‘A Shifting Lens’: How intersectionality facilitates an understanding of the dynamics and structures of inequality in contemporary society.

Inter and intra country inequalities are complex. Influences include colonialism, unfair global distribution of education and technology, wars, and religious and cultural differences. They extend beyond relative to extreme inequalities such as famine, starvation, and slavery, and require more consideration than the confines of a short essay allow. Therefore, this essay examines socio-economic, class, gender and ethnic inequalities in the UK, with Northern Ireland as a focal point. It discusses the nature, development and application of intersectionality, examines education and health inequalities, considers the ‘cross-pollination’ effect they have on each other, highlights intersectional opportunities and outcomes, and uses green-space access to illustrate intersectional effect.

Initialized as a tool of feminism, intersectionality emerged as a critique of unitary and multiple approaches to inequality theory and activism (Hancock, 2007). Crenshaw (1989) first named it when highlighting the ‘erasure’ of black women from feminist theory and anti-racist politics. She criticized the placing of discrimination experience into discrete categories, defined by dominant groups, which homogenised inequality to ‘black’ (male) and (white) ‘female’ standpoints; marginalizing the multiply-burdened who fell between the cracks. She argued that inequality was complex, with black women experiencing discrimination *similar* to black men, *or* white women, *or* a combination of both, but also *purely* as black women, and denounced failure to consider intersectional experience as resulting in one discrimination analysis replicating and reinforcing other discriminations (Crenshaw, 1991). Smith (2009) went further suggesting that discrete categories ignore not only social relations, but the significance of differential inequalities in ‘…economic organization-transformations, linked both to globalization and the radical shifts in political policy associated with neoliberalism’ (ibid, p.79).

Criticism has been made of the 'institutionalization' of intersectionality as an analysis framework, suggesting that its dominance creates an analytical hegemony which occludes the exploration of other methodologies (Puar, 2007), and it has become 'lazy shorthand' whereby '…the invocation of intersectionality is performed instead of actual intersectional labor…' (Nash, 2017). However, it is increasingly utilized by social research and policy analysis, and this essay will show that it offers a 'shifting lens' with which to interrogate the complexity of inequalities, their relationships, their variety across and impact on intersectional groups, and to pinpoint more relevant causes of inequalities should the context dictate (Platt, 2011). It also facilitates identification of the hegemonic, institutional, disciplinary and personal fields in which these differences occur (Hancock, 2007), and challenges binary thinking, allowing the possibility of being the beneficiary of both privilege *and* penalty (Hankivsky, 2012). Approaches differ slightly; Hancock (2007) is opposed to an 'oppression Olympics', arguing that intersecting inequalities should be treated equally. Whereas Walby et al (2012) disagree, suggesting that '…complex forms of asymmetrical alliances…' (ibid, p.234) varied by geographical, political, structural and historic differences, impact on social relations, affecting the relative importance of inequalities in different contexts. Whichever approach is adopted, intersectionality focuses on the advantaged (inside and outside the intersectional groups) as well as the disadvantaged (Hancock, 2007).

There are multiple determinants of life-quality and longevity, including genetics, behaviour, environment, gender, culture, and socio-economic status (SES), with research pointing to education as a factor in many of these (Zimmerman & Wolf, 2013). However, educational success is not just a matter of heredity or cognitive skills, and high educational achievement does not always lead to high SES. There are intersecting inequalities that can facilitate or hinder educational access, attainment and benefit, and research has shown that ethnicity, SES and gender are the characteristics that have the greatest effect (Joseph Rowntree Foundation (JRF), 2011a).

Children with lower educated lower SES (LSES) parents suffer educational disadvantage, as their more privileged peers are better prepared for formal education in both cognitive abilities, and socialization (Ermisch et al, 2012). This results in significant differences in outcomes by age 7 even for children who start at similar cognitive levels (Blanden et al, 2012). Gaps in achievement become larger from the age of 11, affected in the UK by the ability of higher SES (HSES) parents to live near, move closer to, or transport their children to, good quality secondary schools. However there is evidence of disparities in children's outcomes even when they are in the same or equal quality schools (Ermisch & Del Bono, 2012).

