Meter by Indicators of Poverty



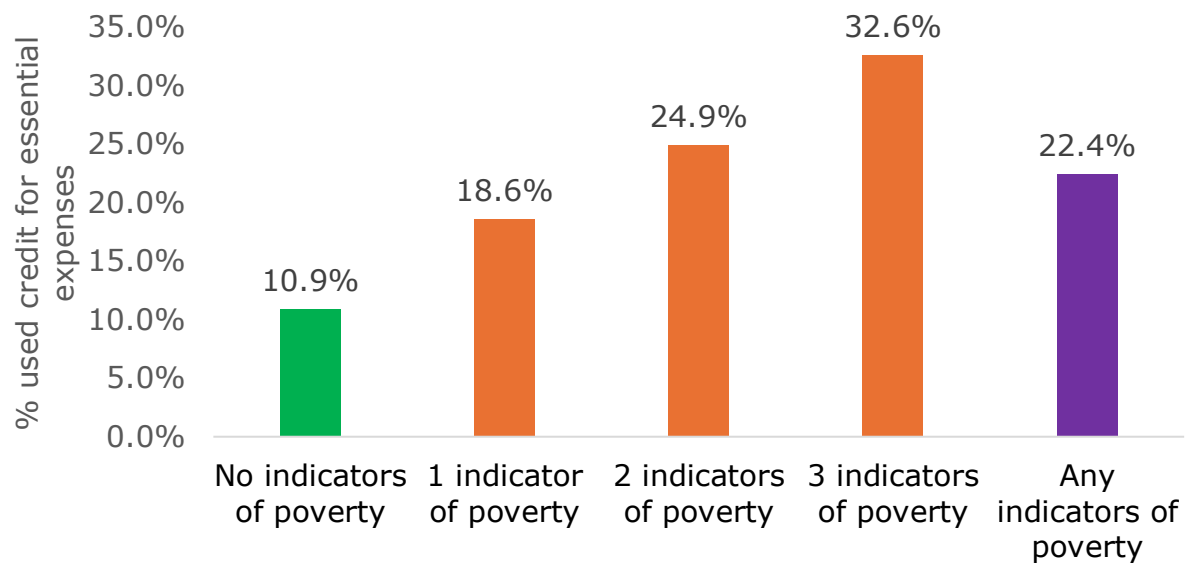
Credit

Survey respondents were asked how many months from the last six months they had to use credit to cover essential living costs due to a lack of money that they may struggle to pay off.

Overall, 15% of adults in Glasgow City had used credit to cover essential living costs that they may struggle to pay off during the previous six months, consisting of 6% who had done so in one month, 3% who had done so in two months, 2% who had done so in three months and 4% who had done so in more than three months.

Those who had any of the three indicators of poverty were twice as likely as others to have used credit for essential living costs in the last six months (22% compared to 11%). A third (33%) of those with all three indicators of poverty had used credit in this way in the last six months.

Figure 2.25: Proportion who Used Credit to Cover Essential Living Costs in the Last Six Months by Indicators of Poverty



2.4 Chapter Summary

Those more likely to have indicators of poverty included:

- those in the most deprived areas
- those who live alone
- those in households with children
- those in socially rented homes
- (among those who received benefits) those who had experienced benefits sanctions and those who had received delays in benefits payments
- those who are economically inactive
- those with no qualifications
- those with a negative perception of the adequacy of their household income.

Those with indicators of poverty were:

- more likely to have difficulty meeting the cost of fuel, food and clothes/shoes
- more likely to have indicators of difficulty affording fuel
- more likely to have a prepayment meter
- more likely to have used credit to cover essential living costs in the last six months.

Poverty and Views of Local Services

Indicators of poverty were associated with a **lower** likelihood of having **positive views** of:



local GP/doctor



local leisure/sports facilities



local childcare provision

Policy Context

Scotland's Public Service Reform Strategy sets out a commitment that Public services should be preventative, accessible, trusted, good quality and meet the needs of people across Scotland.

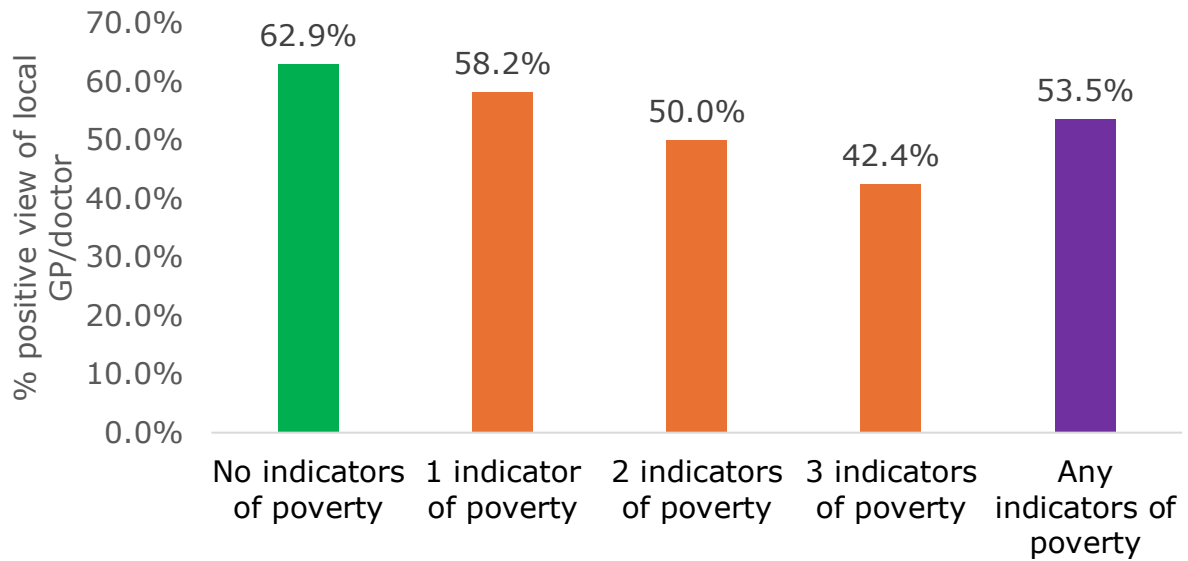
Reference:

<https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/pages/1/>

3.1 Views of Local GP/Doctor

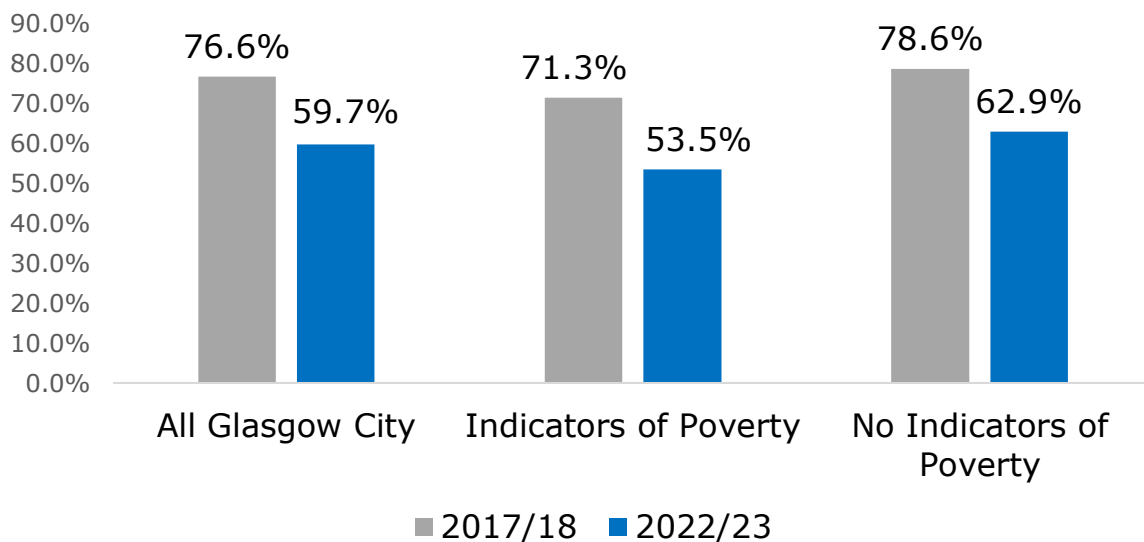
Overall, 60% of adults in Glasgow City had a positive perception of their local GP/doctor. Poverty was associated with being less likely to rate the local GP/doctor positively. While 63% of those with no indicators of poverty rated their local GP/doctor positively, 53% of those with any indicators of poverty gave a positive rating, and 42% of those with all three indicators of poverty gave a positive rating, as Figure 3.1 shows.

Figure 3.1: Proportion with a Positive Perception of Local GP/Doctor by Indicators of Poverty



Overall, the proportion of adults in Glasgow City who had a positive perception of their local GP/doctor fell from 77% in 2017/18 to 60% in 2022/23. There was a proportionately bigger decrease among those who had indicators of poverty compared to others, as Figure 3.2 shows.

Figure 3.2: Proportion with a Positive Perception of Local GP/Doctor -2017/18 and 2022/23 by Indicators of Poverty



3.2 Views of Local Out of Hours Medical Service

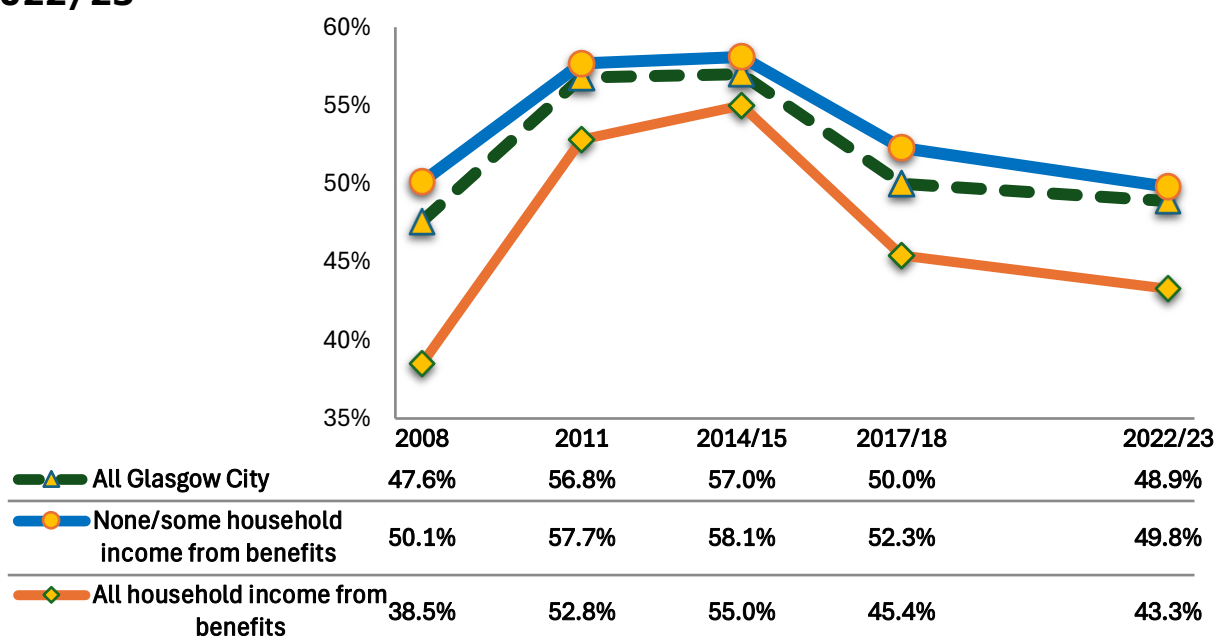
Overall, 57% of adults had a positive perception of their local out of hours medical service. This did not vary significantly overall by indicators of poverty. There was a decrease from 62% in 2017/18.

3.3 Views of Local Police

Overall, 49% of adults in Glasgow City had a positive perception of the local police. This did not vary significantly by indicators of poverty. However, those who received all household income from benefits were less likely than others to have a positive view of the police (43% compared to 50%).

Overall, the proportion who had a positive perception of local police rose between 2008 and 2011 and showed little change in 2014/15. There was then a drop between 2014/15 and 2017/18, but there was no significant change in 2022/23.

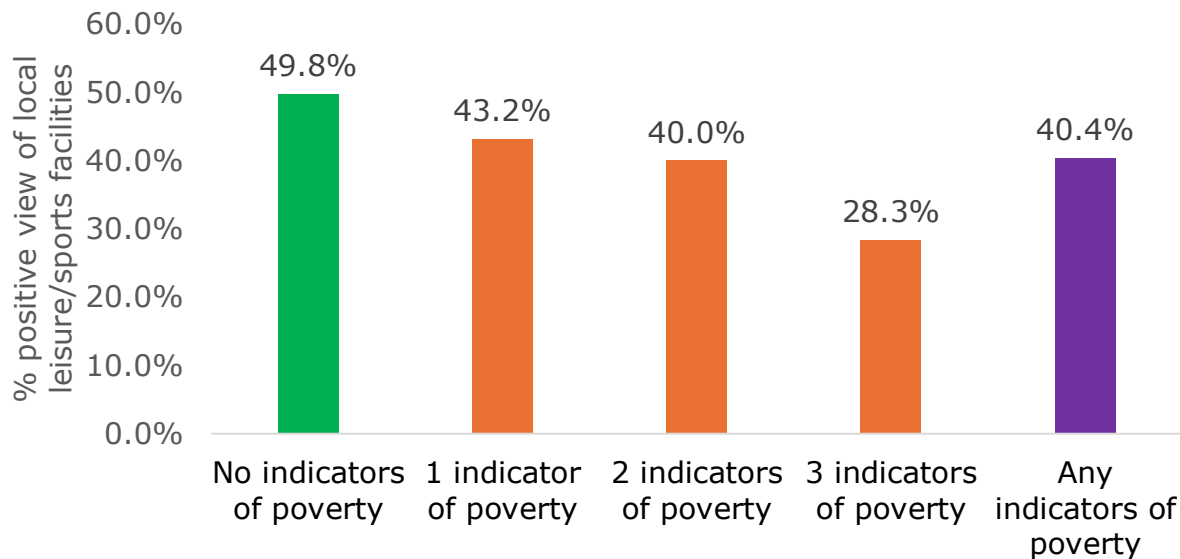
Figure 3.3: Trends for Positive View of Local Police – 2008 to 2022/23



3.4 Views of Local Leisure/Sports Facilities

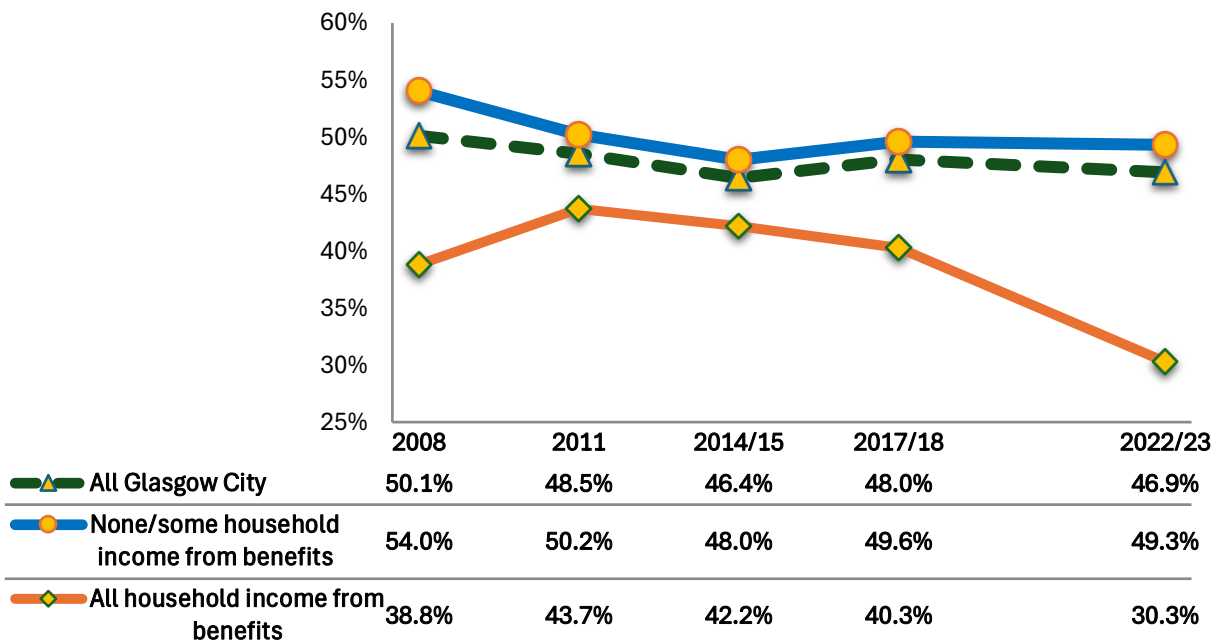
Overall, 47% of adults had a positive perception of local leisure/sports facilities. While half (50%) of those without indicators of poverty had a positive perception of local leisure/sports facilities, 40% of those with any indicators of poverty had a positive perception of this, and among those with all three indicators of poverty just 28% had a positive perception of local leisure/sports facilities.

Figure 3.4: Proportion with a Positive Perception of Local Leisure/Sports Facilities by Indicators of Poverty



The proportion with a positive perception of local leisure/sports facilities has fluctuated between 46% and 50% across the last five surveys. Overall, there was no significant change between 2017/18 and 2022/23, but there was a significant decrease among those who received all household income from benefits. Among those who received all household income from benefits, only 30% had a positive view of local leisure/sports facilities – the lowest level across the last five surveys.

