Destitution in the UK 2020

by Suzanne Fitzpatrick, Glen Bramley, Janice Blenkinsopp, Jenny Wood, Filip Sosenko, Mandy Littlewood, Sarah Johnsen, Beth Watts, Morag Treanor and Jill McIntyre.

This study, the third in the Destitution in the UK series, reveals that even before the COVID-19 outbreak destitution was rapidly growing in scale and intensity. Since 2017 many more households, including families with children, have been pushed to the brink.

JRF JOSEPH ROWNTREE FOUNDATION

SUPPORTED BY MAYOR OF LONDON

Destitution in the UK 2020

Suzanne Fitzpatrick, Glen Bramley, Janice Blenkinsopp, Jenny Wood, Filip Sosenko, Mandy Littlewood, Sarah Johnsen, Beth Watts, Morag Treanor and Jill McIntyre

The UK should be a country where everyone has the chance of a healthy, decent and secure life regardless of where they live. Instead, too many people are experiencing destitution. This means not being able to afford the absolute essentials that we all need to eat, stay warm and dry, and keep clean. This is simply not right.

This study, the third in the Destitution in the UK series, reveals that even before the COVID-19 outbreak destitution was rapidly growing in scale and intensity. Since 2017 many more households, including families with children, have been pushed to the brink. Their precarious existence offered little protection when the pressure of COVID-19 threatened to push them even deeper into destitution.

The UK and devolved governments quickly provided a series of temporary lifelines to help people weather the Coronavirus storm. But we need more sustained efforts to keep afloat people who are already struggling, and to turn back the rising tide of destitution.

Emma Wincup,

Research Manager (Qualitative) (JRF)

December 2020
www.jrf.org.uk

Contents

List of figures

List of tables

Box

List of abbreviations

B&B	Bed and Breakfast
DHP	Discretionary Housing Payment
DLA	Disability Living Allowance
DRO	Debt Recovery Order
DWP	Department for Work and Pensions
EEA	European Economic Area
EU	European Union
GB	Great Britain
GP	General practitioner
HMO	House in multiple occupation
IT	Information technology
JRF	Joseph Rowntree Foundation
JSA	Jobseeker's Allowance
LHA	Local Housing Allowance
PIP	Personal Independence Payment
PSE	Poverty and Social Exclusion Survey
UC	Universal Credit
UKHLS	UK Household Longitudinal Study ('Understanding Society')

Executive summary

Introduction

This report examines the scale and nature of destitution in the UK, updating similar studies undertaken in 2015 and 2017. It is based on in-depth case studies on destitution in 18 locations, including a user survey of 113 crisis services and in-depth interviews with 70 destitute respondents.

The user survey was conducted in autumn 2019, and captured the scale of destitution in the UK before the COVID-19 pandemic hit the UK in early 2020. The qualitative interviews, undertaken in spring 2020, enabled in-depth exploration of the experiences of destitute households during the UK lockdown that started in March 2020.

Increasing, intensifying destitution

In this research, we estimated that more than a million households were destitute in the UK at some point in 2019, with these households containing 2.4 million people, of whom 550,000 were children. On this basis, the number of households experiencing destitution in the UK had increased by 35% since 2017, and the number of people and children experiencing destitution had increased by 52% and 54% respectively. These estimates focus exclusively on people in touch with crisis services whose circumstances fitted a strict definition of destitution endorsed by the general public.

When we compare change in weekly destitute household numbers for the 73 services that participated in both the 2017 and 2019 surveys, there was a substantial increase in the number of destitute households between 2017 and 2019, in the order of 23%. There were also signs of a growing intensity of destitution, with more households experiencing both multiple deprivation of essential items and a very low or no income.

Service users experiencing destitution most commonly lacked food (reported by 57%), followed by clothing (49%) and basic toiletries (43%). A third (32%) of destitute households had no income at all, including almost half (46%) of destitute migrant households.

As measured just before the COVID-19 pandemic, the geographical concentration of destitution in northern parts of the UK had intensified since 2017.

The people affected by destitution

Single people remained at the highest risk of destitution in 2019, but families living in destitution, especially lone mothers, had become more common. Young people under the age of 25 were highly over-represented within the destitute population, while destitution continued to be extremely rare for the over-65s.

Three-quarters (72%) of people experiencing destitution were born in the UK. However, people who had migrated to the UK faced disproportionate risks of destitution and had less access to cash and in-kind forms of support than UK nationals living in destitution.

Many service users identified as living in destitution reported limiting health conditions or disabilities (54%). A fifth (19%) had complex support needs associated with interacting challenges such as homelessness, drug and/or alcohol problems, domestic violence, or involvement in begging or the criminal justice system.

Strengths and weaknesses in the social security system

Half of all destitute households were receiving Universal Credit (UC) or had applied for it. Echoing other recent research, our interviewees identified the five-week wait for the first payment as the most

problematic aspect of UC. Repayment of benefit advances taken to cover this gap sometimes left them with little to live on, especially when combined with shortfalls in benefits to cover housing costs as a result of the 'under-occupation penalty' (often referred to as the 'Bedroom Tax' or 'spare room subsidy') or Local Housing Allowance (LHA) restrictions. Many interviewees made a direct link between the repayment of UC advances and their need to use food banks.

More positively, some participants acknowledged that the £20 weekly uplift to UC and Working Tax Credit prompted by the COVID-19 crisis was a considerable help, enabling them to afford food, electricity and other essentials.

Also, interviewees said that the Department for Work and Pensions (DWP) had effectively communicated the temporary relaxation of benefit conditionality to people receiving benefits and that it was a source of great relief to those with health problems that made job-search requirements particularly challenging to satisfy.

However, more than half of the population living in destitution were sick or disabled, and COVID-19-associated delays in the processing of disability-related benefits claims and appeals had had a detrimental effect on the interviewees involved.

For many interviewees who had migrated to the UK, the disruption occasioned by the COVID-19 national lockdown had compounded the usual stress of immigration-related legal processes, sometimes hindering their ability to claim mainstream UK benefits.

Unaffordable debt trapping people in destitution

Problem debt and arrears on bills were an extremely common issue affecting destitute households, especially those who were UK-born. These were largely debts owed to the DWP, local authorities and utility companies, and they mainly pre-dated the COVID-19 crisis rather than being triggered by it.

The temporary halting of most debt-related deductions from social security benefits during the lockdown was vital in easing the pressure on many destitute households. However, for some interviewees who had lost paid work during the lockdown, the sudden drop in income made pre-existing debts even harder to manage.

Precarious employment and self-employment

Only 14% of service users experiencing destitution were in paid work when surveyed in autumn 2019. Interviewees experiencing 'in-work destitution' tended to be in precarious forms of employment with uncertain incomes.

Some interviewees working in the hospitality, cleaning, construction or security sectors had lost their (self-)employment as a direct result of the COVID-19 crisis.

The UK nationals who had lost their jobs during the pandemic generally found the online process for claiming UC straightforward. However, interviewees who had migrated to the UK or who were previously self-employed described a more protracted struggle to establish their eligibility.

A small number of interviewees who were classed as 'key workers' – working in supermarkets and in the care sector – saw their hours and pay increase during lockdown. This enabled them to escape destitution in some cases.

The importance of appropriate, affordable housing

Most destitute households lived in their own house or flat (56%), mainly in social housing. However, a larger proportion than in 2017 were homeless, with 5% sleeping rough at the time of the survey.

Housing affordability was a prominent theme across the qualitative interviews, especially in London. Several interviewees had paid rent arrears with credit cards, and others were awaiting eviction once the protection offered by the COVID-19 moratorium on evictions ended.

People's ability to cope with lockdown depended very much on the space their household had at its disposal. The acute stress of living in confined and sometimes overcrowded or inadequate accommodation, with little access to outside space, rung out from across interviewees' testimonies.

Many interviewees who had migrated to the UK and/or had complex needs lived in shared or institutional forms of accommodation, which made social distancing challenging to fulfil. Hostel-based interviewees faced extreme constraints on their personal space, exacerbated by lockdown restrictions, and compounded by having to cope with the increasing desperation of those around them.

Access to public and community services

Support received from food banks rose by 8 percentage points between 2017 and 2019, and far outstripped destitute households' access to in-kind support from statutory local welfare assistance.

Some interviewees had continued to receive support from food banks during lockdown, but others in need had not received this help, often because they could not access referral agencies, such as jobcentres and Citizens Advice.

The closure of libraries, which the COVID-19 pandemic brought about, had a negative impact on interviewees who had migrated to the UK and those with complex needs, who frequently used them to access the internet, for company and for warmth. The closure of charity shops was felt across the destitute population, who relied on them for cheap clothes and other goods.

While interviewees praised communication from the DWP during lockdown, many reported difficulties reaching local authorities when council offices were closed because telephone call charges were unaffordable.

Impacts on families and children

Most parents interviewed reported that the COVID-19 pandemic had had a negative impact on their children, as they missed friends, family, school and, for some, specialist support. The closure of playgrounds and sometimes parks was another key problem, given that most of these families lacked gardens.

Several participants flagged the additional costs of having school-aged children at home all day, with spending on food, electricity and mobile phone data all reported to increase during lockdown. Set against this, some families and other destitute households were spending less on transport.

A small number of interviewees told us that their family relationships had improved during lockdown because they were spending more time together.

Impacts on mental health and wellbeing

Having limited access to the internet, while living alone and being required to stay indoors almost all of the time, placed immense psychological strain on single people with experience of destitution.

For interviewees with complex needs, mental health challenges generally pre-dated lockdown, but had increased in intensity during the crisis.

The loss of face-to-face contact with health and other services often hit those with drug and/or alcohol problems especially hard, as they felt much less benefit from online or telephone-based support.

1 Introduction

Background

'Destitution' denotes the circumstances facing people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean. This report is the third in a series of mixed-methods *Destitution in the UK* studies, which integrate findings from a major quantitative survey of users of crisis services, with qualitative data from in-depth interviews with a purposively selected sample of destitute respondents.

The original *Destitution in the UK* study, conducted in 2015, was prompted by concerns that this extreme form of hardship was increasing in an era of austerity-driven welfare and public sector funding cuts (Fitzpatrick et al, 2016), manifest in sharply rising numbers of people receiving support from food banks (Sosenko et al, 2019). A so-called 'hostile environment' policy, pursued via immigration and associated legislation, had (further) restricted the housing and financial support available to asylum seekers, refugees and European Economic Area (EEA) and other vulnerable migrants, leading to fears of heightened destitution risks among these groups (Malfait et al, 2017).

When the second *Destitution in the UK* study was undertaken, in 2017, ongoing welfare cuts, and in particular the 2015–20 'benefit freeze', were continuing to erode the value of working-age social security entitlements (Portes and Reed, 2017). There were widespread concerns about both the structure and administration of Universal Credit (UC), and evidence that the scheme's rollout was associated with greater need for food-bank help (Jitendra et al, 2017; see also Sosenko et al, 2019). There were also rising concerns about 'in-work poverty', especially that associated with highly insecure and marginal forms of work such as 'zero-hours' contracts (Bailey, 2018). On the other hand, an important positive contextual factor in 2017 was a substantial fall in the benefit sanctioning of people in receipt of Jobseeker's Allowance (JSA) (National Audit Office, 2016), which our analysis indicated was core to the estimated 25% reduction in destitution levels we identified from 2015. Nonetheless, we estimated that 1,550,000 people were destitute in the UK at some point during 2017, of whom 365,000 were children (Fitzpatrick et al, 2018).

As we approached the quantitative survey for this third *Destitution in the UK* study, in October/November 2019, many of the concerns just described remained relevant, in particular the ongoing impacts of the benefits freeze and the rollout of UC. Since then, growing evidence continues to suggest that the five-week wait before people receive their initial UC payment is particularly problematic (Corlett, 2020; Vizard and Hills, forthcoming).

However, by the time we commenced the qualitative fieldwork in spring 2020, the COVID-19 pandemic had hit the UK, precipitating an unprecedented lockdown. Alongside the Job Retention Scheme ('furlough'), the Westminster Government implemented an array of social security enhancements, including a temporary pause in benefit sanctions and UC deductions to repay debts and overpayments (although advance payments of UC were excluded) (Child Poverty Action Group, 2020). In addition, Local Housing Allowance (LHA) rates were increased to cover the bottom third of private sector rents, and an uplift of £20 a week in UC and Working Tax Credit was implemented for a 12-month period (although there was no corresponding rise in other legacy benefits). Additional funding was also made available for local welfare assistance across the UK, although the coverage of local schemes in England remained patchy.

A European Union (EU) derogation relating to freedom of movement was suspended to allow local authorities to house EEA nationals who were not in employment. Administrations in each of the UK jurisdictions also implemented schemes to provide emergency accommodation for those at risk of rough sleeping and placed a halt on evictions from both the social and private rented sectors, as well as from asylum accommodation.

We would expect these social security and housing measures to have significant suppressing effects on destitution levels, so long as they remain in place. On the other hand, the severe economic recession and

surge in unemployment, widely anticipated when furlough and other employment support schemes unwind, may be expected to have an impact in the opposite direction, driving up destitution levels and, potentially, drawing new groups into this experience of extreme deprivation. At the time of writing, in November 2020, the picture remained extremely fluid, with a resurgence in COVID-19 cases across the UK and fast-moving policy developments aimed at both containing the spread of the virus and mitigating its social and economic effects.

Study aims

The aims of this study were amended in the light of the profound health, social and economic impacts of the COVID-19 global pandemic. They can be summarised as follows:

- to provide an updated and refined national estimate of the overall scale of destitution in the UK for 2019 (pre-COVID-19)
- to identify any emerging trends with respect to the overall prevalence, distribution and nature of destitution in the UK (pre-COVID-19)
- to identify the early impacts of the COVID-19 crisis, and associated economic and policy responses, on people who were destitute when surveyed in autumn 2019.

Report structure

Chapter 2 summarises the study methodology, including setting out the definition of destitution that is used throughout this research. Chapter 3 then presents the core statistical findings on the scale and distribution of, and trends in, destitution in the UK in autumn 2019. While these statistical results represent the pre-COVID-19 position, this chapter also includes an addendum summarising the impacts of the pandemic on UK destitution rates and profiles, based on subsequent modelling work undertaken by the research team (Bramley, 2020; Weekes et al, 2020).

Drawing on qualitative interview data gathered in spring 2020, the following three chapters capture early impacts of the COVID-19 pandemic on three key destitute sub-groups: UK nationals without complex needs (Chapter 4); migrants to the UK (Chapter 5); and people with complex needs – both UK nationals and migrants (Chapter 6). Finally, Chapter 7 presents the overall conclusions of the study and its policy implications.

Report context

While this study, like both of its predecessors, is tightly focused on the extreme state of material and/or income deprivation represented by the concept of 'destitution', the authors recognise that this experience sits within the much broader context of 'severe' and other forms of poverty and hardship that many people across the UK face. The findings should be read alongside the evidence presented in the Joseph Rowntree Foundation's (JRF) annual UK Poverty report (JRF, 2020), as well as other major sources of evidence about poverty, disadvantage and need in the UK, such as the UK Poverty and Social Exclusion Survey (PSE) (Bramley and Bailey, 2018) and the Department for Work and Pensions' (DWP) Households Below Average Income statistics (DWP, 2020).

2 Methods

Overview

The original *Destitution in the UK* study involved a wide array of methods, including: an extensive literature review; interviews with 50 key experts; an omnibus survey of 2,000 members of the general public; analysis of more than 40 quantitative datasets; and in-depth case studies of destitution in 10 locations across the UK, which included a survey of nearly 2,000 households experiencing or at risk of destitution (Fitzpatrick et al, 2015, 2016).

The first follow-up study, conducted in 2017 (Fitzpatrick et al, 2018), repeated key quantitative and qualitative elements of the original study, in slightly modified form, implementing lessons learned in the first round of fieldwork and analysis (Bramley et al, 2018). The 2017 approach was adjudged to have worked very effectively, so only very minor further methodological changes were made in this second follow-up study conducted in 2019/20. The most significant change in 2019 was the expansion of the scope of the fieldwork, with inclusion of two additional case study areas in London, supported by supplementary funding from the Greater London Authority.

All three studies employed the consensus-based definition of destitution, established in the interim report of the original study (for details, see Fitzpatrick et al, 2015), and presented in Box 1. The only slight amendment made in the current study was to adjust the income thresholds marginally upwards (see the accompanying Technical Report: Bramley et al, 2020).

Box 1: Definition of destitution

People are destitute if:

EITHER:

(a) They have lacked two or more of the following six essential items over the past month, because they cannot afford them:

- shelter (they have slept rough for one or more nights)
- food (they have had fewer than two meals a day for two or more days)
- heating their home (they have been unable to heat their home for five or more days)
- lighting their home (they have been unable to light their home for five or more days)
- clothing and footwear (appropriate for the weather)
- basic toiletries (such as soap, shampoo, toothpaste and a toothbrush).

To check that the reason for going without these essential items was that they could not afford them, we: asked respondents if this was the reason; checked that their income was below the standard relative poverty line (that is, 60% of median income – after housing costs – for the relevant household size); and checked that they had no or negligible savings.

OR:

(b) Their income is so extremely low that they are unable to purchase these essentials for themselves.

We set the relevant weekly 'extremely low' income thresholds by averaging: the actual spend on these essentials by the poorest 10% of the population; 80% of the JRF 'Minimum Income Standard' costs for equivalent items; and the amount that the general public thought was required for a household of their size to avoid destitution, in an omnibus survey we undertook as part of the original study. The resulting weekly amounts (after housing costs) were £70 for a single adult living alone, £95 for a lone parent with one child, £105 for a couple and £145 for a couple with two children. We also checked that households had insufficient savings to make up for the income shortfall.

In essence, this consensus-based definition of destitution seeks to capture people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean.

With regard to its primary 'material deprivation' criterion ('a' in Box 1), the six essential items specified, the need to have lacked two or more of them, and the relevant duration of lack for each specific item, were all endorsed by clear majorities of the general public in an omnibus survey we undertook as part of the original study.

The secondary (alternative) 'extremely low income' criterion ('b' in Box 1), also endorsed by the public in the omnibus survey, is not intended to provide a new 'poverty' line. Rather, it indicates an income level below which people cannot meet their core material needs for basic physiological functioning from their own resources. This criterion was introduced because the omnibus survey established that a majority of the public took the view that people who were only able to meet their essential living needs with help from charities, for example, should be considered destitute.

Quantitative research

As in the 2015 and 2017 studies, the development of core national estimates of destitution involved a number of interconnected steps (see the Technical Report: Bramley et al, 2020):

- conducting a one-week user survey of crisis services in 18 UK localities, selected to ensure an appropriate range of expected incidence of destitution, urban/rural attributes and size/type of migrant populations (see further below)
- estimating the total number of users of relevant crisis services across all 18 case study areas over the week, and how many were destitute, as well as providing a profile of their characteristics and experiences
- reviewing a wide range of existing statistical datasets in order to generate indicators of groups and factors associated with a high risk of destitution, covering every local authority in Great Britain (GB)[1] (the range and quality of the relevant secondary datasets available for this purpose somewhat improved between 2017 and 2019)
- comparing our survey-based estimates for the 17 GB[2] localities with predicted rates of destitution based on the secondary indicators, and to calibrate the latter indicators for consistency with the average survey findings
- using information within the survey about repeated use of the particular services sampled, as well as use of other relevant services, over the previous year, to generate estimates of the total number of unique destitute service users over the year.

The survey

We conducted the 2019 quantitative survey in October/November, some two-and-a-half years after the first follow-up survey was undertaken (in March/April 2017). We selected this spring/autumn timing to avoid seasonal extremes in mid-winter or mid-summer that may affect, for example, spending on heating. As part of our work with secondary indicators, we used a monthly set of relevant indicators to confirm that, over the past decade, there has not been a significant seasonal difference between March–April and October–November.

As noted above, the essential character of the 2015 and 2017 surveys was the same, but there were some improvements in the 2017 survey with regard to both the information collected and the coverage of areas and types of service. We retained these improvements in 2019, and made only minor further changes, as summarised in Appendix 1 (see the Technical Report for full details: Bramley et al, 2020).

The 2019 survey was the largest and most robust yet, involving 113 services (see Appendix 2 for a list of those that took part), across 18 case study areas, and generating 3,914 questionnaire returns (with a 64% response rate). All 16 case study areas used in the 2017 survey were used again in 2019, covering all four UK jurisdictions (see Appendix 3). Wherever possible, the same services were asked to participate in the case studies, with substitutes used only in cases where services had closed, changed or were for some reason unable to participate at the time of the 2019 survey. The two additional London case study

areas included in 2019 represented a central borough on the northern side (Camden) and an outer borough on the southern side (Bexley).

One specific and highly relevant form of statutory service – local welfare funds[3] – was included within the study scope alongside voluntary sector crisis services in both 2017 and 2019. However, we encountered great difficulties in securing the participation of these statutory services in the survey, which have been in decline under the pressure of funding cuts in many parts of England in recent years (Fitzpatrick et al, 2020a). In the end, we were successful in securing the participation of local welfare funds in only six areas in 2017, dropping to four in 2019. However, we obtained data from all other extant local welfare fund services by correspondence or a Freedom of Information request and included it in the secondary data analysis (see the Technical Report: Bramley et al, 2020).

All of the issues covered in the 2017 questionnaire were also covered in the 2019 questionnaire. Only three new questions, or categories within a question, were added in 2019: respondents were asked if they had applied for/were receiving UC; whether they had applied to the council as homeless in the previous 12 months; and whether they had a disability. As these new questions were either minor additions and/or well-established and validated questions, they were not subject to the cognitive testing process that we had used with more challenging aspects of the questionnaire in 2015 and 2017. The revised questionnaire is presented in Appendix 4. Note that it was translated into 24 languages that participating services identified as likely to be relevant in the case study areas.

Another important difference in the conduct of the 2017 study in comparison with the 2015 study, and which continued in 2019, was that a major national survey research organisation, Kantar Public, was involved as a key partner, taking main responsibility for fieldwork tasks. Kantar interviewers were placed in all services that wanted to have them present to help service users to complete the questionnaire.

A key research aim was to investigate trends in destitution. In practice, the most consistent indicator of change in the scale and profile of destitution is obtained by comparing the weekly destitute household numbers in 2019 to those in 2017 for the 73 services in the 16 study areas that participated in the survey in both years. We base most of our detailed findings on change over time throughout the report on this approach. However, we base our estimates of current characteristics of people experiencing destitution, as well as the overall total numbers affected, on the national annually weighted figures (see Chapter 3 for an explanation of how these differ). For methodological reasons, associated with the improved scope and rigour of the estimates in the follow-up studies, comparisons with the 2015 results are not as reliable.

Qualitative research

Between the conduct of the quantitative survey (autumn 2019) and the commencement of the qualitative fieldwork (spring 2020), the COVID-19 global pandemic hit the UK. The qualitative research was then adjusted to focus on the impact of the pandemic and the associated economic lockdown on people who were destitute when we surveyed them. A large qualitative sample of destitute respondents (n=70) was purposively selected to allow good coverage of sub-groups of particular policy interest, including, for example, people experiencing 'in-work destitution' and families with dependent children.

We also sought to ensure a demographic balance across the qualitative sample that reflected the survey results for the destitute population as a whole (see Chapter 3). This was achieved with half of the sample female and half male, two-thirds living in single-person households, and a relatively even split between interviewees aged between 25 and 45 years old and those aged over 45, with very few aged under 25. Families with dependent children constituted around a third of the total qualitative sample, as did migrants to the UK.

Two-thirds of those we interviewed (n=46) were in receipt of, or had claimed, UC. In total, 41 out of the 70 interviewees reported a disability. We succeeded in obtaining a good-sized sample of people who had been in paid work in the previous 12 months (n=31), so that we could explore 'in-work destitution'. There were slightly more interviewees outside of London than in the capital (38 as compared with 32).

As in the previous two studies, all interviews were conducted by telephone. However, given that these interviews took place during lockdown, we approached respondents who had agreed to be re-contacted

for interview with particular care in emphasising their right to refuse to take part without consequence. All interviewees were given £20 in vouchers. Due to COVID-19, e-vouchers had to be issued.

As can be seen from the topic guide (see Appendix 5), the interviews focused on participants' current living situation, their economic/income status, their access to essentials, services and information technology (IT), and the impacts of the COVID-19 pandemic on their health, wellbeing and relationships. We used a shortened version of the survey questionnaire to check whether they were still destitute at the point of interview (two-thirds were, a similar proportion to that found in the 2017 study; Fitzpatrick et al, 2018). Interviews were recorded, with permission, fully transcribed and analysed using NVivo software.

3 The scale and distribution of destitution in the UK in 2019

Introduction

This chapter begins by presenting our national UK estimates for destitution, and reflects on changes since 2017, before detailing how these estimates map onto the definition of destitution (see Chapter 2, Box 1). The following section presents the overall profile of those affected by destitution in the UK, and reviews their housing situation, including the forms of homelessness experienced.

The chapter then examines in more detail the position of the three key destitute sub-groups: migrants, people with 'complex needs' and 'UK-other' households. We review evidence on the recent experiences of these destitute sub-groups that may have contributed to their situation, as well as documenting the sources of income and in-kind support they have accessed. We then review the geography of destitution. The chapter includes an addendum summarising the impacts of the COVID-19 pandemic on UK destitution rates and profiles.

National estimates of destitution and change since 2017

We estimate that the total number of destitute households in the UK in touch with voluntary sector crisis services (or local welfare funds) in a representative week in 2019 was 191,000. These households contained 430,000 people, of whom 99,000 were children.

The total number of households experiencing destitution in the UK at some point in 2019, and using these services, is estimated to be 1,062,000, involving 2,388,000 people, of whom 552,000 were children. On this basis, the number of households experiencing destitution at some point in 2019 is estimated to have increased by 35% since 2017, and the number of people and children experiencing destitution has increased by 52% and 54% respectively.

The complexity of the research design means that these estimates are subject to margins of error in the order of +/-20% (see the Technical Report: Bramley et al, 2020). All key measures of change from 2017 exceed this margin. When we compare change in weekly destitute household numbers for the 73 services that participated in both the 2017 and 2019 surveys,[4] the increase is 23%. In addition, these destitute households have tended to become larger and to include more children.