Class intersects with economic status in affecting experience of and outcomes from the education system. Poorer, lower-class children can be disadvantaged as their parents may not be able provide them with the cultural experiences necessary to prepare them for school, may not recognise the value of tertiary education, or have the social and cultural capital to interact with schools on behalf of their children or support their learning at home. In addition the habitus that lower-class children develop from their background environment may make it harder for them to negotiate a predominantly middle-class education system, and a curriculum that does not reflect their cultural experience. Middle-class cultural and social capital combines with higher economic capital in supporting HSES children through school (Bourdieu, 1984), creating a class-stratified education experience.

LSES, lower-educated women are more vulnerable to becoming teenage mothers, compounding their social and educational disadvantage. Ethnicity also impacts on this; even after controlling for SES, white, mixed ethnicity and black females in England are at significantly higher risk of teenage pregnancy than Asians. Asian teenage mothers are also more likely to be partnered and less likely to view their pregnancy as a disadvantage (Aspinall and Hashem, 2010). Teenage mothers are far less likely than their peers to complete their education, restricting job opportunities and increasing the likelihood of deprivation, and they are more likely to live in social housing,

restricting their children's access to good schools (Ermisch & Del Bono, 2012). This affects the health and education of their children, and increases the risk of their daughters becoming teenage mothers – perpetuating disadvantage (National Research Council and Institute of Medicine (NRCIM), 2013). Approximately 10,000 of Northern Ireland's NEETs have *no qualifications whatsoever*, and many of them are single parents or their children, concentrated in areas with high levels of social exclusion (Community Relations Council (CRC), 2016). In contrast, higher educated mothers delay childbearing, are more likely to be married, have better-educated spouses, higher family income and invest in their children through providing computers, musical instruments and extra-curricular activities. They are less likely to smoke, more likely to breast-feed, they are likely to have more books in the house, read more to their young children and, despite working longer hours, take them on more outings. They are also more likely to *believe* their children will gain a tertiary education, impacting their own, and their children's, attitudes and behaviour (Carneiro et al, 2013).

Northern Ireland's educational inequalities are stark, clearly illustrating intersectional effect. Using five good GCSEs as a benchmark, girls slightly out-perform boys, and there is little difference between Protestant and Catholic pupils. But, as proxy indicators of LSES, non-grammar pupils are *half* as likely to obtain 5 good GCSEs as grammar pupils, and non-grammar pupils entitled to free school meals (FSM) are *a third* as likely. When religion, SES and gender intersect something strange happens. Protestant and Catholic FSM girls outperform FSM boys. Catholic FSM girls also outperform Protestant FSM girls, but they are *twice as likely* to obtain 5 good GCSEs as Protestant FSM boys – religion and gender have intersectional effect on SES based educational outcomes (Department for Education (DfE), 2016). Generations of working-class Protestant boys were guaranteed secure industrial jobs, undervaluing education compared to Catholics, who saw it as a competitive advantage in a sectarian job-market. The move from industrialisation to a knowledge economy has left working class Protestants '…stranded with redundant skills-sets and abilities…', and boys in particular with no tradition for valuing education, imbuing their neighbourhoods with 'social fatalism, low wage employment, insecure casualised work, feminised labour and benefit

dependency' (both Purvis et al, 2011, p. 11). Similar effects can be seen in the rest of the UK where de-industrialisation, combined with globalisation and the growth of the knowledge economy, have led to geographic concentration of unemployment, low-paid precarious employment, 'churning' between employment and unemployment, and limited social mobility (JRF, 2011b; Savage, 2015; Shildrick et al, 2012).

Minority ethnic education-effect is also not as straightforward as might be assumed. Being white-British does not impart automatic advantage, some groups do better (Chinese, Indian, Bangladeshi and Irish), whereas others (Travellers, Afro-Caribbean and Pakistanis) do worse, and girls outperform all their male ethnic counterparts. However intersecting LSES changes things; whilst all groups are negatively affected white-British FSM boys do worse than *any other* ethnic group excepting Travellers, and white-British FSM girls do worse than any other *female* ethnic group excepting travellers. Irish pupils are also heavily affected, whereas it has negligible impact on Chinese pupils and little on Bangladeshi's (DfE, 2017). Aspirations and valuing education, or their lack, can positively or negatively affect pupil attitudes and attainment in particular ethnic groups (for example, Bangladeshis compared to Northern Irish working-class Protestants), but LSES brings limits, and 'poverty is higher among all black and minority ethnic groups than among the majority white population' (JRF, 2011a, p.2). As indicated, some groups overcome this, but for others (particularly white-British and Afro-Caribbean) it is devastating. Counter-intuitively, English as a second language has little outcome on individual pupil results (DfE, 2017), although parental lack of English may intersect with other inequalities to reduce their capacity to provide educational support. However, lack of cultural representation in the curriculum *has* been raised as an issue, including for white-British minorities in multi-ethnic areas (Kirkby and Cullinane, 2016).