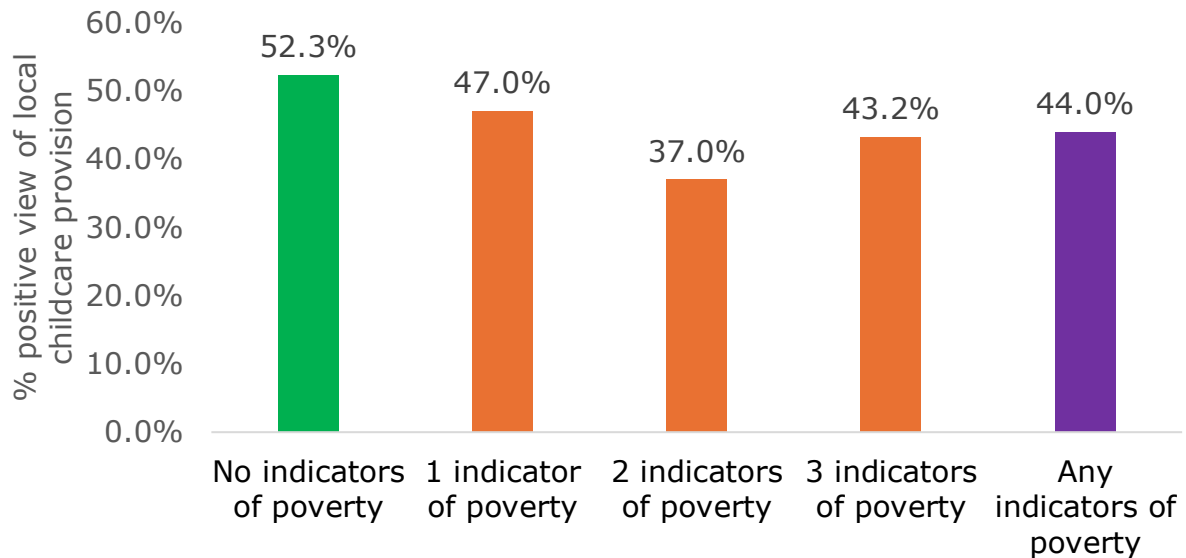
Figure 3.5: Trends for Positive Perception of Local Leisure/Sports Facilities – 2008 to 2011



3.5 Views of Local Childcare Provision

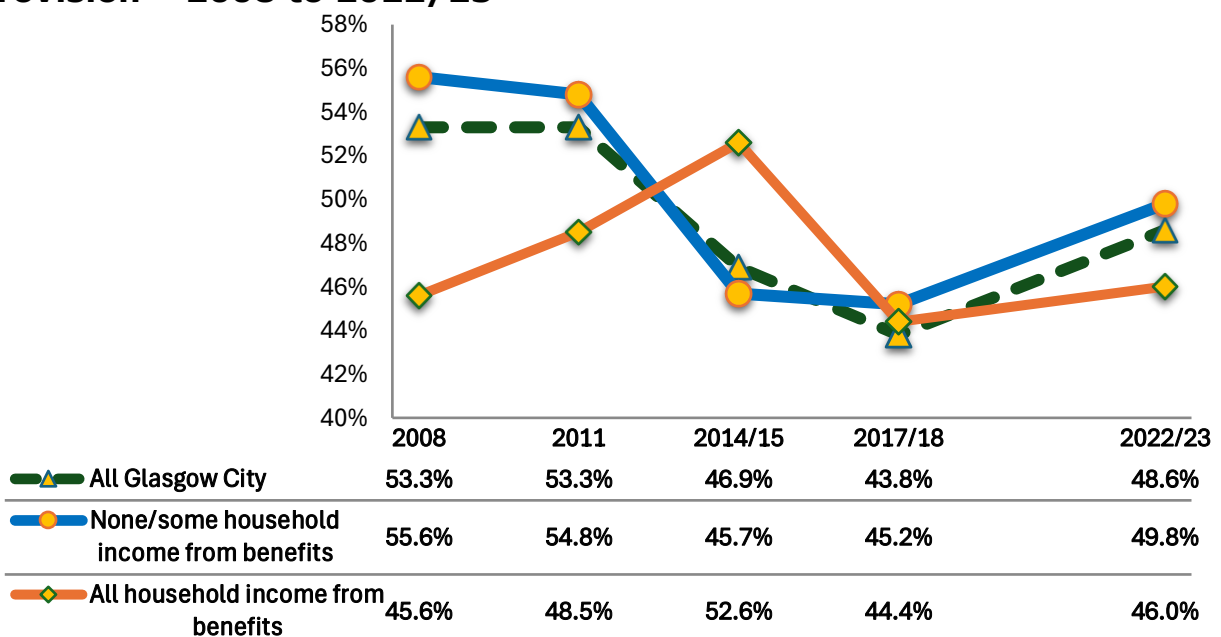
Overall, 49% of adults in Glasgow City had a positive perception of local childcare provision. Among those with any indicators of poverty, 44% had a positive view of local childcare provision compared to 52% of those with no indicators of poverty.

Figure 3.6: Proportion with a Positive Perception of Local Childcare Provision by Indicators of Poverty



After remaining constant between 2008 and 2011, there was a drop between 2011 and 2017/18 in the proportion who had a positive perception of local childcare, but this rose significantly again between 2017/18 and 2022/23. As Figure 3.7 shows, there is no consistent pattern of differences between those who received all household income from benefits and others, but there was no significant difference between these groups in 2017/18 or 2022/23.

Figure 3.7: Trends for Positive Perception of Local Childcare Provision – 2008 to 2022/23



3.6 Chapter Summary

Those with indicators of poverty were:

- less likely to have positive view of their local GP/doctor
- less likely to have a positive view of local leisure/sports facilities
- less likely to have a positive view of local childcare provision.

4 Poverty and Caring

Policy Context

The Scottish Government is replacing Carer's Allowance with Carer's Support Payment to help carers protect their health and wellbeing and access opportunities outside of caring, if they wish.

Reference: <https://www.gov.scot/policies/social-security/benefits-for-carers/>

4.1 Caring and Indicators of Poverty

Survey respondents were asked:

Do you look after, or give any regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age?

Responses showed that overall, 18.5% of adults in Glasgow City were carers. There was no significant difference in the rate of caring between those who did and those who did not have indicators of poverty.

Carers were no more likely than others to experience any of the three key indicators of poverty. They were no more or less likely than others to be economically active.

4.2 Caring and Credit

There was a significant relationship between caring and the use of credit. Among those who were carers, 20.9% had used credit in the previous six months to meet essential living costs which they may struggle to pay off. This compares to 13.1% of those who were not carers who had used credit in this way.

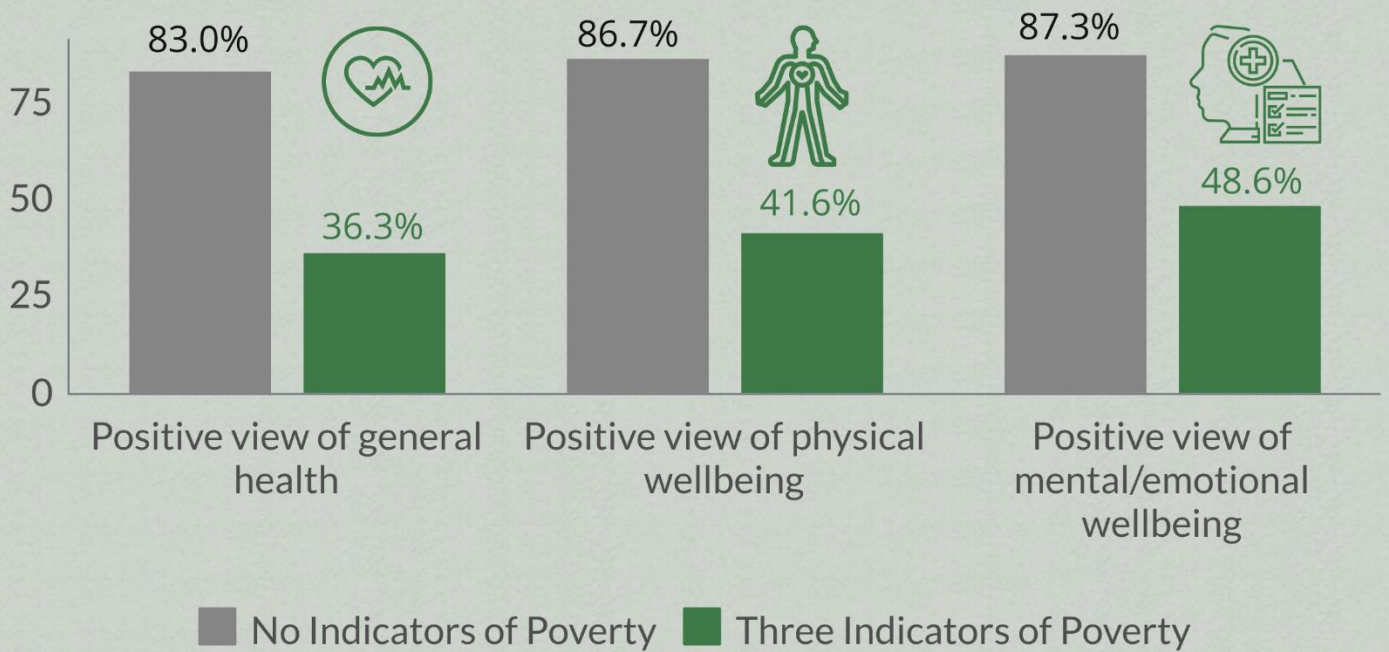


Evidence from Other Sources

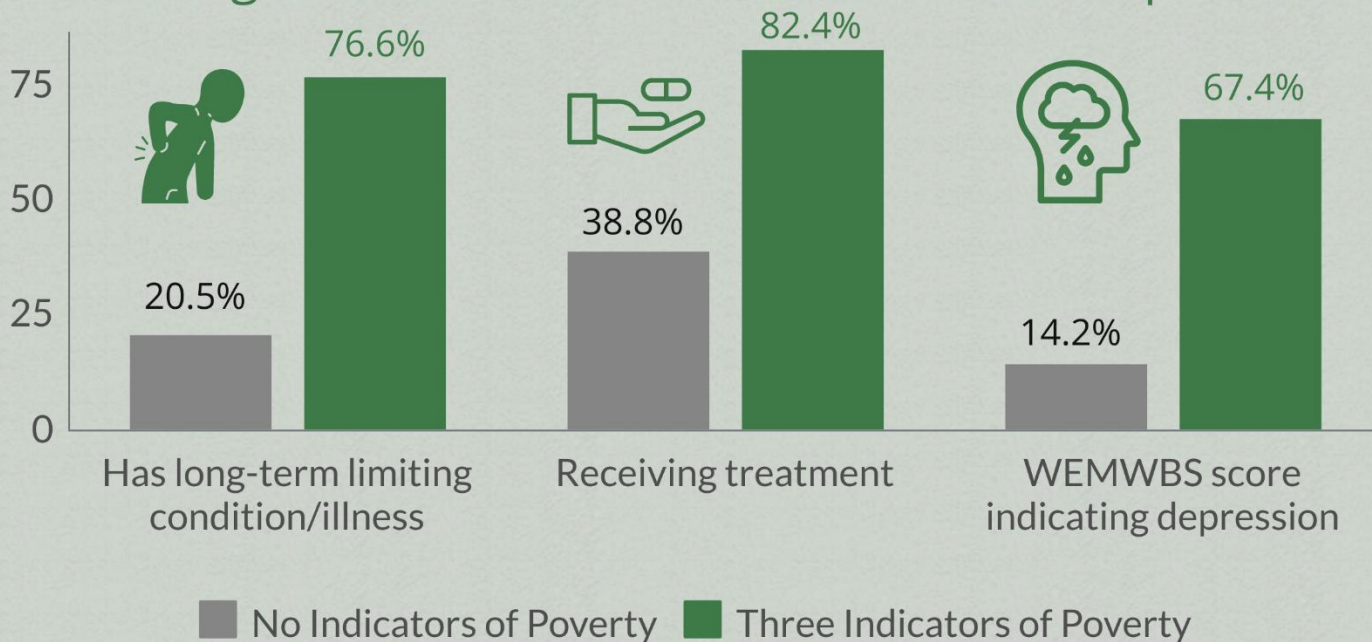
- A report by Carers Scotland in 2024 showed that unpaid carers in Scotland were more likely to experience financial hardship than those who do not provide unpaid care. The report measured the poverty rate as 28% for unpaid carers, compared to 18% for others. See: <https://www.carersuk.org/reports/poverty-and-financial-hardship-of-unpaid-carers-in-scotland/>

Poverty and Health & Illness

Indicators of poverty were associated with less positive views of health



Indicators of poverty were associated with higher rates of limiting illness/conditions, treatment and depression



Policy Context

NHSGGC's Public Health Strategy (2018 – 2028) sets out actions to: reduce the burden of disease through health improvement programmes and a measurable shift to prevention; reduce health inequalities; promote good health (including mental health), wellbeing and quality of life throughout the life-course.

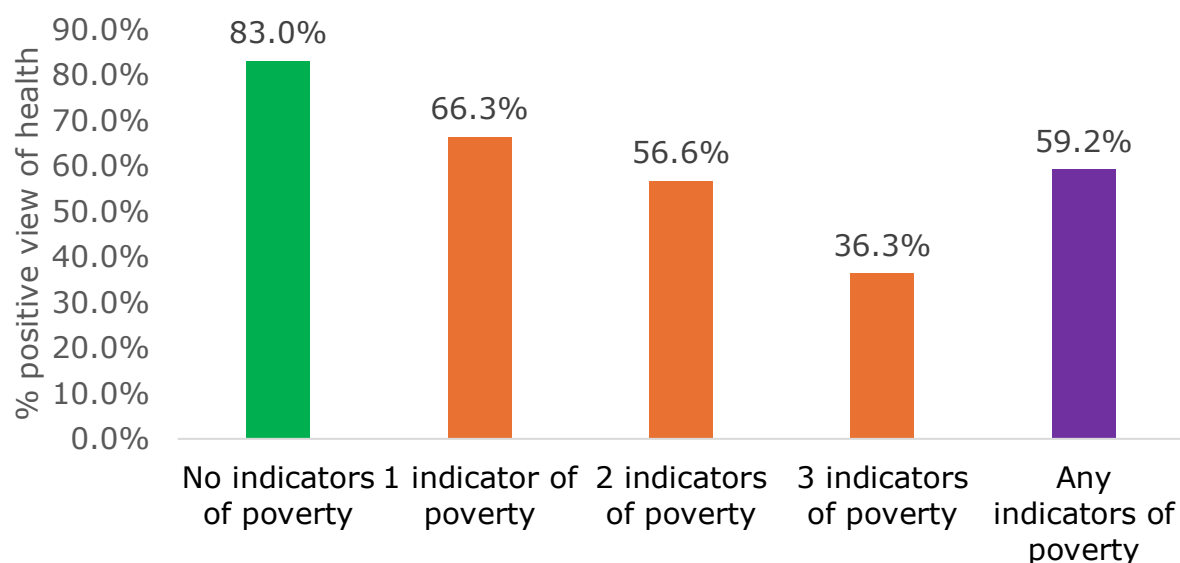
Reference:

<https://www.nhsggc.scot/downloads/public-health-strategy-2018-2028/>

5.1 General and Physical Health and Wellbeing

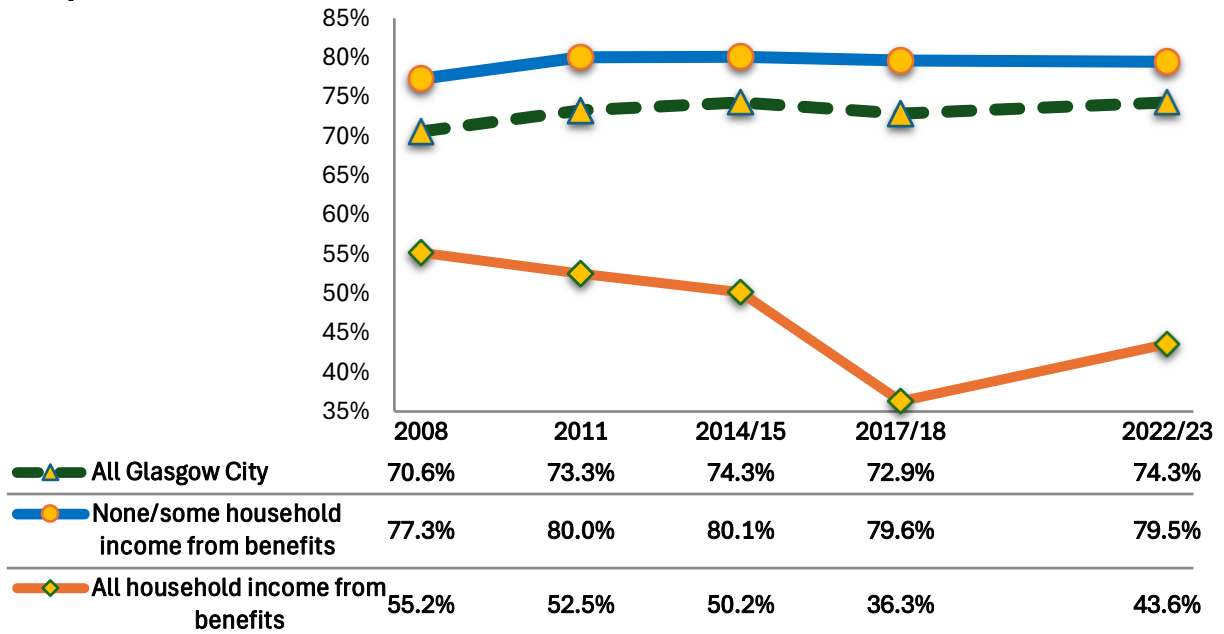
Overall, three in four (74%) adults in Glasgow City had a positive view of their general health, describing it as either 'very good' or 'good'. Poverty was associated with being less likely to have a positive view of general health. Three in five (59%) of those with any indicator of poverty had a positive view of their general health, compared to 83% of those with no indicators of poverty. Only 36% of those with all three indicators of poverty had a positive view of their general health.

Figure 5.1: Proportion with a Positive Perception of their Health by Indicators of Poverty



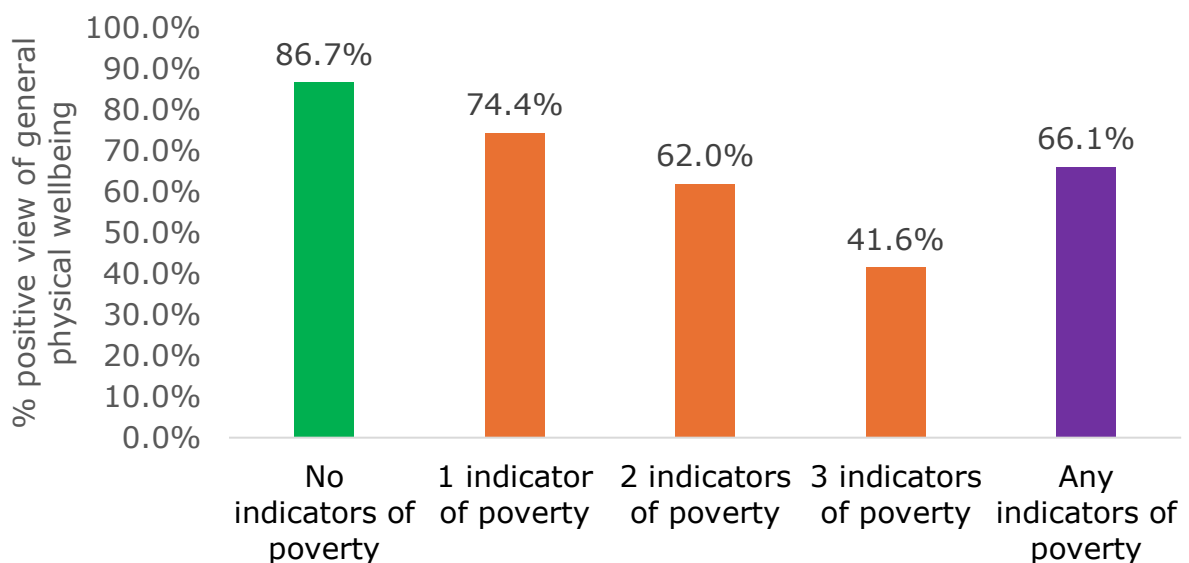
Overall in Glasgow City there was no significant change in the proportion of adults with a positive view of their general health between 2017/18 and 2022/23, and there has been little change since 2011. Among those who received all household income from benefits, there was a sharp decrease in the proportion with a positive view of their general health between 2014/15 and 2017/18 (from 50% to 36%) although this rose to 44% in 2022/23.

