

Engaging people experiencing socioeconomic deprivation in research

Megan Armstrong

Associate professor of Primary
Care Research, UCL

Megan.Armstrong@ucl.ac.uk

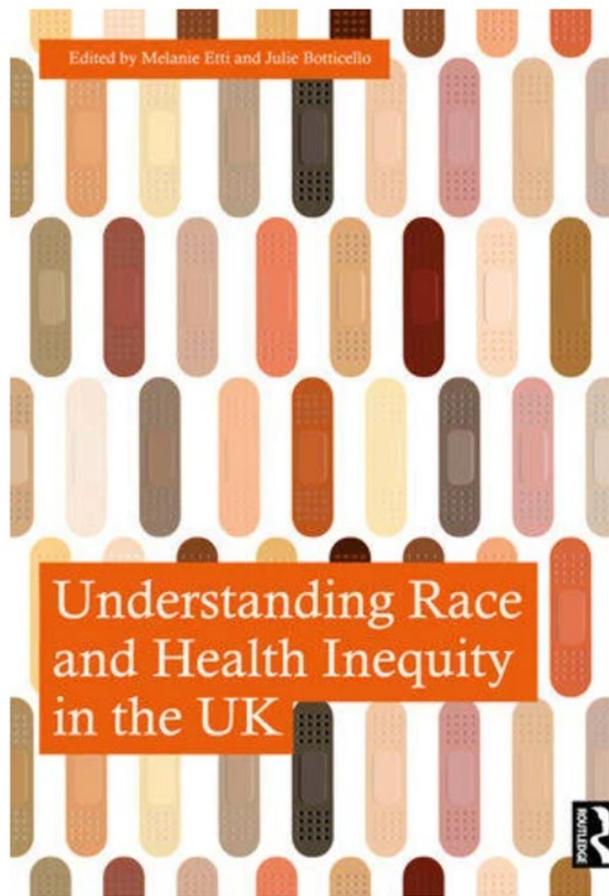
19th March 2026



Pathway into inequalities research

- Lived experience
- Psychology degree: theoretical understanding of behaviour, cognition and how people make sense of their environments.
- Primary care research: impact of how socioeconomic deprivation impacts people's health journeys.





Key programmes of work

- Supporting people experiencing socioeconomic deprivation to self-manage their MLTCs
- [Upcoming chapter](#) (out in August 2026)
- Cognitive impairment and social disadvantage
- Digital health inclusion
- Reducing frailty and MLTC burden among people experiencing homelessness

EDI Work



Lead on Athena Swan, staff surveys, action plans



Co-investigator on 'Supporting the wellbeing and mental health of students from non-traditional academic backgrounds'