Inequalities continue into tertiary education. Only 24% of LSES children progress to higher education, compared to 42% of HSES children, and only 2% attend Russell Group Universities compared to 10% respectively (Social Mobility Commission (SMC), 2016). Causes include HSES

children gaining better 'A' level results and HSES parents' greater cultural and economic capital, and understanding of both the higher education system, and the importance of elite universities (Jerrim et al, 2015). Similar trends and causes are seen in ethnic minorities. Black, Pakistani, Bangladeshi and Indian children are per capita far more likely to attend university than equivalent white-British children but, with the exception of Indians, they are much less likely to attend Russell Group universities (SMC, 2016).

Female school success in the UK and their higher levels of university entry (UCAS, 2015) do not translate into economic and career dominance. Compared to men, women '…earn less, feel less financially secure, provide the bulk of unpaid care, have smaller pensions, face greater hardship in later life and struggle to pay for their own old-age care' (The Chartered Insurance Institute (CII), 2017, p.6). Of the over 800,000 zero-hours-contract employees in the UK, most are women. In Northern Ireland 70% of part-time workers are women, the largest proportion of the inactive workforce are women at home looking after children, and only 1 in 5 single mothers are employed (CRC, 2016). *Being a woman* – even a highly educated one – reduces economic advantage via hegemonic gender-norms and low availability of affordable childcare. In the UK 70% of household chores are carried out by women (Watts and Nicholls, 2013), it is women who go part-time when children are born (Sani, 2013), 1 in 7 women in their early 40s are caring for children and elderly relatives and, because of all this, divorce disadvantages women most (CII, 2017). Single parent families are much more likely to experience poverty than other households, with nearly half in poverty at least once and a third in poverty for 2 or more consecutive years (Office for National Statistics (ONS), 2016a), and 86% of single parent families in the UK are headed by women (ONS, 2016b).

Deindustrialization, financialization, and employment/reward structures that place premiums on increasingly high levels of education have created an ever-closer relationship between education and health (Ermisch et al 2012; Zimmerman & Woolf, 2013). In knowledge economies, high levels of

education reduce the likelihood of poverty, unemployment or being employed in unsafe environments; raise SES, increase job security and satisfaction, and the likelihood of living in good quality secure housing, in safe, good-school, low-crime, low-density neighbourhoods, with their associated benefits (Marmot, 2010; Zimmerman & Woolf, 2013; NRCIM, 2013).

There are significant health disparities between the lowest and highest SES groups in the UK, *The Marmot Review* (Marmot, 2010) points to a 'social gradient' in health affecting all of society, but especially the most deprived. In Northern Ireland the life expectancy gap between the least and most deprived 20% of the population is 7 years for men and 3 years for women. For healthy life expectancy it is 12 years for men and 15 years for women. Preventable deaths are 148% higher for the most deprived with huge disparities in cancer, respiratory and circulatory disease. The most deprived are 4 times more likely to self-harm, 3 times more likely to commit suicide and 69% more likely to be on depression medication. There are also huge gaps in deaths related to alcohol, smoking and drug misuse (Bell et al, 2016). These patterns are reflected elsewhere the UK (Marmot et al, 2010, Baker et al, 2015), with Scotland in particular being designated 'The Sick Man of Europe', and the term 'Glasgow effect' reflecting the huge discrepancies in health and lifespan both within that city *and* in relation to other comparable UK cities (Walsh et al, 2010).

LSES groups are also twice as likely to be obese as HSES groups, putting them at greater risk of cancer, diabetes and circulatory disease, and more vulnerable to discrimination, social exclusion, reduced earnings, excess sick leave, and unemployment, which can further entrap them in poverty (WHO, 2014). Research has challenged the trope of 'food deserts' and 'obesogenic environments' in the UK, suggesting that supermarkets with a range of fresh foodstuffs are easily accessible for deprived neighbourhoods, and fast food outlets are concentrated in business and retail districts and along arterial roads, *not* deprived neighbourhoods (Macintyre, 2007). However LSES *can* affect nutrition as food expenditure is more flexible than fuel and rent (Public Health England (PHE), 2013), so cheaper foods may be chosen, which are nutrient poor but calorie dense (Robertson et al, 2007).