Figure 5.2: Trends for Positive View of General Health – 2008 to 2022/23



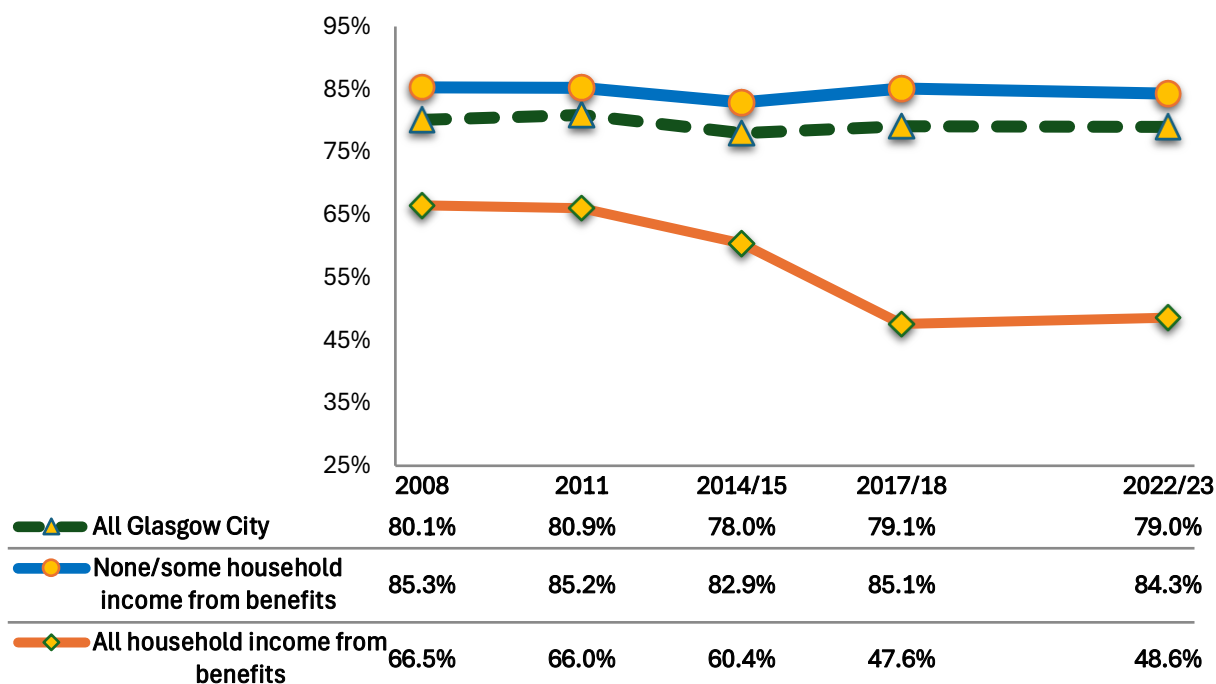
Using a 'faces' scale to indicate how they felt, four in five (79%) adults in Glasgow City rated their general physical wellbeing positively. Again, there was a strong relationship between views of physical wellbeing and indicators of poverty. The proportion with a positive view of their general physical wellbeing was 87% for those with no indicators of poverty, but 66% for those with any indicators of poverty, and less than half (42%) for those with all three indicators of poverty.

Figure 5.3: Proportion with a Positive Perception of their General Physical Wellbeing by Indicators of Poverty



There was no significant change in the proportion of adults in Glasgow City who were positive about their physical wellbeing since the 2017/18 survey, and indeed this has been fairly consistent across all surveys since 2008. However, among those receiving all household income from benefits, there has been a decrease since 2011, including a sharp drop between 2014/15 and 2017/18 to a level which was sustained in 2022/23.

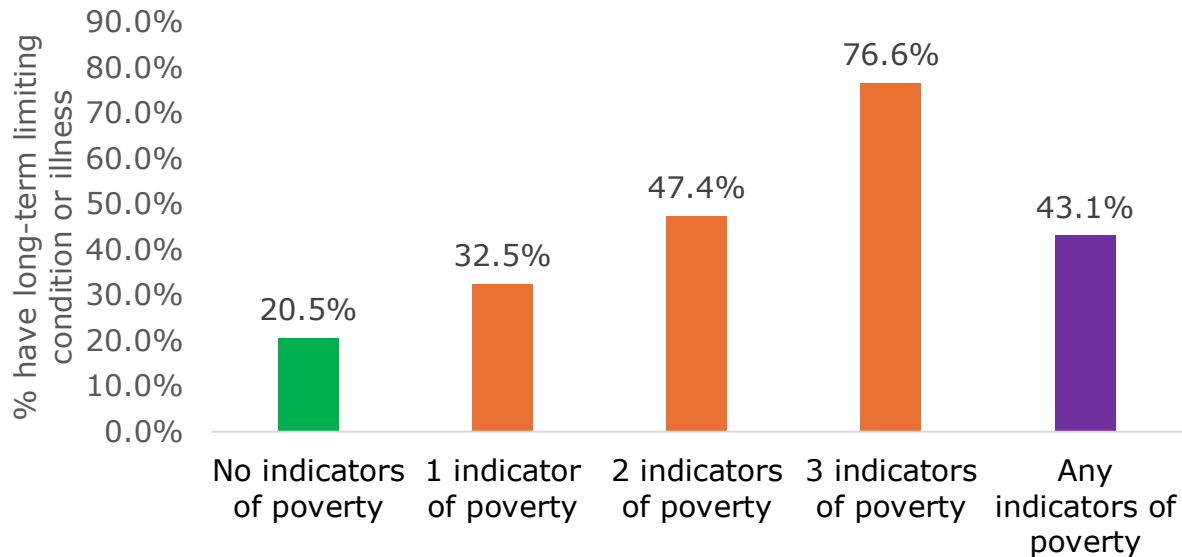
Figure 5.4: Trends for Positive View of General Physical Wellbeing – 2008 to 2022/23



5.2 Limiting Conditions/Illnesses and Treatment

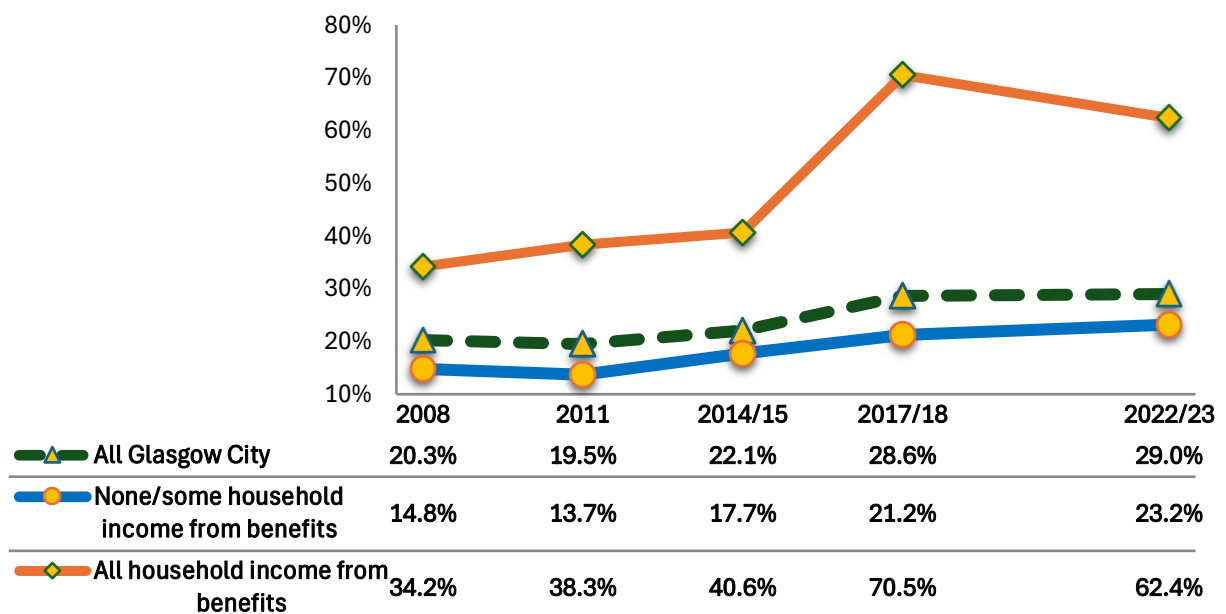
Three in ten (29%) adults in Glasgow said they had at least one long-term condition or illness that substantially interfered with their day-to-day activities. Poverty was associated with a higher likelihood of having a long-term limiting condition or illness. Those with any indicators of poverty were twice as likely as those with no indicators of poverty to have a long-term limiting condition or illness (43% compared to 21%), and more than three in four (77%) of those with all three indicators of poverty had a limiting condition/illness.

Figure 5.5: Proportion with a Long-Term Limiting Condition or Illness by Indicators of Poverty



The proportion of adults in Glasgow City who had a long-term limiting condition or illness rose significantly between 2011 and 2017/18, but saw no significant change between 2017/18 and 2022/23. Among those who received all household income from benefits, there was a very sharp rise between 2014/15 and 2017/18 in the proportion who had a limiting condition/illness, largely sustained in 2022/23.

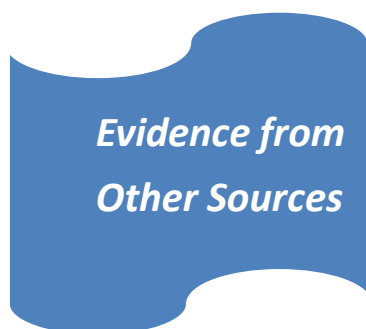
Figure 5.6: Trends for Proportion with a Limiting Long-Term Condition or Illness – 2008 to 2022/23



As Table 5.1 shows, those who had a long-term limiting condition/illness were much more likely than others to have a range of indicators of poorer financial wellbeing or disadvantage.

Table 5.1: Indicators of Poorer Financial Wellbeing/Disadvantage by Whether Have Long-Term Limiting Condition/Illness

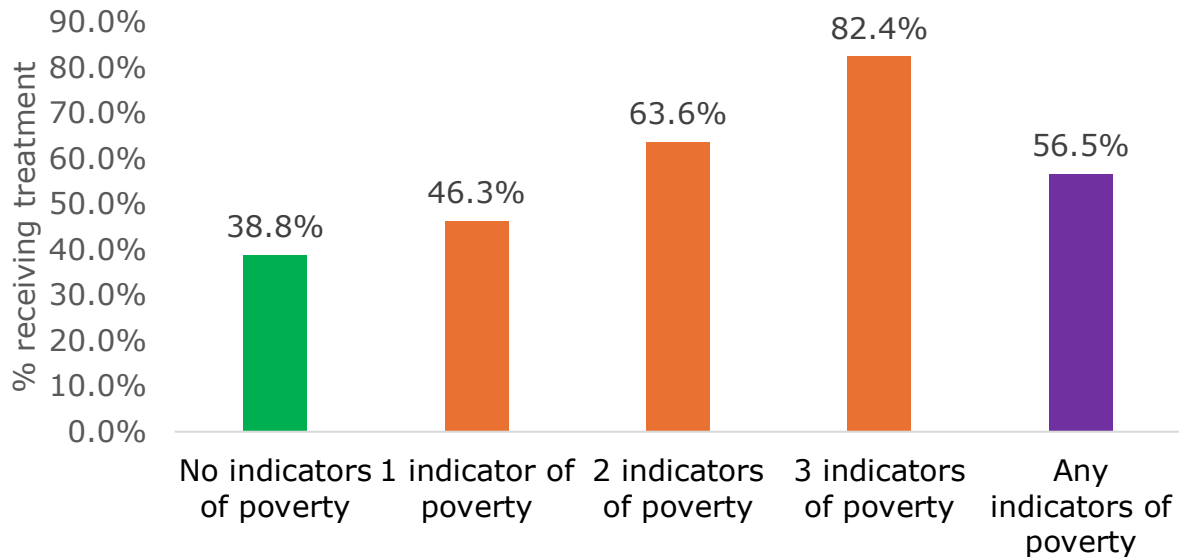
	Has a long-term limiting condition/illness	No long-term limiting condition/illness
Any of the three key indicators of poverty	52.4%	27.3%
Problem finding £35 for unexpected expenses	30.7%	14.1%
All household income from state benefits	30.7%	7.5%
Experienced food insecurity in the last year	34.2%	16.6%
Economically inactive	68.6%	35.3%
No qualifications	26.4%	10.7%
Positive perception of adequacy of household income	53.0%	75.5%
Indicators of difficulty affording energy	55.8%	42.8%



- Scottish Government analysis of the Family Resources Survey show that 23% of households in Scotland with a disabled person were in poverty, compared to 17% of households without a disabled household member.

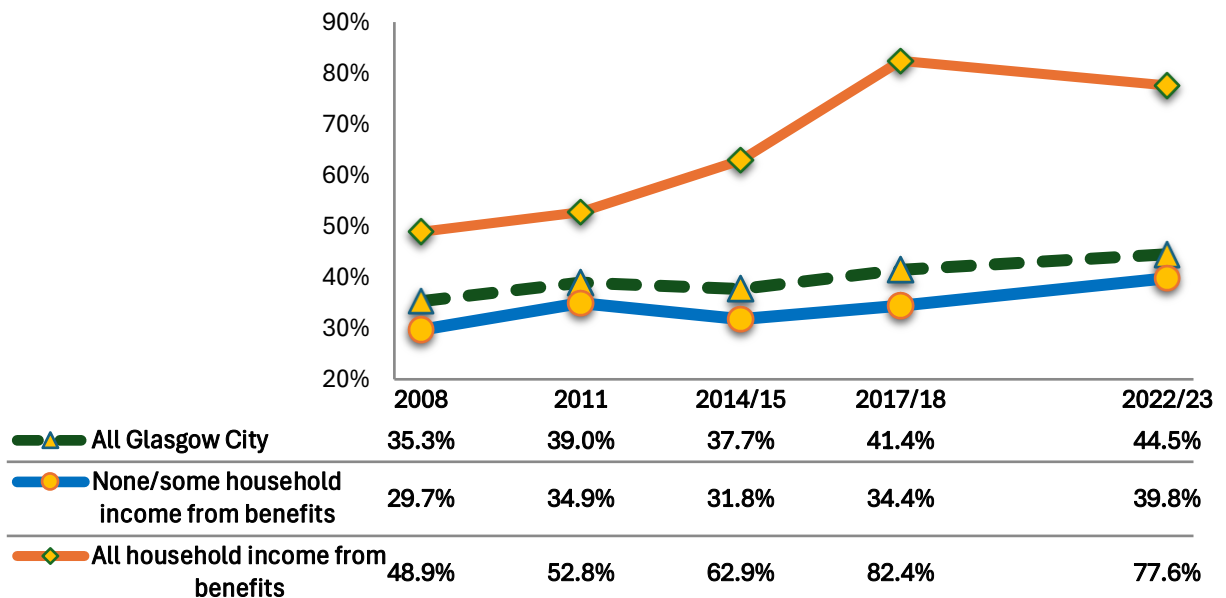
Overall, 44% of adults in Glasgow City were receiving treatment for at least one illness or condition (not necessarily 'limiting' conditions). Again, there was a strong relationship with indicators of poverty. The likelihood of being in receipt of treatment ranged from 39% for those with no indicators of poverty to 82% for those with all three indicators of poverty.

Figure 5.7: Proportion Receiving Treatment for at Least One Condition or Illness by Indicators of Poverty



Trends for the proportion of adults receiving treatment show that the general trend has been upwards since 2008, including a significant rise between 2017/18 and 2022/23. Among those who received all household income from benefits, the rise has been much sharper between 2008 and 2017/18 to a level sustained in 2022/23, as Figure 5.8 shows.

Figure 5.8: Trends for Receiving Treatment for at least One Condition – 2008 to 2022/23



As Table 5.2 shows, those who were receiving treatment were much more likely than others to have a range of indicators of poorer financial wellbeing or disadvantage.

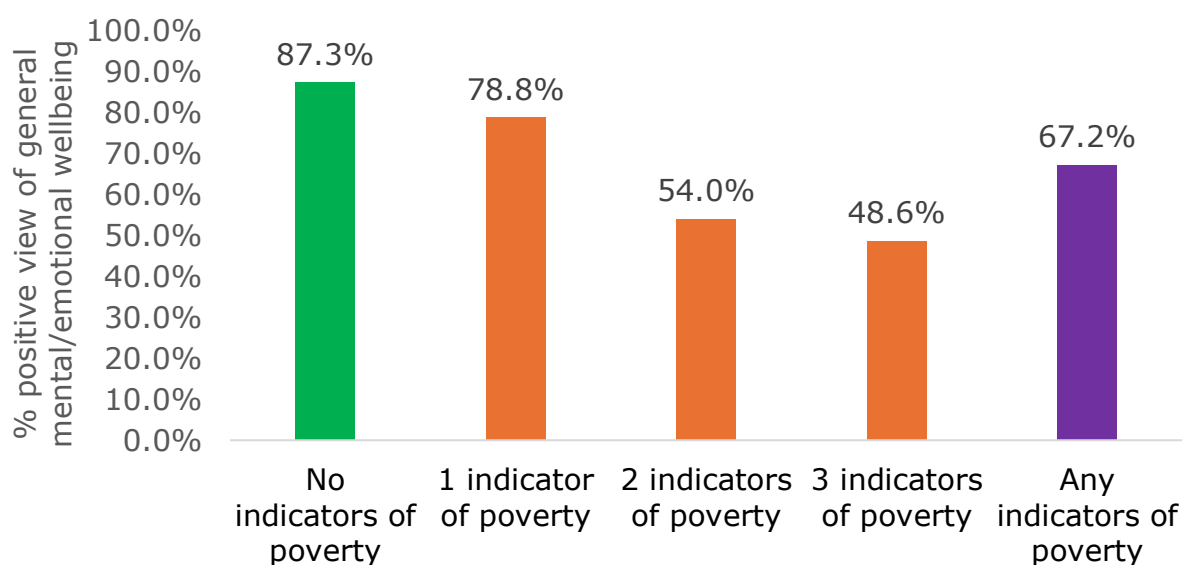
Table 5.2: Indicators of Poorer Financial Wellbeing/Disadvantage by Whether Receiving Treatment for at Least One Condition/Illness

	Receiving Treatment	Not Receiving Treatment
Any of the three key indicators of poverty	43.3%	27.1%
Problem finding £35 for unexpected expenses	23.3%	15.2%
All household income from state benefits	24.3%	5.8%
Experienced food insecurity in the last year	27.8%	16.7%
Economically inactive	60.5%	32.4%
No qualifications	21.6%	9.9%
Positive perception of adequacy of household income	61.0%	75.6%
Indicators of difficulty affording energy	53.3%	41.2%

5.3 Mental Health and Wellbeing

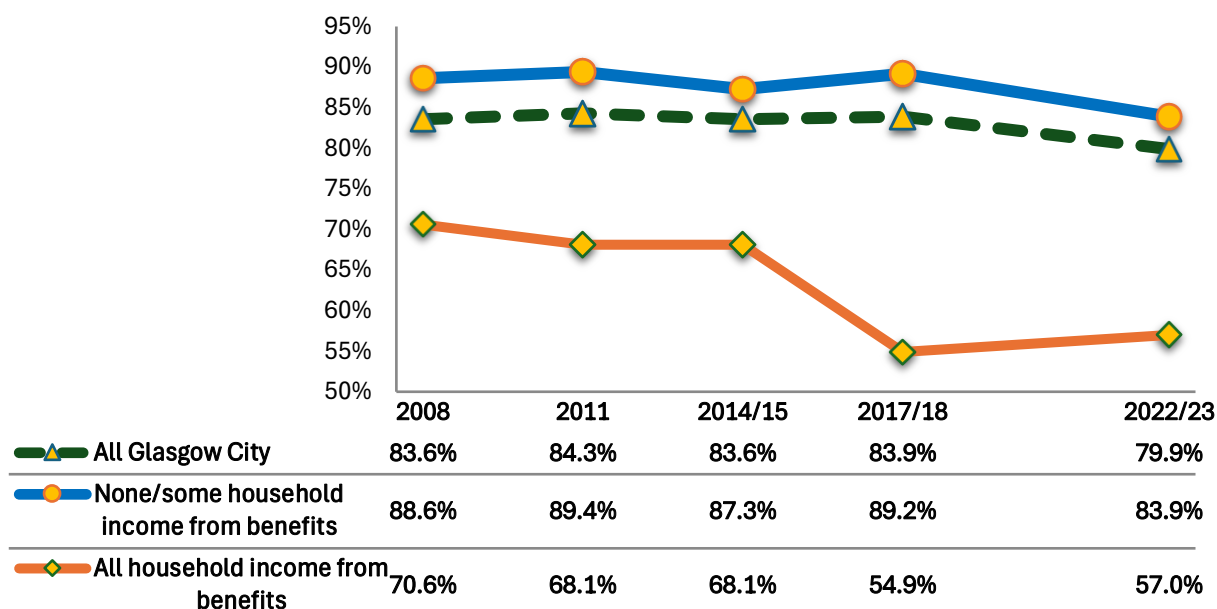
Using a 'faces' scale to indicate how they felt, four in five (80%) adults in Glasgow City rated their general mental or emotional wellbeing positively. Poverty indicators were associated with a lower likelihood of having a positive view of mental/emotional wellbeing. While 87% of those with no indicators of poverty had a positive view of their mental/emotional wellbeing, this was true for 67% of those with any indicators of poverty. Half (49%) of those with all three indicators of poverty had a positive view of their mental/emotional wellbeing.