Using these like-with-like weekly comparisons, the largest increase was in the destitute migrant group (42%) and the smallest in the destitute group with complex needs (8%), with the UK-other destitute group close to the average at 25% (see below for further analysis of these key sub-groups).[5]

Our updated review of secondary time-series data is discussed in the accompanying Technical Report (Bramley et al, 2020). This detailed statistical review, coupled with other recent research, including Sosenko et al (2019), indicates that factors likely to have been important in destitution trends in the 2017–19 period include:

- a range of benefit issues, including the rollout of Universal Credit (UC), the cash freeze in benefit levels, a continuing high level of failures of Personal Independence Payment (PIP) claims, the lowered benefit cap and the 'two-child limit' (where support to families through tax credits and UC is no longer paid for a third or subsequent child born after 5 April 2017)
- a rising level of problem debt, particularly in terms of basic housing, utility costs and Council Tax
- increasing numbers of migrants who are asylum seekers/refugees
- a rise in child poverty

- homelessness remaining high
- the cumulative effects of austerity on local authority budgets.

Later chapters of this report will review qualitative evidence on the impact of these factors on people who were destitute when surveyed in autumn 2019.

Unpacking the definition of destitution

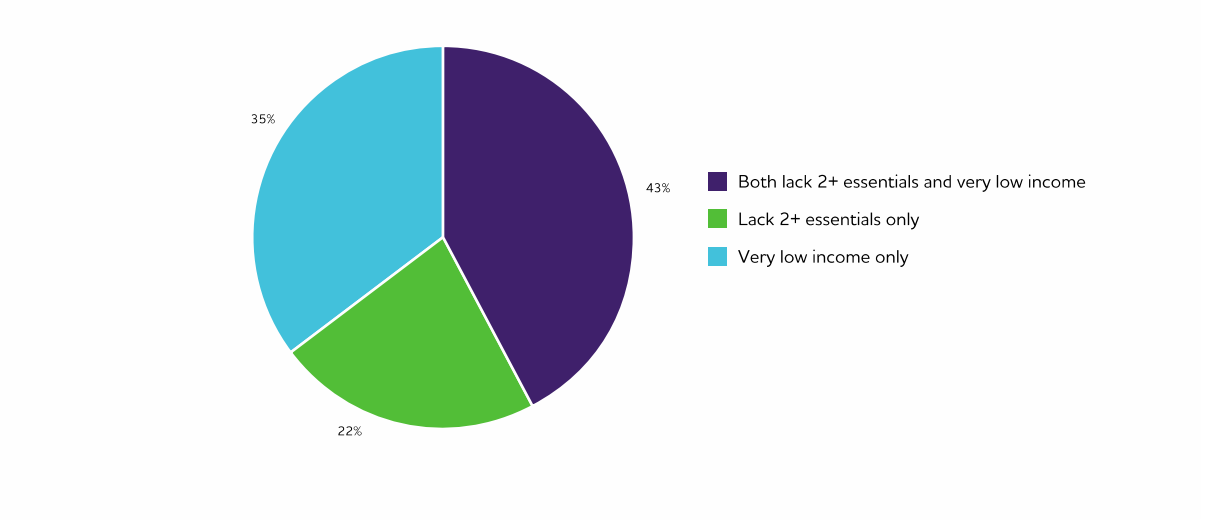
As discussed in Chapter 2 (see Box 1), the definition of destitution used in this study is comprised of two elements. People were considered destitute if:

- they had lacked two or more of a basket of six essential items over the previous month, because they could not afford them (the 'deprivation' criterion) or
- their income was so low that they were unable to purchase these essentials for themselves (the 'extremely low income' criterion).

In total, 70% of all of those surveyed in crisis services met one of these criteria for destitution.

Of those we identified as destitute, 22% met the deprivation criterion only, while 35% met the extremely low-income criterion only (see Figure 1). That leaves 43% of destitute households meeting both the extreme material deprivation and extreme low-income thresholds, up from 35% in 2017. In that sense, it might be argued that the degree of destitution intensified in the two-and-a-half years between the two surveys.

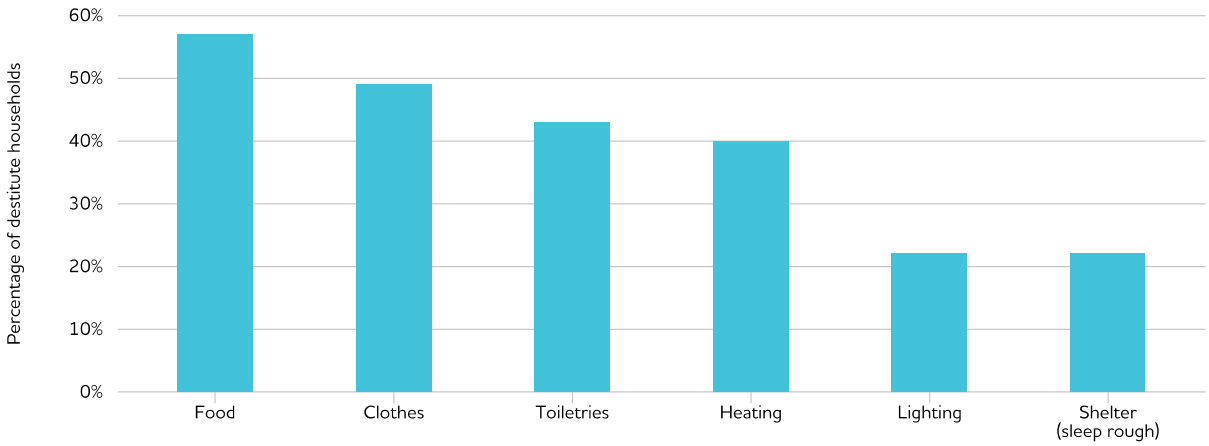
Figure 1: Definitional breakdown of destitute households



Source: 2019 destitution survey (national-annual weighted)

Figure 2 shows which of the six material essentials destitute households lacked in 2019. As in previous studies, food was the most lacked essential, followed by clothes and toiletries, with lighting and shelter the least likely goods to be reported as lacking. Only small changes in comparison with 2017 were evident – slight falls in lack of toiletries and shelter and slight rises in lack of clothes and lighting.

Figure 2: Essentials lacked in the preceding month



Source: 2019 destitution survey (national-annual weighting)

Figure 1 showed that 78% of the population of destitute service users had incomes below the 'extremely low income' threshold we set for our secondary destitution criterion. In fact, at least 32% had no income at all, and 74% had incomes of less than £70 a week (see Figure 3), proportions that were 7 and 6 percentage points respectively higher than in 2017. So again, the degree of destitution appears to be intensifying somewhat. As in 2017, most of the remaining fifth of households had incomes only slightly higher than the 'extremely low income' threshold.

Figure 3: Banded weekly income level of destitute households (after housing costs)

Note: For simplicity, the income levels in this graph apply across all household sizes, but in our definition of destitution we set different thresholds for different household types (see Chapter 2, Box 1).

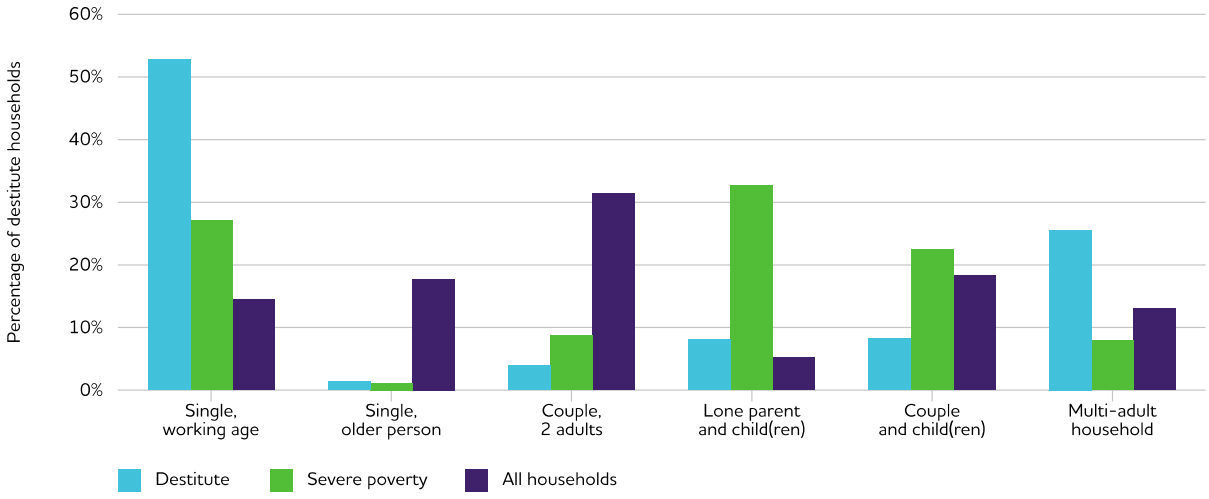
Source: 2019 destitution survey (national-annual weighted)

The profile of people affected by destitution

We now compare the profile of destitute service users with that of households in severe poverty, and of households in the overall UK population, drawing on the UK Household Longitudinal Study (UKHLS) survey ('Understanding Society'). The definition of 'severe poverty'[6] we have used is intended to capture households experiencing a combination of very low income, significant material deprivation and financial difficulty, which indicates a high risk of adverse consequences to health and wellbeing (see also Bramley and Bailey, 2018). As was shown in 2017, while destitute service users and households experiencing severe poverty have much in common, their profiles also differ in important respects.

The demographic profile of the destitute population remained broadly stable between 2017 and 2019, although there appear to be some specific changes, as highlighted below. The household type mix illustrates the very high representation of single-adult working-age households among the destitute population, in comparison with households in severe poverty, who had a higher share of lone-parent and other families (see Figure 4). Multi-adult household situations were also common among the destitute population. However, as compared with 2017, there had been a reduction in the share of single adults of about 9 percentage points and an increase in the share of lone-parent and other family or multi-adult households among the destitute group,[7] which is consistent with the picture painted earlier of more adults and children being affected by destitution in 2019.

Figure 4: Household type of destitute households, households in severe poverty and all UK households



Note: This household type classification includes people in hostels or sleeping rough, who are nearly all classified as single. People living with relatives or friends are classified as multi-adult households (which might include some children as well). About 9.5% of cases are missing from this analysis of the destitution survey.

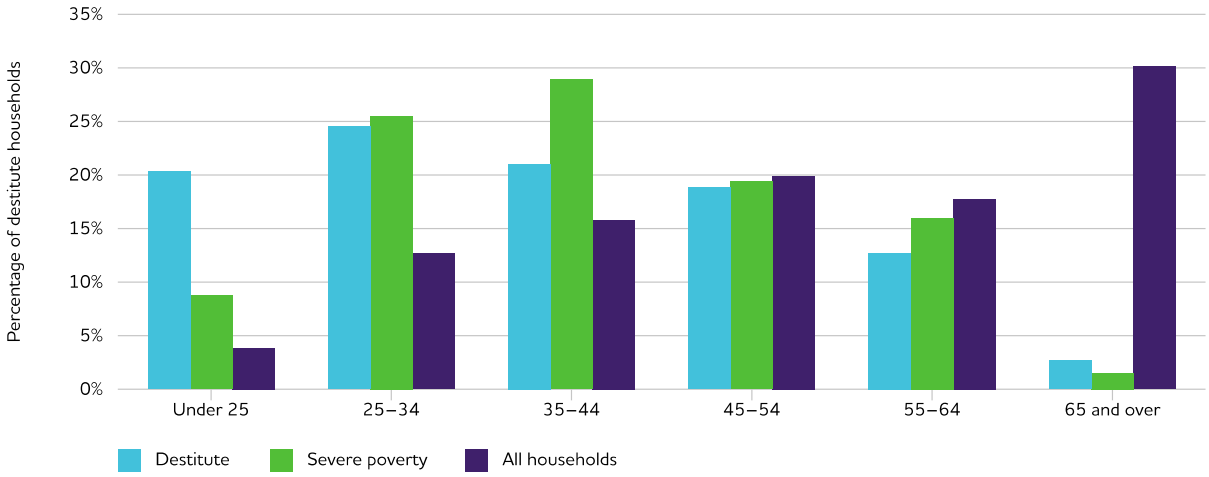
Source: 2019 destitution survey (national-annual weighting); UKHLS waves 7–9 (2015/16–2017/18)

Destitute households were slightly more likely to be headed by a man than the average UK household (46% versus 43%), and much more so than those in the 'severely poor' group, who were predominantly (68%) headed by a woman (many of whom would be lone parents). The proportion of heads of destitute households who are men appears to have fallen as the scale of the complex needs group (which tends to be the most male-dominated) has fallen relative to the scale of the migrant and UK-other groups.

Relatively few (14%) of the destitute population were in paid work (including informal or part-time work), compared with a third (34%) of households in severe poverty and a half (50%) of all household heads. The proportion of the destitute population in paid work was the same as in 2017. In all, half of destitute survey respondents were receiving UC, or had applied for it, although it seemed that at least a fifth were not yet receiving it as they reported no money from benefits in the previous month (which may mean that they were still in the process of applying for it, subject to the five-week waiting period, or were assessed as eligible for zero payment).

The destitute group and the wider severe poverty group were both likely to be younger than the general population (see Figure 5). The proportionate risk of destitution was greatest for households headed by someone under the age of 25. Nevertheless, the largest numbers of destitute heads of household were to be found in the 25 to 34 age group, with sizeable numbers also in age groups up to 54. Destitution and severe poverty were both extremely rare in the 65-plus age group.

Figure 5: Broad age groups of heads of destitute households, households in severe poverty and all UK households

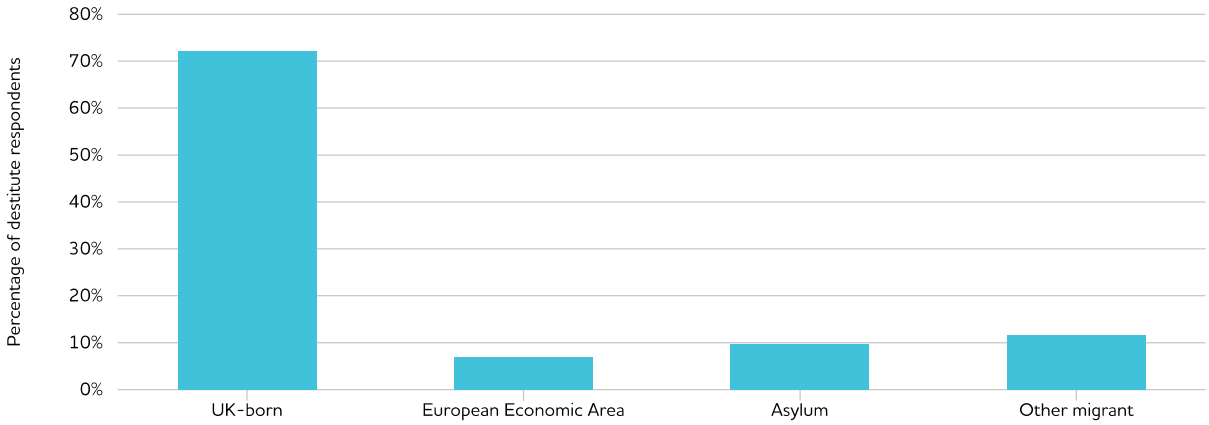


Source: 2019 destitution survey (national-annual weighting); UKHLS waves 7–9 (2015/16–2017/18)

More than a quarter of destitute households (28%) in 2019 were headed by a migrant to the UK (see Figure 6). This is somewhat higher than the share of all working-age adults who were non-UK born (23%). It nonetheless remains true that the great majority of heads of destitute households in the UK in 2019 (72%) were born in the UK.

Figure 6 shows the breakdown of destitute respondents between the broad categories of EEA, 'asylum' (that is, with experience of the asylum system) and 'other migrant' groups. There appears to have been an increase in other migrants since 2017 (the share was up 2.4 percentage points, within an increased total number of destitute households). This would be consistent with international migration statistics for this period, which show a growth in net in-migration from non-EEA countries (Bramley et al, 2020, p. 28), but it could also reflect a worsening or more vulnerable economic situation for existing migrants in this group.

Figure 6: Summary of the migration profile of destitute respondents (percentage composition of destitute respondents, by migrant group)

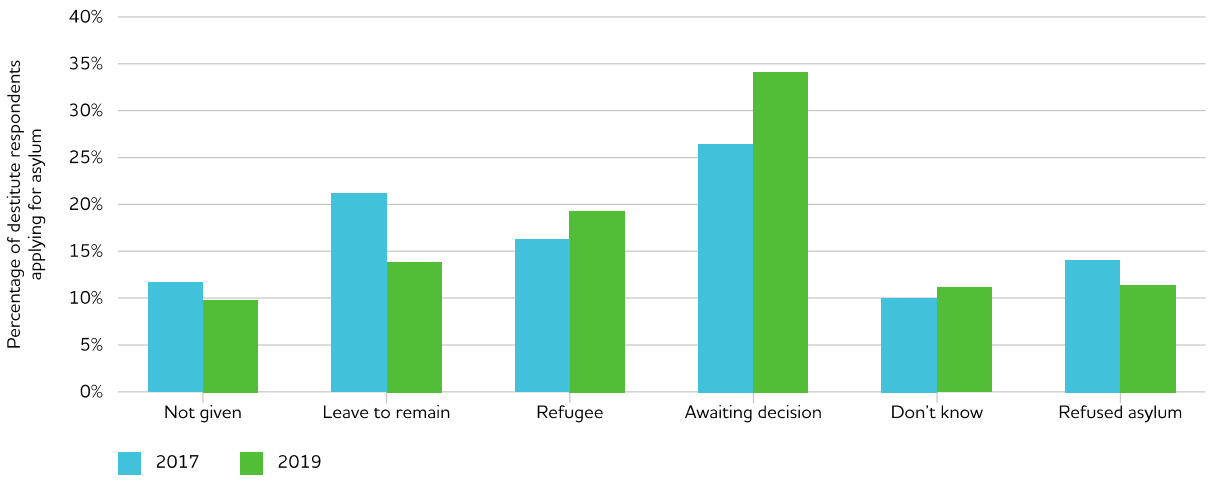


Note: Migrant group is based on country of birth but distinguishes asylum cases from migrants from EEA and other countries of birth that were not asylum cases.

Source: 2019 destitution survey (national-annual weighting)

Although the share of asylum cases within overall destitute households remained little changed from 2017, the number would have risen with the general rise in destitute numbers. Within the destitute asylum group, there was a shift in the relative size of the different sub-groups, according to current legal status (see Figure 7).

Figure 7: Status categories of destitute respondents who had applied for asylum, 2017 and 2019 (percentage composition of asylum migrants in the two years)



Source: 2017 and 2019 destitution surveys, grossed weekly estimates from services common to both surveys in 16 case study areas

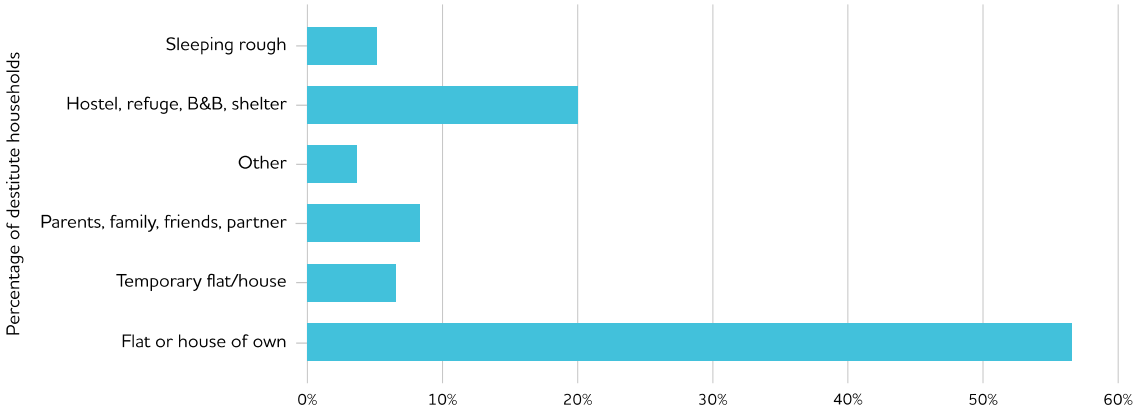
The most common status categories in both years were 'awaiting decision', 'refugee' and 'leave to remain'. Between the two years, there was an increase in the proportions with 'waiting' and 'refugee' statuses, and a small increase in 'don't know'; meanwhile, there were reductions in the proportions with the statuses of 'leave to remain', 'application refused' and 'status not given'. While asylum seekers receive support with housing and subsistence while their cases are under consideration, the level of such support is not sufficient to keep them out of destitution under our definition. In the transition to refugee or leave-to-remain status, there are often gaps between the end of this support and the ability to access mainstream benefits and housing, or to gain paid work, and some of these groups will either have no recourse to public funds or be struggling to access financial assistance (British Red Cross, 2020).

Housing and living arrangements

The majority of destitute households (56%) had a flat or house of their own (see Figure 8). The next most common living situation was in a hostel, refuge, Bed & Breakfast (B&B) or shelter (20%) (that is, emergency or temporary accommodation associated with homelessness). Next in frequency came staying with other households, including parents, family, friends or a partner, affecting 8% of households, followed by staying in a temporary house or flat provided by a local authority or housing association (6%). One in 20 destitute respondents (5%) were sleeping rough at the time of the survey, and 4% were in some 'other' situation.

Although only the hostel category had significantly increased its share since 2017, there were actually absolute increases in the weekly numbers in all categories of homelessness, including rough sleeping, in the like-with-like comparisons of the same services in both survey rounds.

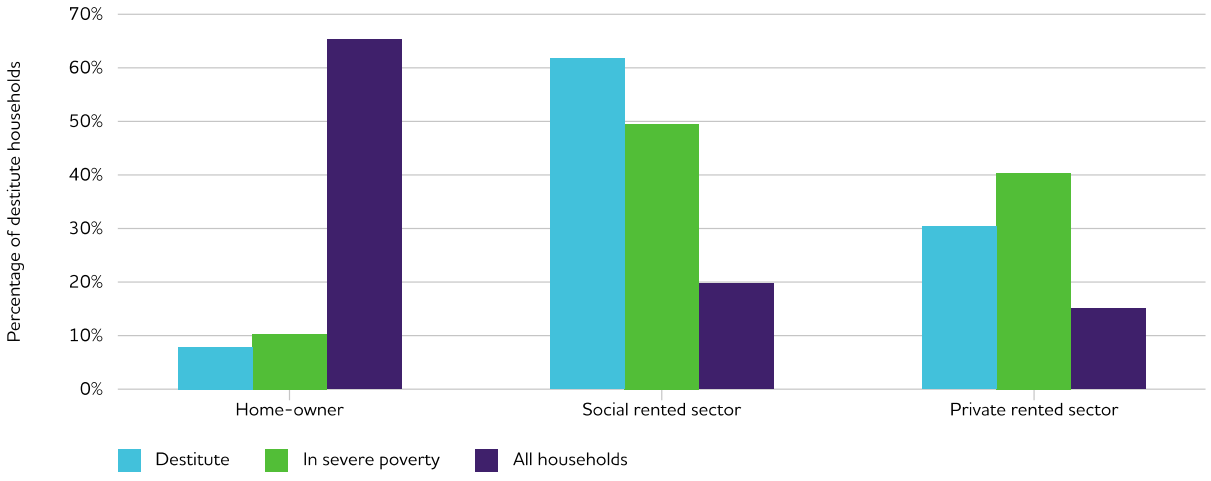
Figure 8: Current living arrangements of destitute households



Source: 2019 destitution survey (national-annual weighting)

We compared the housing tenure of destitute households living in their own flat or house with the tenure of households in severe poverty and all households, based on the UK Household Longitudinal Study (UKHLS) (see Figure 9). As in 2017, the tenure of destitute households with their own place was similar to that for households in severe poverty, and quite different from that for all households. More than 60% were in the social rented sector and 30% were in the private rented sector, with only 8% owning their own home. This represents some modest change from 2017, including an increase in the very small share in home-ownership and some reduction in the proportion of people in the private rented sector. The main difference between the destitute population and the population in severe poverty was that the latter were more likely than the former to be in the private rented sector and somewhat less likely to be in the social rented sector.

Figure 9: Housing tenure of destitute households, households in severe poverty and all households



Note: For destitute households this only refers to those who have their own flat or house.

Source: 2019 destitution survey (national-annual weighting); UKHLS waves 7–9 (2015/16–2017/18)

The three main destitute sub-groups

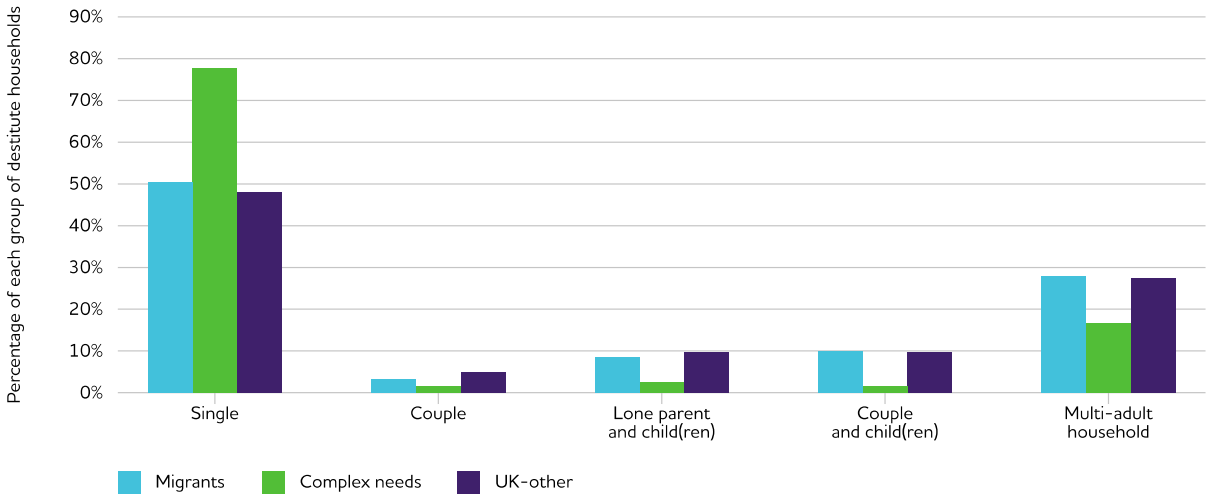
As noted above, for much of our analysis we adopted a broad three-way classification of destitute households, defined as follows:

- those with complex needs – respondents who reported experiencing two or more of the following in the previous 12 months: homelessness, drug and/or alcohol problems, offending, domestic violence or begging[8] (who could be UK-born or born outside of the UK)
- migrants – respondents born outside of the UK (who did not have complex needs)
- UK-other – respondents not falling into the preceding two categories (that is, UK-born without complex needs).