Distribution of health infrastructure can also be unequal – Macintyre (2007, no page numbers in source) found '…nearly twice as many community health clinics, three times as many general practices, twice as many general practitioners, three times as many dentists, four times as many opticians, and one and a half times as many pharmacies' in the least deprived compared to the most deprived areas in Glasgow (Macintyre, 2007). However, research comparing Liverpool, Manchester and Glasgow reveals that even cities with *comparable patterns and levels of deprivation* can have widely divergent mortality rates. Glasgow's all-cause premature mortality rate is 30% higher than that of Liverpool and Manchester, leading researchers to suggest that '…while deprivation is a fundamental determinant of health, it is only one part of a complex picture' (Walsh et al, 2010, p.494).

There are many individual and interconnected factors which may independently, or in combination with LSES, produce negative health outcomes. Women live longer, and so suffer more diseases of old age. It is women who experience pregnancy and childbirth, and in Northern Ireland they do not have access to safe legal abortions. Traditional diets can have health impacts – for example, the South Asian diet is very calorie dense. Lower educated patients have more difficulty interacting with health professionals and following treatment regimes, resulting in more health crises and less preventative care (Zimmerman & Woolf, 2014). Ethnic minority experience of racial discrimination at a structural level, can impact their SES and, at a personal level their mental health – Pakistanis, Indians, Afro-Caribbean's and Irish minorities have higher levels of anxiety and depression (Matthews, 2015). First generation immigrants (particularly women), have issues with language barriers and cultural misunderstandings which impede healthcare access (Taylor et al, 2013). A close examination of access to green-space illustrates how interacting inequalities alter experience of, and outcomes from, a potential physical and mental health benefit.

LSES groups are more likely to live in areas that do not support walking and cycling. In addition traffic can prevent children from playing outside; with children in the 10% most deprived wards over 3 times more likely to be pedestrian casualties than children in the least deprived wards

(PHE, 2013). So access to green-space is important. It can include parks, sports fields, canal and river banks, greenways, community gardens, street trees, nature conservation areas, green walls, green alleyways, and cemeteries (Wolch et al, 2014). Living in urban areas with good access to green-space has been linked to reduced morbidity, increased physical activity and social contact, and improved mental health. Increases in self-reported well-being and reductions of measured stress levels are particularly significant for occupants of deprived areas, for whom green-space helps mediate reaction to stressful environments and circumstances (Roe et al, 2013), and residents of areas with good quality green-space have more positive views of their neighbourhood (Cabe Space, 2010a).

However, access to green-space, particularly in urban areas, is unequable, and is a clear example of how intersectional inequalities reduce health benefits for particular groups, through overlapping and differential mechanisms. In a Government-commissioned report on urban areas in England, Cabe Space (2010a) found the wealthiest 20% of wards had 5 times the amount of parks or green-space per person than the most deprived. In their second report (ibid, 2010b) they found less than 1% of social housing residents used the green-space on their estates, with reasons being lack of facilities, poor quality, inadequate maintenance, vandalism, graffiti, litter, drug paraphernalia and personal safety fears. As mentioned before, ethnic minority groups are more likely to be LSES *and* suffer higher levels of mental ill-health caused, in part, by structural and cultural racism. But areas where more than 40 per cent of residents were black or minority ethnic had *11 times* less green space than predominantly white areas, and the spaces they did have were of poorer quality. Black and minority ethnic groups also have additional accessibility issues, feeling less safe in green-space due to fears of racially motivated attacks, or the domination of a space by a particular group (ibid).

Whilst LSES women share access issues with LSES men, they have extra barriers and differential outcomes. Women suffer *more* from stress in general, and in relation to deprivation in particular. In Northern Ireland for example, 45 % of women in the most deprived areas have used anti-depressants (CRC, 2016). Women gain the largest mental health improvements from green

space, and are *more* stressed by its absence than men (Roe et al, 2013). But disproportionate reporting of attacks on women in public places (in comparison to reporting of the far higher risk of domestic violence) makes it harder for women to trust strangers in green-space. Their coping strategies include voluntary self-exclusion, and not visiting alone – which can restrict their access (Thompson et al, 2005). This extends to their neighbourhood where 'Women were more likely to report not walking for at least 15 minutes per week if they had concerns for their safety…' (Foster et al, 2004). Women from ethnic minorities have *more* and *different* needs, barriers and negative outcomes, than white women. For example, the traditional Pakistani diet is calorie dense leading to higher obesity levels (PHE, 2013) and British Pakistani women have illness rates 10% higher than British white women (Centre on Dynamics of Ethnicity, 2013). But whilst having the same worries around *racism* as Pakistani men, and *safety* as white women, Pakistani girls also said they could not access local parks because of cultural taboos on mixing with men (Cabe Space, 2010b).

