

# **Task 1 of 3 – Research Topic**

## **Identification: The Cost-of-Living Crisis and Health Inequalities in the UK.**

### **Identifying the Issue**

A major current issue within the UK health and social care sector is the worsening impact of the cost-of-living crisis on public health and health inequalities. Rising prices for food, energy, rent, and essential household items have created financial pressure for millions of people. As a result, many households—particularly those already experiencing disadvantage—are struggling to maintain healthy lifestyles, access healthcare, or afford necessities. This issue has become increasingly urgent, as national data shows that poverty levels have risen, while health outcomes among low-income groups have deteriorated.

The cost-of-living crisis affects a wide range of groups. Low-income families are more likely to reduce spending on food and heating, increasing risks of malnutrition and respiratory problems. Children in deprived areas are experiencing higher rates of obesity, developmental delays, and mental health challenges. Older adults on fixed incomes face difficulties affording medication, heating, and transport to medical appointments. People with long-term conditions are disproportionately affected, as financial stress worsens physical and mental health symptoms. The crisis also impacts health and social care organisations, which are seeing increased service demand, rising patient complexity, and wider inequalities between regions.

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### **Why Research Is Needed**

Research into the cost-of-living crisis is essential because the relationship between poverty and health is well-established, yet the current situation has intensified these inequalities. Many individuals are delaying GP visits, avoiding prescription costs, and living in cold or damp homes—conditions linked to long-term health complications. Understanding how financial pressure affects access to healthcare, wellbeing, and health outcomes is crucial for planning effective interventions.

Additionally, the crisis places a strain on services across the sector. NHS organisations report increased demand for urgent care, community mental health support, and social care assessments. Public health experts warn that inequalities between affluent and deprived areas are widening, threatening progress made in previous decades. Research can identify

which groups are most at risk, what challenges they encounter, and what policies could mitigate further harm.

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## **Information Sources Supporting the Topic**

### **Source 1: The King's Fund – Analysis of Health Inequalities and Economic Pressures**

Content & relevance:

The King's Fund provides detailed analysis on how economic hardship affects health outcomes, service demand, and community wellbeing. Their reports highlight increases in poverty-related health issues, including mental health concerns and chronic disease.

Justification:

This source is credible, well-established, and offers expert analysis supported by national data. It helps provide a clear foundation for understanding the relationship between economic factors and health inequalities.

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### **Source 2: Institute for Fiscal Studies (IFS) – Cost-of-Living Reports**

Content & relevance:

The IFS publishes research on inflation, poverty rates, income distribution, and living standards across the UK. Their work explains which groups have been hit hardest by rising prices and how household budgets have changed.

Justification:

IFS is respected for its independent and data-driven evaluations. Their statistics allow for a strong quantitative understanding of the economic pressures shaping health outcomes.

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### **Source 3: Public Health England / Office for Health Improvement and Disparities (OHID)**

Content & relevance:

OHID provides national data on health inequalities, life expectancy gaps, deprivation patterns, and the impact of socioeconomic factors on health.

Justification:

This source is crucial for linking economic hardship with specific health outcomes, offering reliable and government-verified data that supports the research topic.

## **Task 2 of 3 – Research Methodologies**

Research in health and social care commonly uses both quantitative and qualitative methodologies. Each approach offers different strengths that help build a fuller understanding of complex issues such as the impact of the cost-of-living crisis on health inequalities.

Quantitative research focuses on numerical data, such as poverty levels, inflation statistics, hospital admissions, prescription uptake, and regional inequality indicators. It allows researchers to measure the extent of the problem, identify trends, compare different groups, and assess changes over time. Quantitative data is essential for showing how widespread the crisis is and which populations are most affected.

In contrast, qualitative research explores experiences, behaviours, and perceptions. Methods such as interviews, focus groups, and case studies allow individuals to describe how financial pressure affects their daily lives, health decisions, and ability to access services. This approach is valuable for revealing the personal and emotional impacts of the crisis—such as stress, anxiety, reduced quality of life, and barriers to healthcare—that cannot be fully understood through numbers alone.

For this research, a mixed-methods approach will be adopted. This combines the strengths of both methodologies to provide a balanced and comprehensive analysis. Quantitative data will show the scale of health inequalities linked to the cost-of-living crisis, while qualitative insights will explain how rising costs influence behaviour, wellbeing, and access to health and social care. Using both methods ensures the study reflects broad national trends as well as individual lived experiences, making the findings more reliable and policy-relevant.

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## **Task 3 of 3 – Data Collection**

Data for health and social care research can be collected through primary and secondary methods. Primary data involves collecting new information directly from participants through interviews, surveys, focus groups, or observations. This type of data is specific to the researcher's objectives and provides up-to-date, first-hand insights. For this topic, primary data could reveal personal experiences of struggling with food costs, heating bills, health-related expenses, or accessing GP and hospital services during financial hardship.

Secondary data consists of information already collected by other organisations or researchers, such as government statistics, academic publications, think-tank reports, and

health inequality datasets. These sources are particularly valuable for identifying national patterns, comparing different regions, and analysing long-term trends.

This research will use a combination of primary and secondary data, aligning with the mixed-methods approach. Secondary data is crucial for understanding the broader socioeconomic context—for example, inflation levels, poverty rates, and public health indicators. It provides reliable data from trusted organisations such as the ONS, OHID, and independent research bodies.

Primary data will contribute personal insights that reveal how the crisis affects individuals' everyday lives, mental well-being, and health behaviours. These experiences help explain the mechanisms behind the statistical patterns highlighted in secondary sources.

Using both forms of data ensures that the research captures both breadth (population-level statistics) and depth (individual experiences). This combination strengthens the validity of the findings and provides a more complete understanding of how the cost-of-living crisis is worsening health inequalities across the UK.

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## Conclusion

This research highlights the significant impact of the cost-of-living crisis on health inequalities across the UK. Rising prices for essential goods and services have intensified existing disparities, particularly for low-income families, older adults, and individuals with long-term conditions. Quantitative evidence shows that poverty and financial strain are strongly linked to poorer health outcomes, while qualitative insights reveal how daily stress, difficult choices, and reduced access to healthcare affect well.

By adopting a mixed-methods approach and using both primary and secondary data, the research provides a comprehensive understanding of both the scale and lived experience of the issue. The findings suggest that addressing health inequalities requires more than healthcare intervention alone—it requires broader social and economic support. Improving income stability, access to affordable essentials, and community resources will be essential to reducing the long-term health impact of the cost-of-living crisis.

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