Figure 5.9: Proportion with Positive view of Mental/Emotional Wellbeing by Indicators of Poverty



For the adult population as a whole in Glasgow City, the proportion with a positive view of their mental/emotional wellbeing remained fairly consistent between 2008 and 2017/18, but showed a significant decrease between 2017/18 and 2022/23. Among those who received all household income from benefits, there was a sharp drop between 2014/15 and 2017/18 to a level sustained in 2022/23, as Figure 5.10 shows.

Figure 5.10: Trends for Positive View of Mental/Emotional Wellbeing – 2008 to 2022/23



The self-completion section of the main survey questionnaire included the fourteen questions of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This measures mental wellbeing. The mean WEMWBS score for adults in Glasgow City was 51.0.

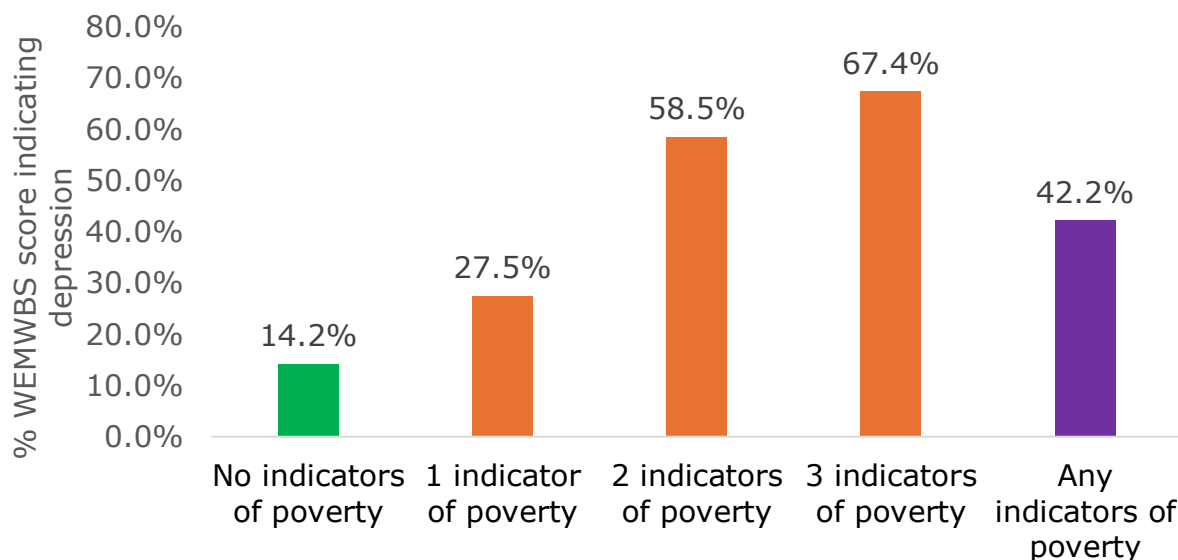
Validated categorisations of WEMWBS scores are:

- Score under 41: Probable clinical depression
- Score 41-44: Possible/mild depression
- Score 45+: No depression

Using these categories, one in four (25%) had a WEMWBS score indicating depression – either probable clinical depression (16%) or possible mild/depression (9%).

Poverty was strongly associated with a higher likelihood of having WEMWBS scores indicating depression – rising from 14% of those with no indicators of poverty to 67% of those with all three indicators of poverty.

Figure 5.11: Proportion with WEMWBS Scores Indicating Depression by Indicators of Poverty



Mean WEMWBS scores were 53.9 for those with no indicators of poverty, compared to 46.2 for those with any indicators of poverty.

WEMWBS has not been consistently included in health and wellbeing surveys, so it is not possible to examine trends.



- The Scottish Health Survey 2023 found that measures of food insecurity were associated with lower WEMWBS scores. For example, the mean WEMWBS score of those who had been worried about running out of food in the last 12 months was 41.6, compared to the mean of 50.1 for those who had not had this worry.

5.4 Chapter Summary

Those with indicators of poverty were:

- less likely to have a positive perception of their general health
- less likely to have a positive perception of their physical wellbeing
- more likely to have a long-term limiting condition/illness
- more likely to be receiving treatment for at least one condition
- less likely to have a positive perception of their mental/emotional wellbeing
- more likely to have a WEMWBS score indicating depression.

6 Poverty and Feeling in Control

Poverty and Feeling in Control

Indicators of poverty were associated with a **lower** likelihood of **feeling in control** of decisions affecting life



74%
Of those with **no** indicators of poverty definitely felt in control

34%
Of those with **all three** indicators of poverty definitely felt in control

Policy Context

The Poverty and Inequality Commission Strategic Plan 2025–2027 prioritises the engagement of people with lived experience of poverty in identifying issues and developing and designing solutions.

Reference:

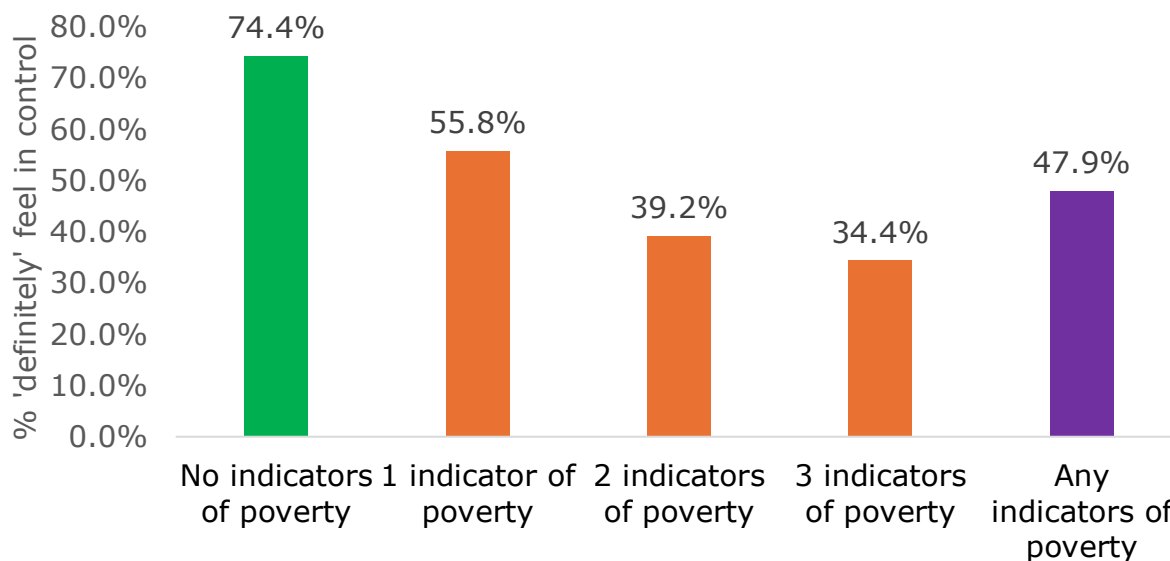
<https://povertyinequality.scot/publication/poverty-and-inequality-commission-strategic-plan-2025-2027/>

6.1 Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just under two in three (65%) adults in Glasgow City said they 'definitely' felt in control of these decisions, while 28% said that they felt in control 'to some extent' and 7% did not feel in control of these decisions.

Indicators of poverty were associated with being less likely to 'definitely' feel in control of decisions. Just under half (48%) of those with any of the three indicators of poverty said they definitely felt in control of decisions affecting their life compared to 74% of those with no indicators of poverty. Only a third (34%) of those with all three indicators of poverty said they definitely felt in control.

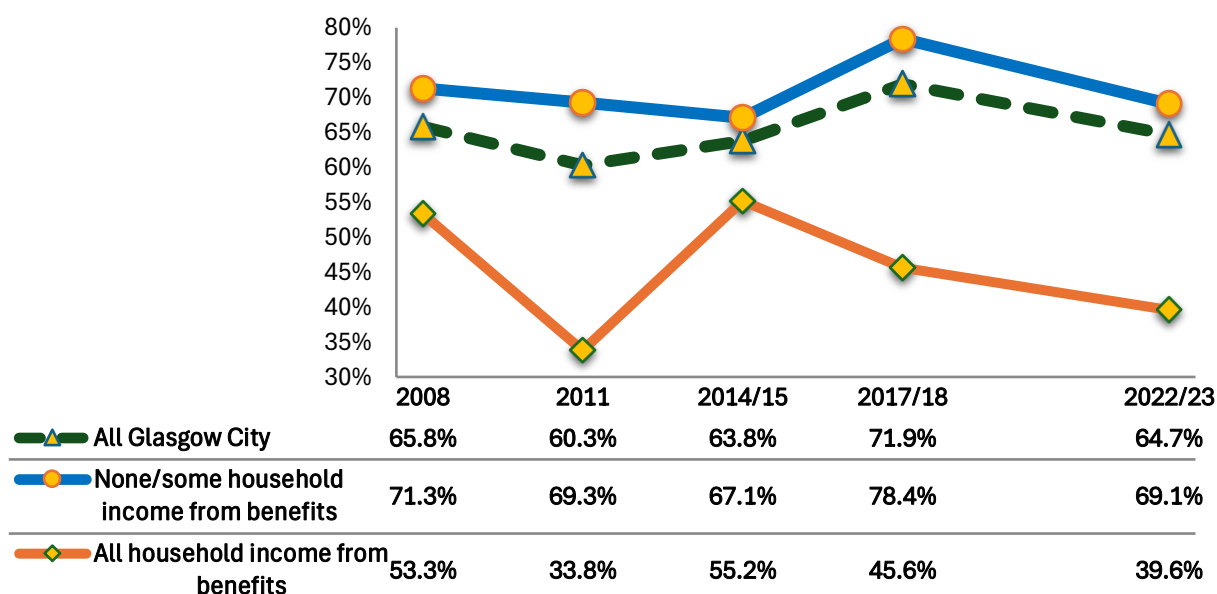
Figure 6.1: Proportion 'Definitely' Feel in Control of Decisions Affecting Life by Indicators of Poverty



Overall, Glasgow City saw an increase between 2011 and 2017/18 in the proportion who felt in control of decisions affecting their lives, followed by a decrease between 2017/18 and 2022/23, returning levels to similar to those seen in 2014/15.

Among those who received all household income from benefits, there has been more fluctuation, but there has been a continual decrease over the last three surveys in the proportion who felt in control of decisions affecting their life, as Figure 6.2 shows.

Figure 6.2: Trends for 'Definitely' Feel in Control of Decisions Affecting Life – 2008 to 2022/23



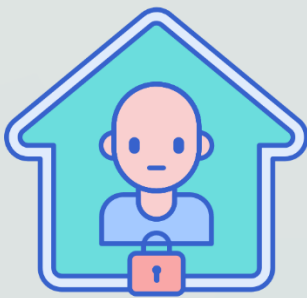
6.2 Chapter Summary

Those with indicators of poverty were:

- less likely to feel in control of the decisions affecting their life.

Poverty and Isolation & Loneliness

Indicators of poverty were associated with a **higher** likelihood of feeling **isolated** or **lonely**



Among those with **no** indicators of poverty:

16%

felt isolated from friends/family

21%

had felt lonely in the previous 2 weeks

Among those with **all three** indicators of poverty:

56%

felt isolated from friends/family

65%

had felt lonely in the previous 2 weeks

Policy Context

Social isolation and loneliness are public health issues, which can affect anyone at any age or stage of life, and negatively impact physical and mental health. A national plan is in place to progress the delivery of 'A Connected Scotland' strategy to help people build stronger social connections.

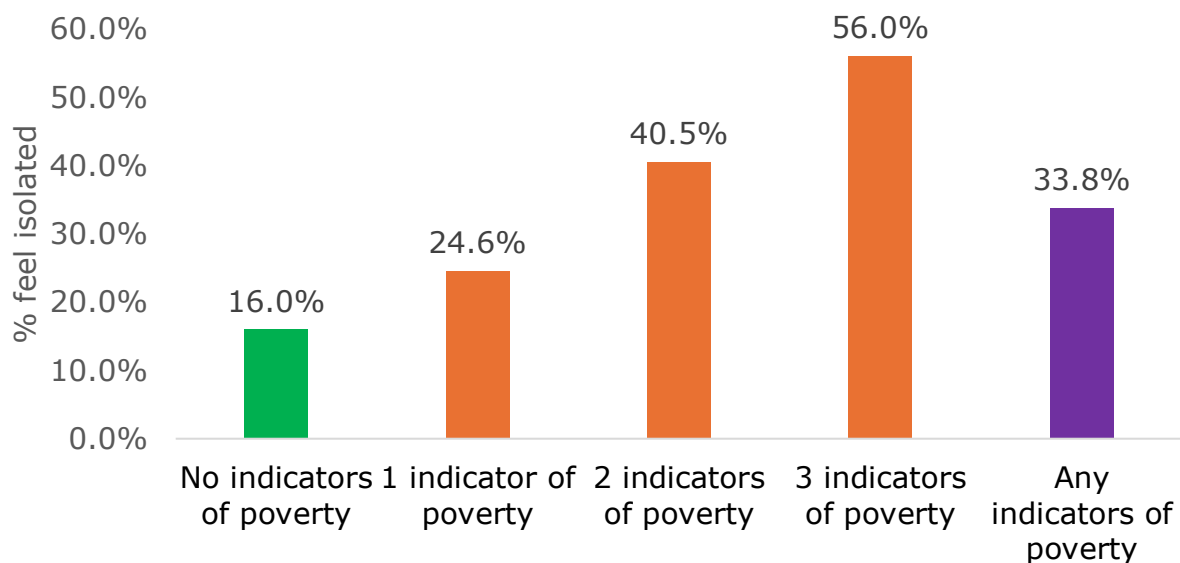
Reference: <https://www.gov.scot/publications/recovering-connections-2023-2026/pages/1/>

7.1 Isolation

Overall, 22% of adults in Glasgow City said they ever felt isolated from family and friends.

Indicators of poverty were associated with feelings of isolation. A third (34%) of those with any indicators of poverty said they felt isolated from family and friends, compared to 16% of those without indicators of poverty. More than half (56%) of those with all three indicators of poverty said they felt isolated.

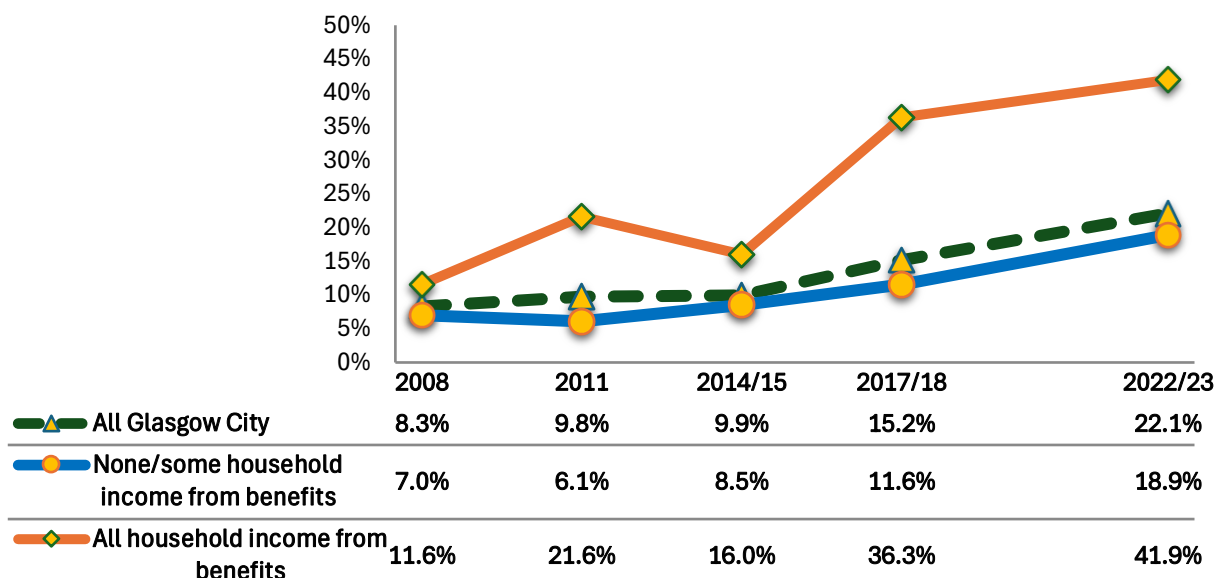
Figure 7.1: Proportion who Feel Isolated from Family and Friends by Indicators of Poverty



Trends for feeling of isolation show that there was a sharp and significant increase between 2017/18 and 2022/23, further building on a rise observed between 2014/15 and 2017/18.

Among those who received all household income from benefits, the 2017/18 survey showed a particularly steep rise in the proportion who felt isolated, representing a widening of the gap between those receiving all household income from benefits and others. This gap was sustained in 2022/23 as overall levels of isolation increased.