Northern Ireland has similar access disparities, with congested or fast-moving roads abutting or bisecting LSES housing estates, and endangering children accessing parks and green-space, in Belfast, Derry/Londonderry and Antrim. It also has the additional issue of some public space being located in contested areas (Planning for Spatial Reconciliation, 2016).

In conclusion, initialized as a critique of feminist and anti-racist erasure of black female experience, intersectionality has mainstreamed as a socio-political analysis framework. This essay has used it to illustrate that lower class, *or* female, *or* from an ethnic minority, *or* a combination of these – through either structural or cultural impediments – all lower SES, which impacts on housing, neighbourhood, and educational attainment, in turn reducing health, life-quality and longevity. It *is* important that intersectionality does not become just a multi-purpose tool of diversity management, or a hindrance to other analytical frameworks (Puar, 2007). However, investigating their inter-related effects can help us develop more appropriate social and political strategies to combat inequalities:

‘Through an awareness of intersectionality, we can better acknowledge and ground the differences among us and negotiate the means by which these differences will find expression in constructing group politics’ (Crenshaw, 1991, p.1299).

References

Aspinall, P. & Hashem, F. (2010) 'Are our data on teenage pregnancy across ethnic groups in England fit for the purpose of policy formulation, implementation, and monitoring?', *Critical Public Health,* vol. 20 (1), pp. 47-70.

Baker, M., Mawby, R. & Ware, J. (2015) *Health Inequalities.* Available at: http://www.rcgp.org.uk/Policy/RCGP-policy-areas/~/media/Files/Policy/A-Z-policy/2015/Health%20Inequalities.ashx (Accessed 20 May 2017).

Bell, C., Robinson, A. & Lavery, C. (2016) *Health Inequalities Regional Report 2016.* Available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2016.pdf Accessed 18 May 2017.

Blanden, J., Katz, I. & Redmond, J. (2012) 'Family background and childhood outcomes', In Ermisch, J., Jäntti, M. & Smeeding, T. (Eds), (2012) *From Parents to Children: The Intergenerational Transmission of Advantage.* New York: Russell Sage Foundation, pp. 140-163.

Bourdieu, P. (1984) *Distinction.* Reprint, Abingdon: Routledge Classics (2010).

Cabe Space (2010a) *Urban green nation: Building the evidence base.* Available at: http://webarchive.nationalarchives.gov.uk/20110118095356/http:/www.cabe.org.uk/files/urban-green-nation.pdf (Accessed 18 May 2017).

Cabe Space (2010b) *Community green: using local spaces to tackle inequality and improve health.* Available at: http://webarchive.nationalarchives.gov.uk/20110118095356/http://www.cabe.org.uk/files/community-green.pdf (Accessed 18 May 2017).

Carneiro, P., Meghir, C. & Parey, M. (2013) 'Maternal Education, Home Environments, and the Development of Children and Adolescents', *Journal of the European Economic Association,* vol. 11, pp. 123-160.

Centre on Dynamics of Ethnicity (2013*) Which ethnic groups have the poorest health? Ethnic health inequalities 1991 to 2011.* Available at: http://www.ethnicity.ac.uk/medialibrary/briefingsupdated/which-ethnic-groups-have-the-poorest-health.pdf (Accessed 19 May 2017).

Community Relations Council (2016) *Northern Ireland Peace Monitoring Report Number Four.* Available at: https://www.community-relations.org.uk/sites/crc/files/media-files/NIPMR-Final-2016.pdf (Accessed 21 May 2017).

Crenshaw, K. (1989) 'Demarginalizing the Intersection of Race and Sex: Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics', *University of Chicago Legal Forum,* 1989, pp.139-168.

Crenshaw, K. (1991) 'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color', *Stanford Law Review*, vol. 43 (6), pp. 1241-1299.

Department for Education (2016*) Qualifications and Destinations of Northern Ireland School Leavers 2014/15.* Available at: https://www.education-ni.gov.uk/sites/default/files/publications/education/Qualifications%20and%20Destinations%2014-15.pdf (Accessed 20 May 2017).