In 2019, a fifth (19%) of destitute households had complex needs (of whom a third were migrants[9]), a fifth (22%) were migrants (without complex needs) and the remaining three-fifths (59%) were UK-other households. The share of both migrants and respondents with complex needs in the total (using the national annual weighting) had increased since 2017.[10]

The complex needs group was overwhelmingly comprised of single-person household units, with most of the remainder in the multi-adult category (see Figure 10). The migrant and UK-other groups had a more similar pattern to each other, with about a half being single-adult households, more than a quarter being multi-adult households, about 10% being lone-parent and another 10% couple families, and a smaller proportion (3–5%) being couples without children.

Figure 10: Household composition of the three main sub-groups of destitute households

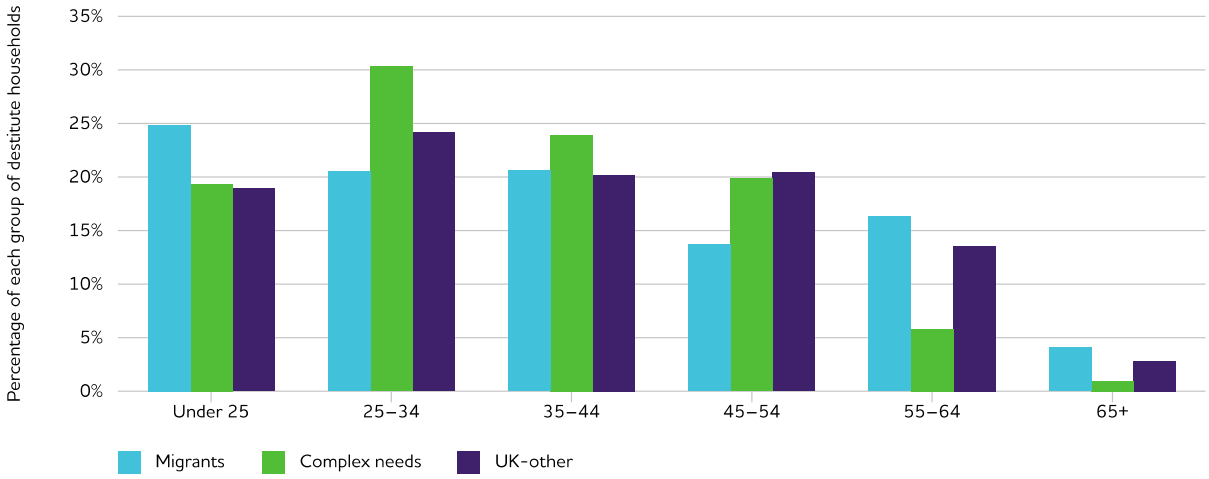


Source: 2019 destitution survey (national-annual weighting)

As was shown in Figure 4, destitute households as a whole had a very different household type composition from the general population or even from those in severe poverty, with a much stronger representation of single people.

The age profiles of the heads of household did not vary dramatically across the sub-groups, with migrants including more under-25s but rather less in the 25–54 aged bands (see Figure 11).

Figure 11: Age grouping of the heads of households in the three main sub-groups of destitute households

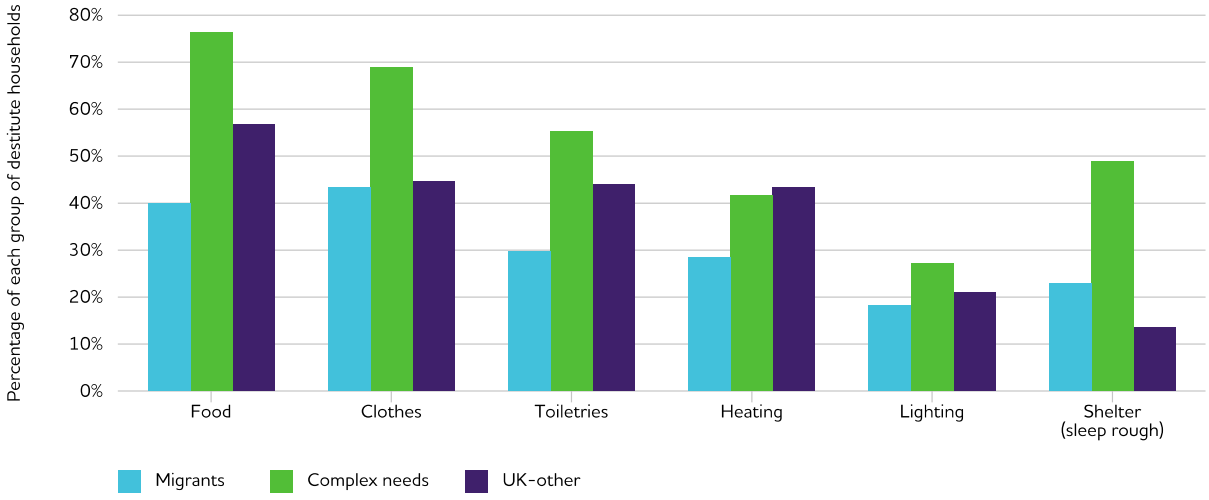


Source: 2019 destitution survey (national-annual weighting)

Destitute heads of household with complex needs were more concentrated in the age range 25–44, with fewer over the age of 55, while significant numbers of both migrant and UK-other heads of household were aged 55–64. However, none of these groups had substantial shares of the over-65s.

We looked at the deprivations experienced by the three groups (see Figure 12). The main finding, as in previous years, is that the complex needs group experienced more deprivations in all categories except, very marginally, heating (this exception reflecting the fact that most of this group are not in their own accommodation having to pay for heating; see further below). Particularly striking are the findings that 75% lacked food and 50% slept rough for some period in the previous month. The migrant group (without complex needs) appeared least likely to experience most of these deprivations, except for shelter (rough sleeping). Some of this lowered rate of reported deprivation among migrants is likely related to their relatively high propensity to be living in institutional forms of accommodation where heating and lighting, for example, are provided (see Figure 14 later in this section).

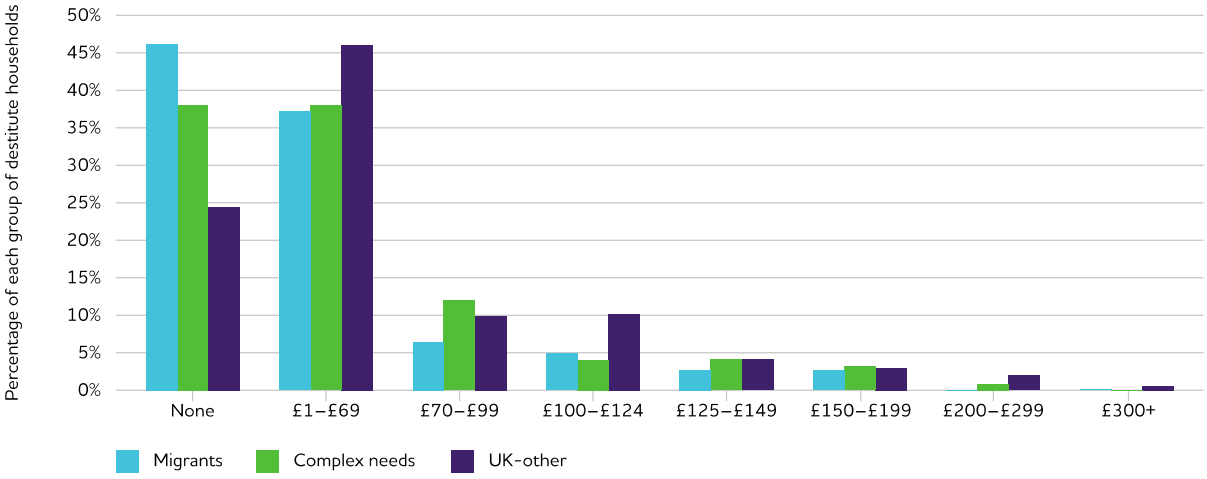
Figure 12: Deprivations over the previous month reported by the three main sub-groups of destitute households



Source: 2019 destitution survey (national-annual weighting)

We also looked at the income situation of the three main sub-groups of destitute households (see Figure 13). There was rather more similarity between the groups here, in that the vast majority of destitute households fell into the bottom two categories – having either no income or an income below £70 a week. The migrant group was the worst off in terms of having no income at all (46%), while the UK-other group scored highest on having between £1 and £69 a week (46%).

Figure 13: Income levels reported by the three main sub-groups of destitute households (after housing costs)

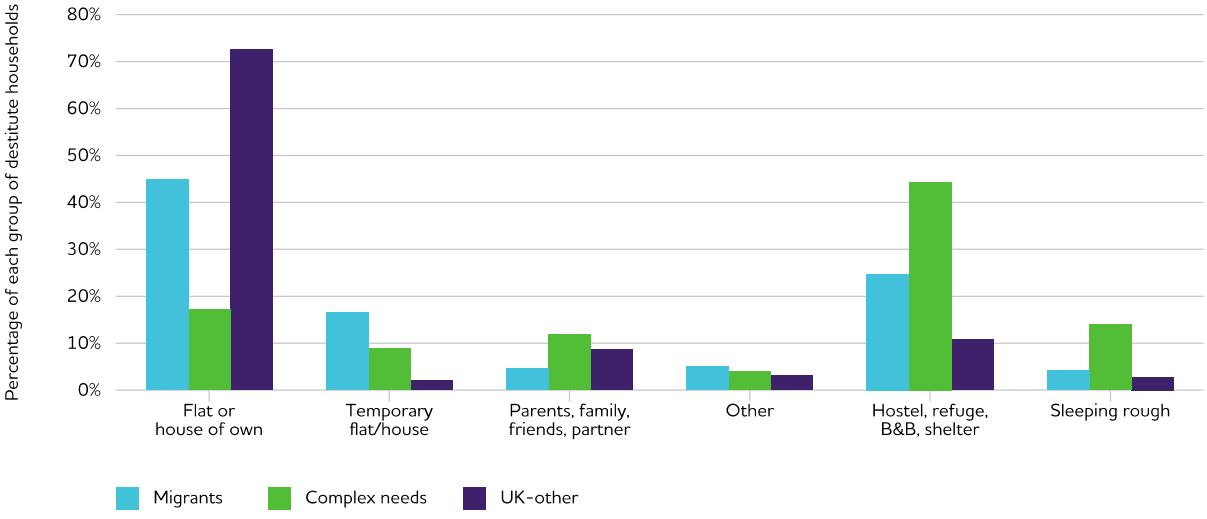


Note: Income here is simply net income after housing costs (not equivalised).

Source: 2019 destitution survey (national-annual weighting)

As expected, there were wide differences in the current living arrangements between the three groups (see Figure 14). Relatively few of those in the complex needs group had either their own accommodation or a temporary house/flat, with most effectively experiencing homelessness of one form or other, including 14% who were sleeping rough at the time of the survey (an improvement on 2017 when it was 20%) and 49% who had slept rough in the month before the survey.

Figure 14: Living arrangements of the three main sub-groups of destitute households



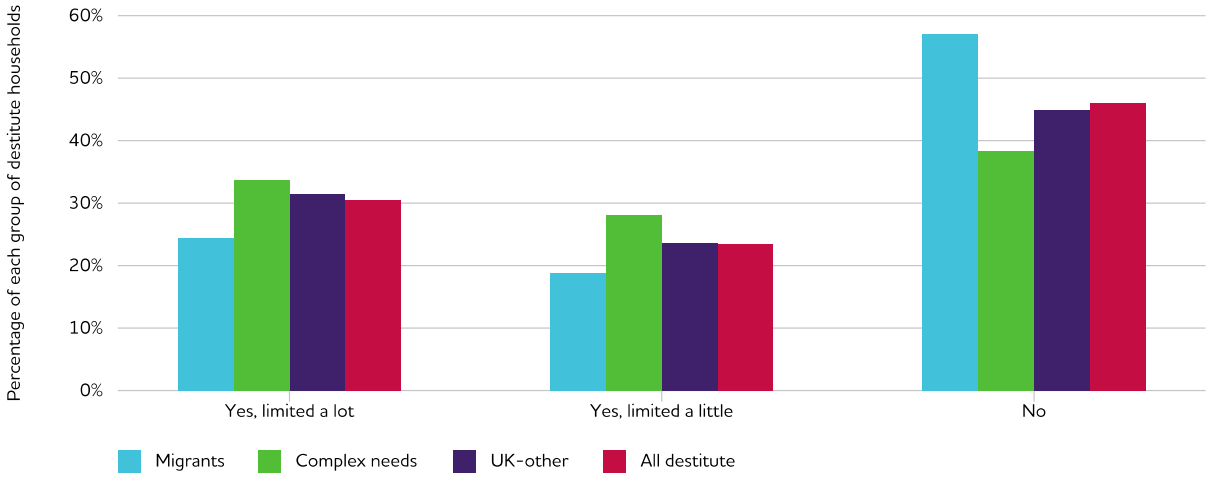
Source: 2019 destitution survey (national-annual weighting)

Migrants (without complex needs) were more likely than the complex needs group to have a place of their own or a temporary house/flat, although a substantial proportion were living in homeless situations,

particularly accommodation in hostels and so on. The UK-other group were mostly (73%) in their own place but there were also significant numbers staying with other households or in hostels and the like.

In 2019, for the first time we asked a standard question on disability, which was couched in terms of conditions that limit people's daily activities 'a lot' or 'a little' (see Figure 15 for the profile of the three groups on this measure).

Figure 15: Limiting health conditions or disabilities, by the three main sub-groups of destitute respondents



Source: 2019 destitution survey (national-annual weighting)

More than half of all destitute respondents reported such limiting conditions or disabilities (54%), including a majority of both respondents with complex needs and UK-other respondents. While the incidence was somewhat lower for destitute migrants (without complex needs), still nearly a quarter reported conditions that limited their activities 'a lot'.

The best recent benchmark for these measures is the 2011 census, which showed that 13% of working-age adults across GB reported these limiting conditions, with 6% being limited a lot and 7% being limited a little.[11] This indicates that, for the destitute groups, the incidence of limiting conditions/disabilities is between 3.3 (migrants with no complex needs) and 4.7 (people with complex needs) times the relevant population benchmark. For conditions that limit activities 'a lot', these relativities are even higher, ranging from 4.1 to 5.7 times the benchmark.

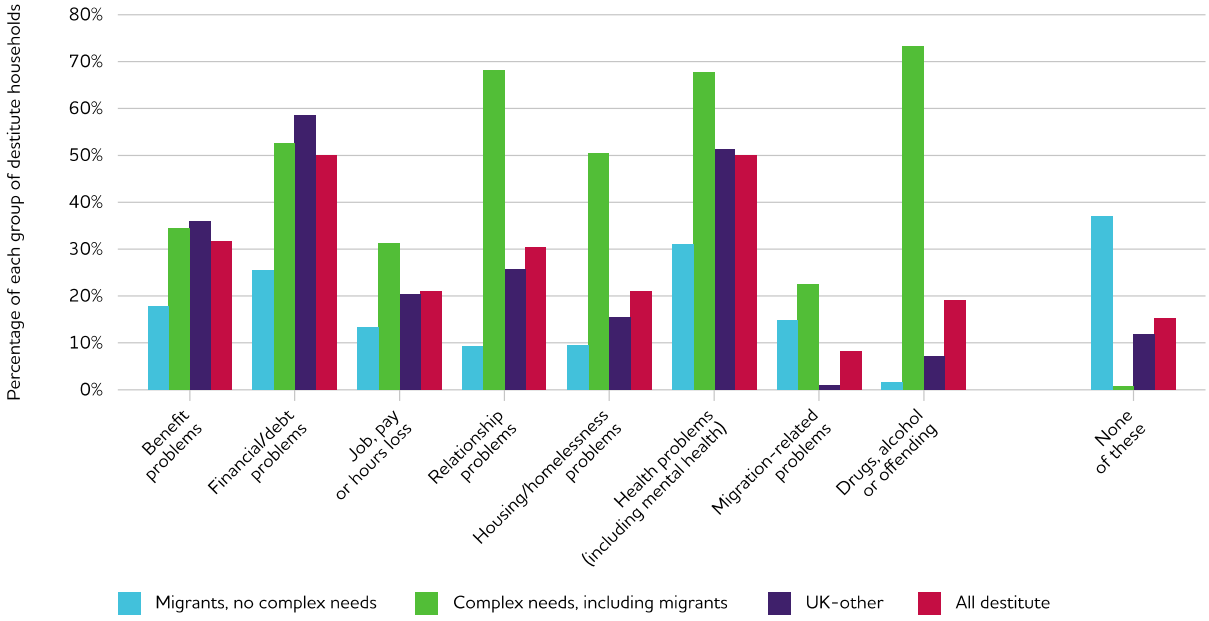
Experiences associated with destitution

As in previous studies, we asked respondents about a range of adverse experiences over the previous 12 months. The experiences highlighted were based on existing literature, key informant testimony and both quantitative and qualitative evidence from the 2015 and 2017 destitution studies, which had highlighted a range of potential routes into destitution. As before, and in line with expectations, there were differing experiences between our three main sub-groups (see Figure 16).

In general, people with complex needs (a fifth of the total destitute population) tended to be associated with a higher incidence of most of the problems identified, especially challenges connected to relationship problems, housing/homelessness, drug/alcohol problems or offending.[12] In only two categories – financial/debt and benefit problems – did another group (UK-other) have a slightly higher incidence.

Migrants by contrast (excluding those with complex needs) tended to report most of the experiences at a lower frequency than the other two sub-groups, and more than a third of these respondents said that they had experienced none of the relevant issues in the previous 12 months.

Figure 16: Problems/issues experienced in the previous 12 months, by destitute service users in three main sub-groups (grouped problems)



Source: 2019 destitution survey (national-annual estimates)

UK-other destitute households (the majority group) occupied an intermediate position, generally mentioning problems more often than migrants but less often than respondents with complex needs, although as already noted, this was the sub-group for whom benefit and debt issues arose most often. Health problems affected half of this group, with mental health conditions predominating (reported mental health problems had double the prevalence of physical health problems, for both the UK-other group and the group with complex needs).

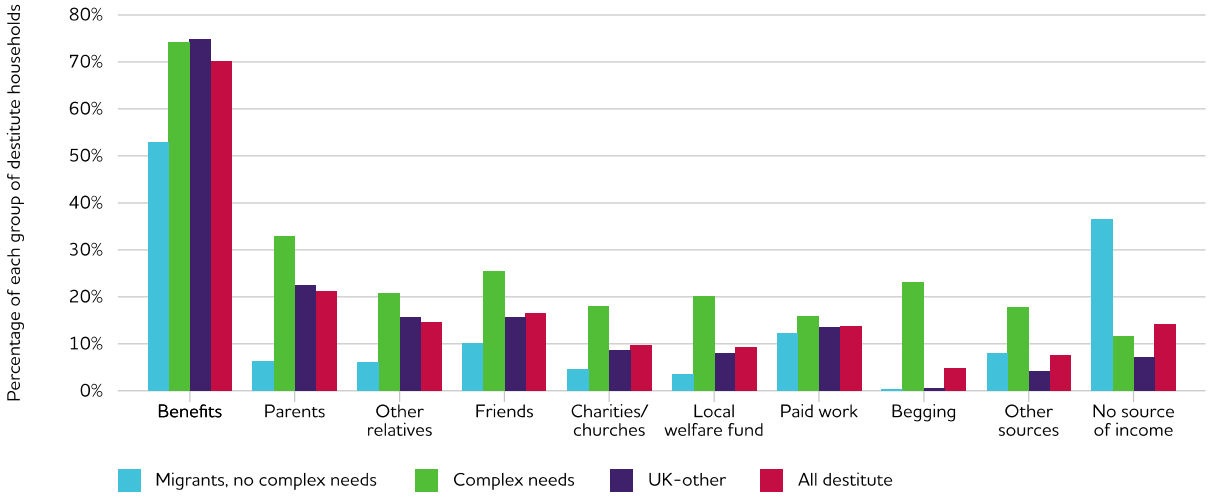
Changes from 2017 were mainly very small. The only points of note are some reduction in the proportion reporting benefit problems (-7 percentage points; although given the absolute rise in destitution, this still implies an increase in the numbers of households affected), and an increase in the reported levels of health issues, and in particular mental health problems (+6 percentage points).

Sources of income and in-kind assistance

For destitute households as a whole, and for complex needs and UK-other groups specifically, a large majority (70% plus) received some income from the benefits system in the previous month (see Figure 17). The remaining quarter of these sub-groups did not receive anything from the benefit system that month. There are likely to be a myriad of reasons for this, including lack of eligibility, delays in processing claims or difficulties in applying.

The migrant group (without complex needs) were noticeably worse off in comparison with the other two groups, in that barely more half (53%) received income from benefits. At the same time, they were much less likely than the other two groups to receive income from almost any of the other sources listed, with the exception of paid work (reported by about one in eight of all three sub-groups). In fact, more than a third (37%) of the migrant destitute population reported having no source of money at all in the previous month, compared with 12% for people with complex needs and 7% for the UK-other group.

Figure 17: Sources of financial support for destitute service users in the previous month, by main sub-groups



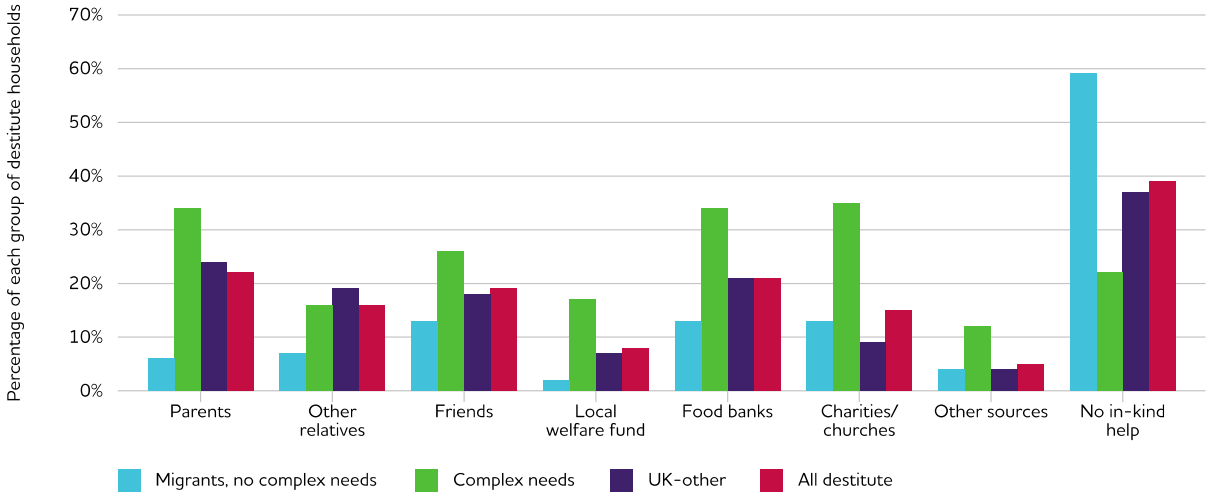
Source: 2019 destitution survey (national-annual estimates)

There were no dramatic changes in the sources of financial support between 2017 and 2019, although there was a marginal picture of improvement for the complex needs group, with 5–6 percentage-point increases in those reporting receipt of benefits, parental support and local welfare fund support, and 5 percentage points fewer reporting begging. By contrast, the picture was generally negative for migrants, with even more (+3 percentage points) reporting no source of money.

Migrants were also the sub-group least likely to receive in-kind support, with a majority (58%) reporting receiving no help of this type in the previous month (see Figure 18). The complex needs group tended to report receiving in-kind support from most sources at a higher rate than either of the other two sub-groups, especially charities and churches.

Also notable in Figures 17 and 18 is the very marginal role now played by local welfare funds in providing emergency relief to destitute people, in the form of either cash or in-kind support. Figure 18 demonstrates, in sharp contrast, the prominent role now played by the (largely faith-based) voluntary food-bank sector in providing in-kind help across all three destitute sub-groups. In fact, while there has been relatively little change in in-kind support as a whole, between 2017 and 2019, support received from food banks rose by 8 percentage points overall, by 14 percentage points for respondents with complex needs and by 11 percentage points for migrants (see also Sosenko et al, 2019; Weekes et al, 2020).