Figure 7.2: Trends for Feel Isolated – 2008 to 2022/23

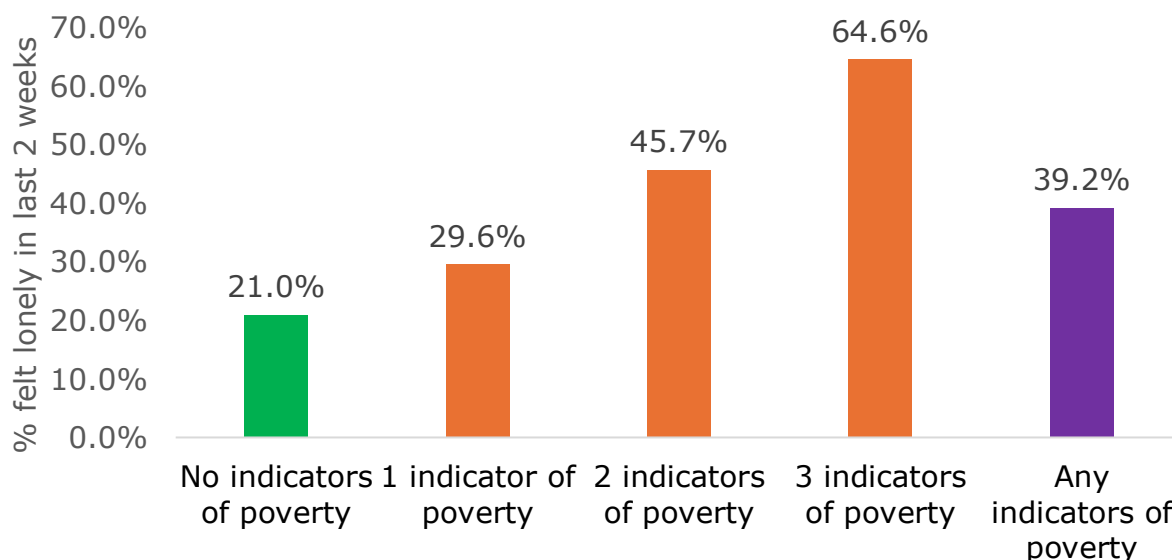


7.2 Loneliness

Survey respondents were asked how often they had felt lonely in the past two weeks. Overall, 7.5% said they had felt lonely all of the time or often, 19.8% said they had felt lonely some of the time and 72.6% said they had rarely/never felt lonely. Thus, in total just over one in four (27.4%) had felt lonely at least some of the time in the past two weeks.

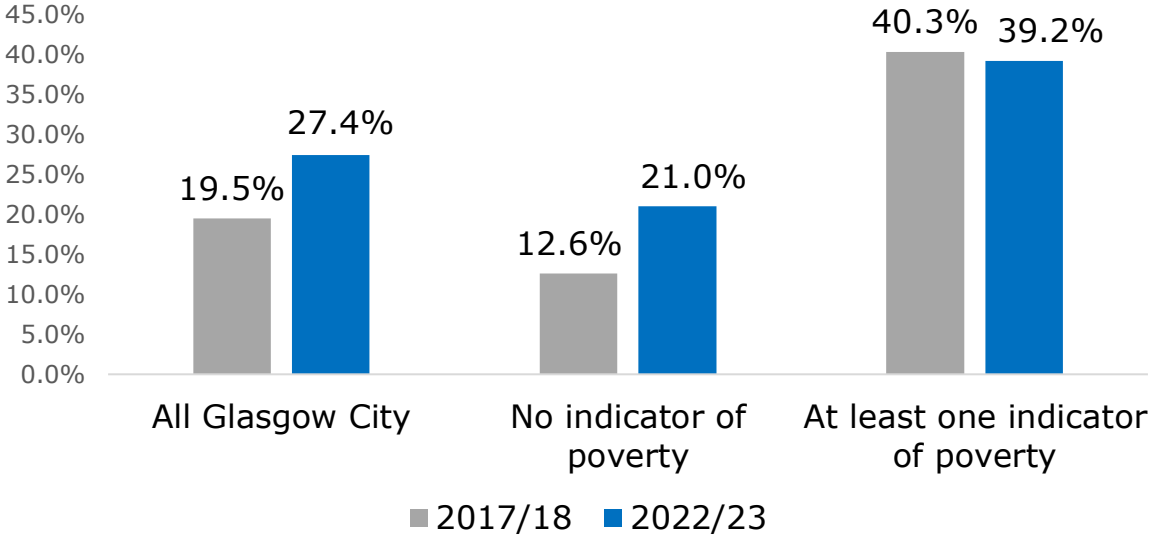
Indicators of poverty were associated with increased likelihood of feeling lonely. Two in five (39%) of those who had any indicators of poverty had felt lonely in the previous two weeks, compared to 21% of those who had no indicators of poverty. Two thirds (65%) of those who had all three indicators of poverty had felt lonely in the past two weeks.

Figure 7.3: Proportion who had Felt Lonely at Least Some of the Time in the Last Two Weeks by Indicators of Poverty



The question on feeling lonely was asked for the first time in 2017/18, so it is not possible to examine trends. The proportion who had felt lonely in the previous two weeks rose from 19.5% in 2017/18 to 27.4% in 2022/23. However, among those with indicators of poverty, the rate of loneliness was consistent across the two surveys; it was among those without indicators of poverty where a rise was observed. This is shown in Figure 7.4.

Figure 7.4: Proportion who Had Felt Lonely at Least Some of the Time in the Last Two Weeks – 2017/18 and 2022/23



7.3 Chapter Summary

Those with indicators of poverty were:

- more likely to feel isolated from family and friends
- more likely to have felt lonely in the last two weeks.

Poverty and Discrimination

Indicators of poverty were associated with a **higher** likelihood of **experiencing all types of discrimination**



46%
Of those with any indicators of poverty experienced discrimination

Compared to 35% of those without indicators of poverty

Of those who experienced discrimination, those with indicators of poverty were more likely than others to think the **reason** was:



Education or income level



Aspect of physical appearance



Physical disability

Policy Context

The Equality Act 2010 and NHS GGC's equality outcomes require public services to eliminate discrimination and promote equality, especially for those facing multiple disadvantages.

Reference: <https://www.nhs.gov.uk/your-health/equalities-in-health/>

8.1 Experience of Discrimination

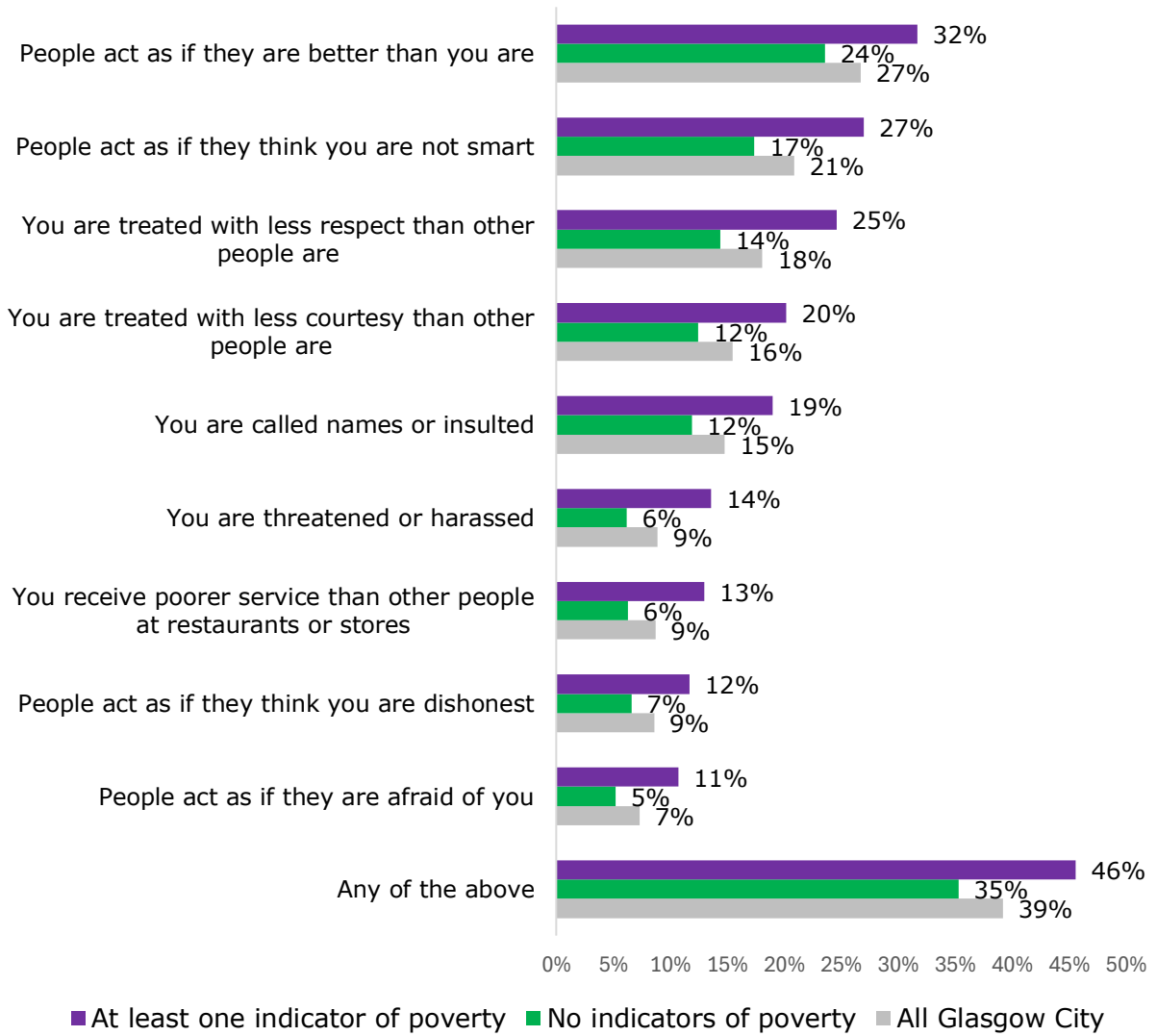
The main survey questionnaire (self-completion section) included The Everyday Discrimination Scale⁸. The proportion who reported each type of discrimination happening at least a few times a year is shown in Figure 8.1, broken down by those who had indicators of poverty and others, together with the overall proportion in Glasgow City. Overall, two in five (39%) adults in Glasgow had experienced at least one type of discrimination at least a few times in the last year. Each type of discrimination showed a significant difference for those who had indicators of poverty compared to others, with poverty associated with a higher likelihood of experiencing each type of discrimination.

Overall, 46% of those with indicators of poverty reported experiencing at least one type of discrimination at least a few times in the previous year, compared to 35% of those without indicators of poverty.

8

https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_dec_2020.pdf

Figure 8.1: Proportion who Experienced Each Type of Discrimination at Least a Few Times Per Year by Whether Any Indicators of Poverty



8.2 Perceived Reasons for Discrimination

Those who experienced discrimination were asked what they thought were the main reasons for these experiences (with the option of selecting multiple reasons). In order of frequency, responses from the given list of reasons for discrimination are shown below – where there was a significant difference for those with indicators of poverty compared to others, the differentiated finding is also given:

- Age (40%)
- Gender (32%)
- Education or income level (19%)
 - Those with indicators of poverty: 24%
 - Those without indicators of poverty: 16%
- Race (19%)
- Ancestry or national origins (14%)
- Shade of skin colour (13%)
- Some other aspect of physical appearance (13%)
 - Those with indicators of poverty: 17%
 - Those without indicators of poverty: 9%
- Weight (12%)
- Height (11%)
- Sexual orientation (11%)
- Religion (8%)
- Physical disability (6%)
 - Those with indicators of poverty: 9%
 - Those without indicators of poverty: 2%.

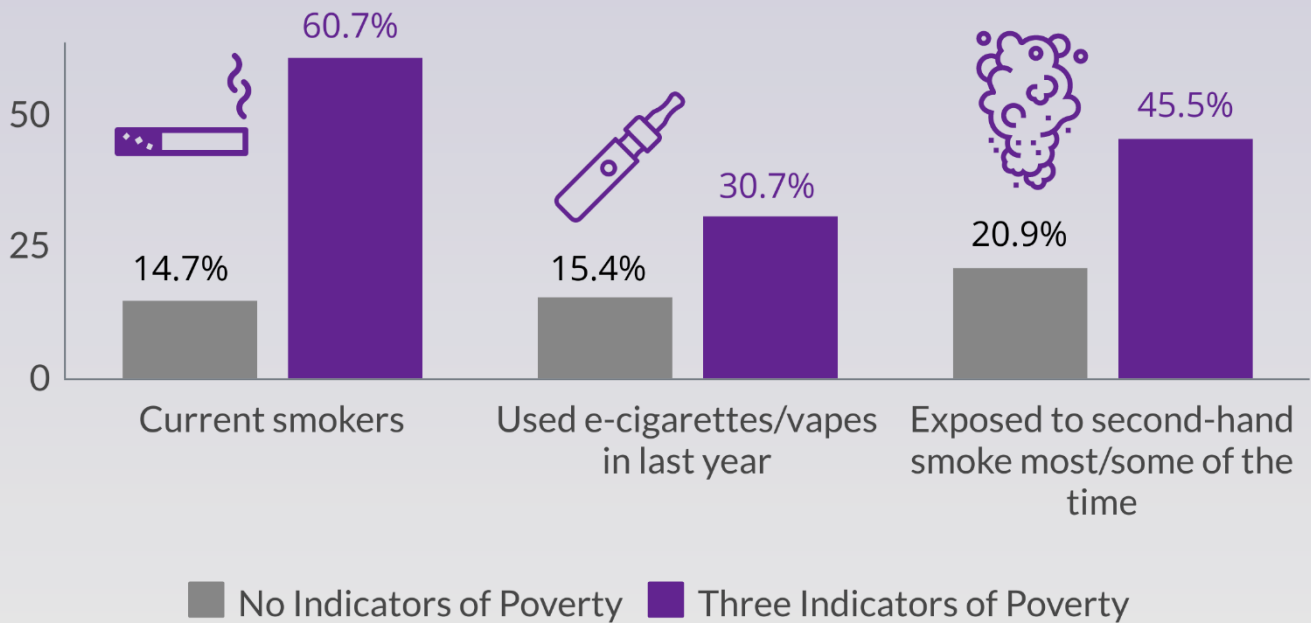
8.3 Chapter Summary

Those with indicators of poverty were:

- more likely to have experienced each type of discrimination measured
- (among those who had experienced discrimination) more likely to perceive reasons for discrimination to be education or income level, aspect of physical appearance or physical disability.

Poverty and Health-Risk Behaviours

Indicators of poverty were associated with higher rates of smoking, vaping and exposure to second-hand smoke

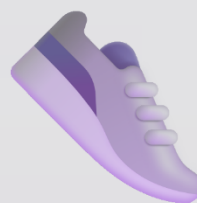


Indicators of poverty were associated with: lower likelihood of drinking alcohol but **higher** likelihood of **alcohol-related risk** and binge drinking



20% of those with **all three indicators of poverty** ate **no fruit/veg**

compared to 6% of those with no indicators of poverty



40% of those with **all three indicators of poverty** met the target of **150+ mins physical activity** per week

compared to 77% of those with no indicators of poverty

Policy Context

[Scotland's Population Health Framework](#) sets out initial preventative actions to: improve the food environment, diet and healthy weight; implement physical activity policy actions; deliver the initial two-year Tobacco and Vapes Implementation Plan; reduce alcohol and drug related harms and deaths. NHSGGC offers various supports via health improvement programmes.

Reference:

<https://www.nhsggc.scot/your-health/public-health/healthimprovement/>

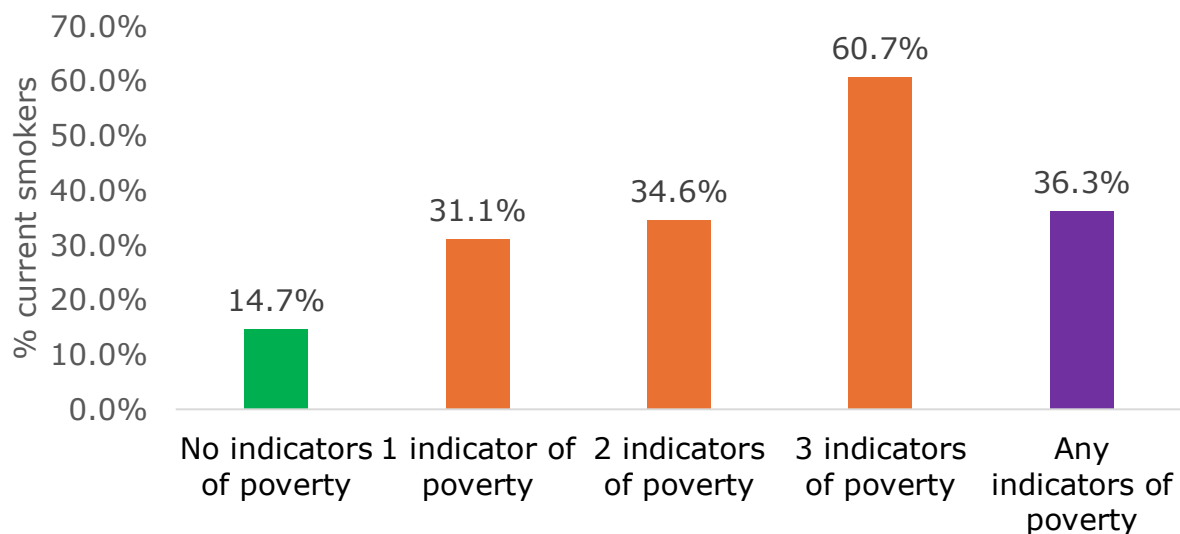
9.1 Smoking and Exposure to Smoke

Cigarette Smoking

Just over one in five (22%) adults in Glasgow City were smokers, smoking either every day (17%) or some days (5%).

There was a strong relationship between smoking and indicators of poverty. Overall, those with indicators of poverty were more than twice as likely as others to be smokers (36% compared to 15%). Three in five (61%) of those with all three indicators of poverty were smokers.

Figure 9.1: Proportion of Current Smokers by Indicators of Poverty



For smokers, the cost of cigarettes is likely to contribute to financial hardship. In the survey period, in January 2023, the average cost of a packet of cigarettes was £12.63⁹, representing a monthly cost of £354.64 for someone smoking 20 cigarettes per day.

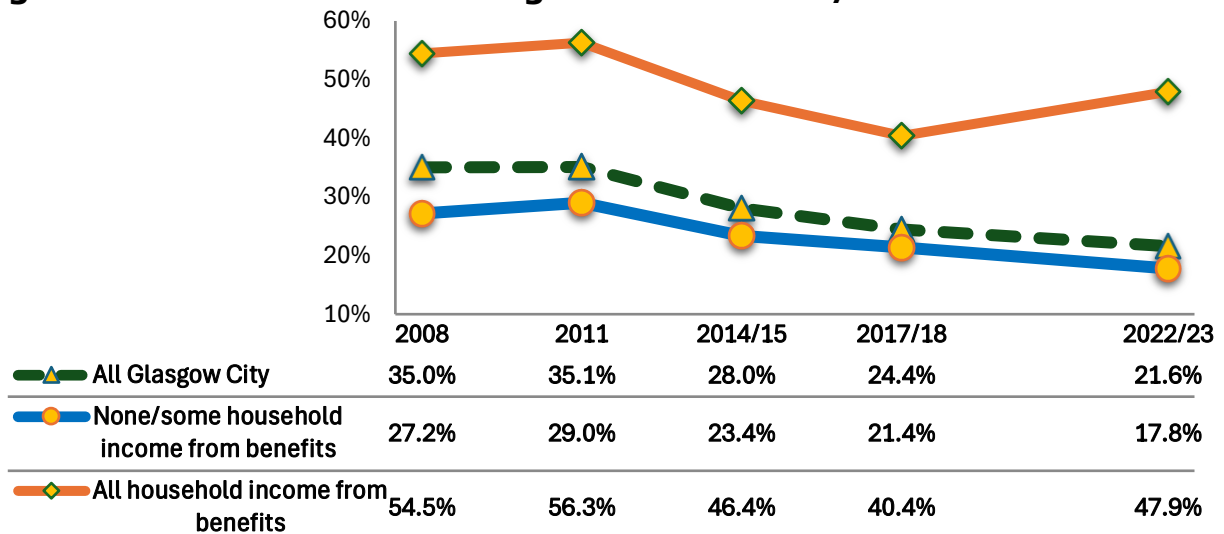
Smoking rates in Glasgow City have declined in each survey since 2011, and this continued between 2017/18 and 2022/23, albeit it at a proportionately

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<https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/czmp>

slower level of decline. However, among those who received all household income from state benefits, there was a rise between 2017/18 and 2022/23 in the proportion who smoked, as Figure 9.2 shows.