Department for Education (2017) *Revised GCSE and equivalent results in England, 2015 to 2016.* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584473/SFR03_2017.pdf (Accessed 24 May 2017).

Ermisch, J. & Del Bono, E. (2012) 'Inequality in Achievements during Adolescence'. ' In Ermisch, J., Jäntti, M. & Smeeding, T. (Eds), (2012) *From Parents to Children: The Intergenerational Transmission of Advantage.* New York: Russell Sage Foundation, pp. 285-307.

Ermisch, J., Jäntti, M., Smeeding, T. & Wilson, J. (2012) 'What Have We Learned?' in Ermisch, J., Jäntti, M. & Smeeding, T. (Eds), (2012) *From Parents to Children: The Intergenerational Transmission of Advantage.* New York: Russell Sage Foundation, pp. 463-481.

Foster, C., Hillsdon, M. & Thorogood, M. (2004) 'Environmental perceptions and walking in English adults', *Journal of Epidemiol Community Health*, vol. 58, pp. 924–928.

Hancock, A. (2007) 'When Multiplication Doesn't Equal Quick Addition: Examining Intersectionality as a Research Paradigm', *Perspectives on Politics*, vol. 5 (1), pp.63-79.

Hankivsky, O. (2012) 'Women's health, men's health, and gender and health: Implications of intersectionality', *Social Science & Medicine,* vol. 74, pp. 1712-1720.

Jerrim, J., Chmielewski, A. & Parker, P. (2015) 'Socioeconomic inequality in access to high-status colleges: A cross-country comparison', *Research into Social Stratification and Mobility,* vol. 42, pp. 20-32.

Joseph Rowntree Foundation (2011a) *Poverty and ethnicity: A review of evidence.* Available at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnicity-evidence-summary.pdf (Accessed 25 May 2017).

Joseph Rowntree Foundation (2011b) *Globalisation, UK poverty and communities.* Available at: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-community-globalisation-summary.pdf (Accessed 20 May 2017).

Kirby, P. & Cullinane, C. (2016) *Class differences: Ethnicity and disadvantage.* Available at: https://www.suttontrust.com/wp-content/uploads/2016/11/Class-differences-report_References-available-online.pdf (Accessed 25 May 2017).

Macintyre, S. (2007) **'**Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity?' *International Journal of Behavioural Nutrition and Physical Activity,* vol. 4 (32), no page numbers in source.

Marmot, M. (2010) *Fair Society, Healthy Lives: The Marmot Review.* Available at: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-the-marmot-review-full-report.pdf (Accessed 16 May 2017).

Matthews, D. (2015) 'The Impact of Ethnicity on Health Inequalities', *Nursing Times,* vol. 111 (44), pp. 18-20.

Nash, J. (2017) 'Intersectionality and Its Discontents', *American Quarterly, vol*. 69 (1), pp. 117-129.

National Research Council and Institute for Medicine (2013) *US Health in International Perspective: Shorter Lives, Poorer Health.* Available at:

https://www.ncbi.nlm.nih.gov/books/NBK115854/pdf/Bookshelf_NBK115854.pdf (Accessed 20 May 2017).

Office for National Statistics (2016a) *Persistent Poverty in the UK and EU: 2014.* Available at: file:///C:/Users/user/Downloads/Persistent%20Poverty%20in%20the%20UK%20and%20EU%202014.pdf (Accessed 24 May 2017)

Office for National Statistics (2016b) *Families and households in the UK: 2016.* Available at: file:///C:/Users/user/Downloads/Families%20and%20households%20in%20the%20UK%202016.pdf Accessed 22 May 2017).

Planning for Spatial Reconciliation (2016) *Making Space for Each Other: Civic Place-Making in a Divided Society.* Available at: https://www.qub.ac.uk/research-centres/PlanningforSpatialReconciliation/FileStore/Filetoupload,664369,en.pdf Accessed 18 May, 2017.

Platt, L. (2011) *Understanding Inequalities: Stratification and Difference.* Cambridge: Polity Press.

Puar, J. (2007) *Terrorist Assemblages.* Durham, North Carolina: Duke University Press. In Nash, J. (2017) 'Intersectionality and Its Discontents', *American Quarterly, vol*. 69 (1), pp. 117-129.