Figure 18: Sources of in-kind support for destitute service users in the previous month, by main sub-groups



Source: 2019 destitution survey (national-annual estimates)

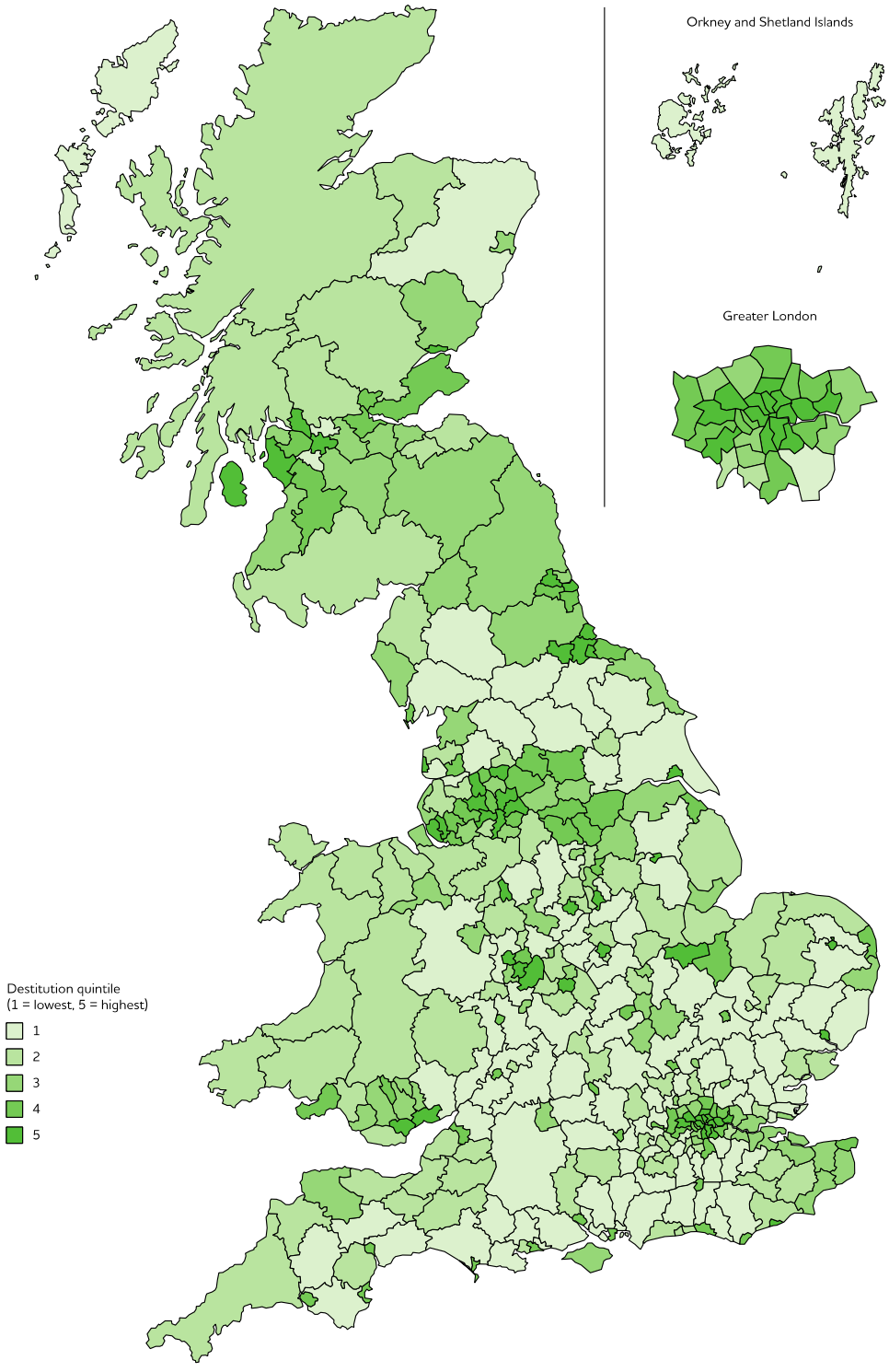
The geography of destitution

The methodology used to develop our national estimates of destitution can also be used to map its geography across the UK (see Figure 19) (for details, see Bramley et al, 2020). The darker shaded areas in Figure 19 indicate higher estimated levels of destitution.

We can now provide an overview at the level of English regions and countries of GB, specifying the rate for different destitute sub-groups (see Figure 20). This Figure shows that the highest average rates of destitution were in the North East, followed by Greater London and then the North West, with Yorkshire and the Humber, the West Midlands and Scotland also having relatively high rates (above average). The regions of England with the lowest levels of destitution were the South East, the East and the South West.

This pattern broadly mirrored regional patterns of poverty and deprivation more generally. The high score for Greater London was significantly driven by its high level of migrant destitution. The high scores in the North East and North West were driven by high levels of destitution among people with complex needs combined with high scores for the UK-other sub-group. Scotland had rather more UK-other destitution than GB, while both Wales and Scotland had marginally lower levels of complex need.

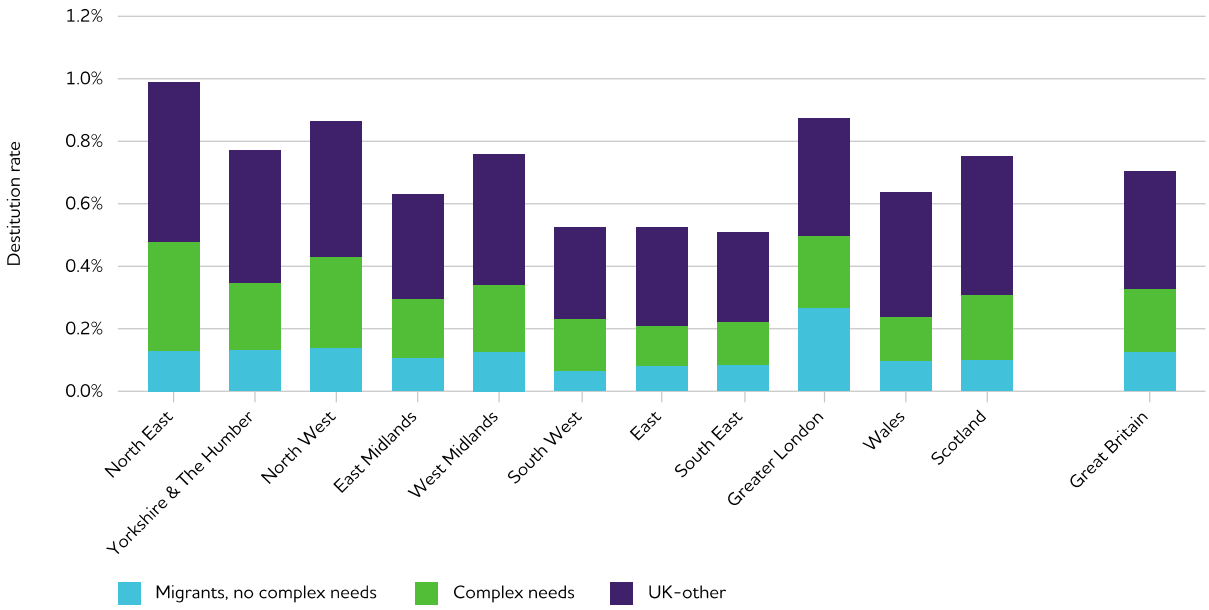
Figure 19: Destitution rates, by local authority district, Great Britain, 2019 (quintiles of weekly-weighted rate per 100 households)



Note: Contains OS data © Crown copyright and database right (2018).

Source: Office for National Statistics, licensed under the Open Government Licence v.3.0

Figure 20: Destitution rates, by region of England and country of Great Britain, showing the contribution of the main sub-groups (% of households, 2019, Great Britain)



Note: Equivalent to the weekly-weighted analysis of the destitution survey results. The absolute percentages of households experiencing destitution over a year would be of the order of five times higher than the point-in-time figures. The rates shown in the graph are weekly spot numbers expressed as a percentage of resident households; they are based on composite indices developed as described in the Technical Report (see Bramley et al, 2020). Northern Ireland is not included in this analysis due to limited comparable data availability.

Source: Authors' analysis of secondary data indicators calibrated against the 2019 destitution survey; see Bramley et al (2020, sections 3.3 and 5, and Appendix F)

We now present the 20 GB local authorities with the highest estimated levels of destitution, with a breakdown provided for each of the three key analytical sub-groups (see Table 1). The authorities in the top part of the table are all cities or larger towns in the north of England, alongside Glasgow (in Scotland) and Norwich (a core city in the East of England). Among this group, Blackpool is an extreme example of a recognised phenomenon of seaside towns that have experienced economic decline and have exhibited high levels of multiple social deprivation. The remainder of the table includes four London boroughs (all high on both deprivation and migrant populations), but also further manufacturing towns from northern England and the Midlands.

We do not show the authorities at the bottom of the ranking, but for overall destitution, these tend to have rates at about a third of the average for each indicator (as shown at the bottom of Table 1). This group of authorities are mostly rural in nature or can be categorised as 'prosperous England', which would include a lot of small market towns and commuter areas, particularly in the 'Greater South East'.

Table 1: Local authority destitution rates, by the three sub-groups and overall, showing the top 20 local authorities in 2019 (weekly-weighted, % of households)

Local authority rank	Local authority name	Migrants	Complex needs	UK-other	All destitute
1	Middlesbrough	0.35	0.79	0.70	1.84
2	Manchester	0.35	0.61	0.58	1.54
3	Kingston-upon-Hull	0.21	0.58	0.74	1.53
4	Liverpool	0.29	0.55	0.64	1.48
5	Newcastle-upon-Tyne	0.37	0.53	0.57	1.47
6	Nottingham	0.34	0.57	0.54	1.46
7	Blackpool	0.03	0.86	0.56	1.45
8	Salford	0.35	0.38	0.64	1.37
9	Norwich	0.21	0.63	0.52	1.36
10	Glasgow	0.42	0.28	0.64	1.34
11	Stoke-on-Trent	0.26	0.54	0.55	1.34
12	Newham	0.53	0.30	0.50	1.33
13	Blackburn with Darwen	0.21	0.51	0.59	1.31
14	Rochdale	0.28	0.51	0.51	1.30
15	Leicester	0.38	0.45	0.47	1.30
16	Haringey	0.39	0.42	0.43	1.24
17	Barking and Dagenham	0.47	0.24	0.51	1.23
18	Hartlepool	0.18	0.42	0.60	1.21
19	Tower Hamlets	0.28	0.47	0.47	1.21
20	Stockton-on-Tees	0.30	0.39	0.52	1.21
	GB average	0.12	0.20	0.38	0.71

Note: This table is based on analysis of secondary indicators calibrated in terms of household rates on a point-in-time basis, equivalent to the weekly-weighted analysis of the destitution survey results, which is more robust for this local level of analysis. The absolute percentages of households experiencing destitution over a year would be of the order of five times higher than the point-in-time figures.

Source: Authors' analysis of secondary data indicators calibrated against the 2019 destitution survey; see Bramley et al (2020, sections 3.3 and 5, and Appendix F)

Comparing Table 1 with the equivalent table for 2017, there is much similarity in the list but certain changes can be noted. The four authorities that have dropped out of the list (Birmingham, Coventry, Oxford and Islington) are from the Midlands, southern England and London, while the four that have come in to the list (Stoke-on-Trent, Blackburn with Darwen, Hartlepool and Stockton-on-Tees) are all manufacturing towns, mostly in northern England. This seems to be indicating a relative shift, whereby northern urban areas have seen a greater deterioration. This is consistent with changes in the overall destitution indices since 2017, which show the greatest increases in the three northern English regions and in Wales, and the least increases in the East and South West of England.

The COVID-19 pandemic and destitution: an addendum

While the 2019 destitution survey was undertaken before the COVID-19 pandemic took hold, this report's authors have also been engaged in undertaking separate quantitative research (for The Trussell Trust), analysing the likely effects of the COVID-19 crisis on levels of destitution and need for assistance from food banks (The Trussell Trust, 2020). By triangulating results from macro-economic forecasting, and 'microsimulation' analysis based on the UK Household Longitudinal Study (UKHLS), we have estimated that destitution levels in the UK will approximately double as a result of the pandemic and the associated economic lockdown, even taking into account the mitigating effects of relevant policy measures (such as the enhancement of various welfare protections). The profile of the destitute population post COVID-19, from early evidence and simulations, appears to differ from the pre-pandemic destitute population in various respects, including a wider geographical spread, more impact on families (especially lone-parent families) and multi-adult households, and increased reach within the private-rented and owner-occupation tenures.

Conclusion

More than a million households were destitute in the UK at some point over the course of 2019 (a rise of 35% compared with 2017), with these households containing 2.4 million people (a rise of 52% compared with 2017), of whom 550,000 were children (a rise of 54% compared with 2017). There was also a significant increase between 2017 and 2019 in the number of destitute households in the survey week, looking at the most consistent measure where we restrict analysis to only those services present in both surveys, of the order of 23%, and these destitute households had tended to get larger and include more children. All key measures of change from 2017 exceed the margin of error often by a large degree, so we are confident that destitution rose over this period. There were also signs of intensifying destitution for some, with more households experiencing both multiple deprivation of essentials and very low income, and more households with zero income.

The geography of destitution remained focused in northern regions of England in 2019, particularly core cities and manufacturing towns, with rather less emphasis (than in 2017) on London boroughs or cities in the south of England or the Midlands.

The profile of the destitute population appeared quite stable between 2017 and 2019, being heavily dominated by single-person households of working age, but lone-parent families had become more common. The share of migrants in destitution exceeded their population share, but three-quarters of destitute people remained UK-born. Migrants appeared to be seriously and increasingly disadvantaged with regard to access to both cash and in-kind forms of support. A majority of all destitute respondents had limiting health conditions or disabilities, and only one in seven were in paid work. A majority had their own house or flat, but an increasing share were homeless or vulnerably housed.

4 The impact of the COVID-19 crisis on UK nationals with experience of destitution

Introduction

This chapter focuses on the impact of the COVID-19 pandemic and associated economic lockdown on UK-born interviewees who were destitute when surveyed in autumn 2019. In all, 47 out of our 70 interviewees were UK nationals, of whom 20 had complex support needs of the kind considered in more detail in Chapter 6 (associated with homelessness, drug and/or alcohol problems, begging, engagement in the criminal justice system and/or experience of domestic violence). This chapter therefore focuses on the 27 UK-born interviewees who did not report these complex needs and whom we describe in this report as the 'UK-other' sub-group, who formed the majority (three-fifths) of the overall destitute population as established in our quantitative survey.

We begin by summarising the profile of these UK-other interviewees, before considering the COVID-19-related impacts they reported with respect to: income, employment and debt-related issues; benefit-related issues; housing-related issues; family and relationship-related issues; access to services and support; mental and physical health; and routes out of destitution. While the primary focus is on the COVID-19-specific experiences of this group, the impact of the pandemic and lockdown on them can often only be fully understood once situated in the longer-standing challenges these interviewees faced. We therefore also draw attention to these broader contextual points in this chapter as required.

Profile of UK-other interviewees

A majority of the 27 UK-other interviewees (n=17) were female, and almost half (n=12) were living in families with dependent children. Only two of the UK-other participants were aged under 25, with the remainder relatively evenly split between those aged 25–45 (n=14) and those aged over 45 (n=11). A third of UK-other interviewees (n=9) were located in London.

As noted in Chapter 3, we deliberately boosted the sample of interviewees with experience of 'in-work destitution' in this year's study as we wanted to look at this issue in detail. In all, 17 of the 27 UK-other interviewees had been in paid work within the previous 12 months. All UK-other interviewees had access to UK social security benefits, and 19 had applied for, or were in receipt of, Universal Credit (UC). Consistent with the profile established in the quantitative survey (see Chapter 3, Figure 15), almost half (n=12) reported a disability. Again reflecting these statistical results, most UK-other interviewees (n=22) had their own house or flat, but five were homeless or vulnerably housed when we spoke to them, and others had recent experience of homelessness.

At the time of interview, in spring 2020, 19 of the 27 UK-other interviewees were still destitute and eight were not. This allows us some scope to reflect on routes out of destitution for this majority group in the destitute population.

Income, employment and debt-related issues

Of the 17 UK-other interviewees who had been in paid work within the previous year, six were in employment when we interviewed them. Only one of this group described themselves as being furloughed, having requested this due to family circumstances, while another was in full-time employment and able to work from home during lockdown. The other four who were in paid work during lockdown were classed as 'key workers' – working in supermarkets and in the care sector – who generally saw their hours increase during it, meaning that their ability to get by had improved to some

extent as compared with their pre-pandemic position. However, they often continued to face great variability in their working arrangements:

> "I'm only on a seven-hour contract, but I can't remember the last time I only worked seven hours, I've been working maybe four days a week at the moment ... On an average, the least I might get on my weekly timesheet is 15."
> Woman, aged 25–45

> "... through an agency, you know what they're like ... full-time or maybe 40 hours, nearly 37-and-a-half, but it can also fluctuate down to, come down to something like 10 to 15."
> Man, aged 25–45

Another seven interviewees who had been in employment within the previous year were no longer working by the time we interviewed them. Three had lost their jobs as a direct result of the pandemic:

> "... they just closed the place down. I didn't hear from them at all. The charity sent me a, sorry, due to ... no face-to-face requirement [we have no work for you]"
> Man, aged 25–45

The remaining four interviewees who had been in paid work pre-lockdown were self-employed, working in cleaning, care, handyperson or security services. Two of these formerly self-employed participants were unable to work during lockdown, while the other two worked 'cash in hand'. One of these latter interviewees described a dire situation that had forced their hand:

> "I almost considered doing illegal stuff because there was just no support out there over the COVID ... I've sold everything ... Over the COVID season ... I had to do the odd [cash-in-hand job]. But that's purely because I had to feed my daughter. I had no money, no support, nothing."
> Man, aged 25–45

Benefit-related issues

As with our previous *Destitution in the UK* reports (Fitzpatrick et al, 2016, 2018), a range of benefit-related issues emerged from the qualitative fieldwork, but among these, UC was predominant. However, we also identified some specific points on benefit conditionality and sickness and disability benefits, also covered in the discussion in this section.

Universal Credit

As noted in Chapter 3, half of all destitute households in the autumn 2019 survey were receiving UC or had applied for it, although a fifth were not yet receiving it. Statistical analysis reported in the Technical Report (see Bramley et al, 2020) demonstrates a strong link between UC and destitution in the 2019 survey data, while Sosenko et al (2019) similarly show a strong statistical relationship between UC and receipt of support from food banks over time at the local authority level across England.

Experience of UC was highest in the UK-other destitute sub-group in both the qualitative and quantitative parts of the research, and as noted above, 19 UK-other interviewees had applied for or were in receipt of UC. Across all people in receipt of UC, and pre-dating the COVID crisis, the five-week wait for the first UC payment was considered extremely problematic, leaving them with little choice but to take a repayable advance to cover the gap, which plunged them immediately into (additional) debt that many could ill afford (see also Corlett, 2020; Vizard and Hills, forthcoming):

> "So I had a choice: go without nothing, or take the advance. So you don't have a choice, really ... you start Universal Credit in debt, because you have to take that advance. So if you've got enough money to live on, you wouldn't claim Universal Credit, so I don't see there's anyone on Universal Credit that ... can survive without that advance."
> Woman, aged 25–45

Unlike other benefit deductions, these UC advance repayments were not suspended during the COVID-19 crisis, meaning up to a 30% deduction in standard allowance until the advances were paid off. Many of those we spoke to made a direct link between these deductions and their need to use food banks:

> "... as soon as my claim went through ... I owed them £514 ... Because for six weeks I had no income, so when I got the advance, that went on everything that I [already] owed ... Then by the time I got to December – you're just never catching up, because of the way it starts. Hence, the reason that we had to use a food bank to even survive."
> Woman, aged 25–45

> "... they [lend] you money at the beginning ... Yes, so for the next 12 months ... you pay it back ... and they only pay you once a month, which is quite hard to budget, especially because they're taking like a third of the money that you're allowed. So instead of getting 300-odd [pounds], whatever it is, it's only 200 for the whole month ... At the end of the month that's ... why I was at the food bank."
> Man, aged 25–45

In some cases, the impact of these advance repayments was compounded by reductions in the housing costs element of benefit associated with the under-occupation penalty in social housing, or shortfalls in the Local Housing Allowance (LHA) for private tenants:

> "I'd had an advance payment on my Universal Credit ... That meant that I had ... £75 a month ... taken off my payment each month, which has created a shortfall. Then I had the two lots of 'Bedroom Tax' [the under-occupation penalty – 25% from her housing costs payment], which is creating a shortfall."
> Woman, aged 25–45

Some who tried to manage the five-week wait for UC without an advance, often because of fears of unmanageable debt – see Brewer and Handscomb (2020) – found themselves in even greater difficulties:

> "I had to rely on my [estranged] husband giving me and my daughter money; sometimes he wouldn't. I pawned my wedding rings and things to get by, ended up using my credit cards to get by and then obviously being in quite a bit of debt and having to go for a Debt Relief Order."
> Woman, aged over 45

Another key problem identified with UC was the monthly payment cycle, which could make budgeting on a low income extremely difficult:

> "I would rather it being every two weeks than a month, because it's very hard for me to work out my money for food and everything ... Really difficult, because of my bills being so high, I'm having to rely on food banks."
> Woman, aged over 45

Among those who had been receiving UC before the COVID-19 pandemic, some clearly felt the benefit of the £20 uplift:

> "... it's a lot of difference ... it's because the Government have put more money in I think ... because with this COVID-19, I don't understand why the Government has given extra. I'm not complaining about it, but, yes, that part of it's actually helped out, really."
> Man, aged 25–45

> "... it did help for a wee bit more for the gas and electric."
> Woman, aged over 45

But others felt that the extra £20 a week had had little impact on their circumstances:

> "Yes [the extra had been paid but], it didn't make no difference to us."
> Man, aged 25–45

For those who lost their jobs as a result of the COVID-19 pandemic, managing the online application process for UC appeared to have been relatively straightforward. However, (formerly) self-employed

interviewees had a more mixed experience of UC, both before and during the pandemic, with the system apparently failing to flex appropriately to accommodate their fluctuating hours and pay rates:

> "They actually took more off me than I earned a few times and it's pushed me into debt ... One wage packet went in, and they reduced my Universal Credit for the following three months accidentally ... I appealed, of course, but, yes, they stole all my wages off me."
> Woman, aged over 45

These issues with the inflexibility of UC could also affect those with employment contracts but irregular payment schedules:

> "I actually had to give up a full-time better job because of Universal Credit ... because of the date that my wages came out on, one day it would be the 11th, and then it would be, like, the beginning of the month ... they'd [the DWP] take a cut in the top-up that we were entitled to. One month it would come in I was earning £2,000 because of the two wages coming in within a certain time period [£1,000 per calendar month]. The next month it would come up that I wasn't earning a thing ... it's very badly organised ... It doesn't have any leeway."
> Man, aged 25–45

Conditionality

Previous reports in this series of destitution studies showed that benefit sanctions were a key driver of destitution, with the fall in the Jobseeker's Allowance (JSA) sanctioning rate the most likely explanation for the significant reduction in destitution levels between 2015 and 2017 (Fitzpatrick et al, 2016, 2018). Interviewees felt that the Government's decision to temporarily suspend work-search requirements during the COVID-19 crisis had been communicated in a timely and effective manner to people in receipt of UC:

> "They sent me a message saying we'll keep paying your Universal Credit and all that, but don't do anything, just stay indoors. Like I said, they've pretty much relaxed everything, but just made everyone aware that they're still going to be paying and all that."
> Man, aged 25–45

The widespread relief associated with this relaxation of benefit conditionality was palpable among our interviewees, especially for those whose health problems made job-search requirements particularly challenging and stressful to satisfy:

> "I don't know how people cope. If you're looking for a job, you shouldn't be having to deal with deprivation and mental health problems caused by deprivation on top of looking for a job."
> Woman, aged 25–45

Sickness and disability benefits

For those who had long-term illness or disability (54% of all destitute respondents in our 2019 quantitative survey), benefits such as Disability Living Allowance (DLA) and Personal Independence Payment (PIP), or disability-related premiums on their core income replacement benefits, were crucial resources enabling them to get by:

> "It makes a huge difference, yes. I think that's the difference between probably, I don't know, I probably would have ended up homeless if I hadn't got the disability money in full."
> Woman, aged 25–45

Echoing the findings of our earlier *Destitution in the UK* studies (Fitzpatrick et al, 2016, 2018), although these benefits are intended to offset the extra costs associated with sickness or disability, in reality interviewees described the extra cash as supplementing inadequate levels of mainstream income maintenance benefits, enabling the purchase of essentials:

> "I was more concerned about my PIP than anything else to be honest with you. Then once that was reinstated, at least then I knew that I was getting that extra money because I was literally living on £190 a month."
> Woman, aged over 45

A number of both UK-other interviewees and interviewees with complex needs (see Chapter 6) reported that their claims for disability benefits and premiums had been subject to significant delays as a direct result of the COVID-19 crisis, with most PIP assessments suspended during lockdown:

> "I tried for PIP, but I got knocked back once, then I was told to try again [appeal] ... I did get a letter from them saying that they were processing the information that they had already, but I've not heard nothing since before this virus."
> Man, aged 25–45

The importance of these disability-related payments for those close to, or experiencing, destitution, means that these delays in processing applications can lead directly to interviewees doing without essentials:

> "I lost around £350 a month of the DLA which was what tipped us over the edge, with losing our money, losing our rent and stuff."
> Man, aged 25–45

Housing-related issues

As noted in the profile section of this chapter, and reflecting the findings of the quantitative survey, the great majority of UK-other interviewees (n=22) had their own accommodation, renting privately or in the social rented sector, with only five homeless or vulnerably housed at the time of interview. Nonetheless, housing challenges were a prominent theme across the interviews, many of which had existed before the COVID-19 pandemic.