Figure 9.2: Trends for Smoking – 2008 to 2022/23

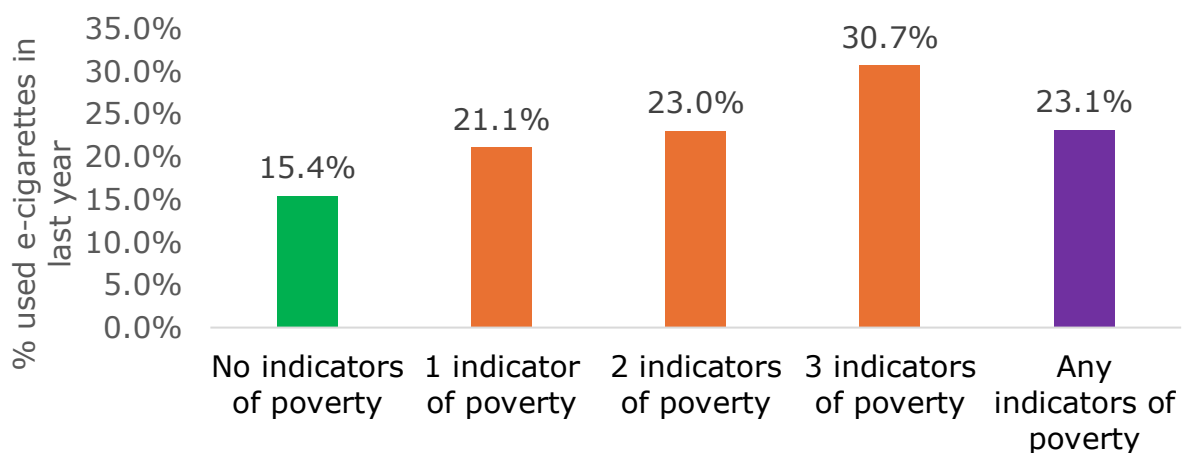


E-Cigarettes/Vaping

In total, 18% of adults in Glasgow City had used e-cigarettes at least some days in the last year. These comprised 7% who had used e-cigarettes every day in the last year, 6% who had done so on some days and 5% who had done so just once or twice in the last year.

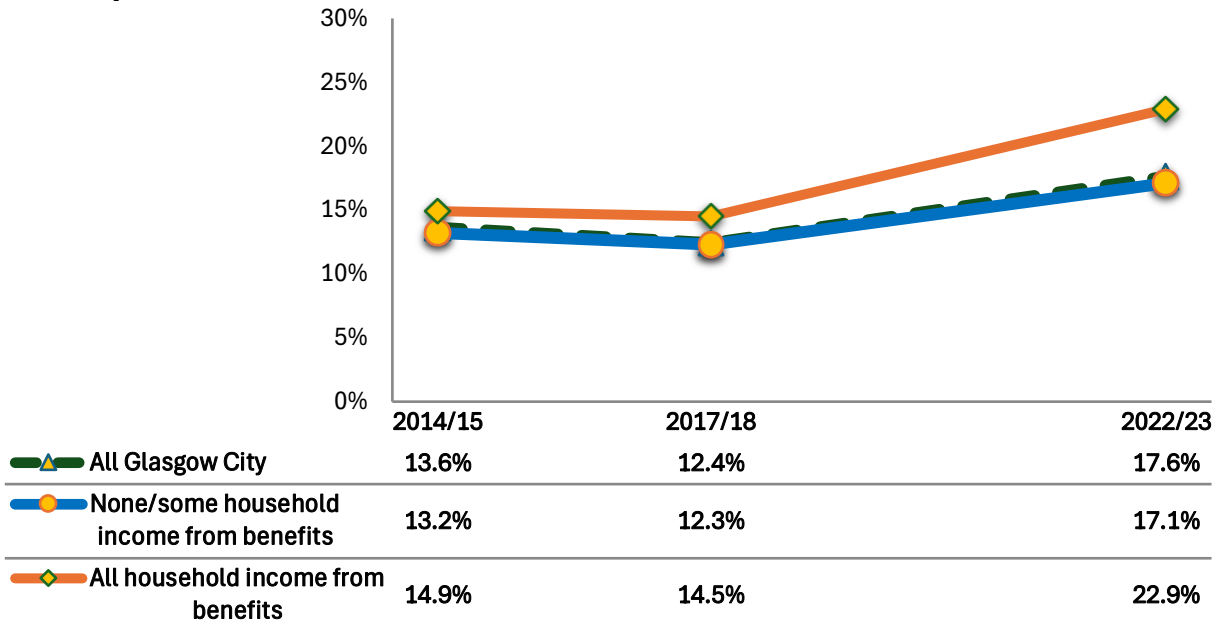
Indicators of poverty were associated with a higher likelihood of having used e-cigarettes in the last year. Just under one in four (23%) of those who had indicators of poverty had used e-cigarettes in the last year, compared to 15% of those without indicators of poverty. Just under one in three (31%) of those with all three indicators of poverty had used e-cigarettes in the last year.

Figure 9.3: Proportion who had used E-Cigarettes in the Last Year by Indicators of Poverty



Questions on e-cigarette use have been included in the surveys since 2014/15. Overall in Glasgow City, there was little change between 2014/15 and 2017/18 in the proportion who had used e-cigarettes in the last year, but there was a significant rise between 2017/18 and 2022/23 (from 12% to 18%). In 2014/15 and 2017/18 there was no significant difference in the rate of e-cigarette use between those who had all household income from benefits and others. However, 2022/23 was the first survey that found those receiving all income from benefits were more likely to use e-cigarettes.

Figure 9.4: Trends for Used E-Cigarettes in the Last Year – 2014/15 to 2022/23

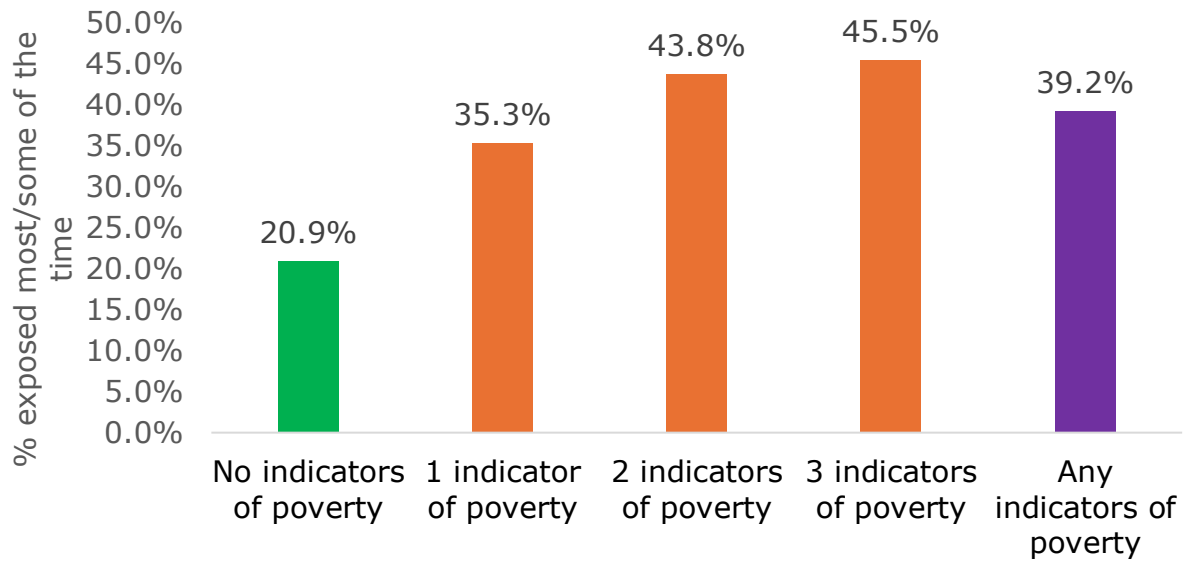


Exposure to Second-Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. In total, 27% said that this happened most of the time (10%) or some of the time (17%). A further 24% said that they were seldom exposed to second-hand smoke and 49% said they were never exposed.

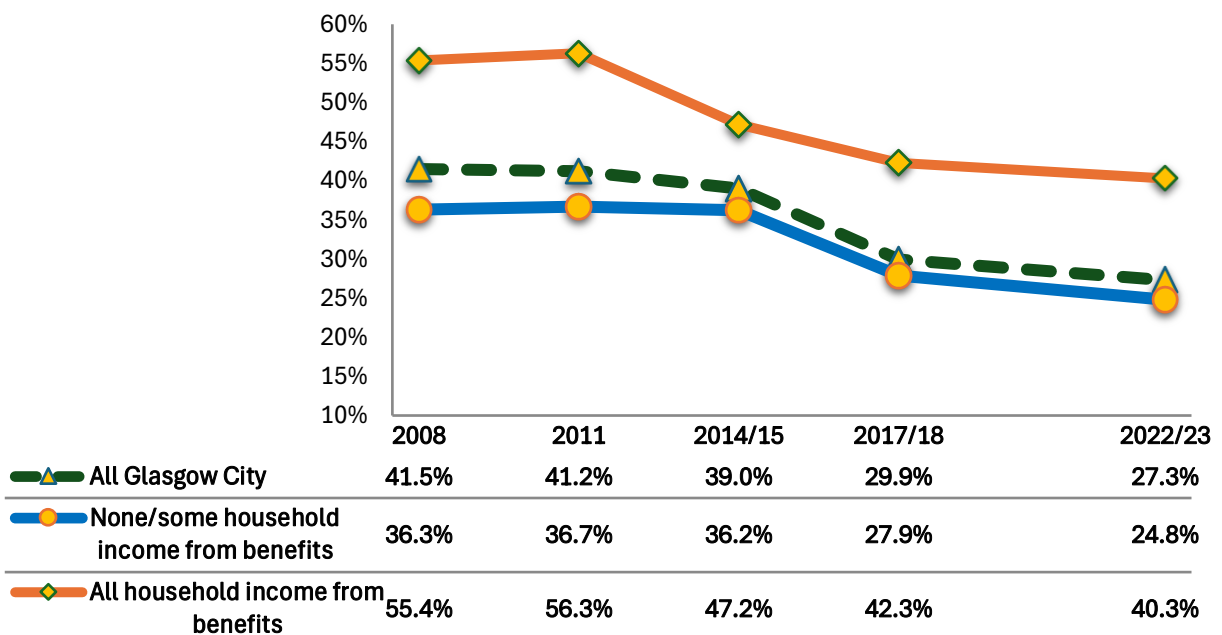
Indicators of poverty were associated with a higher likelihood of being exposed to second-hand smoke. Overall, those with any indicators of poverty were nearly twice as likely as others to be exposed to second-hand smoke most/some of the time (39% compared to 21%).

Figure 9.5: Proportion Exposed to Second-Hand Smoke (most/some of the time) by Indicators of Poverty



There was a fall in Glasgow City between 2017/18 and 2022/23 in the proportion exposed to second-hand smoke most/some of the time, building on a sharper decrease observed between 2014/15 and 2017/18.

Figure 9.6: Trends for Exposure to Second-Hand Smoke Most/Some of the Time – 2008 to 2022/23



9.2 Alcohol

AUDIT Scores

The survey used a series of 10 questions which comprise the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT scoring is shown in

Appendix A. Together, responses to these questions allow scores to be calculated for each respondent and categorised according to a level of risk. The proportion of adults in Glasgow City which fell into each category is shown in Table 9.1.

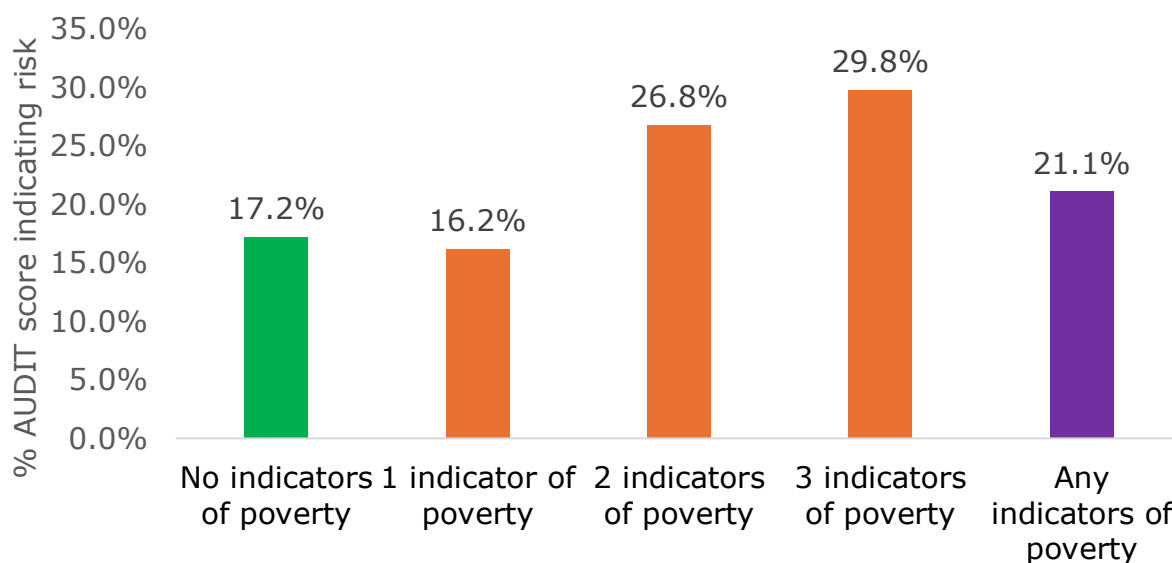
Table 9.1: Proportion in each Alcohol Use Disorders Identification Test (AUDIT) Category

	%
Low Risk (AUDIT score 0-7)	82.2%
Increasing Risk (AUDIT score 8-15)	16.1%
Higher Risk (AUDIT score 16-19)	0.9%
Possible Dependence (AUDIT score 20+)	0.8%

Those with a score greater than 7 indicates increased risk (17.8%).

While overall, those with indicators of poverty were more likely than others to have an AUDIT score indicating risk (21% compared to 17%), the difference was only observed for those who had two or three of the three indicators of poverty, as Figure 9.7 shows.

Figure 9.7: Proportion with an AUDIT Score Indicating Risk by Indicators of Poverty

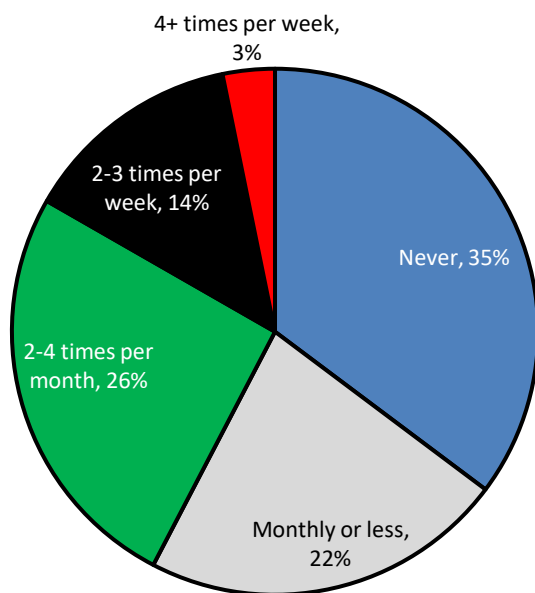


AUDIT scores have been measured in the last two surveys only. There was no significant change between 2017/18 and 2022/23 in the proportion who had AUDIT scores indicating risk, including the differentiated findings for those/without indicators of poverty.

Frequency of Drinking

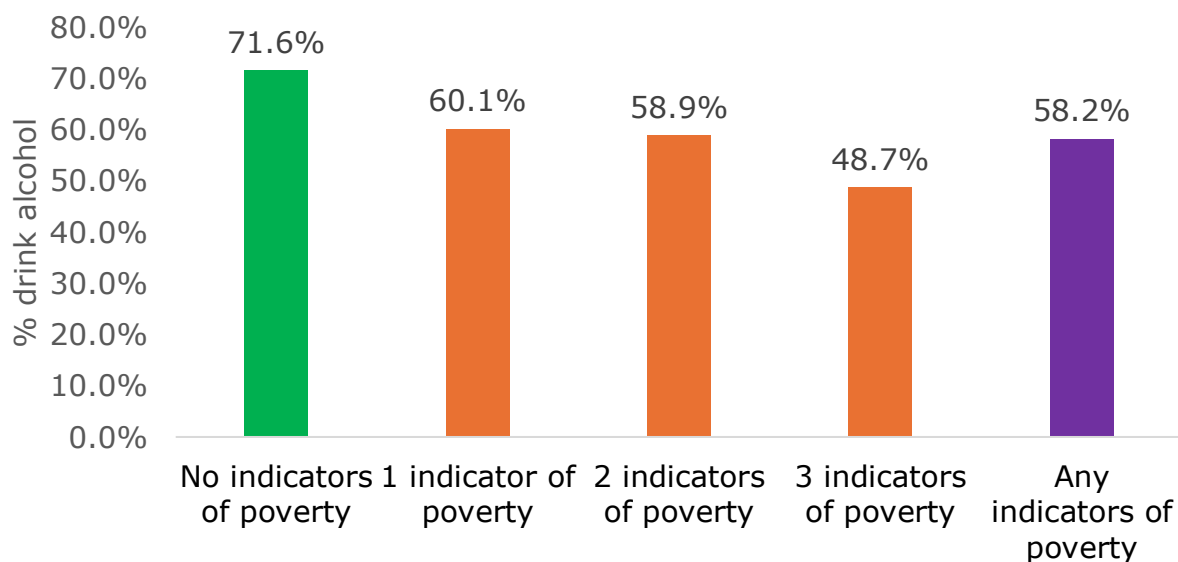
Respondents were asked how often they drank alcohol. Overall, 35% of adults in Glasgow City said they never drank alcohol. One in six (17%) drank alcohol at least twice per week.

Figure 9.8: How Often Drank Alcohol



Indicators of poverty were associated with being **less** likely to drink alcohol. Overall, 58% of those with indicators of poverty drank alcohol compared to 72% of those without any of the indicators of poverty. Just under half (49%) of those with all three indicators of poverty drank alcohol.