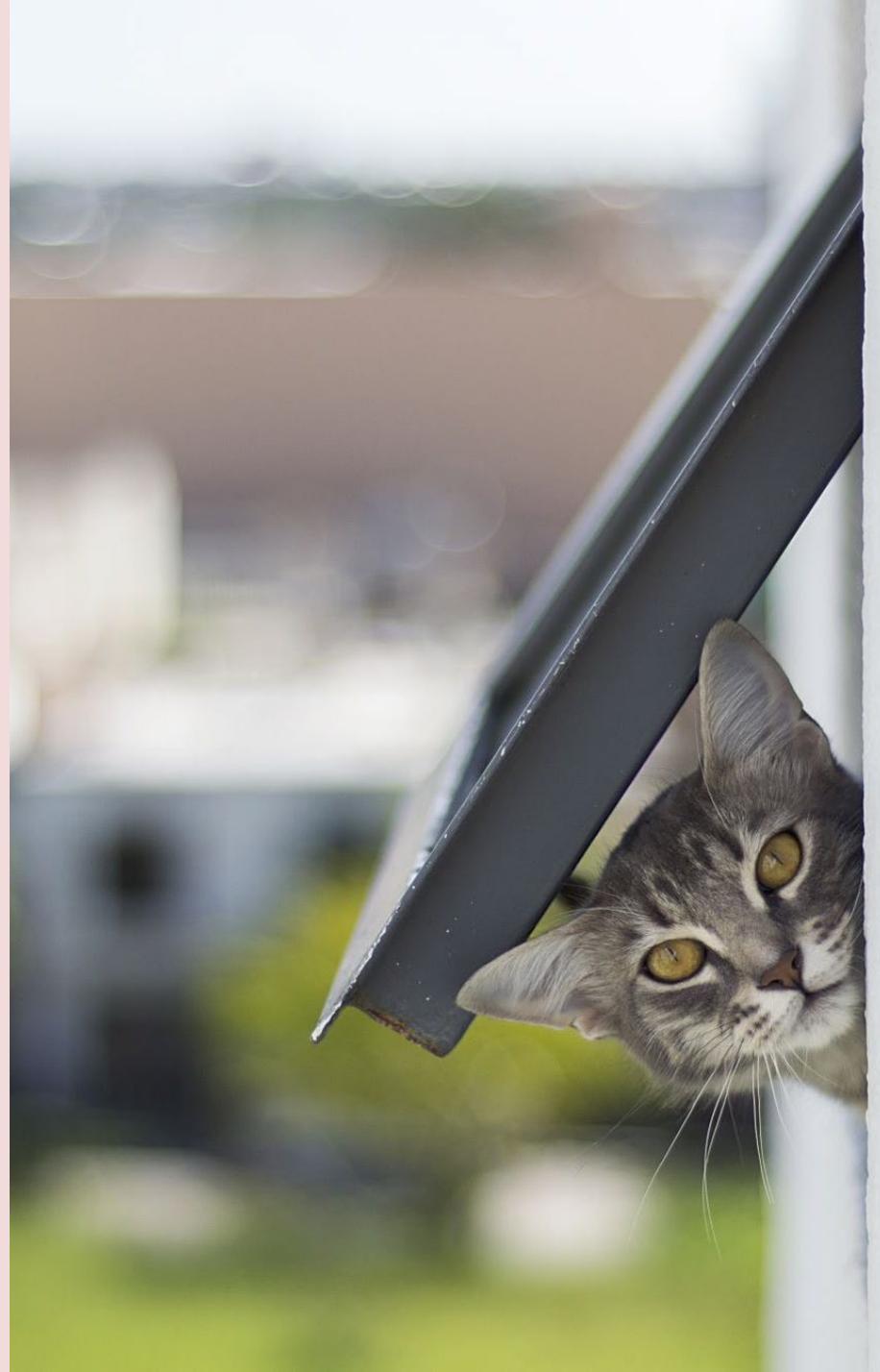


Principal Investigator on 'Supporting the progression and well-being of working-class women in academia'



Mentor working class students and academics

Stay curious



Socioeconomic status/position/ deprivation/disadvantage



Typically refers to a lack of the social, economic, and material resources that are required to ensure overall well-being and standard of living.

- **Social:** stable networks, participate in community life, access to information and guidance.
- **Economic:** income, wealth, secure employment
- **Material:** housing, nutritious food, heating, suitable clothing, transportation

It is a measure of their current situation and therefore, in theory, changeable.



Social class

Class and socioeconomic deprivation are often used interchangeably but it is more of a complex relationship [1].

Similar, but refers to their stable cultural background

Culture = group membership, identity, norms, and socialisation patterns

Speak to a sociologist!



Health inequalities in the UK

Dear David Ennals

New Society 16 December 1976

Richard G. Wilkinson

As a Labour Secretary of State for Social Services you have the misfortune to be confronted by the largest social class differences in death rates since accurate figures were first collected in the 1920s and 1930s. **Almost all the major causes of death** including heart disease, stroke, lung cancer, stomach cancer, cervical cancer, pneumonia and bronchitis, are **two or three times more common among unskilled manual workers and their families (social class V) than among senior professional and managerial families (social class I)**... The overall death rate is now 50 per cent higher in social classes IV and V than it is in social classes I and II.

As a first step then, may I ask you to set up an urgent inquiry to look into these issues and to recommend action?

Not much has changed....



Food bank locations 2022

- Life expectancy has stalled for the first time since 1900 [2].
 - Note: death rates have fallen steadily up until 2010 but the fall greater in the privilege classes
- Life expectancy follows the social gradient – the more deprived the shorter the life expectancy
- North/South divide: Most deprived areas of London has a 5 year higher average age of living than most deprived in the North [3].
- The national government has not prioritised health inequalities, despite the concerning trends and there has been no national health inequalities strategy.

Systematically excluded from research participation

- Consistently underrepresented in research across clinical trials, epidemiology, public health, and social science.
- National surveys and systematic reviews find people experiencing socioeconomic deprivation are significantly less likely to be invited to or enrol in trials [4].
- National research infrastructure (e.g. UK Biobank) likewise disproportionately sampled educated, well-off volunteers [5].
- Poor science.

How to actively include people experiencing socioeconomic deprivation in research

A Beacon Bursaries funded project, June 2022

Principle Investigators: Abi Woodward and Megan Armstrong

Why and [how to include people experiencing socioeconomic deprivation in research](#)
(4 mins)

Reasons for exclusion

- Logistical constraints
 - transportation, no compensation, trial hours
- Restrictive eligibility criteria
 - no additional health conditions
- Methodological biases
 - poor outreach, gatekeeper assumptions
- Cultural/ethical issues
 - mistrust





Strategies to improve inclusion

Measure socioeconomic deprivation in research

- **Income**

- **Pros:** Direct measure of economic and material resources; sensitive to short-term changes
- **Cons:** Does not capture wealth, debt, or unstable income; does not capture social resources

- **Education**

- **Pros:** Strong predictor of health literacy, employment opportunities, and long-term socioeconomic trajectories.
- **Cons:** May not be accurate, particularly for people with high qualifications but low income; complex relationship for older populations

- **Occupation**

- **Pros:** reflects social status, working conditions and autonomy.
- **Cons:** Can mask variation in income.