Public Health England (2013) *Social and economic inequalities in diet and physical activity.* Available at: http://webarchive.nationalarchives.gov.uk/20160805121933/http://noo.org.uk/securefiles/160805_1348//Socialandeconomicinequalitiesindietandphysicalactivity5May2015.pdf (Accessed 18 May 2017)

Purvis, D. & the Working Group on Educational Disadvantage and the Protestant Working Class (2011) *Educational disadvantage and the Protestant working Class: A Call to Action.* Available at: http://amazingbrains.co.uk/static/uploads/media/pdfs/A-Call-to-Action-FINAL-March2011_0.pdf (Accessed 21 May 2017).

Robertson, A., Lobstein, T. & Knai, C. (2007) *Obesity and socio-economic groups in Europe: Evidence review and implications for action.* *file:///C:/Users/user/Downloads/Obesity_and_socio-economic_groups_in_Europe_Eviden.pdf* (Accessed on 18 May 2017).

Roe, J., Thompson, C., Aspinall, P., Brewer, M., Duff, E., Miller, D., Mitchell, R. & Clow, A. (2013) 'Green Space and Stress: Evidence from Cortisol Measures in Deprived Urban Communities', *International Journal of Environmental Research and Public Health,* vol. 10 (9), pp.4086-4103.

Sani, G. (2013) *Presence of children and inequality in the household: employment, housework and earnings in European heterosexual couples.* Available from: http://eprints-phd.biblio.unitn.it/934/1/DottiSaniDissertation.pdf (Accessed 24 May 2017).

Savage, M. (2015) *Social Class in the 21st Century A Pelican Introduction.* London: Pelican.

Shildrick, T., MacDonald, R., Webster, C. & Garthwaite, K. (2012) *Poverty and insecurity: Life in low-pay, no-pay Britain.* Bristol: The Policy Press.

Smith, D. (2009) 'Categories Are Not Enough', *Gender and Society*, vol. 23 (1), pp. 76-80.

Social Mobility Commission (2016) *Social and ethnic inequalities in choice available and choices made at age 16.* Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/574708/SMC_social_and_ethnic_inequalities_in_post_16_report.pdf (Accessed 23 May 2017).

Taylor, S., Nicolle, C. & Maguire, M. (2013) 'Cross-cultural communication barriers in healthcare', *Nursing Standard,* vol. 27 (31), pp. 35-43.

The Chartered Insurance Institute (2017) *Risk, exposure and resilience to risk in Britain today CII research report Women's Risks in Life - an interim report.* Available at: http://www.cii.co.uk/media/7461333/risks_in_life_report.pdf (Accessed 22 May 2017).

Thompson, C., Aspinall, P., Bell, S. & Findlay, C. (2005) '"It Gets You Away From Everyday Life": Local Woodlands and Community Use—What Makes a Difference?' *Landscape Research,* vol. 30 (1), pp. 109-146.

UCAS (2015) *UK application rates by country, region, constituency, sex, age and background.* Available at: https://www.ucas.com/sites/default/files/january_application_rates_2015_final_0.pdf (Accessed 22 May 2017).

Walby, S., Armstrong, J. & Strid, S. (2012) 'Intersectionality, Multiple Inequalities in Social Theory', *Sociology,* vol. 46 (2), pp. 224-240.

Walsh, D., Bendel, N., Jones, R. & Hanlon, P. (2010) 'It's not 'just deprivation': Why do equally deprived UK cities experience different health outcomes?', *Public Health,* vol. 124 (9), pp. 487-495.

Watts, S. and Nicholls, S. (2013) *A Woman's work is never done?* Available at: http://www.politics.co.uk/opinion-formers/economic-social-research-council-esrc/article/esrc-a-woman-s-work-is-never-done (Accessed 22 November, 2015).

Wolch, J., Byrne, J. & Newell, J. (2014) 'Urban green space, public health, and environmental justice: The challenge of making cities 'just green enough', *Landscape and Urban Planning,* vol. 125, pp.234-244.

WHO (2014) *Obesity and inequities Guidance for addressing inequities in overweight and obesity*. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/247638/obesity-090514.pdf (Accessed 19 May 2017).

Zimmerman, E. & Woolf, S. (2013) *Discussion Paper: Understanding the Relationship Between Education and Health.* Available at: https://nam.edu/wp-content/uploads/2015/06/BPH-UnderstandingTheRelationship1.pdf (Accessed 19 May 2017).