Figure 9.9: Proportion who Drink Alcohol by Indicators of Poverty



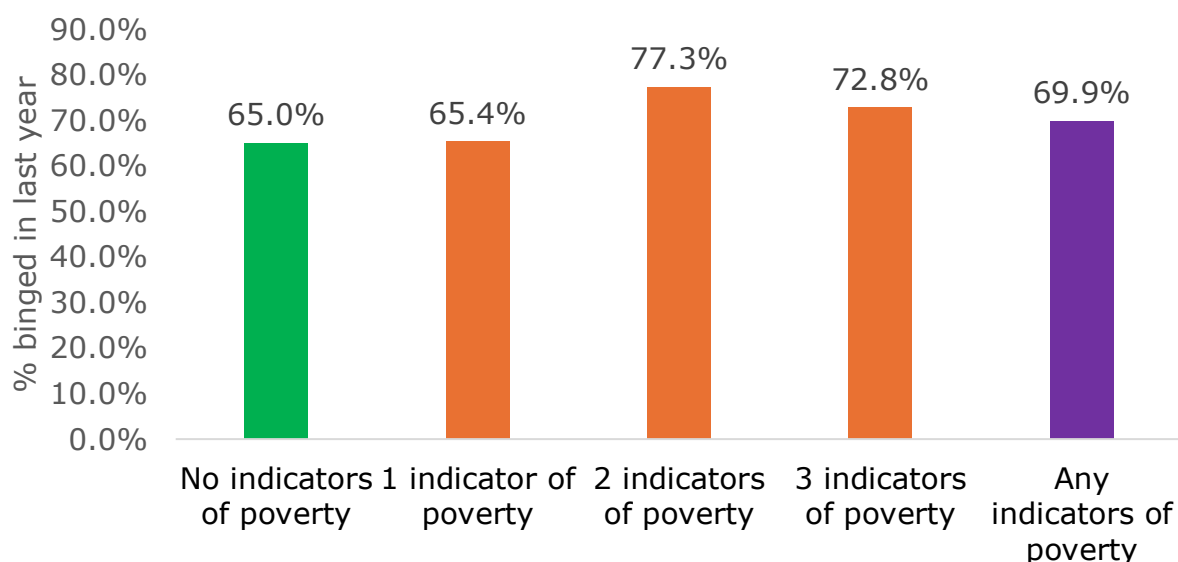
There was no significant change between 2017/18 and 2022/23 in the proportion who drank alcohol, including the differentiated findings for those/without indicators of poverty.

Binge Drinking

Those who drank alcohol were asked how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, two in three (67%) drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 15% weekly, 20% monthly, and 30% less than monthly.

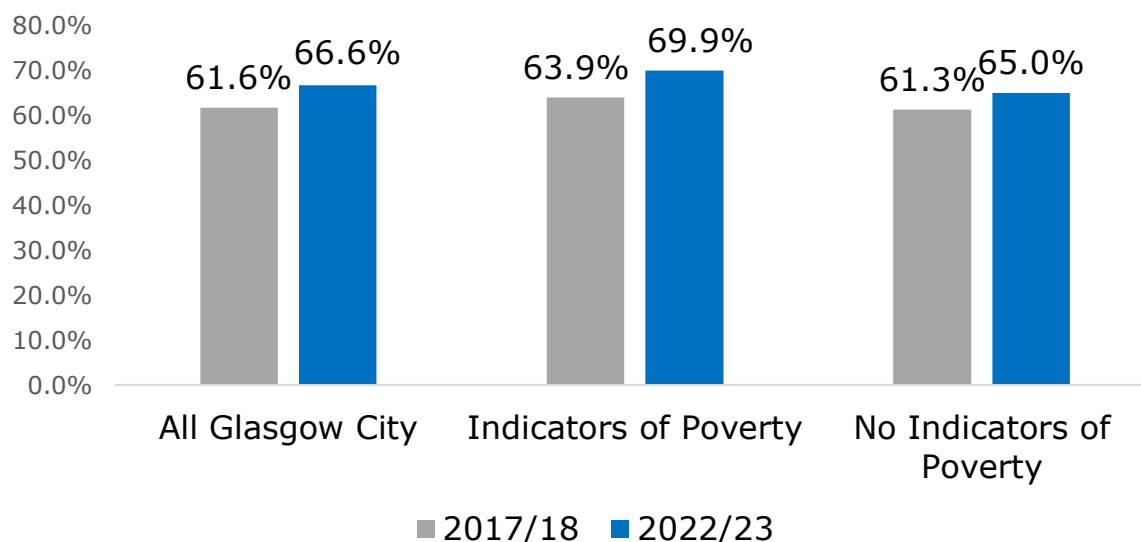
Among drinkers, those who had two or three of the indicators of poverty were more likely to have binged in the last year, as Figure 9.10 shows.

Figure 9.10: Proportion of Alcohol Drinkers who had Consumed 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Indicators of Poverty



Overall in Glasgow City there was a rise between 2017/18 and 2022/23 in the proportion of drinkers who had binged in the previous year (from 62% to 67%). Only the 2022/23 survey showed a significant difference between those who had indicators of poverty and others (see Figure 9.11).

Figure 9.11: Proportion of Alcohol Drinkers who had Consumed 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year – 2017/18 and 2022/23



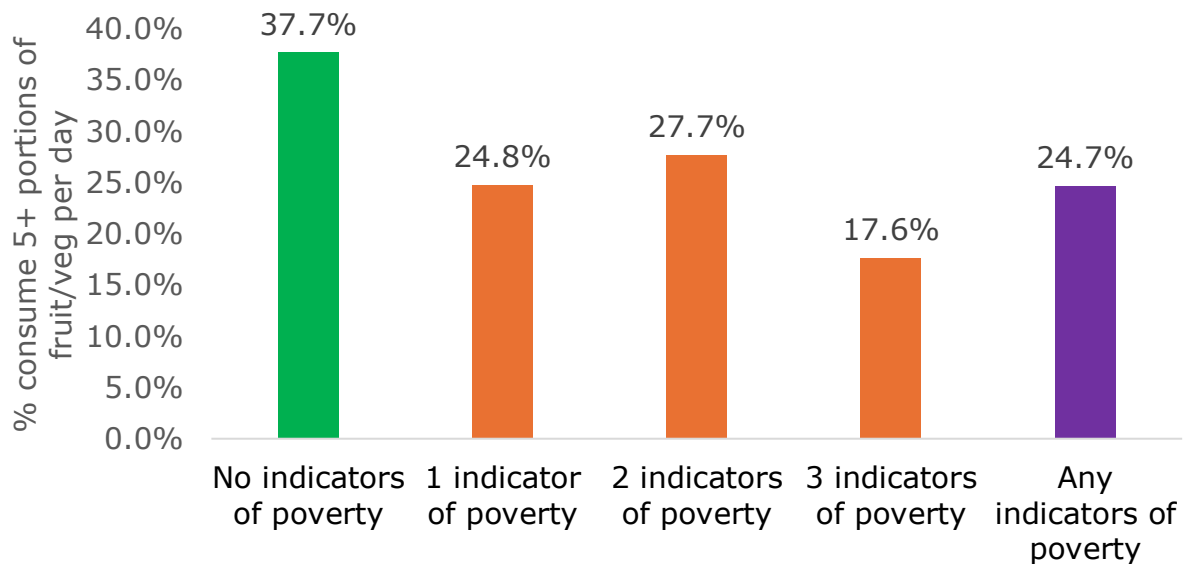
9.3 Diet

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Respondents were asked how many portions of fruit and how many portions of vegetables they had consumed on the previous day.

- One in three (33%) adults in Glasgow City met the target of five portions.
- One in 12 (8%) had consumed no fruit or vegetables in the previous day.

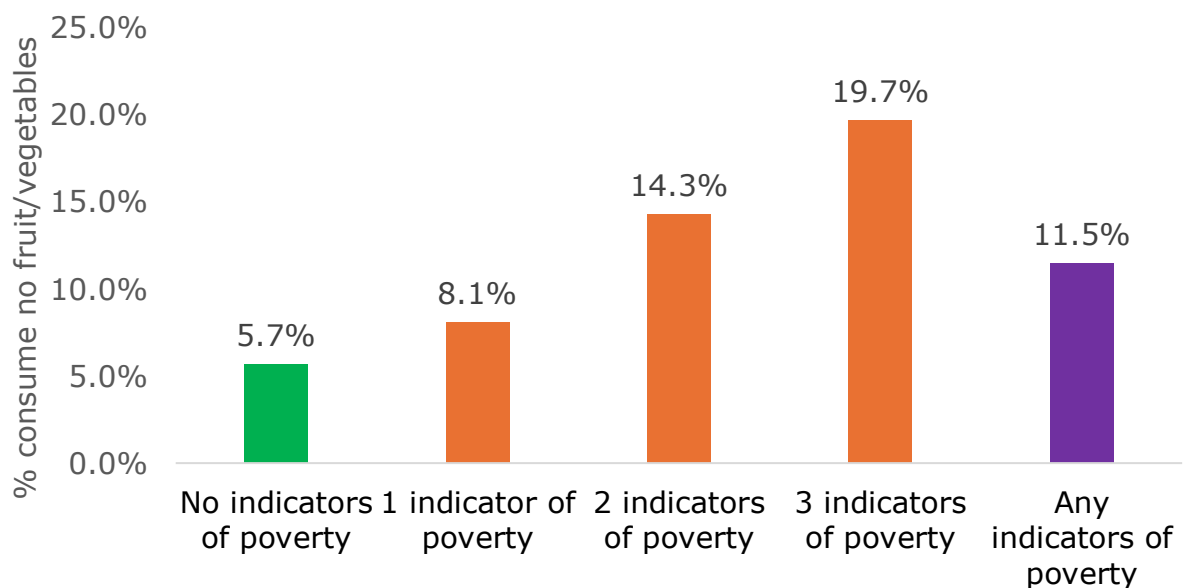
Overall, those with any indicators of poverty were less likely than those without indicators of poverty to meet the target of consuming five or more portions of fruit and/or vegetables per day (25% compared to 38%). Just 18% of those who had all three indicators of poverty met the target for fruit/vegetable consumption.

Figure 9.12: Proportion who Meet the Target of 5+ Portions of Fruit/Vegetables Per Day by Indicators of Poverty



Indicators of poverty were associated with a higher likelihood of not consuming any fruit/vegetables per day. Among those who had no indicators of poverty, just 5.7% did not eat any fruit or vegetables compared to 11.5% of those with at least one indicator of poverty and 19.7% of those with all three indicators of poverty.

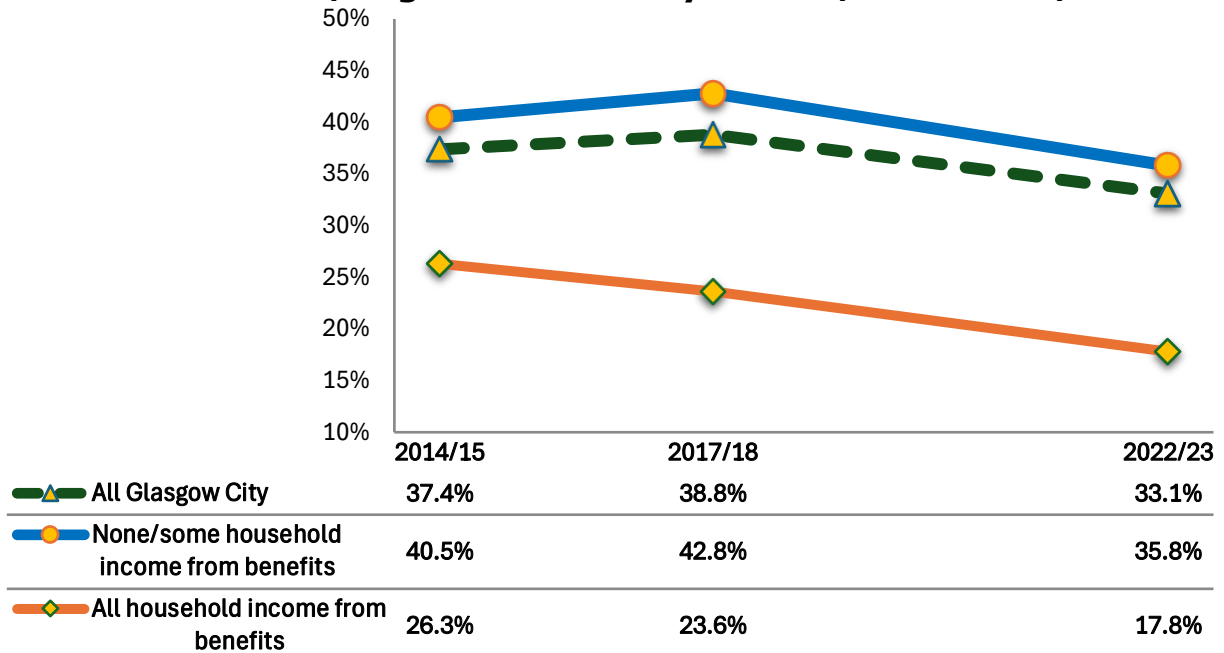
Figure 9.13: Proportion who Consume No Fruit/Vegetables Per Day by Indicators of Poverty



The questions on fruit and vegetable consumption have been asked in the same way since the 2014/15 survey. While there was little change between 2014/15 and 2017/18, the 2022/23 survey showed a significant decrease in the proportion who met the target of consuming five or more portions of fruit/vegetables per day. As Figure 9.14 shows, there was a continual

decrease between 2014/15 and 2022/23 among those who received all household income from benefits.

Figure 9.14: Trends for Proportion Meeting the Target of Consuming 5+ Portions of Fruit/Vegetables Per Day – 2014/15 to 2022/23



9.4 Physical Activity

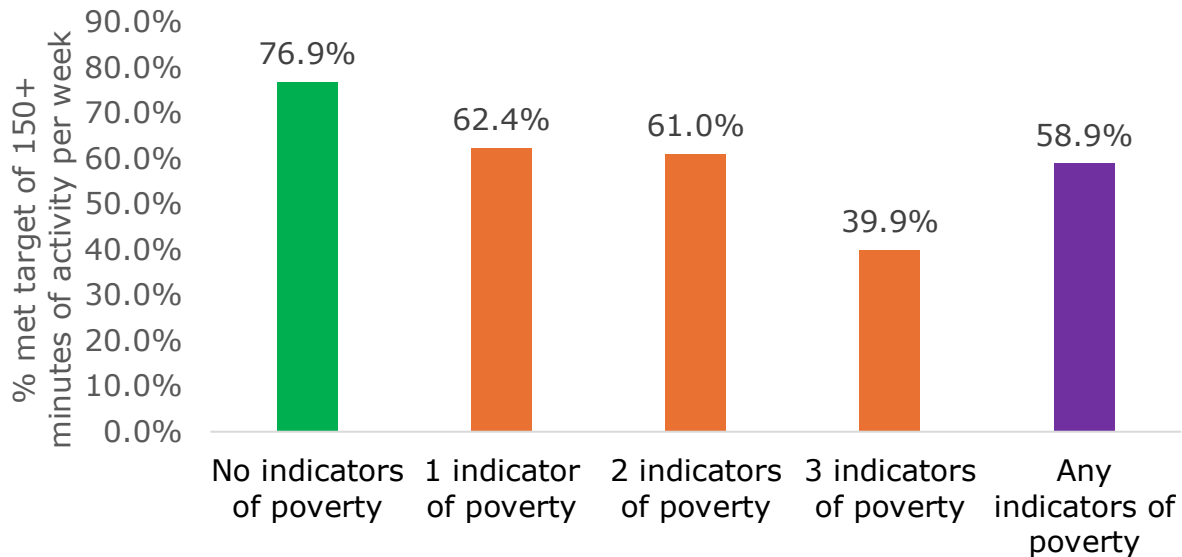
The target for physical activity is to be active for at least 150 minutes per week (with vigorous activity counting as double). This was measured in the survey by asking respondents:

- How many days in the last week they had taken a total of 30 minutes or more of physical activity which was enough to increase their heart rate, make them feel warmer and made them breathe a little faster (with vigorous activity such as running counting as double)
- If they had been active for 30 minutes on fewer than five days in the last week – whether their total activity was at least 150 minutes (again with vigorous activity counting as double).

Combining the responses to these two questions showed that 70% of adults in Glasgow City met the target for physical activity.

Indicators of poverty were associated with a lower likelihood of meeting the target for physical activity. Overall, 59% of those with at least one indicator of poverty met the target for physical activity compared to 77% of those without any indicators of poverty. Just two in five (40%) of those with all three indicators of poverty met the target for physical activity.

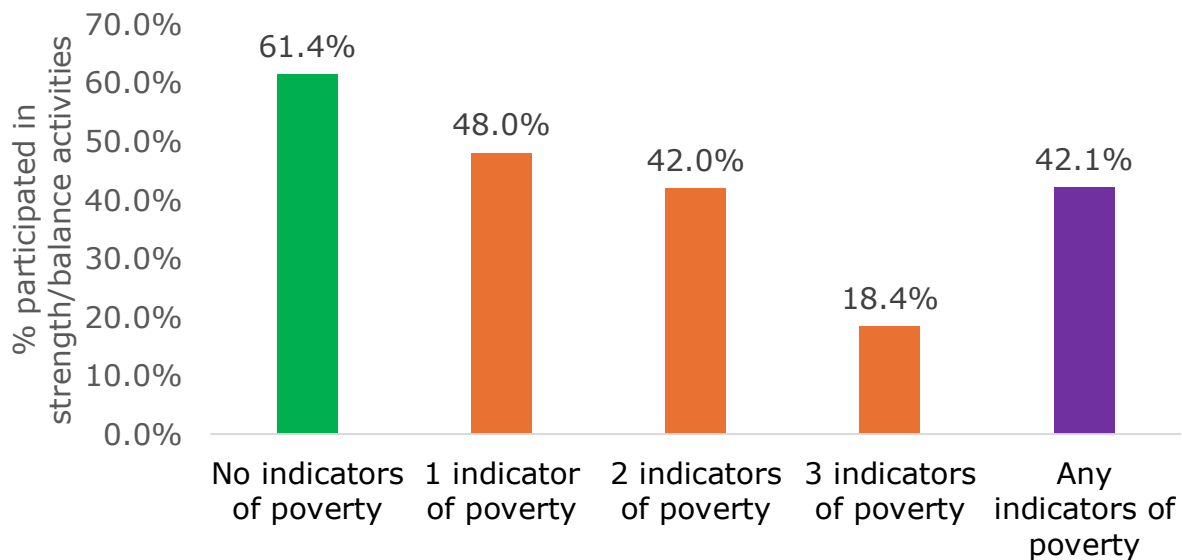
Figure 9.15: Proportion who Met the Target of 150 Minutes of Exercise Per Week by Indicators of Poverty



Respondents were also asked how many days they had done strength and balance physical activities that made their muscles become warm, shake and/or burn. Examples are weight training, exercise, sport, heavy housework, DIY or gardening. More than half (55%) of adults in Glasgow City had done any of these types of activity in the previous week, including 13% who had done so on five or more days in the previous week.

Overall, 42% of those with any indicators of poverty had taken part in strength and balance activities in the previous week compared to 61% of those without indicators of poverty. Just 18% of those with all three indicators of poverty participated in strength and balance activities.