- **Index of Multiple Deprivation (IMD)**

- **Pros:** Captures structural and neighbourhood level deprivation
- **Cons:** Reflects area characteristics and can misclassify individuals

Socioeconomic deprivation worldwide

Low-income countries often use asset-based wealth indices, consumption, subjective social status (e.g., MacArthur Ladder)

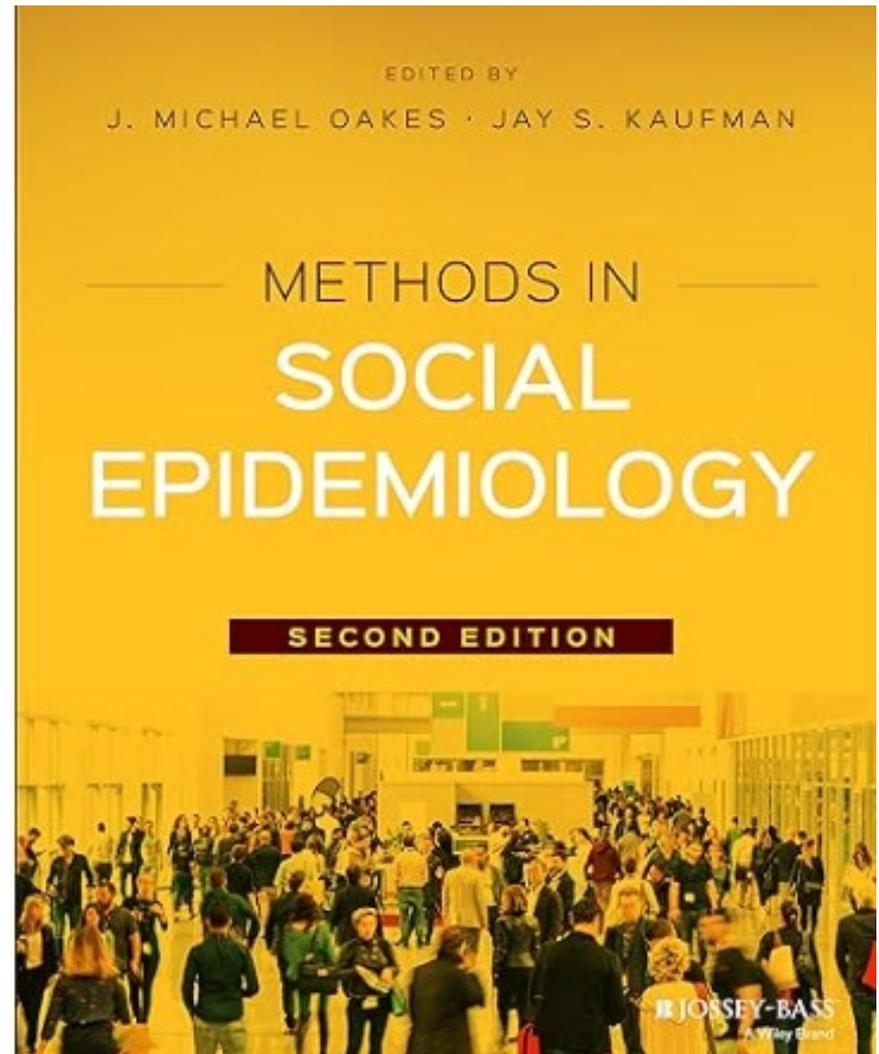
US often measures lack of health insurance, access to free healthcare services or certain ethnicities e.g., Latinos

Recommendations

- Keep advocating to measure socioeconomic deprivation

As there is no agreed measure:

- Use more than one indicator
 - Ideally an individual level and IMD
- Ask: ‘Am I trying to understand material deprivation, life chances, cultural capital, or structural disadvantage?’
- Acknowledge limitations.



[Chapter on measures of socioeconomic status](#)

Be aware of
and
challenge
stigma and
stereotypes



Lack of representation in our media

“People from experiencing socioeconomic deprivation or from working class backgrounds are often depicted negatively and are the object of ridicule on TV.” BBC, 2020

90% of writers in the UK creative industries and 80% of journalists come from middle or upper-class backgrounds [6].



“You don't know nothing about nothing!”





Impact

- People from these populations are more likely to be associated with negative traits and criminality [7].
 - Unintelligent, less trustworthy, wasteful, overly authentic
- Policies become built around deficit rather than structural explanations and assets.
- Further segregation.

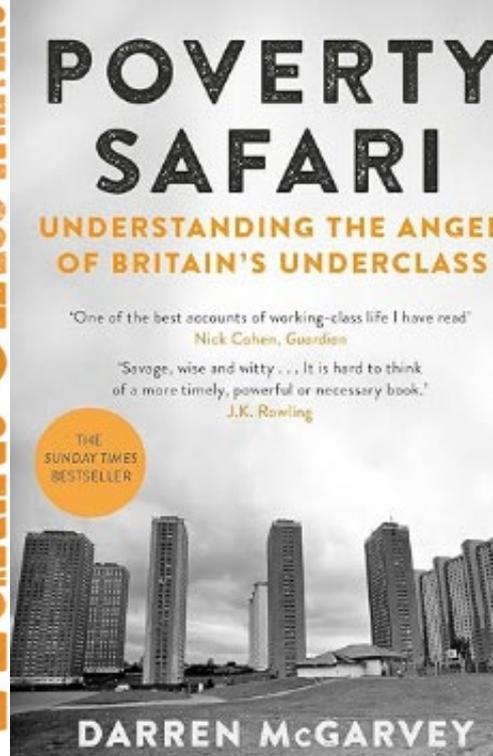
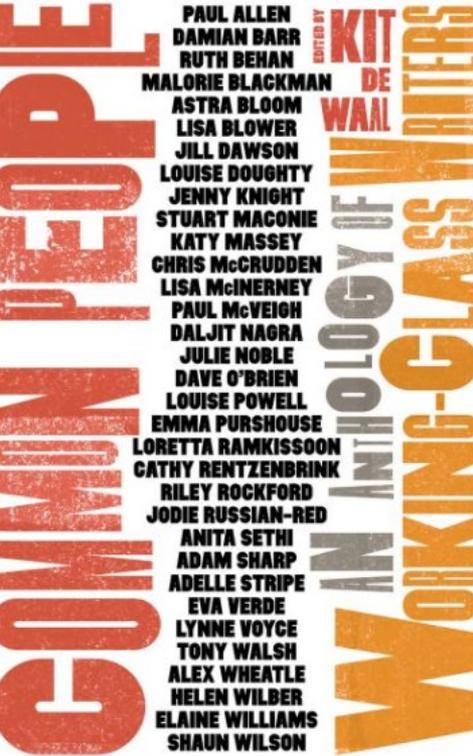
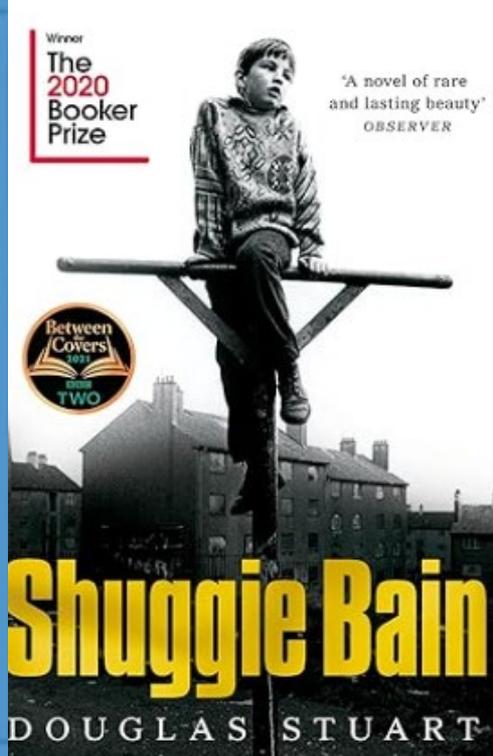
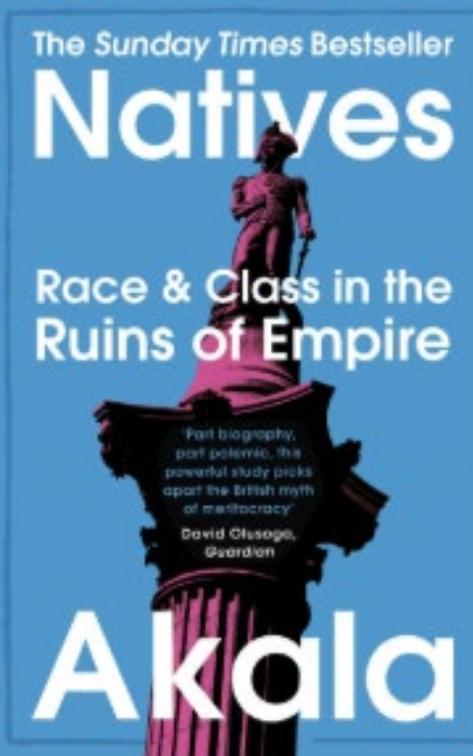
Not a protected characteristic

"In the UK, discrimination based on someone's social class or socioeconomic status is immune from direct challenge and for too long the damaging impacts of social class inequalities and discrimination have been ignored. The psychological evidence in our report is clear; class-based differentials in structural, economic, environmental and material conditions are hugely significant for health and wellbeing across all areas of people's lives."

Bridgette Rickett (British Psychological Society, 2022)

[Full report](#)





Suggestions

- Acknowledge we may have biases
 - Implicit bias training should include SES.
- Increase knowledge of who they are
 - Going into these communities and spending time with them
 - Read working class writing
- Be explicit about positionality. Reflect on your own class background and SES, and how participants might interpret your status.

Always be intersectional



- Professor Kimberlé Crenshaw (1989) explained how different forms of oppression overlap and interact.
- [Ted talk](#) (5 mins)



DeGraffenreid v. General Motors (1976)

- DeGraffenreid brought forward a discrimination claim against General Motors and said they were made redundant because they were black women.
- General Motors said we can't be sexist look at all the women we employ:
- and we can't be racist look at all the black people we employ:

Intersectionality



- Roots in black feminism.
- Continues in social movements today #SayHerName.
- People's lives are shaped by multiple social identities (e.g., class, race, gender, disability, migration status, sexuality).
- These identities do not operate separately but interact to produce unique experiences of advantage or disadvantage.
- Research and policy needs to be context-specific, not one-size-fits-all.



Suggestions

- Know its roots and meaning.
- Examine which groups your sampling or methods may exclude (e.g., low-income migrants, disabled working-class people, LGBTQIA groups).
- Consider how socioeconomic deprivation intersects with race, disability, gender identity, age or sexuality.
- Engage communities with lived experience early so multiple voices shape the questions and interpretations.
- Look for subgroup differences that reveal compounded inequalities.

Recruit from diverse settings

- People experiencing socioeconomic deprivation more often learn of trials via social media vs doctors [8].
- Use social media, community events, faith-based networks, housing associations, food banks, football grounds, and word-of-mouth.

Advertisement

Identify with one of the following:

1. I have had no further education or training beyond the age of 16.
2. I feel like I am just about getting by or have difficulties affording the necessities I need in daily life such as housing, heating, food, clothing or access to the internet.
3. I am currently unemployed, looking for work or earning lower wages than I need to get by.



Inclusive study designs

Simplify eligibility criteria and consent procedures.

Carefully justify every exclusion; avoid blanket bans.

Provide plain-language, translated materials.

Compensate them fairly for their time.

Work flexibly

The [NIHR “INCLUDE” framework](#) advises trial teams to ask who is at risk of exclusion and to tailor protocols (e.g. allow home visits, remove unnecessary blood draws).

Consider
impact of
Adverse
Childhood
Events
(ACEs)

High experience of SED → more ACEs [9]

ACEs → increased risk of high SED in adulthood

SED mediates the health effects of ACEs [10]

Socioeconomic deprivation and ACEs compound harm

Economic stability protects children from ACE risk.

[Ted talk by Nadine Burke Harris](#)

Core principles for trauma informed research methods

- Create emotional, physical, and cultural safety built into research interactions.
 - Explain the process clearly to reduce anxiety (e.g., what will happen, how long it will take, and what is optional).
 - Participants choose when, how, and where they engage; ability to pause or skip questions.
 - Check in regularly (“Is this still okay?”, “Do you want a break?”).
 - Create a distress protocol that explain what happens if someone becomes distressed.
 - Hold sessions in safe, familiar community spaces.
 - Ask: what can I do to make you feel comfortable?

Resources for trauma informed research

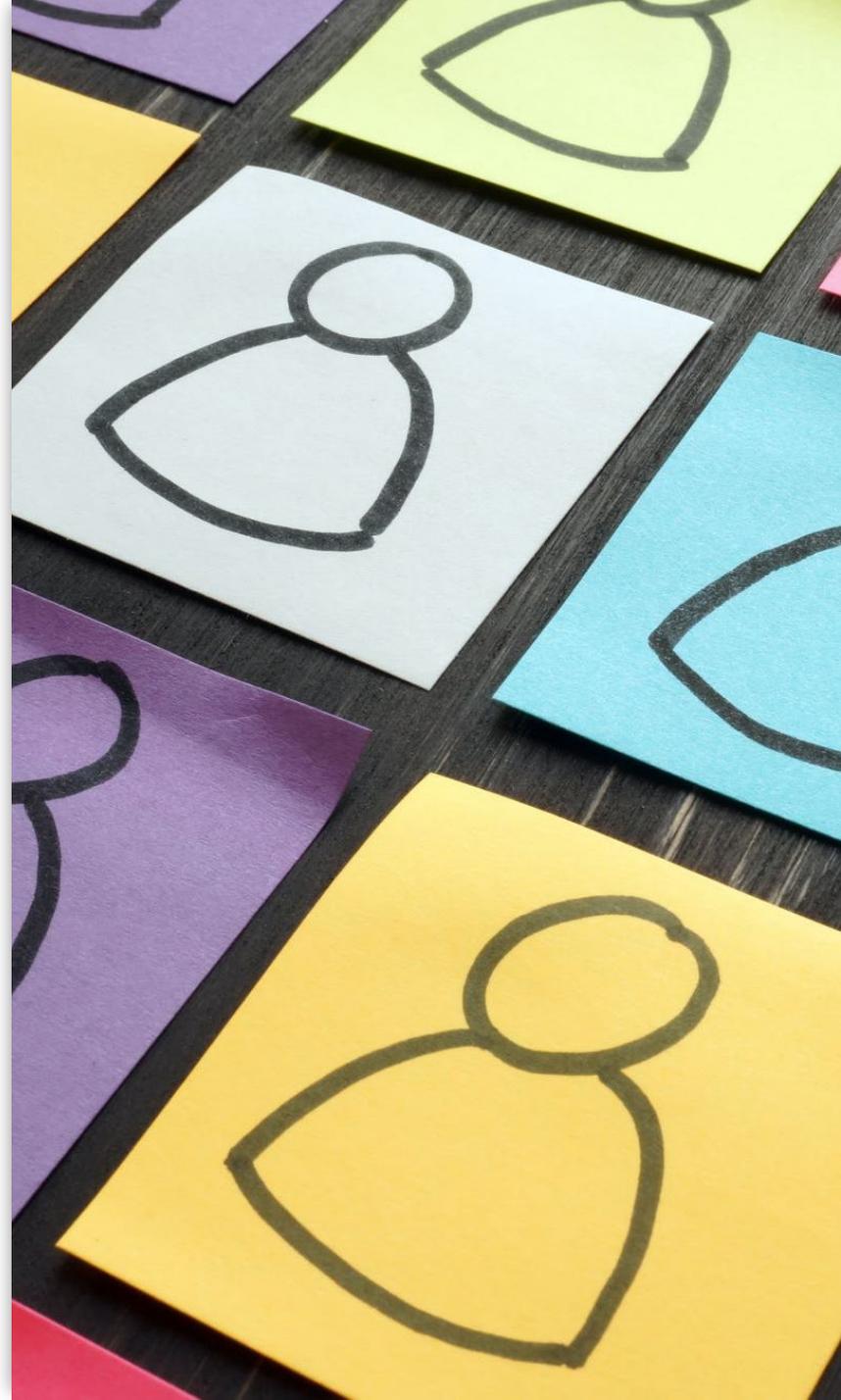
- [Practical guide](#) (for observational and qualitative research).
- Alessi, E. J., & Kahn, S. (2023). Toward a trauma-informed qualitative research approach: Guidelines for ensuring the safety and promoting the resilience of research participants. *Qualitative Research in Psychology, 20*(1), 121-154.
- Edelman, N. L. (2023). Trauma and resilience informed research principles and practice: A framework to improve the inclusion and experience of disadvantaged populations in health and social care research. *Journal of Health Services Research & Policy, 28*(1), 66-75.

DURING

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Introductions, the purpose of the interview, and confidentiality issues explained with opportunity for questions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Participants will be asked whether they are comfortable with being recorded, & will be made aware that they can retract anything they share later on
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Participants will be told their options in advance in case they feel overwhelmed & they would like a break
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Participants will be made aware of where recording devices are & when they are turned on & off
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The interviewer has planned to meet participant's basic needs throughout, including toilet breaks and water
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The interviewer is aware and prepared for their role in bringing out a person's story, without filling silences or removing focus from the person being interviewed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The interviewer plans to pay attention to non-verbal cues or discomfort and address them appropriately

The value of co-design

- Shapes questions, methods, language, and priorities.
- Helps identify barriers (digital access, literacy, transport, time) and builds practical solutions from the outset.
- When communities see their input shaping the research, they view it as relevant and respectful, increasing engagement and retention.
- Centres strengths, assets, and context rather than stereotyped about underserved groups.
- Supports meaningful dissemination such as clear language summaries, community events, and outputs that matter locally.





Co-design resources

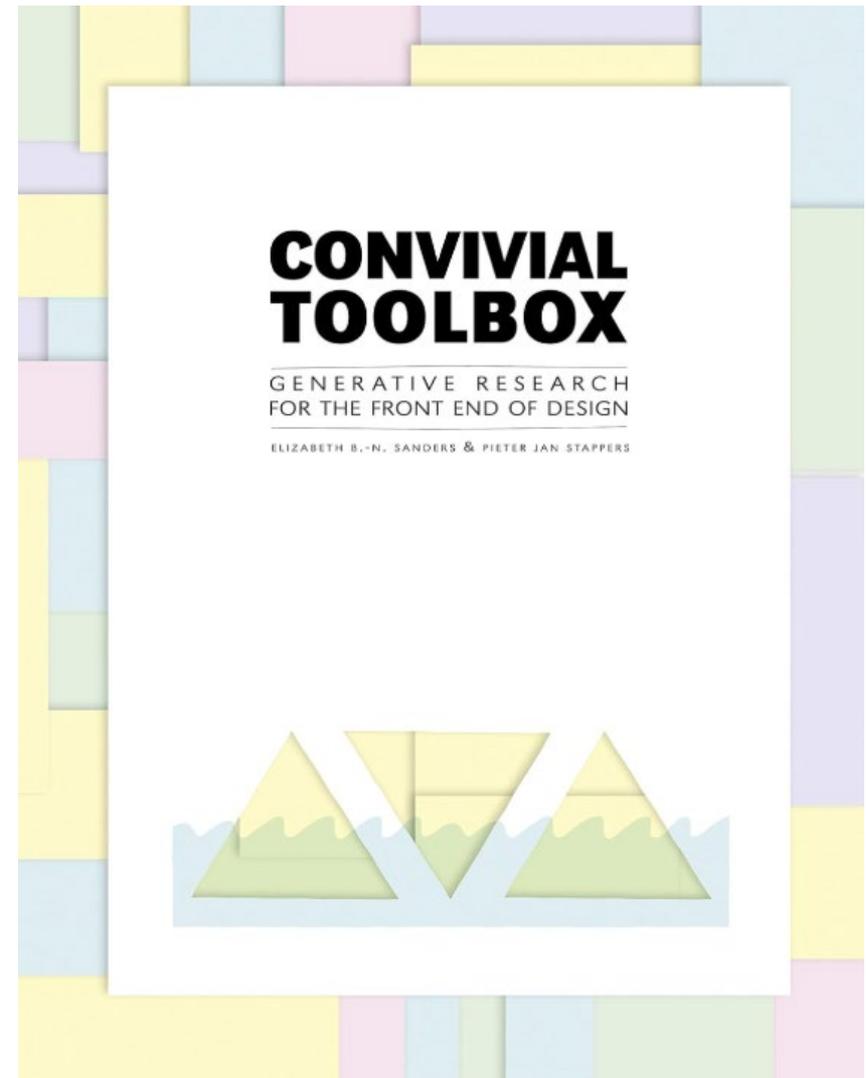
- [INVOLVE](#)
- [UCL co-production](#)
- [Scottish co-production network](#)
- [NESTA: development of policy](#)
- [PDF of creative methods and step by step guides](#) (not just for academics)

The value of peer researchers

- Reach communities researchers often miss
- Peer researchers bring lived experience, credibility, and trust.
- They help participants feel understood rather than scrutinised, making research safer and more authentic.
- Peers elicit richer, more honest accounts; they know the right language, context, and unspoken norms that shape participants' experiences.
- Peer researchers identify blind spots in study design, language, and interpretation that academics may overlook.

Peer research resources

- [Ten principles of peer research – The Young Foundation](#)
- [Ethics in 'citizen science' – The Young Foundation](#)
- [Partnerships for 'citizen science' - The Young Foundation](#)
- [Sharing power, showing understanding – The Young Foundation](#)
- [Creative Research Methods in the Social Sciences](#)



Tips for peer researcher and co-design

1

Treat it with the same respect as other methods.

2

Attend training.

3

Highlight the benefits to networks.

4

Critique different approaches

- Not all co-design is created equal



How to build trust?

- Be transparent about who you are, why you're doing the research, and how findings will be used.
- Avoid patronising terms (e.g., vulnerable, inspirational, hard to reach, unskilled, low SE status, and deprivation or disadvantaged as an identity label).
- Work with voluntary, community and faith organisations.
- Work with peer researchers.
- Embed strong, meaningful PPIE.
 - Ask how the research makes them feel.
- Use strengths-based framing where possible.
- No academic heroes.
- Advocate with (not for) the population.
- Be authentic.

How can we be more inclusive?

- PhD students
 - Make participation accessible
 - Work with trusted community organisations
 - Reflect on your own positionality
- Post-docs
 - Embed inclusion in study design
 - Co-produce elements of research
 - Advocate for inclusive practice within project teams
- Professors
 - Use your influence to shift culture
 - Model inclusive leadership
 - Advocate to funders
- PPI members
 - Challenge whether the research is accessible
 - Challenge deficit-focused or stigmatising language and assumptions

Co-designed resource

Armstrong, M., & Woodward, A. (2026). Engaging people experiencing socioeconomic deprivation in qualitative research: reflections. *Qualitative Research in Psychology*, 23(1), 179-186.

ACTIVELY INCLUDE PEOPLE EXPERIENCING SOCIOECONOMIC DEPRIVATION IN RESEARCH

MAKE RESEARCH ACCESSIBLE

Flexible options to take part in research (e.g., remote or in-person, at different times and days).



Reduce digital exclusions by increasing access and skills.



Share research opportunities through multiple avenues (e.g., adverts in GP surgeries, newsletters, social media, free newspapers, community-based provision, and referral to other studies).

Use inclusive language (e.g., offer different languages, consider reading ages, use accessible formats).



Adapt data collection methods and public and patient involvement techniques to allow one-to-one sharing of sensitive topics.



Ensure creative dissemination of research results by working with the population.



DEVELOP THE RESEARCHER AND PARTICIPANT RELATIONSHIP



Increase researcher skills in engagement (e.g., increase researchers' understanding of cultural and ethnic differences, use less academic jargon and acronyms, and actively listen).



Ensure there are safeguarding guidelines in place to protect participants from harm.



Build trust or work with peer support/voluntary sectors where trust may already be established.



Ensure everyone is treated equally (particularly in group settings).



Acknowledge the wide range of experiences this population have.

PAY PARTICIPANTS APPROPRIATELY FOR THEIR TIME

Have several payment options e.g., bank transfer or vouchers.



Pay for travel ahead of time.



EMPOWER PARTICIPANTS



Keep participants informed after the research has finished.



Highlight the value of participant contribution for their generation and for future generations.



Providing an opportunity to discuss and share lived experiences.

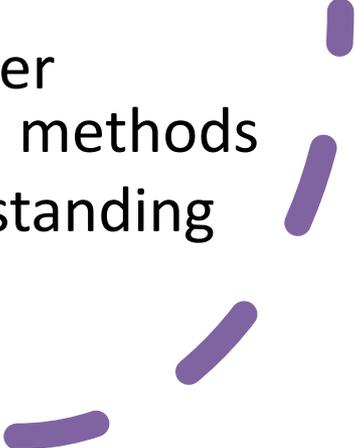


Allow space to recommend ideas to help design and tailor services/research.

The information in this infographic was created by academics from University College of London and with people experiencing socioeconomic deprivation.

For more information please contact the Principle Investigators of the project Megan Armstrong (megan.armstrong@ucl.ac.uk) and Abi Woodward (Abigail.woodward@ucl.ac.uk).

Summary

- Stay curious
 - Recognise and challenge discrimination
 - Measure socioeconomic deprivation in your research
 - Be intersectional
 - Recruit from a diverse range of settings
 - Use frameworks/resources on how to make research inclusive and trauma informed
 - Consider proper use of peer researchers and co-design methods
 - Build trust through understanding and authenticity
- 

References

1. Rubin, M.; Denson, N.; Kilpatrick, S.; Matthews, K.E.; Stehlik, T.; Zyngier, D. (2014). "'I am working-class': Subjective self-definition as a missing measure of social class and socioeconomic status in higher education research". *Educational Researcher*. 43 (4): 196–200.
2. Health Foundation. Mortality and life expectancy trends in the UK: Executive summary. London: Health Foundation; 2024. Available from: <https://reader.health.org.uk/mortality-trends-in-the-uk/executive-summary>
3. McCartney G, Walsh D. Understanding changes to life expectancy and inequalities in the UK, Germany, and other high-income countries. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2025;68:1178–1184.
4. Schoch S. Patients, Poverty, and Participation in Research: The Hidden Costs of Disease and Socioeconomic Status. Washington (DC): National Health Council; 2023 Jan 30. Available from: <https://nationalhealthcouncil.org/blog/patients-poverty-and-participation-in-research-the-hidden-costs-of-disease-and-socioeconomic-status/>
5. Schoeler T, Speed D, Porcu E, Pirastu N, Pingault JB, Kutalik Z. Participation bias in the UK Biobank distorts genetic associations and downstream analyses. *Nat Hum Behav*. 2023;7(7):1216–1227. Published 2023 Apr 27. doi:10.1038/s41562-023-01579-9. PMID: PMC10365993.
6. Spilsbury M. Diversity in Journalism 2022. Newport (UK): National Council for the Training of Journalists; 2022 May 4. (<https://www.nctj.com/wp-content/uploads/2022/05/Diversity-in-journalism-2022.pdf>)
7. A. Paver, D. Wright, N. Braber and N. Pautz, 'Stereotyped accent judgements in forensic contexts: listener perceptions of social traits and types of behaviour', *Frontiers in Communication* (2025). DOI: 10.3389/fcomm.2024.1462013
8. Kim JY, Florez M, Botto E, Bhagat R, Boynton K, Ferguson N. Bridging the Recruitment Gap for Socioeconomically Disadvantaged Groups in Clinical Trials.
9. Schroeder K, Noll JG, Suglia SF, Hall A, Sarwer DB. The intersection of neighborhood environments, adverse childhood experiences, and health equity. *Pediatrics*. 2025 Jul 1;156(1):e2024069605.
10. Shu Y, Zhang Z, Wang H, Wang C, Dou L, Wang W, Zhang L, Bi J, Wu M. The long-term effects of adverse childhood experiences on adult health and behaviors: mediating role of socioeconomic inequality. *BMC Public Health*. 2025 May 27;25(1):1950.