For London participants in particular, and those in temporary or supported forms of accommodation, housing affordability was a key concern:

> "It's higher [rent], because it's classed as temporary accommodation ... my rent here is £206.66 a week. If it was a full council or housing association property it would be about £115 a week."
> Woman, aged 25–45

Interviewees struggling to cope with the under-occupation penalty or LHA shortfalls, alongside repayment of benefit advances and other benefit deductions, were in a particularly perilous position, as discussed earlier. Nonetheless, some prioritised paying their rent above all else, in order to avoid eviction and homelessness, but this could force them into desperate measures that mired them in unmanageable debt:

> "I haven't got rent arrears because I pay it. I did it on a credit card, so I've got a lot of debt ... [I only manage as] I go to those places that do the free food, and I have used the food bank, although, they won't help me very often ... It's stupid paying it on a credit card ... I had an eviction notice, so I paid the rent on the credit card ... I'm thinking if I ended up homeless, I'd be in a worse situation than having a pile of debt."
> Woman, aged over 45

For some families struggling to meet rental liabilities, especially in the private rented sector, the eviction moratorium had provided a temporary respite from the immediate threat of homelessness:

> "We're being evicted because we can't afford the rent ... before the whole COVID thing started up, we were being evicted, that's why we're not out yet [the government ban on evictions], we were due to be out about a month ago..."
> Man, aged 25–45

This family had been advised by their local authority to take another private let, but they could ill-afford local private rents and the alternative suggested to them was to move north to cheaper areas:

> "They're trying to force us back into private [accommodation], and I don't know if you know the prices around [the area], they're not cheap ... They also tried to push us into the idea of moving up north, which, yes, as you can imagine, went down like a lead balloon."
> Man, aged 25–45

Another interviewee, who had been homeless and was permanently rehoused shortly before we interviewed her, was immensely relieved to have left the hostel she was staying in with her children just before lockdown:

> "I do know for a fact that the hostel I was in has had to close because of the COVID-19, because none of that could be enforced, because it wasn't adequate for social distancing, cleansing, anything like that."
> Woman, aged 25–45

Those living in shared houses in multiple occupation (HMOs) during lockdown often voiced similar concerns about hygiene:

> "I don't enjoy the kitchen because it's disgusting ... with COVID-19, I haven't been using it, I've got a microwave in my room, I use that. I'm not allowed to have a microwave or kettle, but I've got one in here, I don't use the kitchen."
> Man, aged 25–45

> "... it is hard sharing with other people sometimes ... because they're young boys as well, they're not the cleanest of boys ... I've had to move out and come to a friend's house because I can't risk using the kitchen with other people because of the coronavirus and my illness."
> Woman, aged over 45

Others were more comfortable in their shared environment during lockdown, but in the main this was in supported accommodation where staff had made great efforts to ensure the safety of those living and working there:

> "People get isolated if they have to, if they've been out and they've been to see their loved ones or whatever, they have to come back and have to be isolated for seven days so that they don't mix with other people in the house ... [W]e've got ... [t]he alcohol hand rub everywhere. Everyone uses that, I know that. You've got to stay two metres apart away from people in the house as well."
> Woman, aged 25–45

Family and relationship-related issues

A household's ability to manage relationships well through lockdown depended very much on the space they had at their disposal, and so again housing-related issues were prominent. Certainly, the stress of living in confined and sometimes overcrowded or inadequate spaces, with little access to the outside world, rung out from across our interviewees' testimonies:

> "... a two-bedroomed flat ... with ... two young children, where they're up at five and they're screaming for feeds, it can be very difficult, because we can't go out in the garden, because it's a communal garden ... If you're stressed out about all the other things, you can then start to take it out on each other, can't you? Then you start arguing and you can't get away from the situation because you're cooped up in the house."
> Man, aged 25–45

> "It's been murder. My wee girl, she's refusing to be home. It's hard. Everybody's fighting and arguing."
> Woman, aged 25–45

A handful of interviewees told us that their family relationships had actually improved during lockdown, because they were spending more time together, or because partners or older children had become more supportive:

> "I'd say the bonds have got stronger because we've had so much time together, whereas before, because I work nights, I'd come in and it would be up for school, out you go, and then obviously have a nice sleep and then they'd come back home and it'd be tea, and then I'd be, I'm going to work. We're spending a lot more time together, which is nice."
> Woman, aged 25–45

> "I think he [son] finally noticed [mental health strains] because he's actually been supporting me, he's actually been helping around the house, I'm not getting no cheek off him ... I'd say it's brought me and my little family back together."
> Woman, aged 25–45

However, parents generally reported that the impact of the COVID-19 crisis on their children was negative, with their missing friends, family, school and, for some, specialist face-to-face support and counselling:

> "She's only got contact with [counsellors] via phone, which is not as useful and is not as effective as talking to someone face-to-face, and that has affected her a lot ... the school has played quite a big part in [daughter's] life ... she hasn't even got that now. So that's quite [a] negative effect on her as well."
> Woman, aged 25–45

Another distressing issue that arose across all three destitute sub-groups (see also Chapters 5 and 6), was being unable to see non-resident children because of COVID-19 restrictions:

> "I've got no car at the minute, you see, so I'm having to rely on my dad, if I need to pick him [son] up ... the first month were really hard, and it were only through video chat and stuff like that, but now I've seen him a few times whilst coronavirus has been active."
> Man, aged 25–45

Access to services and support

While interviewees commented favourably on communications from the Department for Work and Pensions (DWP) during the COVID-19 crisis, as noted above, experiences of other public services during lockdown were often less positive, with the move from face-to-face to telephone or online services highly problematic for many in this group.

There appeared to be a particular issue with getting in touch with local authority services when council offices were closed, and specifically with their use of telephone lines for customer services, which many interviewees found expensive to use:

> "I don't know where to start with the Council Tax and who to contact, what with this virus. They tell you not to walk into the [offices] where you sort it all out. You ring the number up and talk to a machine to be put through ... They take more of the premium and the minutes seem to go down quicker ... Then I have to try and stretch the minutes out in case I have to ring my family or anything."
> Man, aged 25–45

Some also struggled to gain effective help with debt advice from voluntary sector services, such as Citizens Advice, although pre-existing funding cuts as well as lockdown seemed implicated:

> "You can't get a Citizens Advice Bureau appointment, so you just think I'll put it [bill] on a credit card and get an appointment when I can, but it's all closed ... It's on the phone, and you can't get through ... there's no face-to-face ... they can't get any funding ... There was just some help on the phone, but it wasn't very useful."
> Woman, aged over 45

This difficulty in reaching Citizens Advice services could also have an impact on access to food banks, as these services are a key referral agency in many areas (Sosenko et al, 2019):

> "I've tried to ring the Citizens Advice but they're all on answering phones. I used to get the food-bank vouchers from there, and I haven't, since the virus has gone on, I haven't had the food bank."
> Man, aged 25–45

Reliance on food banks as a core welfare intervention came through far more strongly in both the quantitative (see Chapter 3) and qualitative aspects of this study than in the two previous *Destitution in the UK* studies (Fitzpatrick et al, 2016, 2018). Some interviewees had continued to be supported during the pandemic with a food parcel and other essentials deliveries:

> "... they deliver it to the house ... they actually help me a lot ... I'm very, very grateful for them. Even though it's on lockdown, they're still out delivering ... sometimes they'll bring her [child] like a colouring book or something ... they bring toilet roll, they bring toothpaste, toothbrushes, bodywash, everything."
> Woman, aged over 45

However, a recurring theme was reports that local food banks were closed, or were limiting assistance to only high-priority groups during lockdown. For example, one woman in dire need commented:

> "They [food bank] are closed. They were in a church that was quite local. They aren't running at the moment, but they did at the beginning of the lockdown have this thing where they deliver parcels, but ... they had to go to [prioritise the] elderly."
> Woman, aged 25–45

In fact, food-bank closures were rare and only temporary during the COVID-19 crisis at the time of our research, at least with respect to those covered by the majority Trussell Trust (2020) network. However, our qualitative evidence points to some referral agencies and food banks being more difficult to access during lockdown, and some severely food insecure people going without this help – even though The Trussell Trust distributed 89% more food parcels in April 2020 than in April 2019 (The Trussell Trust, 2020).

For another interviewee, her lifeline of free (or at least very cheap) hot food from local faith and community groups had almost been cut off during lockdown:

> "I've got no money for food. That's where they were going around the community groups that give food to people ... I rely on it, and now it's all stopped. In the space of like two weeks it's all stopped ... there is one place that does a takeaway ... but all those churches that do the meals for the poor and the homeless have pretty much all stopped."
> Woman, aged over 45

Also consistent with the quantitative findings in Chapter 3, it seemed that few if any of our interviewees (aside from those in Scotland – see below) had accessed emergency help from statutory local welfare funds, which have now disappeared in many parts of England (Fitzpatrick et al, 2020):

> "... they haven't got any crisis fund ... just for children you used to be able to get shoes, but I don't think ... they do that anymore ... There's none of that help around anymore."
> Woman, aged over 45

> "... our borough doesn't [have a local welfare fund anymore]. It stopped any readily available help three years ago ... clothes and stuff like that; it's just straight 'no'."
> Woman, aged 25–45

In Scotland, where there is still a national Scottish Welfare Fund, administered by local authorities, interviewees were more likely to have sought and gained help from this source. However, again there was a problem with unaffordable telephone-based queuing systems:

> "Well sometimes [I contact] the Scottish Welfare ... You're on the phone for about an hour and ... I ran out of credit before I got hold of them ... the number is [an] 0300 [number] ... That runs away with all your money."
> Man, aged over 45

These difficulties in accessing statutory and charitable services during the COVID-19 crisis meant interviewees sometimes reported a greater reliance on help from family:

> "You couldn't get them if you tried here [food-bank parcels] ... we went a while where we struggled to find any, but yes, now we managed to get a little bit. Her mum gave us a load of stuff, so that helped."
> Man, aged 25–45

But as we found in our previous *Destitution in the UK* reports (Fitzpatrick et al, 2016, 2018), most interviewees were extremely reticent about asking relatives for support, not least because they were acutely aware of how little these other family members often had themselves:

> "We've looked at it [food banks] when times were hard in the last couple of months, for sure, you feel bad asking family and that, that might be in the same position as you, in terms of they're not working, you know what I mean?"
> Man, aged 25–45

> "I've got to ask my dad for a tenner now and then, but not really anymore because he hasn't got much work and he's self-employed ... He ... hasn't got a lot of money so I wouldn't ask him at all."
> Woman, aged 25–45

Interviewees also described friends as being an invaluable source of support, but there was an even greater sense of discomfort in accepting material help from this source than from family:

> "I had one friend that was basically giving me food out of her cupboard to feed my two [children], little things like that ... there was a bit of support there, but it was how I felt with myself, because I've never had to beg or ask before."
> Woman, aged 25–45

Mental and physical health

Our previous *Destitution in the UK* reports have detailed the harmful mental health impacts of the experience of this form of extreme deprivation, especially the sustained stress associated with unmanageable debts and an inability to afford necessities (Fitzpatrick et al, 2016, 2018).

As noted in Chapter 3, health problems affected half of the UK-other survey respondents, with mental health conditions predominating (see Figure 16). The majority of interviewees reported that the COVID-19 lockdown had had an adverse (further) impact on their mental health. Those with a pre-existing mental health condition often felt that the crisis had exacerbated their condition, or that their condition made the challenges of lockdown more difficult to cope with:

> "I've got a really great fear of being in crowds. There's been a lot of time when I've not gone shopping because I knew that there's be queues and a lot of people waiting to go into the shops and things like that. I've basically lived off the shops that are local and the prices are horrendous compared to the supermarkets ... My mental health, the last couple of weeks I've been really down. I've got bipolar."
> Man, aged over 45

The COVID-19 pandemic had also had a negative impact on some interviewees' physical health. Most often this related to their being unable to gain access to their normal healthcare support, or through having operations cancelled:

> "I've got arthritis in my legs and I had a heart attack and now I've got a four-way bypass ... Well, he's [general practitioner – GP] not taking his appointments. He said he was going to come up today, but he didn't."
> Man, aged over 45

Other interviewees avoided getting required medical support as they were worried about going into a hospital or medical practice during the pandemic:

> "... before it all started, I had a blood test and I was due to go back for another one because they said there was something wrong with my thyroid, but I've been too scared to go back to the doctor, so I've not had the blood test."
> Woman, aged over 45

The loss of face-to-face contact with health services often hit interviewees with mental health or drug or alcohol problems particularly hard, as they felt much less benefit from online or telephone-based support (see also Chapter 6):

> "I should be seeing my GP every month, but those have been phone calls as well, and I should be having counselling ... obviously with the COVID-19, all of that is not happening ... I don't deal with stress very well and hence the dependency on alcohol previously, so not having the support that I should have at the moment is really, really hard."
> Woman, aged 25–45

> "I used to go to Narcotics Anonymous. They're not doing those groups anymore. They're doing them on the computer, but I don't really talk when I go to a group because I'm new to it, so I wouldn't really feel comfortable..."
> Woman, aged 25–45

Routes out of destitution

As noted above, eight out of the 27 UK-other participants were no longer destitute when we interviewed them around six months after the survey, albeit that all were still living in poverty or on low incomes. For three of these interviewees, a combination of working more hours and spending less during the pandemic had bettered their situation. For example, one key worker in a supermarket explained:

> "I'm contracted to do 40 hours, but during this COVID I've been averaging like 52. It's been pretty hectic ... I do have some problems with debt so that's another reason why I've been doing a bit of overtime recently ... Now that all the shops and restaurants and stuff like that are closed, I'm actually saving a bit of money, so it's going all right."
> Man, aged under 25

For the other five interviewees who were no longer destitute, resolving benefit and/or debt issues had enabled them to improve their situation somewhat, albeit that they were usually still living in severe poverty. For example, one participant's position had improved because of a combination of the enhanced UC payment, the ending of a Debt Recovery Order (DRO), and the ceasing of benefit deductions for a loan:

> "Overdraft, other little debts I had and that, I got that in place last year [DRO] ... So I could possibly now be debt free ... on Friday will be the first time I've got the full amount with the raise in over a year, because I got a loan off them [the DWP] last year [that is paid]."
> Woman, aged over 45

More generally, spending less on transport was something that helped a range of interviewees during lockdown, at least at the margins:

> "We're spending less because we don't have a car. We were using public transport, and obviously, we've not been anywhere. Obviously, all the hospital appointments now have been done over the telephone, rather than having to go to the hospital, so we haven't got that expense at the moment."
> Woman, aged 25–45

However, the rise in the UC standard allowance and other social security enhancements introduced during the COVID-19 crisis, welcome as they were, seemed insufficient to take the remaining 19 UK-other participants over the destitution threshold. In large part this was because many of these interviewees were still repaying UC advances, which substantially reduced their benefit income, as per the discussion above, and/or having to top up housing cost payments because of the under-occupation penalty or LHA shortfalls.

Most UK-other interviewees were pessimistic about escaping extreme material deprivation for the foreseeable future. One formerly self-employed interviewee explained that he had been forced to sell his van, which meant he would be unable to take up work again easily:

> "MOT were running out, insurance were due, and I couldn't afford to pay it. It wasn't anything flashy, it was a £600 van, but I've had to sell it, and more or less take scrap value for it, just to get some money in my pocket. I couldn't afford to get it fixed, so it's set me back ... [m]ost jobs are out of town, so you need to be travelling at least an hour to get a decent job."
> Man, aged 25–45

Others who were hoping to move back into paid employment were anxious about the state that the jobs market would be in post-lockdown:

> "Many places that they were advertising have suspended the vacancies ... there'll be more unemployed because before, for instance, if a place ... had 10 people working in a warehouse or something like that, through social distancing, they're only going to be able to employ four. That's put six people out of work."
> Man, aged over 45

Conclusion

Most of the UK-other interviewees in paid work before the COVID-19 pandemic described various levels of precariousness that meant that, even when employed, they were barely able to get by. Those with fluctuating or irregular incomes encountered considerable problems in accessing appropriate support from the benefit system.

People in receipt of UC reported having no choice but to request an advance payment to cover the initial five-week wait for the benefit. Repayment of these advances, especially when coupled with shortfalls in the coverage of housing costs as a result of the under-occupation penalty or LHA caps, sometimes left them with little to live on (even in the context of COVID-19 lockdown where other debt deductions had been suspended).

Many interviewees made a direct link between these deductions and the need to use food banks to survive. But some found even this emergency service difficult to access during lockdown, with a range of referral agencies becoming harder to reach.

With more than a half (54%) of the whole destitute population being sick or disabled according to our quantitative survey, COVID-19-associated delays in the processing of DLA renewals and PIP claims and appeals had a detrimental effect on the mental health and material wellbeing of people in receipt of or applying for these benefits. The loss of face-to-face contact with health and other services often hit participants with mental health or drug or alcohol problems especially hard, as they felt much less benefit from online or telephone-based support. The difficulties of contacting local authorities on unaffordable telephone lines was a particular problem during lockdown when council offices were closed.

A household's ability to manage relationships well through the COVID-19 crisis depended very much on space they had at their disposal. Overcrowding and lack of access to outside space affected many of those we spoke to, and parents who were interviewed reported that the effect of lockdown on their children was overwhelmingly negative. Some participants lived in inadequate or shared forms of accommodation, which made social distancing requirements challenging to fulfil. Several interviewees had paid rent arrears with credit cards to stave off eviction, and others were awaiting eviction once the protection offered by the eviction moratorium had ended.

There are some positive points to flag. Some interviewees acknowledged the UC uplift as being a help. They also said that the DWP had effectively communicated the relaxation of benefit conditionality to UC recipients and that the relaxation was a source of enormous relief. The suspension of both (most) debt deductions and evictions eased the immediate pressure on vulnerable households. Some key workers had managed to gain extra hours and income during the crisis, which had enabled them to escape destitution. Coupled with lower expenses, especially on transport, this meant that in a few cases, participants were able to not only cover debt payments but also to start saving.

However, the majority of UK-other interviewees remained in dire material conditions, often exacerbated by the closure or inaccessibility of community, charity and statutory services during lockdown.

5 The impact of the COVID-19 crisis on migrants with experience of destitution

Introduction

This chapter focuses on the impact of the COVID-19 crisis on migrants with experience of destitution, including those migrants with complex support needs of the kind considered in more detail in the next chapter. In this study, we have defined migrants simply as anyone born outside of the UK. This means that the category captures a wide range of legal statuses and migratory pathways, which we probe in this chapter in so far as data limitations allow.

Similar to the previous chapter, we begin by summarising the profile of the interviewees whose experiences are drawn on, before considering the COVID-related impacts they report with respect to: employment, debt and benefit-related issues; housing and relationship-related issues; access to services and support; mental and physical health; and routes out of destitution. As in the previous chapter, we also draw attention to longer-term and broader contextual factors as required to situate the specific impacts of the pandemic and lockdown.

Profile of migrant interviewees

We interviewed 23 migrants, among whom there was a reasonably even split between the three key migrant sub-groups: people with experience of the asylum system (n=7), migrants from the European Economic Area (EEA) (n=7) and 'other migrants' (n=9). One key point to emerge is that most people we interviewed as migrants, particularly those in the EEA and other-migrant sub-groups, had in fact been resident in the UK for very considerable periods of time, decades in many cases.

Just under half of the migrant interviewees were female (n=11), and again just under half were living in families with dependent children (n=10). The migrant interviewees had a slightly older profile than the qualitative sample as a whole, with half aged over 45 (n=12). Just over half (n=13) of migrant interviewees were located in London.

Nine out of the 23 migrant interviewees had been in paid work within the previous 12 months. Six migrant interviewees, all of whom had experience of the asylum system, had no access to mainstream UK welfare benefits, while another 12 had applied for, or were in receipt of, Universal Credit (UC).

Over half (n=13) of migrant interviewees reported a disability, and seven had complex support needs. Nine migrant interviewees were homeless or vulnerably housed when we interviewed them, with the remaining 14 having their own rented accommodation.

At the time of the interviews, 14 of the 23 migrant interviewees who were destitute when we surveyed them were still destitute, and seven were not. This allows us some (limited) scope to reflect on routes out of destitution for migrants. It was not possible to clarify whether the remaining two interviewees were still destitute as their English was limited and it was not possible to access interpreter services.

Employment, benefit and debt-related issues

Out of the nine migrant interviewees who had been working within the previous year, only two were still working when we interviewed them. One male 'other migrant' had a part-time but secure driving job with a local authority, taking children to school. Considered a 'key worker', his employment had continued throughout lockdown. A male EEA migrant was working full-time doing factory work via an agency, but

the arrangements seemed of potentially dubious legality with, for example, deductions being made from his wages for taxis to work.

None of the other seven interviewees who had been working within the previous year were still in employment when we spoke to them. One of these interviewees had lost his precarious job working in the construction industry some time before the COVID-19 pandemic:

> "I was doing some zero contract hours in my work and then sometimes they could just terminate my employment."
> Man, aged over 45, asylum group

For all the others, their loss of paid work was directly linked to the COVID-19 crisis. One female EEA migrant had been self-employed as a cleaner pre-COVID but her (mainly elderly) clients had cancelled her services for the duration of the crisis. Another EEA migrant, a female lone parent, lost her restaurant job when her employer went bust at the start of lockdown, while a man in the 'other migrant' category, living with his partner and children, was likewise laid off from his job in the restaurant sector as a kitchen porter when the COVID-19 pandemic struck. A couple with children had lost their agency and self-employed work, as a parking attendant and in the NHS respectively, as a result of the pandemic, while a young female migrant had lost her work in the security recruitment industry. Finally, a male migrant working in the care sector was in a shielding group and so had to give up work when the pandemic struck:

> "I cannot leave the house until about November, because I will be in the group of the last ones who can go out. So there is no point to apply for any jobs."
> Man, aged over 45, EEA migrant

Almost half of our migrant interviewees had applied for, or were in receipt of, UC. However, they often faced additional hurdles and delays in establishing their eligibility for benefit over and above those experienced by UK nationals, and these verification processes seemed elongated by lockdown.

An EEA migrant reported struggling to navigate the system to prove her eligibility, even though she had been living and working in the UK for 30 years:

> "... I cannot go to the jobcentre to talk with somebody ... [I] have the permission to be in England. I already received the documents [for EEA Settled Status] ... it's very hard when you talk on the phone ... because I'm on the phone, she doesn't believe me."
> Woman, aged over 45, EEA migrant

A female survivor of domestic abuse with a young baby had recently been granted asylum in the UK but had not as yet received the formal documentation due to COVID-19-associated delays. She said that this was blocking progress with her UC claim:

> "... when I call them, no one can answer my call; when I send an email ... I will always ask them about my documents. They will say that they are not working in the office, they are working at home ... my settlement status, which is the proof, to remain in the UK before getting my Universal Credit benefit ... the virus, everything, it's just damaged, because of the virus."
> Woman with complex needs, aged 25–45, asylum group

The lack of sufficient flex in the UC system for those moving in and out of work affected the following young survivor of domestic violence whose work had dried up as a result of the COVID-19 pandemic:

> "... they've deducted 70% out of my Universal Credit. I told them last month that I've not been earning, but still, they took it out, so I don't know what's going to happen ... I tried, but there's no way you can contact them."
> Woman with complex needs, aged under 25, other migrant

More positively, another female lone parent found the benefit advance repayments "manageable" and was appreciative of the £20 a week uplift in the UC standard allowance during the COVID-19 crisis:

> "[The £20 has made] a huge difference ... It helps a lot ... because with the addition of the £20 ... everything in this house is electric, so the light goes fast ... Yes, so at least we get some money to top up more on the electricity."
> Woman, aged 25–45, other migrant

In sharp contrast, one very distressed interviewee emphasised the inadequacy of the income provided to asylum seekers living in Home Office accommodation (£37.75 per person). While she acknowledged that this issue pre-dated the COVID-19 pandemic, she went on to explain how the additional costs associated with the pandemic made it even more difficult to get by on this extremely low income:

> "Hand wash, hand gel, or like antibacterial wipes ... Before we also maintain hygiene, but for extra hygiene if we need to maintain for the COVID-19 ... So we would have to spend most the money in the hygienic stuff."
> Woman, aged 25–45, asylum group

Despite their impecunious state, problem debt and arrears on bills were a less prominent theme in the migrant interviews than in those with UK nationals. One might speculate that this may be explained by some migrants being ineligible for loans due to their immigration status, or being turned down for loans due to not having any/sufficient benefit income. However, rent and Council Tax arrears featured in some migrant interviewees' accounts, as did relying on credit cards to 'get by' during crisis periods:

> "I've topped up [that is, spent] on my credit cards, I've called them, so they've given a three-month holiday payment ... we're behind [on rent] but we contacted the housing association, and they said they will get back to us ... I won't pay [Council Tax] for April and May..."
> Man, aged over 45, other migrant

Housing and relationship-related issues

As noted above, 14 of the migrant interviewees had their own social or private rental accommodation (this included shared flats and bedsits in some cases), while nine were homeless or vulnerably housed. The latter group comprised people living in refuges, local authority temporary accommodation, Home Office hostels provided for asylum seekers, severely substandard houses in multiple occupation (HMOs) and a very overcrowded family home. Several of those now housed had experienced homelessness in the recent past, including sleeping rough and 'sofa-surfing'.

Across this entire group of migrant interviewees, including those currently in their own accommodation, there was a pervasive sense of poor housing conditions, lack of facilities, cramped space standards and tenure insecurity, the negative impacts of which were magnified by confinement during lockdown:

> "... it's a very dark and cold place. That's because there is just a small – one window which is not directly in my room ... It's a small kitchen, small bathroom, very old, and nothing got renovated. It's quite a big room I have for myself. There is no bedroom; it's just one big room."
> Man, aged over 45, EEA migrant

> "... this house is very congested, overcrowded for us ... The elder [child] is living in the small bedroom, and we have four members – me, my husband, and five-year [old] boy, three-years [old] boy, we are living in one room. My children have no separate bed, because the house is very small. We have no space for another bed."
> Woman, aged 25–45, asylum group

However, despite what often sounded like poor material standards, some interviewees described their accommodation as sufficient for their needs:

> "Of course, there are little things that I don't like, but very little. Let's say I'm satisfied 95% and that's good enough."
> Man, aged over 45, EEA migrant

> "Yes, the place I'm not complaining is quite adequate."
> Man, aged over 45, asylum group

Some of those living in shared forms of accommodation felt able to follow the Government's social distancing guidelines by, for example, taking turns using shared kitchens. But one male asylum seeker was clearly struggling in his Home Office-provided accommodation:

> "We share the kitchen together and because of this COVID especially you cannot [get] close to others. So if even you hungry or something you cannot, when you go into the kitchen and someone is there you ... need to let him finish what he's doing before you can go there. It's very hard and bathroom, we share the same bath. It's hard but I'm trying, doing my best to protect myself."
> Man, aged 25–45, asylum group

Similarly, a couple with children living in cramped Home Office accommodation, without a computer, television or enclosed garden, found lockdown and remote schooling very difficult to deal with:

> "... my children are using the internet ... to do homework. So sometimes my children told me, 'Mummy, we need a computer. We need a laptop. We can't do everything [on] the phone' ... 'Mummy ... we need a TV or something'. ... the garden ... it's on the road side ... it's not safe for my children, because the car is coming ... with COVID-19 ... they're staying at home, probably they will play in garden, but they can't do it."
> Woman, aged 25–45, asylum group

Other challenges of having school-aged children at home all day included additional costs for food, electricity and mobile phone data, alongside managing the emotional difficulties of their social isolation (see also Spencer et al, 2020):

> "... my daughter is always home. We tend to spend more money on shopping ... [children] they eat, and eat, and eat ... The baby doesn't know anything, but the 12-year-old one she misses going to school ... she said she's trying, but she misses her friends. She just misses going out, going out [to] school."
> Woman, aged 25–45, other migrant

Access to services and support

As noted in Chapter 3, the quantitative survey findings indicated that destitute migrants were especially disadvantaged with regard to access to both cash and in-kind forms of support, with 46% reporting having no income at all. This meant that the lockdown closure of free or cheap community facilities, including churches, libraries, charity shops, children's playgrounds and, in some cases, even parks, hit migrant interviewees particularly hard:

> "The park is closed, so where will you go? You just go and get food and come back home, and spend the day in your house, watching television. Nowhere for us to go."
> Woman, aged 25–45, asylum group

> "... before COVID-19, before lockdown, the charity shop, everything, was open ... we can't afford to go like Sainsbury's clothes, Tesco clothes, Primark clothes ... we are [dependent] on charity shops..."
> Woman, aged 25–45, asylum group

> "I don't have a computer in the house, in the flat. I don't have, of course, internet. All my life is on the mobile phone ... At the very start of the COVID thing, the library was open for a limited time ... That's been a couple of weeks, bam ... closed totally."
> Man, aged over 45, EEA migrant

As with the UK-other interviewees (see Chapter 4), the closure, or inaccessibility, of voluntary sector services like Citizens Advice was also sometimes reported to have had an impact on access to food banks:

> "I used the food bank twice, and for the last few months I have to get a recommendation [food-bank referral] from the Citizens Advice office, but I didn't come back to them now because of the coronavirus."
> Man, aged over 45, EEA migrant

For those with specific care or support needs, the loss of face-to-face support could be especially difficult to bear. One female survivor of domestic abuse explained:

> "... my social worker, and the domestic violence – they ... come here and give me some information – but now I can't see no one because of the virus ... everyone is staying at home ... we're just praying for all this virus to finish so that everything can come back in normal."
> Woman with complex needs, aged 25–45, asylum group

As noted above, a major negative effect of the COVID-19 pandemic for many migrants was a slowing down in the processing of the immigration, asylum or other legal claims that would allow them to gain access to work and/or mainstream welfare benefits:

> "I'm waiting for my settlement papers. It's because of the virus, it's just damaged everything. I was trying to get my settlement paper in the UK, my domestic violence worker, she was trying to do that for me, and the virus just come and scatter everything. Maybe after the virus, I will get my settlement papers."
> Woman with complex needs, aged 25–45, asylum group

For those awaiting a decision on an asylum claim, their inability to take up paid work was a fundamental and frustrating barrier to progress:

> "We are young. We are passing our time, the vital time we are passing ... If [the Home Office] give the work right ... we want to do something for our children ... [the ban on working is] like a handcuff ... if you give me the work I have no need [for benefit] money. We will do something for our children, for our family, because we are not disabled."
> Woman, aged 25–45, asylum group

More positively, one interviewee reported receiving additional help from a local provider of charitable COVID-crisis relief as a result of the pandemic:

> "Before I don't have nothing from nowhere but due to COVID I have the support from these people and it support me to get some food ... and it helped me this time."
> Man, aged 25–45, asylum group

Finally, one man who had received help from friends during the pandemic sounded another positive note:

> "Actually, a couple of friends gave me money. Like, 'You helped me a lot with this, take this money.' ... Little things like £20, £40. Like, 'You helped me the last time.' ... People are unbelievable. Look at the positive of the COVID. Neighbours start to talk to you."
> Man, aged over 45, EEA migrant

Mental and physical health

The COVID-19 lockdown had had an impact on the mental health of most of the migrant interviewees we spoke to:

> "... the fact that I can't go out and socialise with other people or look for work and go to church, things like that. It's really a mental, you know strain."
> Man, aged over 45, asylum group

> "Sometimes I cry ... I have my moments, yes ... My social life as well. I'm a member of a charity, I'm a trustee ... Everything is stopped ... I'm feeling like I don't do nothing at all ... sometimes I feel like lonely."
> Woman, aged over 45, EEA migrant

These social and psychological effects of lockdown were exacerbated by the extreme poverty and the poor housing conditions in which many migrant interviewees were living, and also by the delaying effect that the COVID-19 crisis had on the legal and bureaucratic processes in which they were often involved:

> "... the COVID-19 affected me badly about the courts, going back again to get access to see my kids. It affected me about my benefit and is stressing me more about my mental health and a lot, yes, because if it's not COVID-19, maybe something is sorted out."
> Man with complex needs, aged 25–45, asylum group

The compounding impact of the COVID-19 lockdown on pre-existing mental health problems was a theme in several interviews. This was often directly linked with the isolation imposed by lack of internet access, including in some asylum accommodation:

> "... my mental problem started before COVID-19, but COVID-19 now we are staying at home ... so we have no entertainment or anything, like we have no TV, no internet ... For the entertainment we have not anything."
> Woman, aged 25–45, asylum group

> "The Wi-Fi is down at the moment. So it's mental torture. It's tough. The going is tough. It's very difficult, very, very difficult."
> Man, aged over 45, asylum group

While physical health impacts of the pandemic were mentioned less often, at least two of our migrant interviewees were in the highest-risk 'shielding' group:

> "They're sending letters that because I'm vulnerable, I should stay in the house."
> Woman, aged over 45, other migrant

Routes out of destitution

As noted above, almost a third of the migrants we interviewed (n=7) were no longer destitute at the time of interview. A couple of these participants had continued to work throughout the pandemic, but the working arrangements described by one of these men implied exploitation. One lone parent had avoided destitution by returning to live with her parents in an extremely overcrowded dwelling (with five adults and five children in one house). For the others in this group, a mix of disability, child or other benefits coming into the household meant that they were able to get just over the destitution threshold, with none managing to move much beyond this.

Among the majority (n=14) who were still destitute, there was a sense of truly desperate circumstances, which, although they generally pre-dated the COVID-19 pandemic, had been exacerbated by both the confinement of lockdown and the restrictions on the community on which so many relied:

> "I have one pair of shoes, one pair of flip-flips, which are almost destroyed now, and I don't have money to buy new ones ... I was without electricity for almost two weeks last month. I just had no money to pay for it. So if you don't have electricity your fridge goes out, and the food you bought you have to throw it after two days because it smells. So that's what's really difficult, yes."
> Man, aged over 45, EEA migrant

> "Noodles, small tiny ones. I eat one [packet] ... does me for two days food ... I need shoes. I don't have. Wintertime I don't have a jacket. I have only, not a winter jacket. I need clothes ... I don't have electricity in my home and I don't have money to get electricity ... I have 22p in my pocket cash and no money in the bank and I can't put electric [on]."
> Man with complex needs, aged 25–45, asylum group

One woman who had worked full-time as a cleaner before the COVID-19 crisis was also in a dire situation. Relying on food that she had stocked up on while still working, she was hoping to receive a small business grant from the Government. If this did not materialise, her situation was set to worsen. A lot hinged on her being able to start work again as soon as possible, but this was difficult given the health anxieties of her clients:

> "... most of my clients is old people ... The clients stopped me [coming round during the COVID-19 crisis]. I hope, one [client] ... told me probably May, the end of May, I'll go be back, but she let me know. I have another one is a teacher, she say probably the end of May I can come back, but I'm not sure yet."
> Woman, aged over 45, EEA migrant

Concerns about the state of the post-lockdown jobs market was a concern to many migrants:

> "... the job market is dead at the moment. There are so many places of employment closed down. There is rampant unemployment all over the place and it is so tough to get a job now."
> Man, aged over 45, asylum group

Conclusion

Consistent with our findings in Chapter 3 about the extreme and growing difficulties that many destitute migrants seem to face in accessing any form of material support, the qualitative testimonies of those we spoke to make for desperate reading.

Most of those in paid work had lost their (usually precarious) job as a direct result of the COVID-19 crisis, and many then struggled to establish their entitlement to mainstream UK benefits (both before and during the pandemic). The usual stress of immigration and other legal processes was seriously compounded by the disruption and delay occasioned by the national COVID-19 lockdown. Access to the community resources that many ordinarily relied on – such as food banks, charity shops and libraries – was often restricted during lockdown.

While the mental health, social distancing and remote schooling challenges these migrant interviewees encountered would be shared by many other people across the UK population, they were significantly exacerbated by the extreme material poverty and poor housing conditions that most endured. Being confined for long periods in cramped accommodation with small children, no source of entertainment or usable outside space for them to play in, and playgrounds closed, would be extremely challenging for the most resourceful of parents. Having no or very limited access to the internet, while living alone and being required to socially distance and stay indoors almost all the time, often in substandard housing, placed immense strain on single interviewees' mental health. Several of the female asylum seekers had experienced domestic violence and were living alone with toddlers or babies at the height of the lockdown – an exceptionally lonely and isolating experience.

For the minority of migrant interviewees who had managed to find a route out of destitution by the time we interviewed them, this generally led only as far as severe poverty. In some cases, it involved highly unpalatable strategies, such as returning to live in extremely overcrowded accommodation, or accepting exploitative work. Even the modest positive findings that could be discerned among some UK-other interviewees, such as key workers gaining additional hours and income during the crisis, were absent from these migrants' accounts.

6 The impact of the COVID-19 crisis on people with 'complex needs' with experience of destitution

Introduction

This chapter focuses on the impact of the COVID-19 pandemic and associated economic lockdown on interviewees with complex needs who were destitute when we surveyed them in autumn 2019. As noted in earlier chapters, in this study we define 'complex needs' as being associated with at least two of the following five adverse experiences: homelessness, drug and/or alcohol problems, engagement with the criminal justice system, domestic violence and/or begging. We review the experiences of both migrants and UK nationals with complex needs in this chapter, a group that constituted a fifth (19%) of the whole destitute population in our quantitative survey (see Chapter 3).

As in the previous chapter, we begin by summarising the profile of the interviewees whose experiences are drawn on, before considering the COVID-19-related impacts they reported with respect to: employment, benefit and debt-related issues; housing and relationship-related issues; access to services and support; mental and physical health; and routes out of destitution. As was made clear in the quantitative survey (see Chapter 3), this group generally had profound and long-lasting difficulties in their lives, which made the impacts of the pandemic and lockdown experiences especially acute.

Profile of interviewees with complex needs

We interviewed 27 people with complex needs in total, of whom just over a third (n=10) were female. A quarter (n=7) were migrants, including three out of the four lone-parent interviewees, all of whom were female. Two interviewees were living with their partner and the remainder were single. The majority (n=16) were in the 25–45 age category, with seven aged over 45 and four aged under 25. Just over half (n=14) of interviewees were living in London.

Historic or present homelessness was the unifying experience among the interviewees with complex needs, and over half (n=15) were homeless or vulnerably housed at the time of interview, including two interviewees who were sleeping rough.

Among the female interviewees who disclosed sufficient detail to determine their additional needs, seven reported experience of domestic violence and two reported drug and/or alcohol problems. Male interviewees reported a more diverse set of experiences, with a greater prevalence of drug and/or alcohol problems and interaction with the criminal justice system. Nearly three-quarters (n=20) of all interviewees with complex needs reported a disability.

Only six out of the 27 interviewees with complex needs had been in paid work within the previous 12 months, and all but three had current access to UK social security benefits. At the time of interview, in spring 2020, around six months after they had been surveyed, 23 of the 27 interviewees were still destitute.

Employment, benefit and debt-related issues

Few interviewees with complex needs had engaged in paid work within the previous year. Of the six who had, four were no longer in work at the time of interview. For one, this was due to the short-term nature of their previous work, and for another, their work stopped before the pandemic due to the onset of severe mental health issues. The remaining two interviewees lost their jobs as the pandemic took hold:

> "I actually got a job that I actually enjoyed ... I was actually getting on my feet and then the workplace was like, 'Oh, we might have to cut your hours to just eight hours a week.' ... Then two days later it was like, right all the sites have shut down and we've all been laid off."
> Man, aged 25–45

> "I worked like a part-time operations manager, due to this situation, I'm not working."
> Woman, aged under 25, other migrant

Both interviewees still in work at the time of interview were classed as 'key workers', one working for a charity that supplies medical equipment, and another at a supermarket warehouse.

Most interviewees with complex needs were in receipt of Universal Credit (UC) and while the repayment of advances felt manageable to some, for others it was an ongoing strain, especially when coupled with other debt deductions (pre-COVID-19):

> "... we owed quite a few because I'd had had previous Universal Credit claims and my partner had had previous claims before we got together ... I actually thought we'd finished paying all our loans off, until I phoned up quite recently actually, and they told me that we still owe them money apparently..."
> Man, aged 25–45

Some people in receipt of UC were aware of the £20 a week rise in their standard allowance and felt that it had benefited them:

> "Huge difference, yes. £20 could cover at least four, five days' shopping."
> Woman, aged over 45

Others felt the increase to be tokenistic given their situation and current experiences in light of the pandemic:

> "Even with the increase in money, it's still no help. It's not a help at all."
> Man, aged 25–45

Across the whole group of interviewees with complex needs, there was notable confusion around their levels of entitlement to welfare benefits, sometimes exacerbated by the changed arrangements during the pandemic:

> "I couldn't tell you exactly [our income] because we've got that many deductions that come out of it ... the money that we get is just enough to live on."
> Man, aged 25–45

Five interviewees with complex needs were also in receipt of Personal Independence Payment (PIP) for a variety of conditions, including epilepsy, brain damage, severe leg injuries, autism spectrum disorder, chronic obstructive pulmonary disease and severe mental health issues. Several others felt that they ought to be in receipt of PIP, but the prolonged and stressful assessment process was reported to be a significant barrier, compounded by the disruption brought about by the COVID-19 crisis:

> "I received the [PIP] appeal appointment letter to go and talk to them face-to-face, but a couple of days before, they sent me another letter, the apology. They told me because of COVID-19 the office is closed. I have to wait until they open, and they'll contact me again. Now I'm waiting. Nothing has happened yet. They don't do it on the phone."
> Man, aged 25–45, asylum seeker

Debt, especially with Council Tax, utility companies and court fines, was a common theme across the interviews. These were generally ongoing issues rather than COVID-19-specific. However, a decline in support from both charities and, in some cases, families and friends during the pandemic could exacerbate the associated stress, and the issue of unaffordable telephone charges again arose:

> "They took all my savings, they took everything. You have to pay £1.80 per minute to get through to them to pay a bill ... They keep sending bailiffs to my flat because I can't ring them ... [my daughter] was reading my letter, she got upset, because there was nothing I could do."
> Man, aged 25–45

Housing and relationship-related issues

As noted in the earlier 'profile' section of this chapter, 15 of the interviewees with complex needs with were homeless or vulnerably housed. The implications of the COVID-19-related risks and restrictions for people living in precarious housing circumstances were therefore a major theme in the interviews. As in the UK-other and migrant interviews, the challenges of social distancing, hygiene and poor general conditions in congregate accommodation with shared facilities, and in houses in multiple occupation (HMOs), were often raised.

One female HMO resident, who was under an ongoing threat of eviction despite its illegality at the time of interview, described a context of fear and intimidation in her accommodation, exacerbated by the COVID-19 restrictions:

> "... when we've got trouble he [partner] comes stays with me to make sure I'm all right and we have phoned the police every time there's been a problem, but with this lockdown we get people in here making a bit of noise, shouting, music loud and we all got a letter, ... the landlord sent one of his heavy people down, yes, and fucking saying, 'Yes, you've got to move out within 48 hours.'"
> Woman, aged 25–44

For the three male interviewees living in hostels at the start of lockdown, a strongly articulated theme was that of being 'trapped' in inappropriate and expensive accommodation, with their attempts to move on (further) frustrated by the COVID-19 pandemic disruption:

> "I've been here for two-and-a-half years ... the only way for me to get out of here is to get a job, which I did get, but obviously with everything going on right now I lost it ... It's got to the point where I don't even share the kitchen because it's only four people allowed at a time."
> Man, aged 25–45

Particularly distressing for these hostel-based interviewees were the extreme constraints on their personal space and privacy, exacerbated by lockdown restrictions, and further compounded by having to cope with the increasing desperation of those around them:

> "I'll get 'steamers' waking me up out their face, bouncing with valium, chatting to me at the door at 05:00 in the morning, adamantly won't leave you alone. It's a joke living in these places. It's very frustrating ... You cannot get any space and time to yourself, even if you wanted it."
> Man, aged 25–45

> "I've got people contacting me asking me for advice. I'm curling up in a ball here ... I almost feel bad to say the mental stress that puts me under. I haven't been trained to listen to somebody say that they're going to kill themselves."
> Man, aged 25–45

At the same time, they were unable to have proper visits from or to family members that might have provided them with much-needed support and a change of scene outside this stressful hostel setting:

> "... how long can you live in your bedroom without seeing your children or your family? I can't even go up to my mum's now. We can only meet each other in the street and do the six-feet-apart thing."
> Man, aged 25–44

Three interviewees had been accommodated in commercial hotels as part of the 'Everyone In' initiative to prevent rough sleeping during the pandemic (Fitzpatrick et al, 2020b). One of these participants had been sleeping rough before the pandemic and described a fairly protracted process to access hotel accommodation:

> "... instead of getting people off the streets, they were clearing out the hostels into hotels ... I have managed to get a hotel but ... three times I went to [service] and they said, 'Oh the hotels are full.' So I thought, well I'll actually try really, really hard to get in a hotel ... and it has gone very well ... But I am quite disgusted that it's taken five weeks."
> Man, aged over 45

Neither of the other participants remained in their 'Everyone In' accommodation at the time of interview. For one, who had been sleeping rough for years, staying in a hotel felt like a reduction in independence, and he therefore opted to return to the streets. For the other, the hotel environment had proven too chaotic and difficult to cope with, but he had since been moved on to more appropriate supported accommodation:

> "I was put in [a hotel] that was nice ... they made it out as if, 'Oh, we've got you a lovely place to go, don't worry, there's no rats, brand-new environment,' kind of thing, which is what I was looking for to change my life and just have a normal lifestyle without surrounded by all these different bad characters ... It just became a big, horrible shambles. I got moved, luckily enough, to supported accommodation, because I needed somebody to speak to about my own life circumstances. It's dragging me down."
> Man, aged 25–45

Four interviewees in all were living in supported accommodation, with better access to facilities and support than in the hostel and hotel environments, and the experiences they described were notably calmer and less distressing:

> "I can be honest with the staff ... They know my condition and they're non-judgemental, they're really supportive and apart from us being on lockdown – which changes things somewhat ... Usually they'd have some activities."
> Woman, aged over 45

Two interviewees were living in small studio flats in London, one a couple with no children, and one a lone parent who had their children with them half of the time. Both described the intense pressure of having very limited space and escape during lockdown:

> "Every couple needs a bit of space, from each other. When you're in lockdown that's impossible for us. So, we were arguing a lot and things like that and, yes, it's not nice."
> Man, aged 25–45

> "It's like death! It's the worst in the whole entire world. I've never had to live like that before ... My friend's front room is bigger than the whole of my living space..."
> Woman, aged 25–44

More positively, among the small number of interviewees who had stayed with family and friends during lockdown, some found that this proximity had enabled a positive reconnection:

> "... at the moment it's just me and my mum and dad. If anything, I'd say it's brought us a bit closer together, because we're all looking out for each other."
> Man, aged over 45

> "... my life was a bit sporadic for quite a while, but it's been really, really, really good to spend time around my brother, spend a birthday with him ... I feel at peace with myself ... I mean, these lot all go to bed, and then I've sort of sat there, or watched the telly, whatever, and I have, I've sobbed. It's, yes, it is happiness."
> Man, aged over 45

However, access to non-resident children was a difficult topic for several interviewees. For some this remained unresolved, but some had been able to maintain contact:

> "I've not long passed my driving test, otherwise I would have had to take them on public transport which I wouldn't have risked so I wouldn't have been able to see them."
> Woman, aged 25–45

Access to services and support

The adverse consequences of the loss of face-to-face support was a clear thread running through the narratives of the interviewees with complex needs. For some, this loss was at least partly compensated by support over the phone and/or online:

> "... before the lockdown I was going to the refuge office and that's where I was doing the counselling ... then obviously the lockdown happened so we've been doing it over the phone now..."
> Woman, aged 25–44

> "I haven't been able to go in there [addiction support service] to see my counsellor there or have group sessions there. Again, I can do them online and I speak to my counsellor every week on the phone. Again, just nothing we can do about that."
> Woman, aged over 45

However, loss of ongoing, face-to-face support was especially distressing for some, including one interviewee in acute housing need:

> "Even today, I rang the same charity organisation who helped me with that house ... they promised from two weeks ago, they'll ring all last week, they say, 'I'm going to ring you back, I'm going to ring you back...' but they are not ringing back, and even today, rang again, they ask me my phone number, my name, they tell me they're going to ring me today, but nobody rang me..."
> Man, aged 25–45, EEA migrant

As with the migrants we interviewed, the closure of libraries had had a negative impact on a substantial number of interviewees with complex needs who were homeless or vulnerably housed:

> "I used to always be in the library because library's one of my favourite place. I'm always on the internet looking up positive things; things that are a good influence that I can learn from ... it's like that's been taken away from me as well. It's really depressing."
> Man, aged 25–45

With libraries closed, it was clear that some interviewees were paying for internet access at home with a considerable portion of their (very limited) incomes:

> "... from the £78 they pay us a week ... £26 to buy internet every month."
> Woman, aged under 25, asylum seeker

The closure of churches was a key loss of support for several participants, especially asylum seekers with complex needs. For another interviewee living in a hostel, religious support had recently helped him overcome issues in his life, only to be abruptly placed out of reach:

> "I became a born-again Christian. As soon as I went and became a born-again Christian and went to church my first day, it shut down after that because of the coronavirus."
> Man, aged 25–45

Some were able to access local authority support in the form of food boxes for vulnerable people, although delays were also widely discussed:

> "I've managed to get two boxes of food delivered to me this week, so that's a good thing. That's really a good thing. Fresh fruit, milk, snacks, you name it, I even got eggs in there this morning and that comes every week, yes. So that's really positive."
> Man, aged 25–45

> "They're supposed to be bringing me a food parcel ... She said it's a problem that they've got where a lot of people like myself are supposed to have got this parcel by now but things seem to be happening very slowly. Then again, the guy downstairs from me he gets a food parcel about every Tuesday so maybe some people just seem to be luckier than the others."
> Man, aged 25–45

Some interviewees had continued to receive support from food banks during lockdown via home deliveries:

> "I have had, while the corona thing is going on, one food parcel dropped off. They knocked on the door and I opened it and they just left it. They stood away and they left it there nicely, and they went, and I brought it in. That was nice of them."
> Woman, aged 25–45

However, others who were food insecure were not receiving help from food banks or local authority emergency schemes, often because of the inaccessibility of the usual referral agencies (see also Chapter 4):

> "Jobcentres aren't open, so for example, food-bank vouchers and stuff is a no-go. We've managed to get by on basically borrowing off my partner's family when we've got no money ... we've been a bit lucky in that respect, but we've been just getting by."
> Man, aged 25–45

For those who continued to sleep rough during at least some of the period of the pandemic, access to basic services from faith groups became much more limited:

> "... they open up sometimes for a few minutes or about an hour and you can go along and get food and have a sit down. Sometimes it's a handout out of the door, but most of those closed down. The churches seemed to be the first to close down..."
> Man, aged over 45

Mental and physical health

As noted in Chapter 3, in our quantitative survey, people with complex needs had the highest incidence of health problems in comparison with the other sub-groups, and most identified other adverse experiences, including drug/alcohol problems.[13]

While many interviewees with complex needs reported a combination of mental and physical health problems, mental health difficulties tended to predominate, again in line with our statistical findings. These mental health challenges generally pre-dated lockdown, but had increased in intensity during the crisis, especially for interviewees with current, or recent, drug and/or alcohol problems. One man, who had been sober for only a brief period at the time of interview, explained:

> "... it's a bit easier now they've eased the restrictions, and that's probably the only reason I've been able to stay off the drink the last six days, but even that, the hospital wouldn't help me or anything, so I had to go cold turkey, which was very dangerous ... I came through it in the end."
> Man, aged 25–45

For another interviewee, who had been sober for a short while before lockdown and was now living alone for the first time in years, it had become much harder to stay focused on sobriety:

> "... because you're on your own a lot of the time and not out with other people or in a meeting or going for coffee with maybe other people in recovery, you've got more time for it to play on your mind."
> Woman, aged over 45

A notable number of participants with complex needs reported that suicidal thoughts and tendencies had increased since lockdown was imposed:

> "I threw myself in front of a car and bruised my ribs ... This is the sort of thing that happens with lockdown ... I get told that I've got to stay inside in a studio flat. It literally sends me insane."
> Man, aged 25–44

> "Really down and I feel like killing myself. I remember waking up in the hospital. My partner keeps all my tablets now and gives me them."
> Woman, aged 25–44

For many interviewees, the combined effects of mental and physical health challenges meant that they had multiple, unresolved problems for which much-needed support was now inaccessible:

> "I'm not being seen by a physiotherapist when they've told me that's what I need to do. I'm just awaiting this phone call, which never happens. They won't give you a number to chase it up ... you can't even go in to your doctors any more to try and explain what's going on in your life. Everybody's just low, depressed, and everybody's just in a mess."
> Man, aged 25–45

Routes out of destitution

As noted in the earlier 'profile' section of this chapter, 23 out of the 27 interviewees with complex needs who we had surveyed six months earlier remained destitute at the point of interview. For most, their financial position and access to material resources had deteriorated since the pandemic struck. The main positive noted was that, for a few, lockdown had represented an opportunity for reflection and preparation for the future:

> "I've actually signed up for a training course in team leadership ... I'm trying to make the most of my time now. I've got over myself a little bit, and I'm making the most of my time while there's nothing happening, to just try and improve my choices."
> Man, aged 25–45

For three interviewees, all UK nationals, destitution had been a transitory experience linked with difficulties accessing benefits, or deductions from their benefits for historic overpayments or debts at the time of the survey. Only one interviewee with complex needs with longer-standing issues had managed to find a route out of destitution, and this had depended on the successful resolution of a PIP claim:

> "... it was a long wait with no money, but well, yes, it was just a bit of pain. Then, the Personal Independence [Payment], I had to wait a year, because they refused me the first time and then ... it came through and she said I'd won my appeal..."
> Man, aged 25–45

Conclusion

The COVID-19 pandemic and associated lockdown had clearly been a frightening and frustrating experience for many interviewees with complex needs. While the adverse effects on mental health and disrupted access to support services would be an experience shared with many across the wider population, these issues are that much more acute and serious when they affect people already struggling with both psychological distress and extreme material deprivation. An inability to progress benefits applications, or to access emergency food aid and medical support, can clearly have especially dire consequences for people who were barely able to 'get by' before the pandemic. The impacts of library closures and of living in highly marginal, crowded and inadequate forms of accommodation are two key themes to emerge from this chapter.

Some more encouraging points were made: some interviewees acknowledged that the enhanced UC payments during lockdown were a help, and a small number had managed to reconnect with family support during lockdown. However, while the resolution of benefit and debt-related issues had enabled a small number of interviewees with complex needs to move above the destitution threshold, for the great majority their material and social circumstances, already dire, deteriorated further as the pandemic progressed.

7 Conclusions

Introduction

This third *Destitution in the UK* study, following on from the original 2015 study and 2017 follow-up (Fitzpatrick et al, 2016, 2018), straddles the pre- and post-COVID-19 context. The quantitative survey, conducted in autumn 2019, captured the statistical state of destitution in the UK before the pandemic hit the UK, while the 70 qualitative interviews, undertaken in spring 2020, allowed for in-depth exploration of the experiences of destitute respondents at a relatively early stage in the health crisis and economic lockdown.

Although we have structured much of the main report to examine the situation of each of the key destitute sub-groups in turn – UK-other, migrants and people with complex support needs – in this concluding chapter we will draw out the commonalities and continuities in their experiences across all of the main themes explored, integrating findings from the quantitative and qualitative elements of the study. We will finish by flagging the core policy implications of our analysis.

The scale of and trends in destitution

We estimated that more than a million households were destitute in the UK at some point in 2019, with these households containing 2.4 million people, of whom 550,000 were children. This means that they could not afford to buy the bare essentials that we all need to eat, stay warm and dry, and keep clean. These are conservative estimates, based on our strict definition of destitution, and are focused exclusively on those cases that come to the attention of voluntary sector crisis services or local welfare funds.

There was a significant increase in the number of destitute households over the two-and-half years between the 2017 and 2019 surveys. There were also signs of a growing intensity of destitution for some, with more households experiencing both multiple deprivation of essentials and a very low income, and more households with zero income or less than £70 a week.

When we compare change in weekly destitute household numbers for the services that participated in both the 2017 and 2019 surveys (the most consistent way of measuring change), the largest increase was in the destitute migrant group, and the smallest in the complex needs group. The share of migrants in destitution now exceeds their population share, although a clear majority (72%) of destitute people remain UK-born.

Our updated statistical review of secondary time-series data (see the Technical Report: Bramley et al, 2020) indicated that factors likely to have been significant in accounting for the increase in destitution since 2017 include the general rollout of Universal Credit (UC), given its design features, and in particular the five-week wait for initial payment, and the progressive effects of freezing benefit rates and caps between 2015 and 2020. Other contributory factors include restrictions on disability benefits, limits on the support given to certain migrant groups, high levels of homelessness and the cumulative effects of austerity on relevant local government services. Rising levels of problem debt/arrears are both a symptom of, and a compounding factor in, destitution.

The profile of destitute households appears fairly stable, still dominated by single-person, mainly male, households. But families in destitution, especially lone parents, almost all of whom are female, have become somewhat more common. This means that, on average, destitute households have become larger, increasing the overall number of people affected. Young people under the age of 25 are still at a highly disproportionate risk of destitution, while destitution remains extremely rare for the over-65s.

As measured just before the pandemic, the geographical concentration of destitution in northern regions of England, particularly large cities and manufacturing towns, had intensified since 2017, with rather less emphasis on some London boroughs or areas in southern England or the Midlands than in our last survey.

However, separate research (Bramley, 2020; Weekes et al, 2020) indicates that the onset of the COVID-19 crisis and its associated lockdown and economic impact have not only increased destitution quite dramatically, but also changed its profile, precipitating a more widespread geographical reach, more impact on families and effects across all housing tenures.

Employment and self-employment

As in 2017, only 14% of destitute households were in paid work at the time of the 2019 quantitative survey. In part, this reflects the fact that a majority (54%) of all destitute respondents have limiting health conditions or disabilities. The UK-other and migrant interviewees were most likely to have been in paid work before the pandemic, but described levels of precariousness that meant that, even when employed, they were barely able to get by, with fluctuating, irregular and uncertain incomes.

Some interviewees who were in paid work over the previous 12 months had lost their jobs as a direct result of the pandemic, for example when the restaurant they worked in went bust. Others were self-employed, in the cleaning, construction or security sectors, and no longer able to work during the crisis.

While the UK nationals who had lost their job during lockdown generally found the online process for claiming UC straightforward, both migrant and self-employed interviewees described a more protracted struggle to establish their eligibility. Self-employed interviewees and employees with irregular payment schedules complained that the UC system failed to flex appropriately to accommodate their fluctuating hours and pay rates.

A small number of (mainly UK-other) interviewees who were classed as 'key workers' – working in supermarkets and in the care sector – saw their hours and pay increase during lockdown. This enabled them to escape destitution in some cases.

Benefit-related issues

Half of all destitute households in the autumn 2019 survey were receiving UC or had applied for it. Statistical analysis of the 2019 survey data showed a strong link between receipt of UC and destitution (see the Technical Report: Bramley et al, 2020).

The five-week wait for the first payment of UC was the most problematic aspect of UC as identified by the UK nationals we interviewed (see also Corlett, 2020; Vizard and Hills, forthcoming). Interviewees reported needing to request a repayable advance payment to cover the gap. Especially when coupled with shortfalls in the coverage of housing costs, as a result of the under-occupation penalty or Local Housing Allowance (LHA) restrictions, repayment of these advances sometimes left them with little to live on, even taking into account the suspension of most debt-related deductions during the COVID-19 crisis. Many interviewees made a direct link between UC advance deductions and their need to use food banks to survive (see also Sosenko et al, 2019).

More positively, the temporary £20 a week enhancement to UC and Working Tax Credit standard allowances was acknowledged to be a considerable help by some participants, enabling them to afford food, electricity and other essentials. In sharp contrast, several interviewees emphasised the inadequacy of the income provided to asylum seekers living in Home Office accommodation (£37.75 per person).

With more than half of the destitute population sick or disabled, delays in the processing of Disability Living Allowance (DLA) renewals and Personal Independence Payment (PIP) claims and appeals associated with the COVID-19 crisis had a detrimental effect on the mental health and material wellbeing of people in receipt of or applying for these benefits. Meanwhile, for many migrants we interviewed, the usual stress of immigration processes was compounded by the disruption brought about by the COVID-19 lockdown, sometimes hindering their ability to apply for mainstream UK benefits.

It appeared that the Department for Work and Pensions (DWP) effectively communicated the relaxation of benefit conditionality during the first few months of the crisis to people receiving benefits, and the relaxation was a source of great relief to those with health problems that made job-search requirements particularly challenging and stressful to satisfy.

Problem debt and arrears

As with the previous *Destitution in the UK* reports (Fitzpatrick et al, 2016, 2018), problem debt and arrears on bills were an extremely common, and usually long-standing, issue among destitute UK nationals. These were largely 'public sector' debts owed to the DWP, local authorities and utility companies, and they mainly pre-dated the COVID-19 pandemic rather than being triggered by it. The temporary halting of most debt-related deductions from benefits eased the pressure on some destitute households, although for others the sudden drop in income when they lost work during the pandemic made pre-existing debts even harder to manage.

Debt was a less prominent theme in interviews with migrants than in those with UK nationals. This may at least in part be explained by some migrants being ineligible for loans due to their immigration status or being turned down for loans due to not having any/sufficient benefit income. However, rent and Council Tax arrears featured in some migrants' accounts, as did relying on credit cards to 'get by' during crisis periods.

Housing and relationship-related issues

A majority of destitute households had their own house or flat, most commonly in the social rented sector. However, being homeless or vulnerably housed was an extremely widespread experience, especially among the complex needs and migrant sub-groups. Housing affordability was a prominent theme across the qualitative interviews, especially in London. Several interviewees had paid rent arrears with credit cards to stave off eviction, and others were awaiting eviction once the eviction moratorium had ended.

A household's ability to manage relationships well through the COVID-19 crisis depended very much on the space they had at their disposal. The stress of living in confined and sometimes overcrowded or inadequate accommodation, with little access to outside space, rung out from across our interviewees' testimonies. This was especially true for households with children.

Many interviewees with complex needs and migrant interviewees in particular lived in shared or institutional forms of accommodation, which made social distancing requirements challenging to fulfil. Hostel-based interviewees faced extreme constraints on their personal space and privacy, exacerbated by lockdown restrictions, and compounded by having to cope with the increasing desperation of those around them.

Those living in houses in multiple occupation (HMOs) and hostel accommodation frequently voiced concerns about hygiene, while interviewees in supported accommodation reported much better experiences, with staff making great efforts to ensure the safety of those living and working there.

A small number of interviewees told us that their family relationships had actually improved during lockdown, because they were spending more time together, or because partners or older children had become more supportive. However, parents reported that the impact of the COVID-19 pandemic on their children was overwhelmingly negative, with their missing friends, family, school and, for some, specialist face-to-face support and counselling. Some interviewees were distressed because of being unable to see their non-resident children as a result of COVID-19 restrictions.

Several interviewees flagged the additional costs of having school-aged children at home all day, with spending on food, electricity and mobile phone data all reported to increase during lockdown. It was also clear that some lacked the appropriate equipment to reliably engage with remote schooling.

Access to services and support

Our 2019 quantitative survey indicated that, before the COVID-19 crisis at least, sources of cash and other forms of support for destitute people remained similar to those 2017, with benefits income predominant for UK-born respondents. However, it also indicated that migrants were seriously disadvantaged with regard to accessing both cash and in-kind forms of support. Another notable point to

emerge from this latest survey was the increasing importance of food-bank assistance to all destitute sub-groups, which now far outstrips the importance of support from statutory local welfare funds.

Many interviewees had continued to receive support from food banks during lockdown via home deliveries. However, others in need had not received this help, in part because of the inaccessibility of some of the usual referral agencies, such as jobcentres and Citizens Advice.

While the DWP was generally judged to have communicated effectively with people receiving benefits during the first few months of the COVID-19 crisis, the same could not be said for other public bodies, especially local authorities. The unaffordable nature of contacting councils by telephone was a particular problem during lockdown when council offices were closed.

The loss of face-to-face contact with health and other services often hit participants with mental health or drug and/or alcohol problems especially hard, as they often felt much less benefit from online or telephone-based support.

The closure of libraries had a negative impact on a substantial number of both migrant interviewees and those with complex needs, who used them to access the internet, for company and for warmth. The closure of churches was a key loss of support for several interviewees, while the closure of charity shops was keenly felt by the many participants across all sub-groups who relied on them for cheap clothes and other goods. For families with children, the closure of playgrounds and sometimes parks was another key problem.

Mental and physical health

Health problems were reported by half of all destitute respondents to the quantitative survey, and were especially common among those with complex needs. The majority of interviewees from across all sub-groups reported that the COVID-19 crisis had had an adverse impact on their mental health. For interviewees with complex needs in particular, these mental health challenges generally pre-dated lockdown, but had increased in intensity as the crisis unfolded. A notable number of people we spoke to with complex needs reported that suicidal thoughts and tendencies increased after lockdown was imposed. For these participants, the combined effects of mental and physical health challenges often meant they had multiple, unresolved problems for which much-needed support was now inaccessible.

Having no or limited access to the internet, while living alone and being required to stay indoors almost all of the time, placed immense psychological strain on single interviewees across all destitute sub-groups. Several of the female asylum seekers had experienced domestic violence and were living alone with toddlers or babies at the height of the COVID-19 lockdown – an exceptionally isolating experience. For some who faced language barriers, telephone support was even more difficult to navigate than face-to-face encounters with services.

The COVID-19 crisis also negatively affected some participants' physical health, especially those in the older age bracket. Most often this related to their inability to gain access to their normal healthcare support, or through having operations cancelled.

Policy implications

The policy implications arising from this report interweave those that arise directly from the COVID-19 experience (both positive and negative) and those that relate to more long-standing issues.

First, two factors that our previous *Destitution in the UK* reports (Fitzpatrick et al, 2016, 2018) identified as particularly important in triggering destitution – benefit sanctions and (most) debt-related deductions – were temporarily suspended during the first few months of the COVID-19 crisis. These suspensions played a critical role in easing the pressures on destitute households during lockdown. Reapplication of both sanctions and deductions from July 2020 will be contributing to growing risks of destitution from then onwards. More robust affordability assessments, greater flexibility in repayments, and reductions in maximum deduction rates, could de-link debt-related deductions from destitution.

Second, the five-week wait for the first UC payment, and the associated benefit advance repayment regime, is a core driver of destitution. Especially when combined with shortfalls in benefits to cover housing costs, as a result of the under-occupation penalty and LHA restrictions, this design feature of UC ensnares people in debt from the outset of their claim, from which many then struggle to recover. The uplift in LHA rates to cover the bottom third of private rents was an important move by the UK Government, which significantly reduced the number of people who needed to top up housing costs out of income intended to be used for other necessities. Maintaining this uplift, and ideally increasing coverage to the bottom half of rents, would substantially constrain the exposure of low-income private tenants to destitution. However, this measure could only be fully effective if accompanied by a lift in the total benefit cap too, especially in high-value areas.

Third, the 2015–20 cash freeze on working-age means-tested benefits, and the 1% cap on uprating between 2012 and 2015, have eroded benefit levels to such an extent that many are at or below the destitution threshold before any deductions are made to their income. In this context, the temporary £20 enhancement to UC standard allowances was exceptionally welcome, even if it was insufficient to enable some people to escape destitution. At present this enhancement will cease after 12 months, and it has not been extended to legacy benefits (other than Working Tax Credits).

Fourth, it is instructive to note that the DWP was generally said to have communicated effectively with people in receipt of benefits during the first few months of the COVID-19 crisis, while interviewees often reported struggling to access both local authorities and voluntary sector services during lockdown. To some extent, these findings are attributable to communication problems that could have been resolved or ameliorated by ensuring better local information about the continuing availability of these services during lockdown. Certainly, local authorities should discontinue the practice of forcing people in extreme poverty to spend what little money they have on unaffordable telephone-based queuing systems in order to access statutory services. But at a deeper level, these findings could be argued to highlight the fundamental limitations of fragmented, localised and (increasingly) voluntary sector responses to people's basic material needs, and to bolster arguments for the preservation and strengthening of a unified, national social security system.

Fifth, and linked with the above, one of the most striking findings to emerge from both the quantitative and qualitative evidence in this latest report is the growing reliance on charitably run food banks as a core welfare response. This is mirrored by the fading importance of emergency assistance from statutory local welfare funds, as they are downgraded or abolished by cash-strapped councils in many parts of England. Although the food-bank sector made remarkable efforts to meet the accelerating need for food parcels during the national COVID-19 lockdown, some people in need could not access this support. In any case it seems unwise to rely on this voluntary effort to ensure that the basic physiological needs of large numbers of UK residents are met. Preserving a layer of localised statutory welfare support that is well led, co-ordinated and joined up with other local services, and is complementary to a strengthened national social security framework, is vital to addressing destitution in England. To achieve this, the UK Government would have to invest significantly more in local welfare assistance, ensuring that every local authority in England has a scheme that provides direct support, including cash, to people in crisis. Jurisdiction-wide welfare assistance schemes still operate in Scotland, Wales and Northern Ireland.

Sixth, the national COVID-19 lockdown brought the devastating impact that digital exclusion can have on destitute people's mental health, social connectedness and ability to access key services into sharp relief. Finding ways to ensure that low-income and vulnerable households are not cut off from internet access should be a core 'resilience' objective, with efforts made at the very least to protect the obviously vital role that public libraries play in this regard. This also extends to the demands of remote learning for children, should future school closures be necessary.

Seventh, the impact that unaffordable, overcrowded and substandard housing conditions had on people's ability to cope both physically and mentally with the strictures of lockdown was a key theme throughout this research. While there is insufficient space to discuss the myriad measures required to address these long-standing housing policy challenges, well-grounded fears of a large spike in homelessness as the moratorium on evictions in the various parts of the UK expires lend support to calls for additional support for renters in arrears in the coming period.

Eighth and finally, the experiences of destitute migrants during the first few months of the COVID-19 crisis made for particularly grim reading and warrant a bespoke response. That all those present on UK soil during a national (global) health emergency have access to the basic essentials for survival is the minimum that a rich and humane society should undertake to ensure. In this context, recent calls by local authorities, social landlords and charities for government to lift restrictions on access to public funds for those subject to the No Recourse to Public Funds (NRPF) condition or with limited benefit entitlements for at least a year, deserve to be given serious consideration (Crisis, 2020; Local Government Association, 2020). At the very least, access to local welfare fund assistance for all migrants in emergency situations should be permitted.

Notes

1. A more limited set of indicators was used in Northern Ireland.

2. This process did not include the case study area in Northern Ireland (Belfast), for which a more limited set of data was available.

3. 'Local welfare fund' is a generic term we use to refer to local welfare assistance schemes (England), the Scottish Welfare Fund (Scotland), the Discretionary Assistance Fund (Wales) and crisis loans (Northern Ireland).

4. As noted in Chapter 2, this is a reliable way of measuring change, although it may not capture some of the effects of changes in the services available.

5. Note that the change in estimated destitution numbers does not appear to have been driven by any significant change in the numbers of services active in our case study areas (see the Technical Report: Bramley et al, 2020).

6. Severe poverty as we have defined it in the UKHLS dataset is: (a) lacking a third of key material essentials or having a housing need of overcrowding, concealed family, unsuitable for family or condition problem and can't afford to buy a home; and (b) having less than 40% of the national median net equivalised household income after housing costs; and (c) experiencing financial difficulty – having difficulty paying rent, finding one's current financial situation very difficult or expecting one's financial position to get more difficult in the future. See the Technical Report for details: Bramley et al (2020).

7. Based on a like-with-like comparison of the same services, weekly-weighted.

8. In the case of begging, this relates to people reporting receiving money/income from begging in the previous month.

9. As indicated above, this means that, in total, 28% of destitute respondents were migrants (that is, non-UK born), as compared with 23% in the general working-age population, based on quarter 4 of the 2019 Labour Force Survey.

10. While, as previously indicated, the numbers of destitute people with complex needs did not rise very much in the weekly like-with-like analysis, in these national annual estimates there was an increase reflecting differential changes in service use frequency, affecting the factor used to get from weekly to annual figures, as well as the inclusion of 30 replacement services and the addition of two extra London boroughs to the overall sample.

11. There are indications that disability may be increasing over time, for example from the 2017–18 DWP Family Resources Survey (accessed via the UK Data Service), which gives figures of 8.3% of working-age adults being limited a lot and 11.1% being limited a little, albeit with a somewhat differently worded question.

12. Bear in mind that, in part, this is a function of the definition of 'complex needs'.

13. Bear in mind that, in part, this is a function of the definition of 'complex needs'.

References

Bailey, N (2018) 'Employment, poverty and social exclusion', in Bramley, G and Bailey, N (eds) Poverty and social exclusion in the UK: volume 2: the dimensions of disadvantage, pp. 159–78. Bristol: Policy Press

Bramley, G. (2020) Potential destitution and food bank demand resulting from the Covid-19 crisis in the UK: rapid research for Trussell Trust: modelling individual/household-level impacts and eligibility for mainstream welfare support: final report. Salisbury: The Trussell Trust. Available at: https://www.trusselltrust.org/wp-content/uploads/sites/2/2020/09/Heriot-Watt-technical-report-FINAL.pdf [accessed 11 November 2020]

Bramley, G and Bailey, N (eds) (2018) Poverty and social exclusion in the UK: volume 2 – the dimensions of disadvantage. Bristol: Policy Press

Bramley, G, Fitzpatrick, S and Sosenko, F (2020) Destitution in the UK 2020: technical report. Edinburgh: Heriot-Watt University Available at: https://dx.doi.org/10.17861/38cp-as95 [accessed: 3/12/202]

Bramley, G, Sosenko, F and Fitzpatrick, S (2018) Destitution in the UK 2018: technical report. Edinburgh: Heriot-Watt University. Available at: https://pureapps2.hw.ac.uk/ws/portalfiles/portal/22867884/DESTITUTION_2018_TECHNICAL_REPORT_PUBLIC.pdf [accessed: 29 November 2020]

Brewer, M and Handscomb, K (2020) This time is different, Universal Credit's first recession. London: Resolution Foundation

British Red Cross (2020) The costs of destitution: a cost-benefit analysis of extending the move-on period for new refugees. London: British Red Cross

Child Poverty Action Group (2020) Coronavirus briefings. London: Child Poverty Action Group. Available at: https://cpag.org.uk/policy-campaigns/coronavirus [accessed 11 November 2020]

Corlett, A (2020) 'New data shows households were struggling even before coronavirus', Resolution Foundation, 26 March. Available at: https://www.resolutionfoundation.org/comment/new-data-shows-households-were-struggling-even-before-coronavirus [accessed 11 November 2020]

Crisis (2020) Home for all: emergency legislation. London: Crisis. Available at: https://www.crisis.org.uk/get-involved/home-for-all/noticeboard/home-for-all-emergency-legislation [accessed 11 November 2020]

DWP (Department for Work and Pensions) (2020) Households Below Average Incomes. London: Department for Work and Pensions

Fitzpatrick, S, Bramley, G, Blenkinsopp, J, Johnsen, S, Littlewood, M, Netto, G, Sosenko, F and Watts, B (2015) Destitution in the UK: an interim report. York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/report/destitution-uk-interim-report [accessed 15 November 2020]

Fitzpatrick, S, Bramley, G, Sosenko, F, Blenkinsopp, J, Johnsen, S, Littlewood, M, Netto, G and Watts, B (2016) Destitution in the UK. York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/file/49076/download?token=uh4axlbH&filetype=full-report [accessed 15 November 2020]

Fitzpatrick, S, Bramley, G, Sosenko, F, Blenkinsopp, J, Wood, J, Johnsen, S, Littlewood, M and Watts, B (2018) Destitution in the UK 2018. York: Joseph Rowntree Foundation. Available at: https://www.jrf.org.uk/report/destitution-uk-2018 [accessed 15 November 2020]

Fitzpatrick, S, Pawson, H and Watts, B (2020a) 'The limits of localism: a decade of disaster on homelessness in England', Policy & Politics, Vol. 48, No. 4, pp. 541–61. Available at: https://doi.org/10.1332/030557320X15857338944387 [accessed 11 November 2020]

Fitzpatrick, S, Watts, B and Sims, R (2020b) Homelessness Monitor England: COVID-19 crisis response briefing. London: Crisis. Available at: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/homelessness-monitor-england-2020-covid-19-crisis-response-briefing [accessed 2 December 2020]

Jitendra, A, Thorogood, E and Hadfield-Spoor, M (2017) Early warnings: Universal Credit and foodbanks, London: The Trussell Trust. Available at: https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/04/Early-Warnings-Universal-Credit-and-Foodbanks.pdf [accessed 29 November 2020]

JRF (Joseph Rowntree Foundation) (2020) UK poverty 2019/20. York: JRF. Available at: https://www.jrf.org.uk/report/uk-poverty-2019-20-work [accessed 11 November 2020]

Kempson, E and Poppe, C (2020) Coronavirus financial impact tracker: key findings from a national survey. London: Standard Life Foundation. Available at: https://www.standardlifefoundation.org.uk/en/media-centre/media-centre-news-article/emerging-from-lockdown [accessed 29 November 2020]

Local Government Association (2020) 'Councils call for suspension of No Recourse to Public Funds during COVID-19 crisis', press release, 12 June. Available at: https://www.local.gov.uk/councils-call-suspension-no-recourse-public-funds-during-covid-19-crisis [accessed 11 November 2020]

Malfait, R, Cottrell, S and Scott-Flynn, N (2017) Migrant destitution: survey and consultation: final report. Report commissioned by the Strategic Alliance on Migrant Destitution. London: Homeless Link.

National Audit Office (2016) Benefit sanctions: report by the Comptroller and Auditor General. London: National Audit Office

Portes, J and Reed, H (2017) Distributional results for the impact of tax and welfare reforms between 2010-17, modelled in the 2021/22 tax year: interim findings. London: Equality and Human Rights Commission

Sosenko, F, Littlewood, M, Bramley, G, Fitzpatrick, S, Blenkinsopp, J and Wood, J (2019) State of hunger: a study of poverty and food insecurity in the UK. London: The Trussell Trust. Available at: https://www.trusselltrust.org/state-of-hunger [accessed 29 November 2020]

Spencer, S, Harwood, E, Bradley, D and Anstey, K (2020) The cost of learning in lockdown: family experiences of school closures. London: Child Poverty Action Group. Available at: https://cpag.org.uk/policy-and-campaigns/report/cost-learning-lockdown-family-experiences-school-closures [accessed 29 November 2020]

The Trussell Trust (2020) Summary findings on the impact of the Covid-19 crisis on food banks. Briefing. London: The Trussell Trust. Available at: https://www.trusselltrust.org/wp-content/uploads/sites/2/2020/06/APRIL-Data-briefing_external.pdf [accessed 11 November 2020]

Vizard, P and Hills, J (forthcoming) The Conservatives' record on social policy: policies, spending and outcomes from May 2015 to pre-COVID 2020: summary research report on Nuffield Foundation-supported programme on 'Social Policies and Distributional Outcomes in a Changing Britain'. London: London School of Economics

Weekes, T, Spoor, E, Weal, R and Moffett, G (2020) Lockdown, loneliness and the long haul ahead: the impact of Covid-19 on food banks in the Trussell Trust network. Salisbury: The Trussell Trust. Available at: https://www.trusselltrust.org/wp-content/uploads/sites/2/2020/09/the-impact-of-covid-19-on-food-banks-report.pdf [accessed 11 November 2020]

Appendix 1: Comparison of the features of the 2015, 2017 and 2019 destitution surveys

Table 2: Comparison of the features of the 2015, 2017 and 2019 destitution surveys

Feature	2015	2017	2019
Number of case study areas	10	16 (original 10 + additional 6)	18 (16 from 2017 + 2 additional London boroughs)
Services 'in scope'	Voluntary sector crisis services	Voluntary sector crisis services + local welfare funds	Same as in 2017
Number of participating services	63	103 (including 52 of the 63 that participated in 2015)	113 (including 73 of the 103 that participated in 2017)
Total number of questionnaires returned	2,009	2,905	3,914
Changes to the questionnaire design	N/A	Additional/revised questions on: living circumstances; physical/mental health; alcohol/drugs; offending; income; and use of other services	Same as in 2017 except additional questions on: receipt of/application for UC; applying to the council as homeless; and disability
Management of the fieldwork	Delivered entirely by the Heriot-Watt team	Delivered primarily by Kantar Public, allowing increased presence in services during the survey period	Same as in 2017
Changes in analysis	N/A	Refinement of the definition of the three main analytical sub-groups ('complex needs', 'migrants' and 'UK-other')	Same as in 2017

Appendix 2: List of participating services

In total, 113 services took part in or supported this research, including the following who agreed to be named.

Service	Area
Alabaré Christian Care & Support (Salisbury)	Wiltshire
Asian Family Counselling Service	Ealing
ASPIRE CGL Breakfast Club	Peterborough
Bexhill Foodbank	Lewes and Rother
Bexley Foodbank	Bexley
Bexley Voluntary Service Council	Bexley
Bexley Women's Aid	Bexley
BH1 Project, The Salvation Army	Bournemouth
Breakthrough Trowbridge	Wiltshire
British Red Cross	Peterborough
Caritas Anchor House (Rough Sleeper Assessment Hub)	Newham
Central and West Integration Network	Glasgow
Centrepoint	Camden
Change Grow Live STAR, East Sussex	Lewes and Rother
Chester Aid to the Homeless (CATH)	Cheshire West and Chester
Citizens Advice and Rights Fife	Fife
Citizens Advice Bexley	Bexley
Citizens Advice Bournemouth	Bournemouth
Citizens Advice Cheshire West and Chester	Cheshire West and Chester
Citizens Advice County Durham	Co Durham
Citizens Advice North Hertfordshire	Hertfordshire
Citizens Advice Peterborough	Peterborough
Community Links	Newham
County Durham Foodbank	Co Durham
Cupar Foodbank	Fife
Destitute Asylum Seekers Huddersfield	Kirklees
Durham Action on Single Housing (DASH)	Co Durham
Durham County Carers Support	Co Durham
Ealing Foodbank – Southall Centre	Ealing
Ealing Law Centre	Ealing
East Belfast Mission/Hosford House	Belfast
East Neuk Foodbank, Anstruther	Fife
Emmanuel House Support Centre	Nottingham

Emmanuel Parish Church	Newham
ENeRGI St Monans	Fife
Feed up/Warm up	Hertfordshire
Fife Council, Customer and Online Services	Fife
ForFutures	Cheshire West and Chester
Fusion Housing (Dewsbury)	Kirklees
GEMAP Scotland	Glasgow
Glasgow's Helping Heroes	Glasgow
Glenrothes Foodbank	Fife
Harbour Support Services	Co Durham
Help in Emergencies for Local People (HELP)	Cheshire West and Chester
Hereford Cathedral Early Bird Breakfast Scheme	Herefordshire
Hertfordshire Foodbank	Hertfordshire
Herts Independent Living Service	Hertfordshire
Herts Young Homeless	Hertfordshire
Homeplus NI	Belfast
Hope for Food	Bournemouth
Hopscotch	Camden
Housing Rights	Belfast
Kington Foodbank	Herefordshire
Kirklees Citizens Advice & Law Centre	Kirklees
Ledbury Foodbank	Herefordshire
Lewes District Citizens Advice	Lewes and Rother
Lodging House Mission	Glasgow
Meadows Foodbank	Nottingham
Meals@StMartins	Herefordshire
Michael House, Bournemouth	Bournemouth
Mid Cheshire Foodbank	Cheshire West and Chester
Nottingham and Nottinghamshire Refugee Forum	Nottingham
Nottingham Community and Voluntary Service	Nottingham
Peabody Housing, Bexley	Bexley
Pennine Domestic Violence Group	Kirklees
Pier Road, St Giles Trust, Bexley	Bexley
Roma Support Group	Newham
Ross Community Food Larder	Herefordshire
Salvation Army	Camden
SanKtus	Camden
Settle	Hertfordshire
Shelter, Bournemouth	Bournemouth
Solace Women's Aid	Camden
Southdown Housing – Newhaven Wellbeing Centre	Lewes and Rother

Springfield Charitable Association	Belfast
St Mungo's (Endsleigh Gardens)	Camden
St Mungo's Street Outreach	Ealing
Storehouse, Belfast	Belfast
Storehouse Food Bank, Glasgow Vineyard	Glasgow
Storehouse Food Bank (Trowbridge)	Wiltshire
Sussex Community Development Association (Seahaven Foodbank)	Lewes and Rother
Swansea and Neath Port Talbot Citizens Advice Bureau	Swansea
Swansea Asylum Seekers' Support (SASS)	Swansea
Swansea Council Tackling Poverty Service	Swansea
Swansea Eastside Food Bank	Swansea
Swansea Young Single Homeless Project (now Llamau)	Swansea
Talbot Association	Glasgow
The Cottage Family Centre, Kirkcaldy	Fife
The Trussell Trust (Salisbury)	Wiltshire
The Wallich Dinas Fechan	Swansea
The Welcome Centre (Huddersfield)	Kirklees
Umuada	Nottingham
Volunteers Together (Huddersfield Asylum Support Service)	Kirklees
West Cheshire Foodbank	Cheshire West and Chester
West London Equality Centre	Ealing
Wiltshire Citizens Advice	Wiltshire
Wiltshire Council	Wiltshire
YMCA Glenrothes	Fife

Appendix 3: The case study areas in 2019

The following is a list of the 18 case study areas in 2019:

- Belfast
- Bexley (new case study area in 2019)
- Bournemouth
- Camden (new case study area in 2019)
- Cheshire West and Chester
- County Durham[a]
- Ealing
- East Hertfordshire and North Hertfordshire Districts
- Fife
- Glasgow
- Herefordshire
- Kirklees
- Lewes and Rother Districts, East Sussex
- Newham
- Nottingham
- Peterborough
- Swansea
- Wiltshire[b]

[a] In County Durham, as in Wiltshire, we confined the survey scope to just part of the local authority area (three former districts comprising about half the population) in order to make the fieldwork manageable.

[b] In Wiltshire, the survey was conducted in only two of the former constituent districts (Salisbury and West Wiltshire) in order to keep travelling manageable.

Appendix 4: The survey questionnaire

The following is the English language version of the 2019 destitution survey questionnaire. Some specific service names are variable between case study areas, highlighted with an asterisk.

Getting by in the UK – a survey

We would like your help in research we are doing about what kinds of things people have to get by without. Heriot-Watt University and Kantar are doing the research for the Joseph Rowntree Foundation, a charity that works to improve the situation of people in need. The questions should take about 10 minutes to answer, and if you need help, staff will assist you. The information that is collected will be used by Heriot-Watt University and Kantar only for research purposes and no individual will be identifiable from the published results. Participation is entirely voluntary and will not affect the service you receive in any way.

Q1. In the last month, have you...

... had more than one day when you didn't eat at all, or had only one meal, because you couldn't afford to buy enough food?

Yes	☐
No	☐

... not been able to dress appropriately for the weather because you didn't have suitable shoes or clothes and were unable to buy them?

Yes	☐
No	☐

... gone without basic toiletries such as soap, shampoo, a toothbrush, toothpaste or sanitary items because you couldn't afford to buy them?

Yes	☐
No	☐

... not been able to afford to heat your home on more than four days across the month?

- Yes ☐
- No ☐
- Not relevant to me ☐

... not been able to afford to light your home on more than four days across the month?

- Yes ☐
- No ☐
- Not relevant to me ☐

... had to sleep rough for at least one night?

- Yes ☐
- No ☐

Q2. In the last month, have you received money from the following? Tick all that apply.

- Benefits/social security ☐
- Parents ☐
- Other relatives ☐
- Friends ☐
- Charities/churches ☐
- Local welfare fund, if it exists (run by the council)* ☐
- Paid work (including cash-in-hand work) ☐
- Begging ☐
- No source at all ☐

Q3. Are you receiving or have you applied for Universal Credit payments?

- Yes ☐
- No ☐
- Don't know ☐

Q4. In the last month, what was your total income after paying tax?
Please think of your household income if you live with family and your personal income if you do not live with family. Tick one.

None at all	☐
£1 – £69 a week	☐
£70 – £99 a week	☐
£100 – £124 a week	☐
£125 – £149 a week	☐
£150 – £199 a week	☐
£200 – £299 a week	☐
Over £300 a week	☐

Q5. Do you have to pay rent out of your personal or household income?

Yes	☐	Go to Question 6
No	☐	Go to Question 7

Q6. How much rent do you pay?
Please write your rent in below to the nearest £ and select how often you pay.

£☐☐☐ Monthly ☐ Fortnightly ☐ Weekly ☐

Q7. In the last month, have you received help getting non-cash items such as food, clothing, toiletries, power-cards or other items from the following? Tick all that apply.

Parents	☐
Other relatives	☐
Friends	☐
Local welfare fund*	☐
Food banks	☐
Charities/churches	☐
Other	☐
None of these	☐

Q8. How much money, if any, do you have in savings in a bank account?

None at all	☐
Less than £200	☐
£200 – £999	☐
£1,000 or more	☐

The next few questions are about things that have happened in the last year...

Q9. In the last 12 months, have you experienced any of the following? Tick all that apply.

- ☐ Benefit sanctions
- ☐ Benefit delays
- ☐ Getting behind on bills
- ☐ Serious debt
- ☐ Being evicted from your home
- ☐ Applying to the council or Northern Ireland Executive* as homeless or being threatened with homelessness
- ☐ Losing a job
- ☐ Reduced hours or a pay cut
- ☐ Mental health problems
- ☐ Serious physical health problems
- ☐ Divorce or separation
- ☐ Domestic violence
- ☐ Alcohol or drug problems
- ☐ Getting in trouble with the police
- ☐ Coming to the UK to live
- ☐ Problem with your right to live or work in the UK
- ☐ Relationship with your parents/family breaking down
- ☐ None of these things

Q10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age.

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

Q11. In the last 12 months, how many times have you used the service you are at today?

- ☐ Today is the first time
- ☐ 2–3 times
- ☐ 4–5 times
- ☐ 6–10 times
- ☐ More than 10 times
- ☐ I live here – this is a hostel, refuge, night shelter or temporary accommodation

Q12. In the last 12 months, how many times have you used any other services to get food, clothing, toiletries, power-cards, money or other necessities?

	Number of times used in last 12 months	Not used in last 12 months
Food banks	☐	☐
'Soup kitchen' or 'soup run'	☐	☐
Advice service (e.g. Citizens Advice, money advice, welfare advice, etc)	☐	☐
Day centre or drop-in centre	☐	☐
Organisation supporting migrants	☐	☐
Local welfare fund*	☐	☐

Q13. In the last 12 months, for how long, if at all, have you stayed in any hostels, refuges, night shelters or other temporary accommodation? Tick one.

Not at all	☐
Up to 1 week	☐
2–3 weeks	☐
1–2 months	☐
3–6 months	☐
More than 6 months	☐

About you

Q14. Are you...

Male	☐
Female	☐
Other	☐

Q15. How old are you?

Write in:	☐☐

Q16. Do you live...

With family	☐	Go to Question 17
With other people	☐	
Alone	☐	

Q17. How many family members live with you?

Please write in:

Number of other adults (aged 18 and over) living with you	☐
Number of children (under 18) living with you	☐

Q18. In what sort of place are you living at the moment? Tick one.

Flat or house of your own, either rented or owned	☐
A hostel, refuge, B&B, night shelter	☐
A temporary flat/house arranged by council or support agency	☐
Your partner's, parent's or other family/friend's house	☐
Sleeping rough	☐
Other	☐

Q19. If you are renting or own your home, please let us know whether you are:

Renting from a council or housing association	☐
Renting privately	☐
A home-owner or co-owner	☐
I am not a renter or owner	☐

Q20. In which country were you born? Please write in:

_____

Q21. Have you ever applied for asylum in the UK?

Not applicable (I was born in the UK)	☐	
No	☐	
Yes	☐	Go to Question 22

Q22. What is your current status?

Awaiting outcome of application	☐
Refugee status	☐
Leave to remain	☐
Application refused	☐

Not sure/cannot say ☐

Permission to re-contact you

Heriot-Watt University would like to talk to a small number of people in more detail about their circumstances and experiences. Involvement in this stage is also completely voluntary – you will also be able to choose if you want to take part when you are contacted. If you are happy to speak to Heriot-Watt University in the next 12 months please write in your contact details.

Name: _____

Phone number: _____

Email address: _____

Many thanks – please seal in the envelope provided and give to staff.

Appendix 5: Topic guide for the qualitative interviews

Opening blurb

"Hi I'm X, a researcher from Heriot-Watt University. Hopefully you should have got a text/email yesterday about our study 'Getting By in the UK' that we're doing for the charity the Joseph Rowntree Foundation about the things people sometimes have to do without (like food, clothes, heating etc)?

You might remember that you filled in a short questionnaire for us a few months ago? At that time, you said that you would be happy to be re-contacted for an interview – so hoping you are still happy to talk to us? But it is entirely up to you, and if you no longer want to be interviewed, or don't want to answer any particular questions, that's absolutely fine. As I mentioned in email/text, we are giving everyone who participates in an interview £20 to thank them for their time.

And I do hope you don't mind my contacting you about this project in the midst of everything that is going on at the moment? The impact of the COVID pandemic on people who were sometimes struggling to get by even before it hit is partly what we want to find out about. I do hope you haven't been ill yourself with it? [If yes:] Are you still OK to talk to us – or rather we contacted you later, or left you alone altogether? Entirely up to you but we'd be keen to find out about your experiences.

[If agree:] Do you mind if I record the interview? [start recording] I am [X], it is [date] and this is interview [code]. And can I start just by asking you to confirm that I have explained who I am, what the research is about and that you are under no obligation to take part, and that you are happy to be interviewed and to have it recorded. And just to be clear, everything you say will be treated in absolute confidence. Your name will not be used in any published reports and we will not pass your details on to anyone else. If we quote what you say, it will be on a completely anonymous basis."

Checklist

- Remind about text/email, what the project is about, who is conducting it, remind that they agreed to be re-contacted.
- £20 voucher.
- Participation is voluntary and confidential.
- Recording (to speed up the interview).
- Consent to anonymised quotations in the report/other outputs.
- They can withdraw from the interview/refuse to answer any question, without giving a reason, no consequences whatsoever.
- Have they got enough power in the mobile phone battery for one hour's conversation.

1. Current living situation

- What sort of place are you living in at the moment? [Q18 in survey questionnaire] How long have you been living there? Where were you living/sleeping before that? Why did you leave there? [Probe: if moved for COVID-related reasons, e.g. moved from street homelessness, congregate/shelter accommodation]

- Does anyone else live with you? [Probe: household composition] [Q16/17 in survey questionnaire]. Has this changed recently? [Probe: if any COVID-related reasons, self-isolation, illness, etc]
- Are you concerned about having to leave your accommodation/find somewhere else to stay in the near future? [Probe: insecurity associated with rent arrears; staying with family/friends/partner; temporary accommodation/homeless accommodation, etc]
  - [If in own accommodation:] Have you heard about the current ban on evictions by private/social landlords? Is that relevant to your own situation at all? If so, how?
  - [If in own accommodation:] Has COVID-19 made any difference to your ability to pay your rent? [Probe: changes in income, changes in LHA, other benefit changes] Are you in rent arrears? Have these increased/decreased since COVID hit?
  - [If relevant:] Have you heard about local authorities being asked to provide accommodation to everyone who is sleeping rough/in shelters/in encampments? Has anyone offered you help? What did they offer? Why did/didn't you accept? What do you think is going to happen now with regards to getting you housing?
- [If sharing accommodation, even in a family home:] You'll have seen all the government publicity about staying at home almost all the time, washing your hands frequently, and self-isolating if you start to feel ill. To what extent are you able to follow this advice, considering your circumstances? [Probe: any impacts of homeless/insecure/inadequate housing situation]

2. Additional questions for migrants

- Do you mind if I ask which country you were born in? How long you have been living in the UK? Are you a British citizen? When did you get British citizenship? [If a British citizen, drop rest of questions in this section]
- Can I just check your current situation, are you... [Probe for immigration status as appropriate, e.g. awaiting decision on asylum claim/had an application refused/given refugee status/leave to remain; EEA jobseeker/worker; a migrant on a family visa; visa overstayer, etc. Emphasise if concerned that confidential/info will be shared with no one from the UK Border Agency (UKBA)/Home Office, it's just so we ask questions relevant to their situation in the interview]
- Do you have the right to work in the UK? [If yes, probe: other potential barriers to work – recognition of qualifications, English language proficiency, etc]
- Can I just check, are you entitled to claim welfare benefits in the UK? Which ones (if any) do you receive just now? Have you received any others in the past? Do you receive money from the Home Office?

3. Economic status/income

- Can I ask, are you in (paid) work at the moment? What is it you do? Part/full time; regular/irregular hours [probe hours contracted]; employed/self-employed/cash-in-hand? How long have you been in that job? Are you able to continue working just now or have things changed since COVID hit? [Probe: COVID-specific impacts: working from home/lost or gained job/reduced or increased hours/pay cut/furloughed/caring responsibilities, etc] Are you considered a 'key worker'?
- [If not working just now:] Can I ask, have you been in paid work at all over the last year? What did you do? Part/full-time; regular/irregular hours [probe hours contracted]; employed/self-employed/cash-in-hand? How long ago did you leave that job/why did you leave?
- How do you 'get by' just now/what sources of money do you have? [Probe: paid work, benefits – which ones, on Universal Credit yet? Family, friends, charitable organisations/religious organisations, other (e.g. begging, selling the *Big Issue*]
- Has this changed recently/do you expect it to change any time soon? [Probe: reduced/increased income; new/lost source] Why did it change? [Probe: whether COVID-related or other reasons]

- [Ask everyone directly:] Has COVID-19 had any impact on your income (positive or negative)? Do you think that it will? [Probe: impact on income from paid work/change in benefits, e.g. Universal Credit rise, tax credit rise, LHA rise, other benefit changes]
- Do you have any debt or are you behind on bills at all? Has this increased or decreased as a result of COVID-19? [Probe: DWP loans/advances; rent, utilities, Council Tax arrears; payday loans; consumer credit; unlicensed lenders; friends and family, etc]
- [For those with children:] Has changed access to childcare/school closures impacted on your income/ability to work since COVID hit?
- [If not already established:] Can I just check: are you receiving or have you applied for UC payments? [Q3 in survey questionnaire] When did you first claim UC? [Probe: whether pre- or post-pandemic] Did you have any problems with the claims process or was it all pretty smooth? Did you receive an advance payment to cover the five-week wait for the first payment? How helpful (or not) was that advance [allowing for the need to repay]? Have you heard that there will be a £20 rise in the weekly UC payment? Will that make a big difference to you or not much at all?
- [Ask all in receipt of benefits:] Did/do you have any deductions from your UC/other benefits for debts? Who to/what for/how much? Are you aware that most of these deductions are now suspended (though deductions from UC for benefit advances will continue)? What difference will that make to you?
- [Ask all in receipt of out-of-work/disability benefits – UC, JSA, ESA, DLA/PIP:] Have you noticed any difference in the approach of JobCentre Plus/DWP since COVID? For example, has there been any change to the requirements on you to seek work, attend the jobcentre, undertake health assessments, threat of sanctions, etc? What difference has this made to you?
- [Ask those that have been off work because ill/isolating at home because of COVID:] Have you applied for Statutory Sick Pay? If yes, how easy/difficult a process has this been for you? If not, why not (too low income/self-employed), and what alternative have you accessed (e.g. ESA)?
- How do your expenses compare with your income, in general? Are there any things you now spend less on than pre-COVID? [Probe: transport, work/school-related expenses, mobile phone, etc]

4. Destitution/access to essentials

- Use starting blurb along lines of: "It's helpful for us to know what things people have had to go without recently because they can't afford to pay for them. Can I ask, in the last month, have you done without … [Q1 in survey questionnaire]
- Food/toiletries
  - [Ask all:] Are you finding it more/less difficult to access these since COVID hit? [Probe: changing access to food banks/soup kitchens/day centres/other charitable sources; local shops low in stock/rationing; prices increased/only more expensive brands available; income up/down, etc]
  - [For those with school-aged children:] Did your kids get free school meals? Have you been given any replacement for this while they are off? [Probe: cash, vouchers, food parcels, packed lunches collected from school, school staying open for vulnerable children, etc] What impact is this having on you/your kids?
- Clothing/footwear
  - [Ask all:] Are you finding it more/less difficult to access these for yourself/your children since COVID hit? [Probe: changing access to food banks/charity shops/community services, closed or reduced; income up/down]
- Heating/lighting [If have own accommodation ask:]
  - Have your energy costs changed at all (up/down) with COVID/being at home more?
  - Do you have a pre-payment meter? Are you aware of the special arrangements [explain if necessary]? Have you been able to access them? Why/why not?

5. Access to help, to services and to information technology (IT)

- Who do you tend to go to, if anyone, when you need help getting these necessities (like food, clothes, toiletries)? [Probe: parents, other family, friends, charities, churches, food banks, local welfare assistance fund, social work department, housing association, advice services, etc]
- When you need money, do you go to the same or different people/organisations for help?
- Has your ability to get money/other help from any of these people or organisations changed since COVID? Has it increased/decreased? [Probe why: service closed down, reduced/expanded, relaxed rules, switched from in-kind to cash, eased referral/access routes, etc]
- Many services like DWP, health services, advice services, local welfare funds, etc are shifting to online/telephone-only support. Is this helpful/problematic from your point of view? [Probe: access to IT, lengthy/expensive telephone queues, more convenient/better than travelling, etc]

6. Impacts, family and relationships

- Overall, what have the most important impacts of the whole COVID-19 crisis been on you so far do you feel? Explore impacts on:
  - physical health
  - mental health
  - income/work/economic status
  - access to essentials/things you need
  - access to services/places you like to/need to go to (e.g. parks, shops, pubs, bookies, day centres, clubs, churches, specialist migrant services, drop-ins, etc)
  - travel (e.g. whether cuts to public transport are making it difficult to get to work, medical appointments, shops etc)
  - relationships with other people in your household (adults/children)
  - relationships with other close family (including children that don't live with you/only live with you some of the time)
  - relationships with friends/wider family/neighbours/workmates, etc.
- [For those with children:] What have the main impacts been on them? How are they getting on being at home rather than at school? Not seeing friends etc? [Probe: missing school/nursery; missing friends/play/cooped up indoors; changes/tensions in relationships with parents/others in the household; access to essentials (free school meals, clothes, etc), extra costs not covered above, etc]

7. Closing

In closing, say: "Just checking that I have all the information I need before letting you go…" Go through 'Short Census Questionnaire' [the destitution survey questionnaire]:

- 1, 3, 14, 16, 17, 18, 20*, 21*, 22* (* only relevant to migrants) should already have been covered
- 10, 15 may not have been.

Also ask:

- "Do you mind if I ask: In the last month, what was your total income after paying tax? Please think of your household income if you live with family and your personal income if you do not live with family." [note actual amount per week or month]
- "Do you have to pay rent out of that? If yes, how much rent do you pay?" [note actual amount per week or month]
- "Do you mind if I ask: Do you have any money in savings in a bank account? Do you mind if I ask how much?" [note actual amount]

> "We might also want to use some of what you said for other research projects that we are doing on the impacts of COVID on people struggling to get by, and facing challenges like homelessness, problems with the social security system, etc. This would be on the same strictly anonymised basis, and helps us really maximise the benefit of the research and the information you have given us. Would that be OK? And if for any reason at all you change your mind I'll send you my email and you can let me know if you want us to remove your data and we'll do that straight away."

Arrange the payment: ask for their email address; postal if they don't have email. Say that you will send them the voucher via email straight away, great if they can email back to say that received safely; if post, ask if they can text to say they got it.

Thank the respondent.

Acknowledgements

The authors would like to thank Emma Wincup and Peter Matejic at the Joseph Rowntree Foundation for all their support and encouragement and consistently constructive approach to managing this project, and to Nicholas MacAndrews at the Greater London Authority for supporting the study.

Our partners at Kantar Public went well above and beyond the call of duty in ensuring that the exceptionally challenging fieldwork element of this project was successfully delivered.

We are also greatly indebted to the 'locality co-ordinators' who assisted us so ably with the survey: Coryn Barclay, Anne Chrisp, Matthew Edwards, Vicky Fewkes, Michael Flanagan, Claire Frew, Nicki Hastie, Alex Jarosy, Teresa Kimber, Maeve Larkin, Martina McAuley, Kate Parker, Hannah Parmar, Carol Penny, Anna Person, Helen Rorrison, Sam Scotchbrook, Valerie Spence, Michael Wilkinson and Laura Woolfit.

We would also like to thank each and every one of the 113 services that participated in the study, supporting us every step of the way.

Administrative colleagues at Heriot-Watt University provided indispensable help in managing the tricky logistics of the project, not least the procurement of e-vouchers necessitated by the onset of the COVID-19 pandemic, and here we must single out Lisa Wright for particular thanks.

Thanks also to Robert Joyce, Deputy Director at the Institute for Fiscal Studies, for reviewing and providing advice on the technical report on the methodology for the project, and to the members of the Project Advisory Group for thoughtful comments on the draft final report.

Finally, and most importantly, we would like to thank all of the service users across the UK who responded to the survey. We are especially grateful to all those with direct experience of destitution who took the time to participate in the in-depth interviews amid the extraordinary pressures of the COVID-19 pandemic.

About the authors

Suzanne Fitzpatrick is Professor of Housing and Social Policy and Director of I-SPHERE, Heriot-Watt University.

Glen Bramley is Professor of Urban Studies in I-SPHERE, Heriot-Watt University.

Janice Blenkinsopp is Research Associate in I-SPHERE, Heriot-Watt University.

Jenny Wood is Research Associate in I-SPHERE, Heriot-Watt University.

Filip Sosenko is Research Fellow in I-SPHERE, Heriot-Watt University.

Mandy Littlewood is an independent researcher and Honorary Research Fellow in I-SPHERE, Heriot-Watt University.

Sarah Johnsen is Professorial Fellow in I-SPHERE, Heriot-Watt University.

Beth Watts is Senior Research Fellow in I-SPHERE, Heriot-Watt University.

Morag Treanor is Professor of Child and Family Inequalities and Deputy Director of I-SPHERE, Heriot-Watt University.

Jill McIntyre is Project Co-ordinator in I-SPHERE, Heriot-Watt University.

To speak to us about this research, contact our subject experts.

See https://www.jrf.org.uk/about-us/our-experts

The Joseph Rowntree Foundation has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the authors and not necessarily those of JRF.

A pdf version of this publication is available from the JRF website (www.jrf.org.uk). Further copies of this report, or any other JRF publication, can be obtained from the JRF website (www.jrf.org.uk/publications) or by emailing info@jrf.org.uk

A CIP catalogue record for this report is available from the British Library.

First published December 2020 by the Joseph Rowntree Foundation
PDF ISBN 978-1-911581-84-0
Cover image: Foodbank by SDI Productions / iStock

Joseph Rowntree Foundation
The Homestead
40 Water End
York YO30 6WP
www.jrf.org.uk

Ref 3340

Inspiring Social Change

www.jrf.org.uk