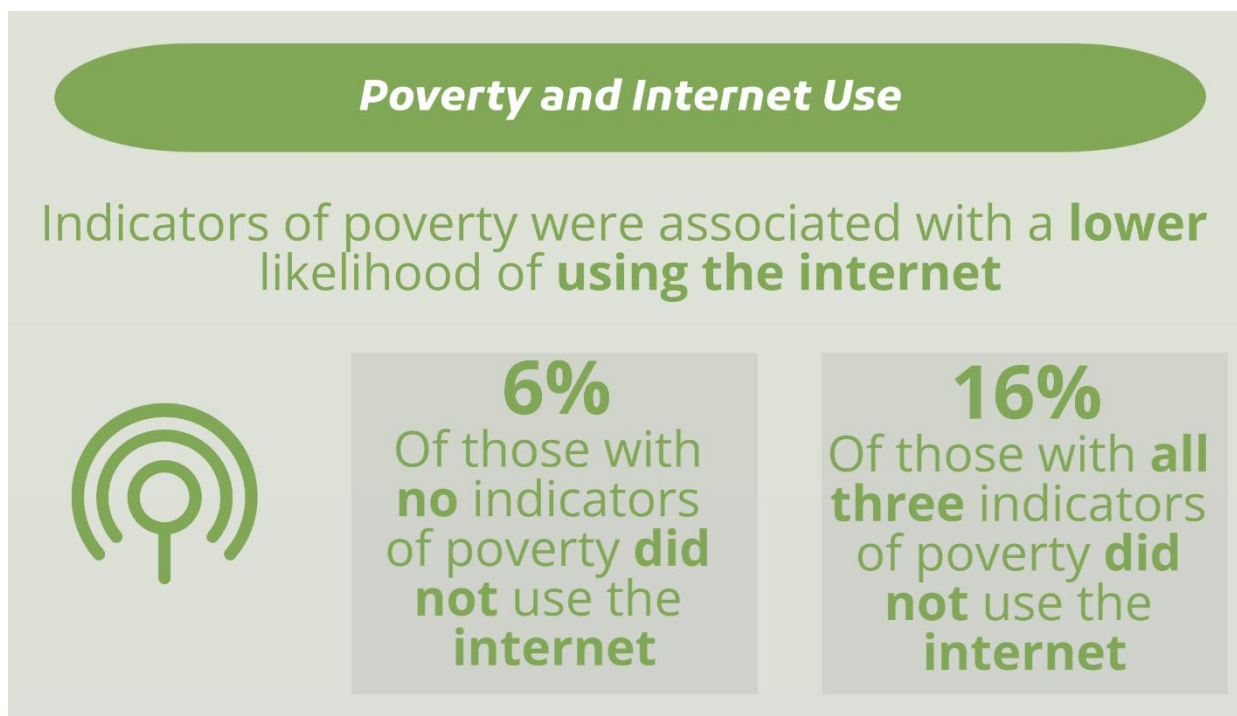
Figure 9.16: Proportion who Participated in Strength and Balance Activities in the Previous Week by Indicators of Poverty



9.5 Chapter Summary

Those with indicators of poverty were:

- more likely to smoke
- more likely to use e-cigarettes/vapes
- more likely to be exposed to second-hand smoke
- more likely to have an AUDIT score indicating alcohol-related risk
- less likely to drink alcohol
- less likely to consume 5+ portions of fruit/vegetables per day and more likely to say they consumed no fruit/vegetables
- less likely to meet the target of 150+ minutes of physical activity per week
- less likely to participate in strength/balance activities.



Policy Context

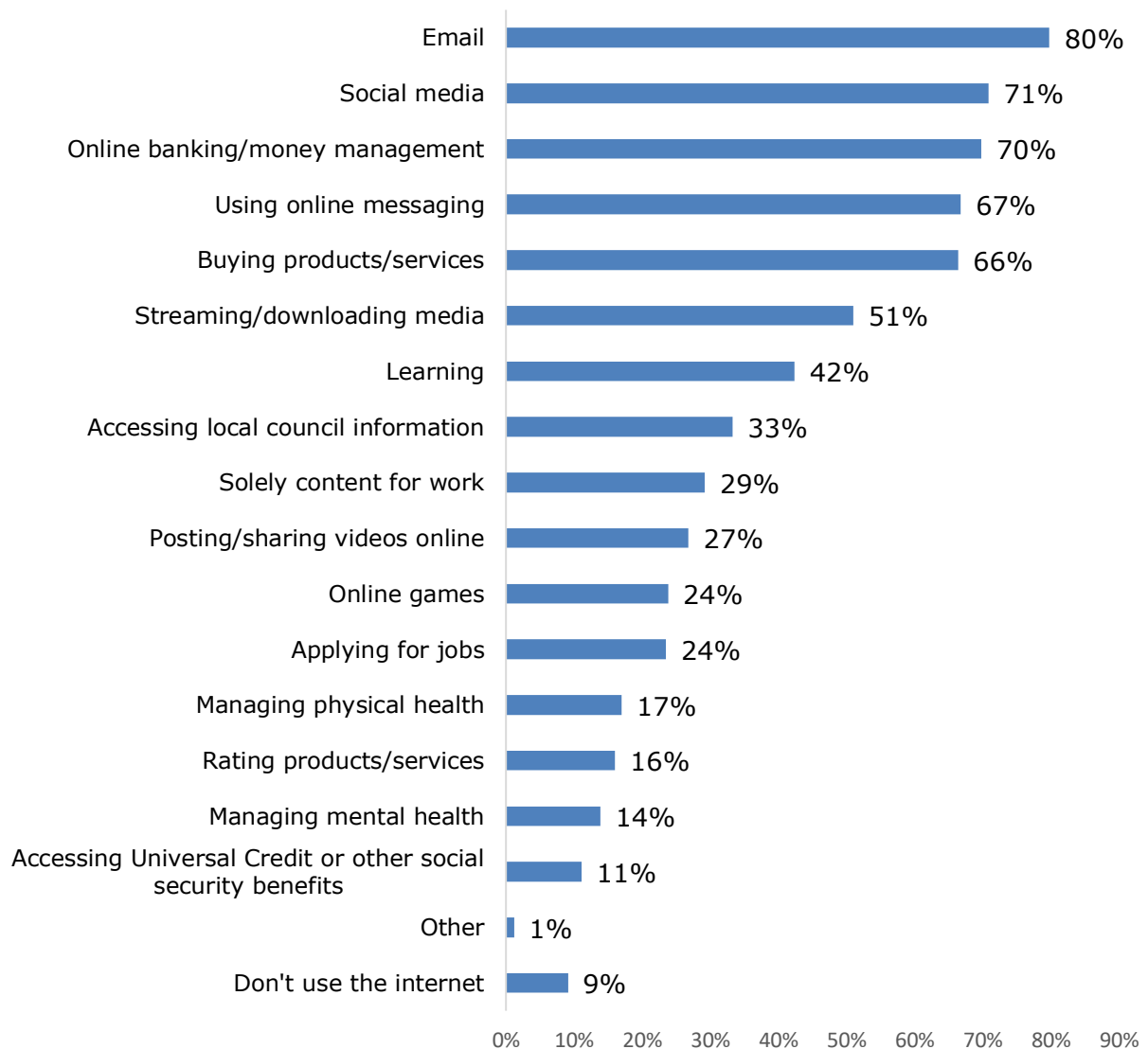
The Connecting Scotland programme provides internet-enabled devices, connectivity, and digital skills training to low-income households, aiming to close the digital divide.

Reference: <https://www.gov.scot/policies/digital/digital-inclusion-and-ethics/>

10.1 Types of Internet Use

Respondents were asked about the purposes for which they used the internet. One in eleven (9%) adults in Glasgow City did not use the internet. The most common uses of the internet were email (80%), social media (71%) and online banking/money management (70%). All responses are shown in Figure 10.1.

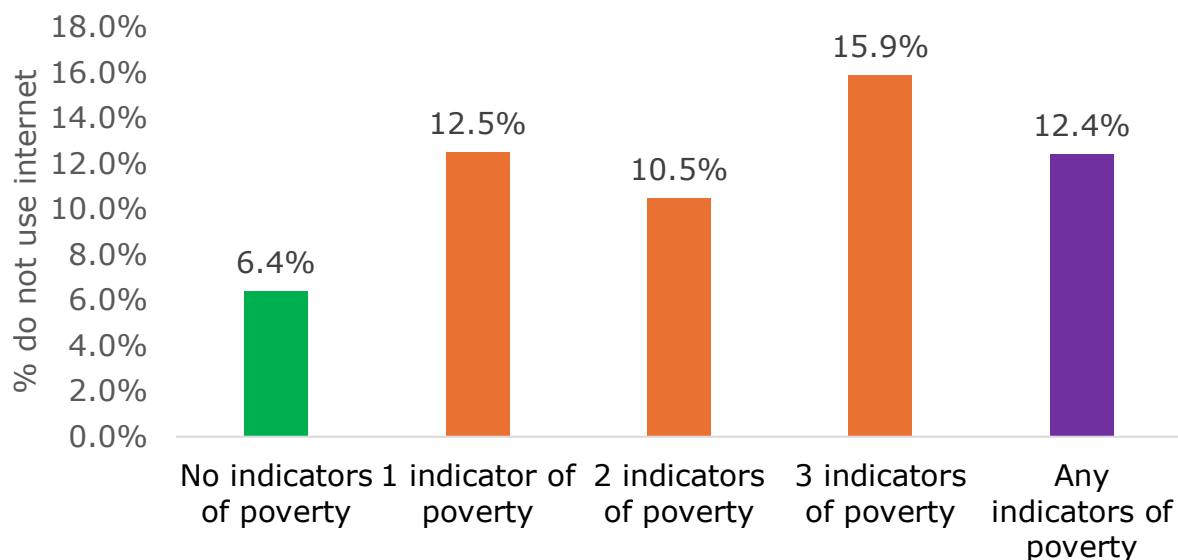
Figure 10.1: Purposes of Internet Use



10.2 Internet Use and Poverty

Indicators of poverty were associated with a lower likelihood of using the internet. One in eight (12.4%) of those with any indicators of poverty said they did not use the internet, compared to 6% of those without any indicators of poverty. Among those with all three indicators of poverty, 16% said they did not use the internet.

Figure 10.2: Proportion who Did Not Use the Internet by Indicators of Poverty



There was no significant difference in levels of internet use between those with/without indicators of food insecurity. However, 10.5% of those who said it would be a problem to find £35 did not use the internet compared to 8% of those who would not find this a problem. By far the most significant difference was for those receiving all household income from benefits – 21% of whom did not use the internet, compared to 6.6% of those who did not receive all income from benefits.

The question in internet use is not comparable with previous surveys, so it is not possible to examine trends.

10.3 Chapter Summary

Those with indicators of poverty were:

- less likely to use the internet.

11 Poverty and Gambling

Policy Context

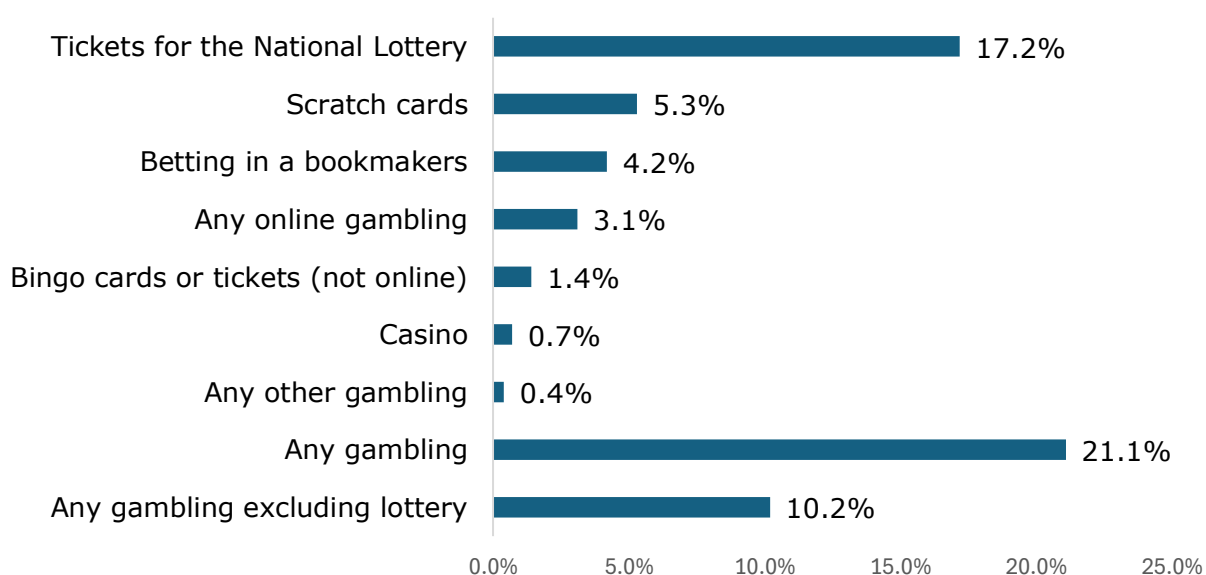
Public health and advocacy groups have raised concerns about gambling-related harm in low-income communities. Policy discussions continue around regulation and support services.

Reference: <https://publichealthscotland.scot/population-health/improving-scotlands-health/gambling-harms/why-is-gambling-harm-considered-a-public-health-issue/>

11.1 Prevalence of Gambling

Respondents were asked whether they had spent money on different types of gambling activities in the last month. Overall, 21% of adults in Glasgow City had spent money on gambling in the last month. By far the most common type was the National Lottery. In total, one in ten (10%) had spent money on gambling which excluded lottery.

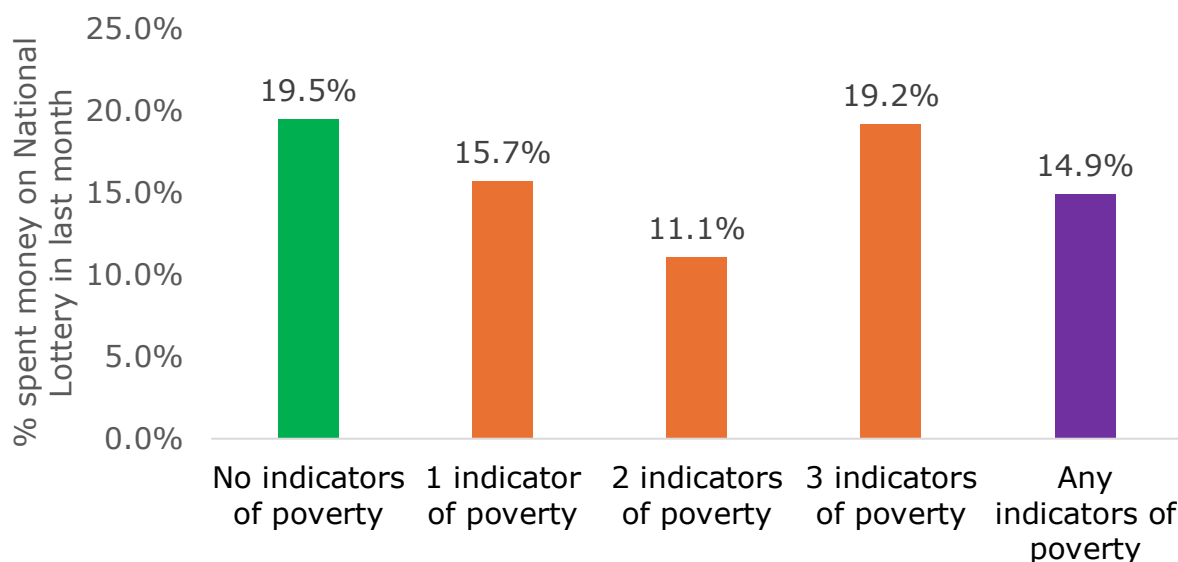
Figure 11.1: Proportion who Spent Money on Gambling Activities in the Previous Month



11.2 Lottery and Poverty

Overall, those with indicators of poverty were less likely than others to have spent money on National Lottery tickets in the last month (14.9% compared to 19.5%). However, those with all three indicators of poverty were as likely as those with no indicators of poverty to have played the lottery, as Figure 11.2 shows.

Figure 11.2: Proportion who Spent Money on National Lottery in the Previous Month by Indicators of Poverty



There was no significant difference in levels of National Lottery play by whether all household income came from state benefits. However, 12.5% of those who said it would be a problem to find £35 said they had spent money on the lottery in the last month, compared to 18.6% of others. Also, 13.5% of those who experienced food insecurity had spent money on the lottery in the last year, compared to 18.3% of others.

11.3 Other Gambling and Poverty

Overall, the proportion who had spent money on gambling other than the lottery showed no difference between those with indicators of poverty compared to others. However, those who received all household income from benefits were **more** likely than others to have spent money on other types of gambling (14.4% compared to 9.9%).

11.4 Chapter Summary

Those with indicators of poverty were:

- less likely to have spent money on the National Lottery in the last month.

12 Summary of Indicators of Poverty with Comparisons with other HSCPs

Table 12.1: Indicators of Poverty – Glasgow City and all other HSCP areas in the NHSGGC area

	Glasgow City (N=4,518)	East Dunbartonshire (N=1,088)	East Renfrewshire (N=1,058)	Inverclyde (N=1,138)
All household income from state benefits	14.1%	8.1%	4.7%	18.3%
Impossible/big problem/bit of a problem to find £35 for an unexpected expense	18.9%	5.4%	10.2%	12.7%
Any indicator of food insecurity in the last year	21.8%	8.5%	9.1%	13.9%
Any of these three indicators of poverty	34.5%	14.6%	17.3%	31.5%
One indicator of poverty	19.4%	10.8%	11.2%	20.2%
Two indicators of poverty	10.2%	2.3%	5.0%	7.9%
Three indicators of poverty	4.9%	1.5%	1.0%	3.4%

	Renfrewshire (N=1,144)	West Dunbartonshire (N=1,084)	All NHSGGC (N=10,030)
All household income from state benefits	11.1%	18.5%	13.0%
Impossible/big problem/bit of a problem to find £35 for an unexpected expense	11.6%	12.7%	15.1%
Any indicator of food insecurity in the last year	12.9%	15.4%	17.3%
Any of these three indicators of poverty	24.0%	32.4%	29.5%
One indicator of poverty	14.7%	20.6%	17.5%
Two indicators of poverty	6.3%	8.4%	8.2%
Three indicators of poverty	3.0%	3.3%	3.8%

Table 12.2: Other Indicators of Financial Wellbeing or Disadvantage – Glasgow City and all other HSCP areas in the NHSGGC area

	Glasgow City (N=4,818)	East Dunbartonshire (N=1,088)	East Renfrewshire (N=1,058)	Inverclyde (N=1,138)
No qualifications	15.2%	9.9%	9.1%	17.5%
Economically active	55.2%	54.4%	56.9%	52.9%
Positive perception of adequacy of household income	69.0%	79.4%	79.0%	74.4%
Live in social-rented homes	32.2%	12.3%	4.6%	22.2%

	Renfrewshire (N=1,144)	West Dunbartonshire (N=1,084)	All NHSGGC (N=10,030)
No qualifications	11.8%	20.3%	14.3%
Economically active	42.0%	52.7%	55.4%
Positive perception of adequacy of household income	76.2%	72.7%	72.4%
Live in social-rented homes	19.9%	34.6%	26.0%

Appendix A: Alcohol Use Disorders Identification Test (AUDIT) Scoring

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence