Destitution in the UK

by Suzanne Fitzpatrick, Glen Bramley, Filip Sosenko, Janice Blenkinsopp, Sarah Johnsen, Mandy Littlewood, Gina Netto and Beth Watts

This report defines destitution in the UK, looking at how many people are affected, who they are, and the main pathways in and out of destitution. It looks at the impact and experience of those people directly affected.

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Some people perceive that destitution is increasing in the UK. Media attention on the prevalence of extreme hardship, and the increased use of food banks in particular, is indicative of increased concerns. Yet evidence on the causes, scale, trends and distribution of destitution in the UK is difficult to find, as is data on the characteristics of those affected and the impact it has on them.

The report considers:

- how 'destitution' should be defined in the contemporary UK context;
- how much destitution there is in the UK;
- who is affected by destitution;
- how this has changed over time;
- the main pathways into and out of destitution;
- the experiences and impacts of destitution for the people directly affected.

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List of abbreviations

BHPS	British Household Panel Survey
CEE	Central and Eastern Europe
CSA	Case Study Area
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
EEA	European Economic Area
ESA	Employment Support Allowance
EU	European Union
FRS	Family Resources Survey
GB	Great Britain
JRF	Joseph Rowntree Foundation
JSA	Jobseeker's Allowance
LFS	Labour Force Survey
LWF	Local Welfare Funds*
MIS	Minimum Income Standard
NRPF	No Recourse to Public Funds
PIP	Personal Independence Payment
PSE	UK Poverty and Social Exclusion Survey (2012)
UKHLS	UK Household Longitudinal Study ('Understanding Society')
WRAG	Work-related Activity Group

* local welfare assistance schemes in England, Scottish Welfare Fund, Discretionary Assistance Fund in Wales and discretionary Social Fund in Northern Ireland.

Executive summary

Background

Some people perceive that destitution is increasing in the UK. Media attention on the prevalence of extreme hardship, and the increased use of food banks in particular, is indicative of increased concern. Prominent public figures have made connections between destitution and social trends and policy developments in areas such as immigration, asylum policy and welfare reform. Yet quantitative evidence on the causes, scale, trends and distribution of destitution in the UK is difficult to find, as is data on the characteristics of those affected and the impact the experience has on them.

Research aims

The aims of this study were to answer the following questions:

- How should 'destitution' be defined in the contemporary UK context?
- How much destitution is there in the UK?
- Who is affected by it?
- How has this changed over time?
- What are the main pathways into and out of destitution?
- What are the experiences and impacts of destitution for the people directly affected?

Research methods

The five main stages of the study were:

Stage 1: A literature review to examine the existing state of knowledge on the scale, trends, experience, causes and impacts of destitution in the UK.

Stage 2: In-depth interviews and focus group discussions with 50 expert key informants across all four UK jurisdictions.

Stage 3: Inclusion of questions in an 'omnibus survey'[1] of 2,000 members of the public to test public opinion on the appropriate definition of destitution in today's UK.

Stage 4: Analysis of existing quantitative datasets (e.g. administrative data routinely gathered by government and charitable agencies, and national household survey data) to generate a profile of people in severe poverty, and potentially at risk of destitution, and to explore relevant trends over time.

Stage 5: In-depth case studies of the scale and nature of destitution in ten locations across the UK. These case studies comprised:

- a one-week 'census survey'[2] of users of a representative set of voluntary sector crisis services (63 services took part, with 2,009 self-completion questionnaires returned);
- in-depth interviews with 80 destitute survey respondents;
- a feedback seminar with research participants in each case study location.

Defining destitution in the UK

The expert-informed, publicly endorsed definition of destitution applied in this study is below.

Definition of destitution

People are destitute if:

a) They, or their children, have lacked two or more of these six essentials over the past month, because they cannot afford them:

shelter (have slept rough for one or more nights)
food (have had fewer than two meals a day for two or more days)
heating their home (have been unable to do this for five or more days)
lighting their home (have been unable to do this for five or more days)
clothing and footwear (appropriate for weather)
basic toiletries (soap, shampoo, toothpaste, 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 (i.e. 60 per cent 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 of the poorest 10 per cent of the population; 80 per cent of the JRF Minimum Income Standard costs for equivalent items; and the amount that the general public thought was required for a relevant sized household to avoid destitution. The resulting (after housing costs) weekly amounts were £70 for a single adult living alone, £90 for a lone parent with one child, £100 for a couple, and £140 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.* 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 in the first set of criteria were all endorsed by clear majorities of the general public in our omnibus survey. The secondary (alternative) 'extremely low income' criteria, 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 criteria was introduced because 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.

The scale, distribution and trends in destitution in the UK

Using the results of our survey to adjust for consistency a secondary data-based national predictive index, we estimated that there were at least 184,500 households destitute and in touch with voluntary sector crisis services in a typical week in the UK in 2015. Our annual estimate, subject to additional provisos, is that 668,000 households, containing 1,252,000 people, of whom 312,000 were children, were destitute and in contact with these services during 2015.

Both these weekly and annual estimates are conservative, based on a strict application of our definition and focused exclusively on those cases that come to the attention of voluntary sector crisis services.

Destitute households which do not make contact with any crisis services, or make contact with statutory services only, could not practically be captured using our methodology. However, we know from our analysis of the use of local welfare funds[3], that the latter group at least is likely to be substantial.

Two-fifths (40 per cent) of all those we defined as destitute were categorised as *both* deprived and on an extremely low income; 12 per cent had an extremely low income *only* (so had not been deprived over the past month); and 49 per cent had been deprived over the past month *only* (so had an income above the extremely low destitution threshold, though in most cases their income was only slightly higher than this, and in all cases it was below the standard relative poverty line).

Our evidence indicates that, for most of those affected, destitution is not a one-off, transient episode, but rather typically occurs in a broader context of severe poverty and hardship extending over a considerable period of time. On average, we interviewed destitute respondents three to four months after they had completed the survey, and in about three-quarters of these cases we found that they were still destitute. Those who remained destitute included the great majority of migrants and UK-born interviewees with complex support needs (e.g. associated with long-term homelessness, substance misuse or mental health problems) (referred to below as the UK-complex needs group), but only around half of the other UK-born interviewees (referred to below as the UK-other group), who tended to experience relatively shorter episodes of destitution than the other two groups or to rotate between destitution and severe poverty.

The group which appears most at risk of destitution in today's UK is younger single men, but considerable numbers of families and children are also affected as noted above. While people born overseas (particularly those from the European Economic Area (EEA), the Middle East and Africa) face disproportionate risks of destitution when living in this country, the great majority (79 per cent) of those destitute in the UK during the course of 2015 were born here.

The geography of destitution in the UK matches very closely that of poverty in general, apart from some particularities related to the location of key migrant groups, including asylum seekers. It is therefore clustered in former industrial areas, largely in the north of England and in the other UK countries, and in some London boroughs and seaside towns, with much lower rates found in affluent suburban and rural or small town districts in southern England.

The data is not currently available to directly trace trends in destitution in the UK, though a number of large-scale surveys provide evidence of a rise in severe poverty (which implies a rise in the risk of destitution) over the past decade or so. There is also a rising trend in a number of factors which our evidence indicates are associated with destitution, including the use of food banks, the imposition of benefit sanctions, rates of rough sleeping and other forms of homelessness, and net inward migration (particularly from the 'new EU'[4]). The most plausible conclusion is therefore that destitution will have increased in the UK in recent years, but we cannot directly demonstrate this. We can, however, state with confidence that there was a significant population of people affected by destitution in the UK in 2015.

Routes in to destitution

The picture of routes into destitution emerging from this study is a complex one, with no predominant, single cause. Rather, a number of interacting factors tend to undermine the ability of people living on extremely modest resources to meet their essential needs in particular circumstances.

With regard to the *UK-other* group, the immediate causes of destitution on the 'income' side tended to be social security related – typically benefit delays, sanctions or other interruptions – but important triggers were also evident on the 'expenditure' side. These included, most notably, unsustainable debt and arrears repayment schedules (with public authorities and utilities companies the main creditors), additional health- and disability-related expenses, and high living costs (especially housing and household energy costs). Given that the great majority of these UK-other service users had an income level either below the destitution threshold, or only slightly higher, it took little additional expenditure pressures to push them into a position where they were unable to meet their essential living needs.
The *UK-complex needs* group typically had a different route in to destitution, often involving long-term health problems, a trauma-affected background, and the erosion of social support networks. Some had lived a cashless existence for an extended period of time. However, the 'shock' factor of benefit delays

and sanctions loomed large for most in this group, often precipitating their move from a position where their basic necessities were just about being met to one where they were not. While some complex needs interviewees prioritised expenditure on drugs and alcohol over essential items, the majority had an income so low that they would have been destitute regardless of their expenditure choices.

Migrants' routes into destitution had many of the same features as those of UK-born interviewees, but they faced compounding difficulties. Benefit eligibility restrictions affecting some groups of migrants meant that they often had an income level even lower than that of our UK-born interviewees (two-thirds were below the destitution threshold), and they tended to have been in this position for an extended period of time. Many current and refused asylum seekers viewed their lack of access to the labour market as the major cause of their destitution. Social isolation, while also affecting many UK-born interviewees, could be particularly prevalent among destitute migrants, and a lack of knowledge about the UK in general and about support systems in particular was also a contributory factor.

The experiences and impacts of destitution

Going without food was the most common deprivation experienced by destitute service users, reported by 76 per cent in the month before the survey. Destitute service users struggled almost as much to gain access to clothes and/or shoes suitable for the weather, with 71 per cent reporting that they had lacked these in the month before. The critical role that food banks, day centres and other voluntary services played in helping people get toiletries as well as food was evident, but even so 63 per cent of destitute service users lacked access to these basic necessities in the preceding month.

Overall, 56 per cent of destitute service users reported that they had been unable to adequately heat their home in the month preceding survey. However, this experience was notably more prevalent among UK-other service users – 71 per cent reported being unable to heat their home – probably because they were the group most likely to be living in their own private accommodation rather than in a hostel or other institutional setting where heating is provided. Lighting and access to electricity for cooking and washing was afforded an even greater priority than having a warm home by many, nonetheless 30 per cent of destitute service users reported lacking this for at least part of the previous month; again this was most common among the UK-other group. While shelter was often prioritised above all else, a large proportion of both the migrant (37 per cent) and UK-complex needs groups (41 per cent) had recently slept rough.

Destitute parents emphasised that they put their children's needs ahead of their own, particularly for food, clothes and toiletries. But without interviewing children themselves we cannot be sure how effectively their parents were managing to shield them from destitution. Other themes to emerge from our qualitative interviews related to the additional necessities ill-health generated for many destitute households and the importance of being able to cover transport costs in circumstances where walking is not always a viable option. For some, a mobile phone was an essential lifeline to stay in touch with family of friends, or to progress official processes such as asylum applications, but few could afford phone credit.

The sustained or cyclical nature of destitution took a toll on the mental health of the majority of those we interviewed, often in combination with the impacts of other adverse events and circumstances. A significant number of interviewees also reported that destitution had impacted on their physical health, most commonly in the form of weight loss and constant tiredness. A profound sense of social isolation was reported by both migrant and UK-born interviewees, associated with the shame, stigma and embarrassment engendered by their predicament, as well as by an inability to pay for normal social activities. Negative effects of destitution on parent-child relationships were frequently noted.

Coping with destitution

Qualitative testimony revealed the extent to which both migrants and UK-born research participants had employed a range of self-help strategies in an effort to manage or stave off destitution. This included economising of an often quite radical kind: the extent to which destitute service users skipped meals in order to afford other essentials, or to ensure that their children did not do without, was especially striking.

Because we recruited our research participants via voluntary sector crisis services, all of those we spoke to had sought help from at least one such service. Almost universally, our interviewees were explicit about how demeaning they found it to have to seek help with basic material needs like food, clothes and toiletries from charitable organisations, despite the kindness and respect with which they reported being treated by the staff and volunteers.

This sense of humiliation extended to relying on family and friends for basic material needs, exacerbated by the knowledge that in many cases they too had little to spare. For migrant interviewees in particular, access to help from family, especially parents, was often limited, and for this group (at least those using voluntary sector services), only short-term or intermittent help could reasonably be expected from friends.

The support role of statutory and public agencies was generally less to the fore in our study. In part this reflected our recruitment methodology (see above), but also probably the fact that some destitute groups (particularly certain categories of migrants) are entitled to little or no state assistance. However, there appeared to be quite a significant role being played by local welfare funds, with one third (33 per cent) of all destitute service users reporting that they had received in-kind assistance from this source in the month before survey. Some interviewees reported a positive experience when they sought help from local welfare funds but, as one would expect with a localised system of welfare, experiences were highly variable across different parts of the country.

Routes out of destitution

As noted above, about a quarter of our interviewees had managed to leave destitution since they completed the survey (most of whom were in the UK-other group), while three-quarters remained destitute.

For those who had moved out of destitution, the critical factor had usually been the resolution of a benefit issue, typically the ending of a benefit sanction or delay, or a change in benefit eligibility status. But other developments, such as improved or cheaper housing, paying off debts, gaining employment, receiving support to address complex needs, or even the advent of warmer weather (which reduced energy costs), also featured in some people's accounts.

The UK-other interviewees who were still destitute generally viewed paid work as the 'ideal' pathway out of their predicament, but for those with major health problems in particular, resolving benefit issues was often perceived as a more immediate route to improving their circumstances. Dealing with accommodation difficulties, and reducing high housing costs featured prominently for some. Among the UK-complex needs group, resolving benefit and housing problems were similarly to the fore, but it was clear that many also needed help with their social, health and other support needs if they were to escape, and stay out of, destitution. With regard to migrants, the emphasis on employment as a route out of destitution, coupled with access to education and training, or volunteering opportunities, was even stronger. But for current and refused asylum seekers, as well as undocumented migrants, their (lack of) legal status was undoubtedly a first order barrier to their finding a pathway out of destitution.

Policy implications

The development of detailed policy proposals was beyond the remit of this study. However, its findings have been used to inform JRF's UK-wide anti-poverty strategy, to be published later this year, which will give particular attention to those experiencing the very extreme forms of material need evidenced in this report.

1 Introduction

Background and study aims

It is timely to examine destitution in the UK, as there is a perception by some people that this phenomenon is increasing sharply. Media attention devoted to the prevalence of extreme hardship, and to the increased use of food banks in particular, indicates an increasing concern (Cooper and Dumpleton, 2013; Cooper *et al.*, 2014; Sippitt and Ashworth-Hayes, 2015). Yet with some notable exceptions (Smart and Fullegar, 2008; Smart, 2009), quantitative evidence on the scale, trends and distribution of destitution in the contemporary UK is difficult to find, as is data on the characteristics of those affected and the impact that this experience has on them.

At the same time, recent interventions by religious leaders, charities, politicians and researchers have made a connection between destitution and developments in immigration and asylum policy (Allsopp *et al.*, 2014; Perry and Lukes, 2014), welfare reform and administration (Watts *et al.*, 2014), homelessness policy and services for those with complex needs (Fitzpatrick *et al.*, 2016), and exploitation and forced labour (de Lima *et al.*, 2011; Lewis *et al.*, 2013). But the evidence available to directly link these policy and social developments to pathways into and out of destitution is patchy, incomplete and often heavily disputed.

Moreover, what exactly is meant by the term 'destitution' in today's UK context is open to wide interpretation. It seems unarguable that destitution is related to severe income poverty and material deprivation. However, the extent to which it should be interpreted as involving a threat to basic physiological functioning – being able to physically survive – is unclear. Destitution, however defined, should certainly be viewed as the lowest end of a spectrum of material hardship that also encompasses people living in poverty, including its more severe forms, but not actually destitute.

This study therefore focuses on a subset of the broader poverty issue – the more extreme experiences associated with destitution. Charitable and faith-based organisations clearly play a major role in the provision of services such as food banks and soup kitchens that help people who are destitute or may be at risk of destitution (Sosenko *et al.*, 2013). This poses important questions about where the right balance lies between civil society and the state, and between the competing ethical norms of 'charity' and 'rights', in this area of extreme need (Watts, 2014).

The aims of this study were to answer the following questions:

- How should 'destitution' be defined in the contemporary UK context?
- How much destitution is there in the UK?
- Who is affected by it?
- How has this changed over time?
- What are the main pathways into and out of destitution?
- What are the experiences and impacts of destitution for the people directly affected?

While the development of detailed policy proposals lies beyond our remit, the concluding chapter of the report signals the key areas of policy and practice that our evidence indicates are most relevant to tackling destitution in the UK. Specific recommendations for action will be presented as part of JRF's UK anti-poverty strategy, to be published later this year.

The interim report

The interim report published in March 2015 (Fitzpatrick *et al.*) reviewed the existing evidence on destitution in the UK. It found that far more was known about destitution among some groups than others, with much of the research and data gathering before 2015 concerned with asylum seekers and refugees (e.g. Gillespie, 2012; Allsopp *et al.*, 2014; Carnet *et al.*, 2014; Doyle, 2014; Mayblin, 2014; The Children's Society, 2014). Particular concern had focused on those who have had an asylum application

refused (Lewis, 2009; Mulvey, 2009; Crawley *et al.*, 2011; Beswick and McNulty, 2015), and some attention had also been paid to the position of other groups of migrants who do not have recourse to public funds (Homeless Link, 2012; Kumarappan *et al.*, 2013; Petch and Lukes, 2014; Petch *et al.*, 2015; Price and Spencer, 2015).

More recently, in the context of welfare reform and the rise in the use of food banks across the UK (Lambie-Mumford, 2014; Lambie-Mumford *et al.,* 2014; Perry *et al.,* 2014; The Trussell Trust, 2014a, 2014b, 2015), there has been increased concern about possible destitution among UK nationals who may be left with no income, or only a very low income, as a result of benefit delays, reductions and sanctions (Work and Pensions Committee, 2015a; Clarke *et al.,* 2015).

Specific concerns about the impact of welfare conditionality and sanctions on rough sleepers and other groups with 'complex needs' had garnered significant recent attention (Homeless Link, 2013; Watts *et al.,* 2014; Batty *et al.,* 2015), and some policy response (Department for Work and Pensions (DWP), 2014, 2015; Oakley, 2014; Work and Pensions Committee, 2015b).

Based on this literature review, and reinforced by the findings of our key informant interviews (see Chapter 2), the following classification of people affected by destitution informed most of the analysis undertaken in this study:

- people born overseas (referred to as migrants);
- UK-born people with complex needs (referred to as UK-complex needs);
- other UK-born people (referred to as UK-other).

The definition of destitution

The work done for the interim report (Fitzpatrick *et al.*, 2015) also established that there was no one definition of destitution employed consistently in the UK. While there are both official and research-based definitions, these had been conceived for one specific group (asylum seekers and refugees). We needed a definition that was could be applied across all of the groups potentially affected by destitution in today's UK, and one which was rooted in a broad consensus of stakeholder and public opinion. Furthermore, this definition had to be fully applicable in a quantitative, self-completion survey.

The process of developing this definition of destitution was pursued initially through key informant interviews and focus group discussions to test the boundaries of 'expert' definitions of destitution. In order to ensure that the definition developed was supported by the broader public, questions were placed on an omnibus survey[1] of more than 2,000 adults across the UK. The results provided strong endorsement by a representative cross-section of the UK public of our 'in-principle' definition. They also provided a clear steer on the detailed parameters of the definition, allowing us to settle on its final form as presented in Box 1.

Box 1: Definition of destitution

People are destitute if:

a) They, or their children, have lacked two or more of these six essentials over the past month, because they cannot afford them:

shelter (have slept rough for one or more nights)
food (have had fewer than two meals a day for two or more days)
heating their home (have been unable to do this for five or more days)
lighting their home (have been unable to do this for five or more days)
clothing and footwear (appropriate for weather)
basic toiletries (soap, shampoo, toothpaste, 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 (i.e. 60 per cent 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 of the poorest 10 per cent of the population; 80 per cent of the JRF Minimum Income Standard costs for equivalent items; and the amount that the general public thought was required for a relevant sized household to avoid destitution. The resulting (after housing costs) weekly amounts were £70 for a single adult living alone, £90 for a lone parent with one child, £100 for a couple, and £140 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 sought to capture *people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean.* The primary material deprivation criteria reflects the fact that virtually all 50 experts consulted supported a measure of destitution based on objective material hardships endured rather than on an indirect income proxy or subjective notions of poverty. The six essential items, 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 the omnibus survey.

The very austere nature of this destitution 'basket of goods' should be stressed. Everyday essentials it does not contain include, for example, are taking a bus to get to an official appointment, household cleaning materials, three meals a day, and non-prescription medication. This selection of goods is also considerably narrower than that specified in a recent High Court judgement[5], which held that, in the case of asylum seekers, essential living needs included not only household goods such as washing powder and cleaning materials, and non-prescription medication, but also a minimum level of participation in social, cultural and religious life.

The secondary (alternative) 'extremely low income' criteria for destitution was included for two reasons. First, to ensure that the definition was not overly strict in excluding people who, while they may not yet have experienced the degree of deprivation of the first criteria, have such low levels of resources that they are unable to meet their own basic needs. Key examples include newly arrived migrants or women fleeing domestic violence who have no possessions or income. Second, a majority of the general public endorsed the view that those who were only able to acquire essential items because of help from charities, relatives and friends should also be considered destitute (the overall percentage of the public that endorsed this position in respect of parents narrowly missed being a majority, at 48 per cent, but was higher among lower-income groups).

The extremely low income thresholds in the definition are not intended to provide a new 'poverty' line, but rather to indicate an income level below which people face absolute destitution because their

resources are insufficient to meet their core material needs for basic physiological functioning. Many people whose income is above this 'destitution' line, but below the poverty threshold, will still be unable to afford many of the basics which people need in our society, as will become evident in later chapters of this report.

Nonetheless, the income thresholds set in this second criteria may be interpreted as meaning that certain groups supported by the UK welfare system are, by definition, destitute as their current weekly allowances (excluding housing costs) fall below these thresholds. The main examples are single Jobseeker's Allowance (JSA) claimants aged 18 to 24-years-old (for whom the maximum weekly amount is £57.90; the maximum weekly amount for single people aged 25 and over is £73.10), and current asylum seekers (a weekly allowance of £36.95 is made for each household member). However, this does not necessarily follow, as it depends on their circumstances. With respect to young people under 25, the extremely low income threshold indicated above applies only to those living alone as a single person household, whereas most JSA recipients under 25 are still living in the family home or live with others (see Chapter 2). Many asylum seekers are living in accommodation provided by the Home Office, and so their heating and lighting are provided and do not form part of the basket of goods that they have to buy from their weekly income. This may be far from enough to lift this group out of destitution, but we cannot say for sure that all are by definition destitute.

The final report

This final report addresses the remaining core research questions outlined above, applying this consensus-based definition of destitution throughout. After we summarise our methodology in Chapter 2, Chapter 3 presents the core statistical findings on the scale, distribution and trends in destitution in the UK in 2015. Drawing on both our qualitative and quantitative data, Chapter 4 examines routes into destitution, while Chapter 5 focuses on its impacts on those directly affected. Chapter 6 then describes the coping strategies people deploy when trying to avoid or manage destitution, and Chapter 7 explores routes out. Finally, Chapter 8 presents the study conclusions.

As noted above, while this study 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 faced by many people across the UK. The specific focus of this study should in no way be taken to imply that destitution is the only form of material need that warrants a robust public policy response, or that we should not be concerned about people in poverty who do not fall into this narrow sub-category. The findings of this study should be read alongside the research published by JRF in its *Monitoring Poverty and Social Exclusion* series (MacInnes *et al.,* 2015), as well as other major sources of evidence about poverty, disadvantage and need in the UK, for example the UK Poverty and Social Exclusion Survey (PSE) (Gordon *et al.,* 2013; Lansley and Mack, 2015), and Households Below Average Incomes (Department for Work and Pensions (DWP), 2015).

2 Methods

Introduction

This chapter provides an overview of the methods used in the study, and a more detailed account of the approach taken to generate the core national destitution estimates presented in Chapter 3.

Overview

The study comprised five main stages.

Stage 1: A literature review to examine the existing state of knowledge on the scale, trends, experience, causes and impacts of destitution in the UK.

Stage 2: In-depth interviews and focus group discussions with 50 expert key informants across all four UK jurisdictions.

Stage 3: Inclusion of questions in an 'omnibus survey' of more than 2,000 members of the general public to test public opinion on the appropriate definition of destitution in the contemporary UK.

Stage 4: Analysis of existing quantitative datasets (e.g. administrative data routinely gathered by government and charitable agencies, and national household survey data) to generate a profile of people in severe poverty, and potentially at risk of destitution, and to explore relevant trends over time. Over 40 datasets were reviewed in the course of this research.

Stage 5: In-depth case studies of the scale and nature of destitution in ten locations sampled across the UK. These case studies comprised:

- a one-week 'census survey' of users of a representative set of voluntary sector crisis services providing advice, support and material assistance (63 services took part; 2,009 self-completion questionnaires were returned, representing a 60 per cent response rate);
- 80 in-depth interviews with destitute respondents, selected to reflect the overall population of destitute service users, as revealed by the initial census survey analysis. These semi-structured qualitative interviews were recorded and fully transcribed (with permission), and thematically coded and analysed using Nvivo software;
- a feedback seminar with research participants in each case study location.

The methods employed in Stages 1–3 of the study, and their outcomes, were fully described in the interim report (Fitzpatrick *et al.*, 2015). Our technical report and associated appendices (Bramley *et al.*, 2016) detail the methods employed in Stages 4 and 5 of the study, which generated the quantitative and qualitative data used in this final report.

The remainder of this chapter is devoted to describing, and explaining the rationale for, the methodological process through which we arrived at the national quantitative estimates presented in Chapter 3, which drew on elements of both Stage 4 and Stage 5 of the study.

Developing national estimates on destitution in the UK

Developing the core national destitution estimates involved a number of interconnected steps.
First, the week-long 'census survey' of the users of voluntary sector crisis services in ten UK locations was conducted to find out how many fitted our definition of destitution. We focused on 'crisis' services as this was where there was likely to be the greatest concentration of destitute people, and on voluntary sector services for reasons of practicality and access (the project timetable did not allow for the protracted process of negotiation needed to conduct research in statutory service sites). The ten case study locations were chosen to ensure a mix of urban/rural attributes, expected incidence of destitution,

and size/type of migrant populations. However, we deliberately gave more representation to those areas with higher likely destitution rates (see step 3 below), as this was a cost-effective approach that enabled us to cover more of the destitute population with our limited number of case studies.

Second, from the survey results obtained from the (6–8) services sampled in each of these 10 locations, we estimated the total number of users of *all* voluntary sector crisis services in that location who had been destitute during the survey week. The probability of selection of each service (which we knew from our sampling approach) and the response rate (which we could estimate because sampled services told us the total number of users they had had in the survey week) were used to calculate a weighting factor that was used to 'gross up' from the actual questionnaires received to the local total of destitute voluntary sector service users. As we asked survey respondents about other members of their households, we could also estimate the total number of people (both adults and children) living in households affected by destitution in these ten areas.

Third, and in parallel, a broad range of existing statistical datasets were reviewed to identify possible 'indicators' that we had good grounds for thinking might be associated with risks of destitution. Examples included local rates of 'severe poverty'[6], benefit sanction rates, former social fund loans, numbers of asylum seekers, etc. These indicators were then combined into a 'composite index' that was used to 'predict' the weekly total number of destitute people in every local authority area in Great Britain (for Northern Ireland less data was available so a simpler index and slightly different methodology was used). Variant indexes were developed for the three main sub-groups of destitute households – migrants, UK-complex needs and UK-other – to enable more nuanced predictions to be made.

Fourth, we compared our *'estimated'* weekly total for each of our nine GB case study locations (as produced by our local census surveys summarised in steps one and two above) to these *'predicted'* weekly totals for the same nine GB local authority areas (generated by our secondary data analysis as summarised in step three). In the main these corresponded quite well, giving us confidence that the composite index was reasonably robust.

Fifth, we adjusted the predicted weekly totals for all GB local authorities by the amount required for the predicted total for our nine case study areas to *match exactly* the estimated total for these nine areas from our local census surveys. This matching was done for two groups of local authorities, those with higher rates of destitution and those with moderate and lower rates, and for the three sub-groups of destitute households separately. Our methodology therefore essentially assumes that our local census surveys measured *absolute* destitution (as we have defined it) well across our case studies taken together (or at least that segment of it that comes to the attention of voluntary sector services); and that our composite indicators measures the *relative* incidence of destitution well across all local authorities (i.e. they provide a reliable 'ordering' of local authorities according to their rates of destitution).

Sixth, the sum of all of these (adjusted) GB local authority totals was combined with a total for Northern Ireland (calculated slightly differently) to allow us to estimate the number of households destitute in a typical week in 2015 across the whole of the UK (and the number of adults and children living in these households).

Seventh, we moved from this *weekly* national estimate to an *annual* national estimate by taking account of the number of visits to sampled services and to other similar services reported by our census survey respondents. People who visit services frequently have a high chance of being sampled in any given week, whereas people who visit infrequently have a low chance. Thus when we calculated annual totals from our weekly sample, we gave greater weight to cases which had a lower chance of being sampled (the infrequent users). Unfortunately, while we got a good response to the question about frequency of visits to the sampled services there were a lot of non-responders to the 'other similar services' question and so we had to impute values based on regression modelling of those cases who did answer. However, the model used and its results were confirmed as sound, when compared with both the frequency of use of the service where people were sampled, and with what our 80 follow-up interviewees told us about the duration of their experiences. This means that, while the annual estimates are somewhat less precise than those for weekly incidence, they remain robust in terms of general magnitude. In most of the quantitative analysis contained in this report the statistics presented are weighted to represent destitution as estimated for the whole UK over a year (referred to as 'national-annual') (see Technical Report, Bramley *et al.*, 2016).

The process of generating these national numerical estimates was therefore relatively complicated, involving several distinct types of data and analysis (see Technical Report, Bramley *et al.*, 2016). It is thus not akin to a conventional household survey, wherein statistical error margins can be assigned using standard methods. Nevertheless, it is possible to identify different potential sources of error at different stages in the process, and to comment on their relative magnitude and direction, including through the use of sensitivity tests (see Technical Report, Bramley *et al.*, 2016). Taking these observations into account, we would suggest a margin of error of 10–15 per cent for our national estimates.

Study limitations

A key underlying methodological assumption is that people in a situation of destitution will seek help from relevant services from time to time. This is a conservative assumption; if some destitute people approach no crisis services for help, they would not have been captured by our methodology. Moreover, as our sampling frame in the census survey was limited in the main to voluntary sector agencies, it excluded those who seek help from statutory services only (although we are able to provide some evidence on the likely scale of this particular aspect of the under-count, see Chapter 3).

Thus the statistical estimates derived from this methodology should be understood, strictly speaking, as pertaining to that segment of the destitute population that comes to the attention of voluntary sector crisis services only. The experience of destitute households not in contact with any voluntary sector services, and instead wholly reliant, for example, on help from informal community networks or from friends and family (see Crawley *et al.,* 2011; Perry, 2012; Petch *et al.,* 2015; Price and Spencer, 2015), may differ from those reported here. Moreover, while 80 in-depth interviews represents a very substantial body of qualitative evidence, there are limits in the extent to which we can use this material to drill down into the experience of specific sub-groups within the destitute population, such as distinct migrant groups.

Another limitation is that the census survey questionnaire was designed to be suitable for self-completion so had to be short and simple. This restricted the range of topics that could be covered, but the very good response rate achieved (60 per cent) means that the survey was successful in generating a robust (albeit limited) dataset. That said, we cannot be absolutely certain that there is no 'non-response' bias in our statistical results. One factor that may have resulted in varying response rates between different case study areas, and between different sampled services, was the extent to which we were able to deploy research team staff to help with the survey (see Technical Report, Bramley *et al.*, 2016). As is discussed in Chapter 8, increasing the scope for members of the research team to be present in all or most of the services sampled throughout their opening hours would help to ensure consistency across the different research sites in any future study of this kind.

These limitations noted, it is worth emphasising that the overall robustness of the study findings lies in large part in the complementary strengths of its qualitative and quantitative elements. The statistical results from the census survey and secondary data analysis provided a firm base for the qualitative data analysis, as we could contextualise the rich case studies yielded by these interviews with a sense about how common these types of experiences are likely to be. Likewise, our statistical analysis was shaped by, and interpreted in the light of, insights derived from the relatively large number of in-depth interviews conducted.

3 The scale and distribution of destitution in the UK

Introduction

The most important objective of this research was to establish, with authority, how many people were destitute in the UK in 2015. This chapter therefore begins by presenting our national UK estimate[7] for destitution, derived from the methodology summarised in Chapter 2, before detailing how this estimate maps precisely onto the definition of destitution discussed in Chapter 1. The next section of the chapter presents the socio-demographic profile of all those affected by destitution in the UK, before breaking this down into the three key sub-groups focused on in this study (migrants, UK-complex needs, and UK-other). The duration of destitution, its geographical distribution across the UK, and trends over time are then discussed.

National estimates of destitute people and households

As explained in Chapter 2, the census survey of users of voluntary sector crisis services in ten case study areas generated 2,009 questionnaire returns. Allowing for the service sampling approach taken, and the response rate at each service, we estimated that the total number of relevant service users in these ten areas in the representative survey week was 21,778, of whom 13,969 (64 per cent) were destitute by our definition. As we would have expected, generic advice agency clients had a lower incidence of destitution (42 per cent) than users of food banks and soup runs (81 per cent), with people using homeless/complex needs and migrant services in an intermediate position (64 per cent and 58 per cent respectively).

Using these direct census survey results to adjust for consistency secondary data-based indices of predicted levels of destitution across all local authorities, we estimated that the total number of destitute households in the UK in touch with voluntary sector crisis services in a representative week in 2015 was 184,500.

We also estimated that, over the whole of 2015, the number of households experiencing destitution in the UK, and using these services, was 668,000, involving 1,250,000 people of whom 312,000 were children. As noted in Chapter 2, these annual estimates are based on procedures for taking account of the number of visits to sampled services and to other services[8].

It is worth reiterating here that both these weekly and annual estimates are conservative, based on a strict application of our consensus-based definition and focused exclusively on those cases that come to the attention of voluntary sector crisis services. Destitute households which do not make contact with any crisis services, or make contact with statutory services only, could not be captured using our methodology, and we also omitted very small services.

However, we know from our analysis of the use of local authority local welfare funds (LWF) (see Technical Report, Bramley *et al.*, 2016), that the group of destitute people who use statutory but not voluntary sector services is likely to be substantial. If we took full account of our estimate of the use of these LWF schemes, excluding overlap with destitute people already captured in the census survey, this would push the weekly total of destitute households up by around 40 per cent to 259,000. We cannot say exactly how many of these households would fulfil our strict criteria of destitution, but given the typical conditions on these funds it is likely that many would (or would have been destitute were it not for the fund). Another, albeit much smaller, additional group that is highly likely to fulfil our definition of destitution is JSA recipients under 25-years-old living alone (we have estimated from the UK Household Longitudinal Study (UKHLS) that there were around 10,000 such households in the UK in 2015). Other analyses we have undertaken to 'sense check' our overall national estimates – on, for example, the main 'at risk' groups of migrants (e.g. EEA adults who are unemployed and not in receipt of UK benefits,

refused asylum seekers and visitor/visa overstayers), and on the population of single adults with complex needs and significant financial difficulties – confirms that they are of the right order of magnitude, and are more likely to be under- than over-estimates (see Technical Report, Bramley *et al.*, 2016).

Mapping national estimates onto the definition of destitution[9]

As discussed in Chapter 1 (see also Fitzpatrick *et al.*, 2015), our consensus-based definition of destitution was intended to capture those who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean. Endorsed by the general public, the detailed definition comprised two elements (see Box 1 for full details):

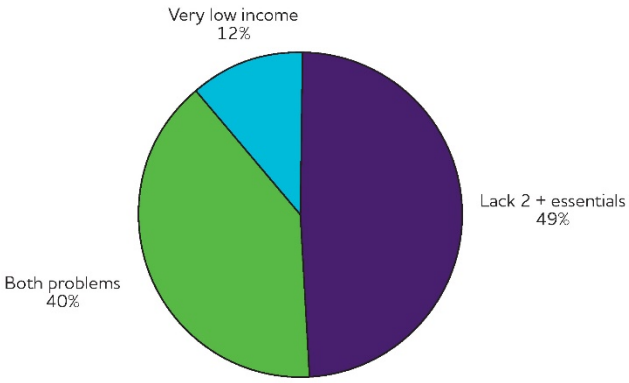
- people were considered destitute if they, or their children, had lacked two or more of a basket of six essentials over the past month, because they could not afford them (the 'deprivation' criteria);

  OR

- if their income was so low that they were unable to purchase these essentials for themselves (the 'extremely low income' criteria).

As can be seen from Figure 1, 40 per cent of all those we defined as destitute were both deprived and on an extremely low income; 12 per cent had an extremely low income only (so had not been deprived over the past month); and 49 per cent had been deprived over the past month only (so had an income above the extremely low level) (rounding means that these percentages sum to 101%).

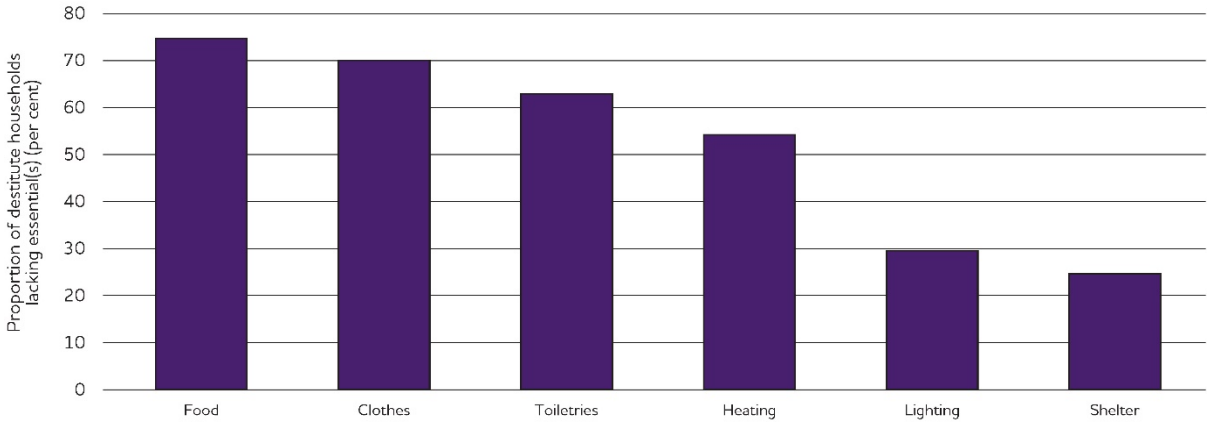
Figure 1: Definitional breakdown of destitute households



Source: Research census survey, national-annual weighted, 2015

Figure 2 depicts the pattern in terms of which particular essentials destitute service users lacked. As can be seen, the most common items lacked were food and clothes (76 per cent and 71 per cent), and the least common were lacking lighting at home (30 per cent) and shelter, with a quarter reporting having slept rough within the last month. Of the total number of essentials lacked by destitute service users, 12 per cent lacked one or none, 22 per cent lacked two, 24 per cent lacked three, 22 per cent lacked four, and 21 per cent lacked five or six. In other words, approaching half of destitute service users were lacking four or more of the essential items.

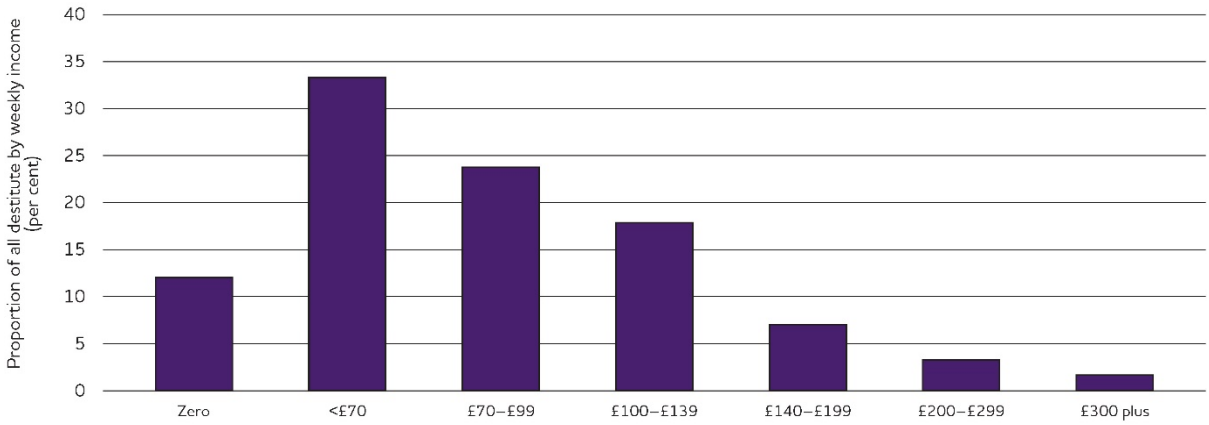
Figure 2: Essentials lacked by destitute households



Source: Research census survey, national-annual weighted, 2015

Figure 1 shows that 51 per cent of the population of destitute voluntary sector service users had incomes below the extremely low thresholds we set for our 'secondary' destitution criteria (see Box 1). Figure 3 indicates that the great majority of the remaining 49 per cent had income levels that were only slightly higher (while for simplicity the income levels in this graph apply across all household sizes, below we look at them below in relation to different household types).

Figure 3: Banded income levels of destitute households (net income after housing costs)



Source: Research census survey, national-annual weighted, 2015

To give a sense of just how low these incomes are we can compare with the net household incomes (after housing costs) of households in the main household types from the 2012 PSE[10]:

- for single person households, 60 per cent of our destitute sample had less than £70 a week, compared with 11 per cent of all UK single person households;
- for couples, 64 per cent had less than £100 a week, compared with only 4 per cent of all UK couples;
- for lone parents, 36 per cent had less than £100 a week, compared with 9 per cent of all UK lone parents; while 72 per cent had less than £140 a week compared with 18 per cent of all UK lone parents;
- for couples with children, 46 per cent had less than £140 a week, compared with 8 per cent of all UK couples with children;
- for multi-adult households, 73 per cent had less than £140 a week, compared with 7 per cent of all UK multi-adult households.

This data demonstrates the extremely small amount of room for manoeuvre the destitute population has around expenditure decisions, even by those living a bit above the extremely low income thresholds. It is also worth noting that these self-reported income levels are not inconsistent with relevant benefit levels, especially with respect to asylum and other migrant groups (see further below), and for the predominant single working-age household type. We therefore have no reason to doubt their essential accuracy.

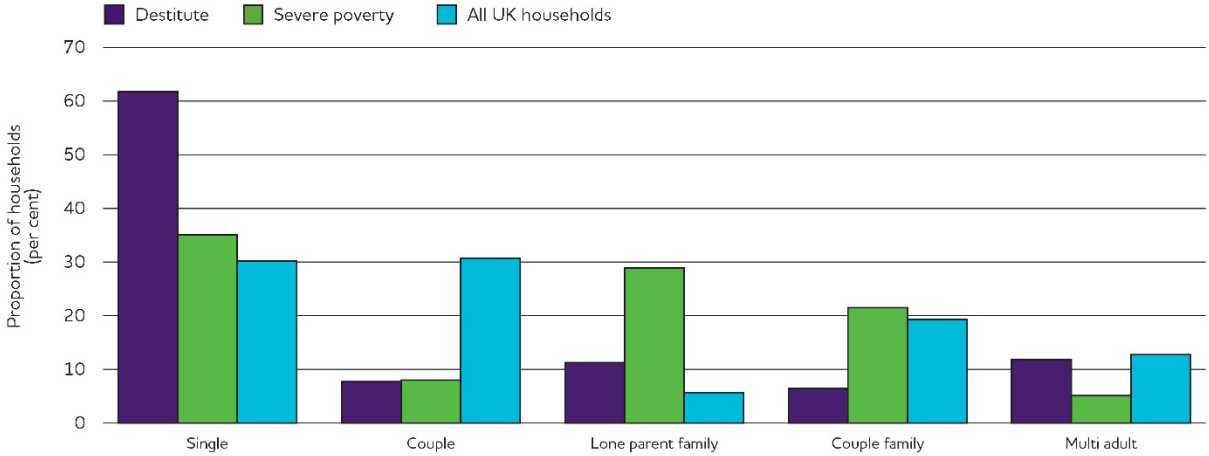
There was some variation between our three key sub-groups on both income levels and patterns of deprivation, and this is discussed further below, after we provide a socio-demographic profile of the destitute population as a whole.

The profile of people affected by destitution

We now compare the profile of destitute voluntary sector service users to that of households in 'severe poverty', and the whole of the UK population, drawing on the UKLHS. The definition of 'severe poverty'[11] we have used is intended to capture households experiencing a combination of very low income, significant material deprivation, and subjectively acknowledged hardship and/or immediate financial difficulty, which indicates a high risk of adverse consequences to health and wellbeing. While, therefore, severe poverty is indicative of a level of disadvantage that is serious, it is a less extreme condition than our definition of destitution (which seeks to capture people who cannot afford to buy the absolute essentials for physical sufficiency). As will be seen below, while destitute service users and people experiencing poverty have much in common, their profiles also differ in important respects.

What is most striking from Figure 4 is the strong over-representation of single people among the destitute population. This group accounts for only about 30 per cent of the UK household population, but approaching two-thirds (62 per cent) of destitute service users. Conversely, couples with and without children are under-represented in the destitute group, while multi-adult households are present in approximately the same proportions as in the general population. Note, however, that lone parent families are much more likely than most other household types (except single people, who have a similar risk) to experience severe poverty, and they are also more likely to be destitute.

Figure 4: Household type of destitute service users compared with severely poor and all UK households



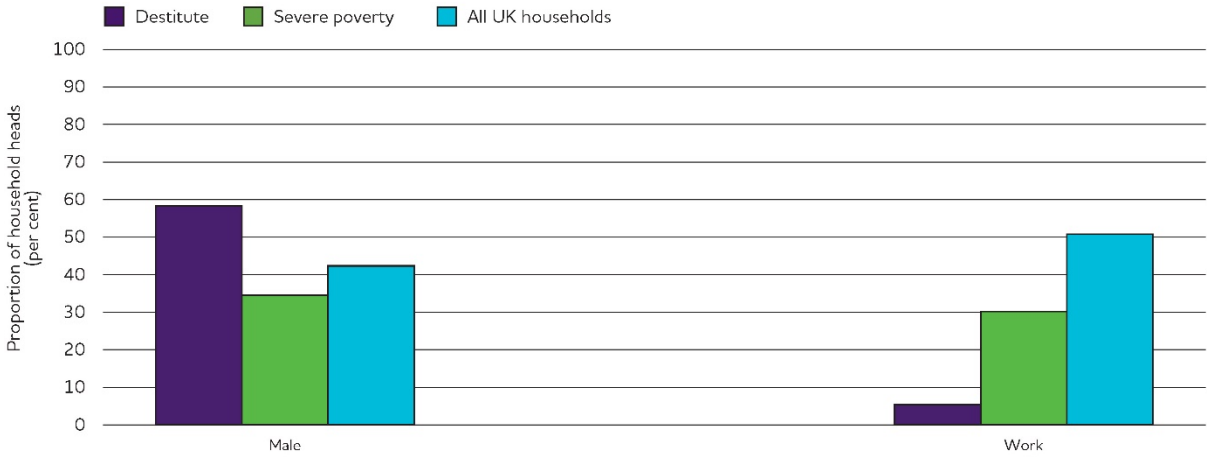
Sources: Research census survey, national-annual weighted, 2015, and UKHLS, UK, 2012

This household type distribution, especially the predominance of single people, broadly matches that revealed by many of the administrative and voluntary sector datasets that we reviewed. For example, Trussell Trust food bank users in 2013/14 comprised 51 per cent single people, 18 per cent lone parents, 16 per cent couple families, 11 per cent couples without children, and 5 per cent other household types.

Destitute households are more likely to be headed by a male than the average UK household, and much more so than the 'severely poor' group measured in national surveys, who are predominantly female-headed (many of whom will be lone parents). Figure 5 also reveals that very few (one in twenty) of the

destitute population using these voluntary sector services are in paid work, compared with three in ten of severely poor households.

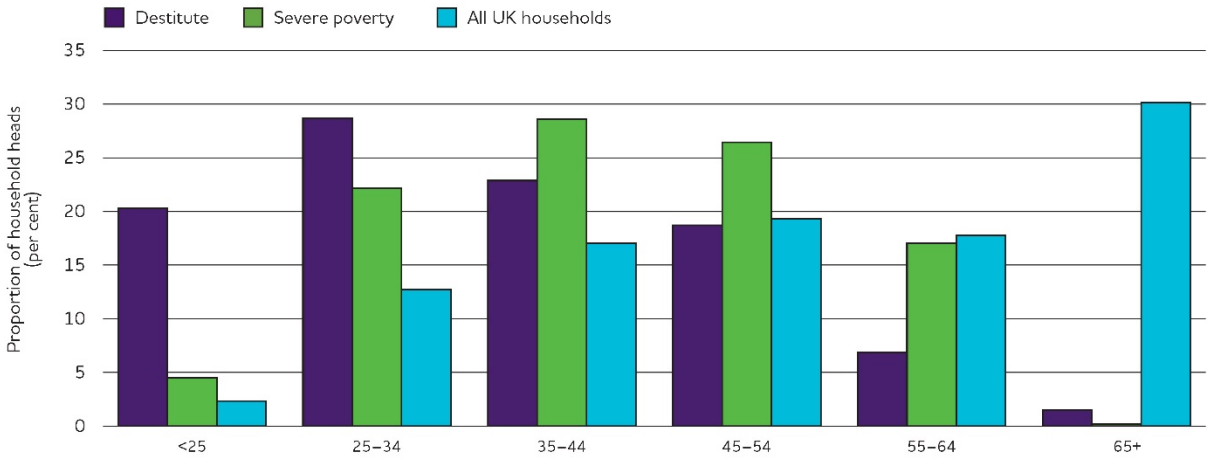
Figure 5: Gender and work status (heads of household)



Sources: Research census survey, national-annual weighted, 2015, and UKHLS, UK, 2012

The destitute group and the wider severe poverty group are both likely to be younger than the general population (under 45), as shown in Figure 6. The proportionate risk of destitution is greatest for households headed by someone under 25, but the largest numbers of destitute heads of household are to be found in the 25 to 34 age group. Destitution and severe poverty are both extremely rare in the 65-plus age group.

Figure 6: Age



Sources: Research census survey, national-annual weighted, 2015 and UKHLS, UK, 2012

This picture is indirectly confirmed by Citizens Advice data, which tends to show that categories of inquiry likely to be more closely related to destitution (rent arrears, homelessness, immigration and asylum, food banks, sanctions/hardship) demonstrate low shares of over-60s and high shares of under-40s. The Trussell Trust also provides indirect confirmation, with 11 per cent of its food bank users under 25 and only 1 per cent over 65. Longstanding evidence on homelessness demonstrates the disproportionate risks faced by those in younger age brackets (Fitzpatrick *et al.,* 2016).

While we did not gather data on ethnicity via the short self-completion questionnaire used in the census survey, it is clear from the major national household surveys that most ethnic minority groups have a higher incidence of severe poverty than the White majority population. Pooled data from the Family Resources Survey (FRS) (2004–2010), for example, shows a marked gradation from the White group (around 2.0 per cent of whom face severe poverty[12]) through the Indian (2.7 per cent), Other (4.7 per

cent) and Mixed groups (5.6 per cent), to higher rates of severe poverty for Pakistani/Bangladeshi (6.8 per cent) and Black/Black British (8.6 per cent) people.

We did ask about country of origin in the census questionnaire, given the particular importance of migration issues in this field. Table 1 shows the pattern in terms of groups of countries of origin, comparing the destitute and the general UK working-age populations. While one-fifth of destitute service users were born overseas (21 per cent), this is only slightly higher than the share of all working-age adults in UK (22 per cent). As Table 1 indicates, people who originate from two broad world regions – the European Economic Area (EEA) and Africa/Middle East – appear to be at heightened risk of destitution in the UK. However, the central point to emerge from this analysis is that a clear majority (79 per cent) of the destitute population in the UK in 2015 were born here.

Table 1: Grouped countries of birth for destitute service users and the UK working-age population

Country/region of birth	**Destitute**	**LFS Working age**	**Ratio**
UK	78.9	78.1	1.01
EEA	8.5	5.5	1.54
Americas	0.7	1.8	0.37
South Asia	2.1	2.0	1.03
Africa/Middle East	7.1	3.2	2.21
Other	2.8	9.3	0.30

Sources: Research census survey (national-annual weighted), 2015, and Labour Force Survey 2015 Q2

Table 2 shows that, among the migrant (non-UK born) respondents to the census survey, those who were current or former asylum seekers were the largest group (38 per cent), followed by EEA nationals (33 per cent), with migrants who were neither EEA migrants nor asylum seekers constituting the smallest subgroup (29 per cent). Within the asylum group, more than a third (36 per cent) had leave to remain or refugee status, and most of the remainder were awaiting a decision on their asylum application (41 per cent). Only 9 per cent of those who had sought asylum in the UK reported having been refused it, but a further 13 per cent were not clear about their status. The proportion of refused asylum seekers is lower than might have been expected based on previous research (Smart, 2009), and it may be that some of those who reported that they were awaiting a decision had had their claim refused and were awaiting the outcome of the appeals process.

Table 2: Immigration status of destitute migrants

Immigration category	% of all	% of asylum
Has ever sought asylum of which:	38	
Yes – currently awaiting decision		41
Yes – application failed		9
Yes – leave to remain		27
Yes – refugee status		9
Yes – don't know/unclear status		13
EEA migrant	33	
Other migrant (non-EEA, non-asylum)	29	
Total	100	

Source: Research census survey, national-annual weighted, 2015

The three main destitute sub-groups

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

- migrants – anyone destitute who was born outside the UK;
- UK-complex needs – anyone born in the UK who was destitute and had *either* slept rough *or* received money from begging *or* was sampled from a homelessness or complex needs service (see Bramley *et al*, 2015);[13]
- UK-other – destitute respondents not falling into the preceding two categories.

Table 3 shows the numbers of these three sub-groups actually responding to our census survey, alongside the 'grossed up' estimated numbers for all destitute households in touch with voluntary sector crisis services in our ten case study areas (first on a weekly basis and then on an annual basis), and then finally the estimated national-annual numbers of households, people and children broken down by these three subgroups. With regard to the grossed up weekly numbers it can be seen that the balance is more towards UK-complex needs, with UK-other the smallest group. When we shift focus to the national-annual figures, however, it will be seen that while the largest sub-group in terms of number of households is still (just) the UK-complex needs category, this group is now only slightly larger than the UK-other category, 268,000 compared with 260,000, with the migrant group quite a bit smaller at 139,000.

This distinction opens up between the weekly and annual numbers because we have used different 'annual multipliers' for these groups, reflecting the data on the number of times people have visited the service where they were sampled and other similar services (see Chapter 2). Where people visit frequently, as in the complex needs cases, the multiplier is smaller, implying that we have captured more of the annual total in our census week. Conversely, where people visit infrequently, as is more typically the case for the UK-other group, the multiplier is larger so the annual total is larger relative to the weekly number.

Table 3: Number of service user and destitute households by three main sub-groups

	Census	10 CSAs	10 CSAs	UK	UK	UK
Destitute sub-group	Weekly households	Weekly households	Annual households	Annual households	Annual persons	Annual children
Migrants	550	4,688	11,752	139,145	314,306	84,958
Complex needs	480	5,906	13,121	268,456	415,400	87,460
Other UK	301	3,376	12,729	260,145	522,021	139,614
Total	1,331	13,970	37,602	667,747	1,251,727	312,032

Also relevant here is that the migrant and UK-other groups also tend to be more commonly multi-person rather than single-person households (see Figure 7). This means that the total number of people (including children) associated with these groups is larger, relative to the complex needs group (314,000 people affected in migrant households, and 522,000 affected in UK-other households, compared with 415,000 people affected in complex needs households).

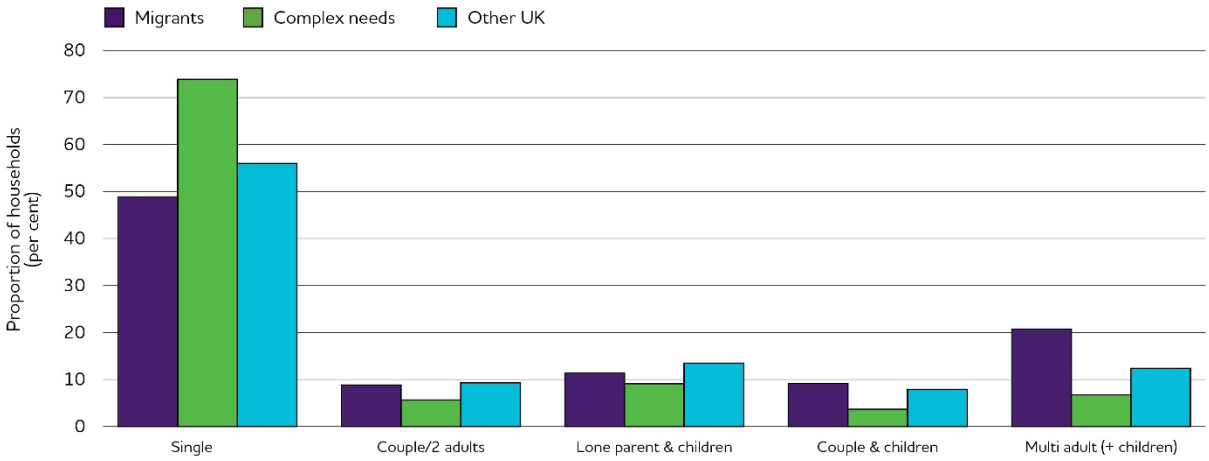
We would also observe that the complex needs and asylum seeker groups are likely to be better connected to many of the sorts of voluntary sector services in our sampling than the UK-other and other migrant groups, because such services are often targeted at meeting their specific needs. There is some support for this in our census data sub-group analysis that shows much greater use of specialist services being made by asylum seekers (both current and refused asylum seekers, and those granted refugee status or leave to remain), than by other groups of migrants, especially those from the EEA. EEA migrants

were also less likely to report financial or in-kind help from charities than all other migrant sub-groups; the group most likely to report such help was refused asylum seekers.

This suggests that our census survey method most likely underestimates the destitution numbers for the UK-other group, and certain categories of migrants (especially EEA and undocumented migrants), to a greater extent than it does the complex needs and asylum-seeking households. The relative balance between the three sub-groups noted above would almost certainly have altered in favour of a stronger representation of UK-other cases, had we been able to include statutory services in our sampling.

As already noted, our analysis also indicates varying demographic and other patterns across these three main sub-groups. While women comprised around a third of service users in all three groupings, there were clear distinctions with regard to both household type and age profile between these sub-populations, as Figures 7 and 8 indicate. Thus single person households were the most numerous in all three sub-groups, but they completely dominated the UK-complex needs group, while comprising around half of destitute migrants. On the other hand, one-fifth of destitute migrants lived in multi-adult households with children, as against only one in ten of the UK-other group, and a smaller proportion again of those with complex needs.

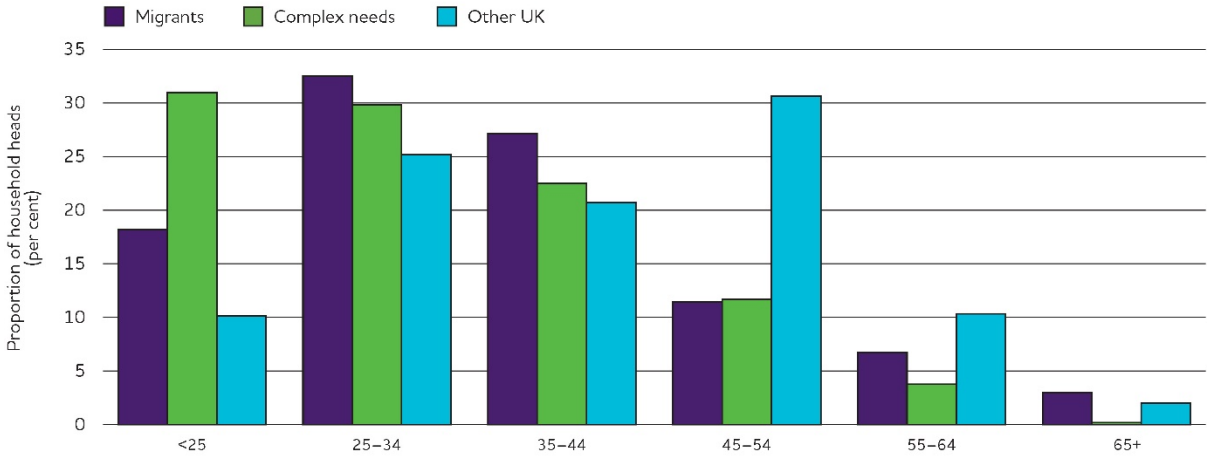
Figure 7: Household type of destitute service users by main sub-groups



Source: Research census survey, national-annual weighted, 2015

As Figure 8 shows, the UK-other group tended to be older than either of the other two sub-populations, while the complex needs group were youngest overall, with almost one-third under 25.

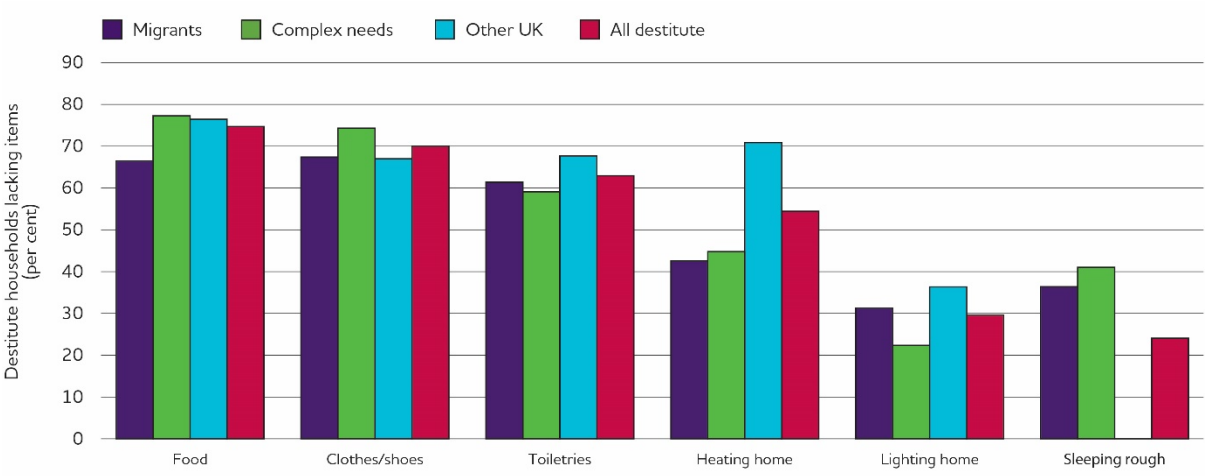
Figure 8: Age of destitute service users by main sub-groups



Source: Research census survey, national-annual weighted, 2015

The pattern of deprivations varied somewhat across our three principal sub-groups, as noted in Figure 9. While a lack of clothes and toiletries was fairly evenly distributed across these sub-populations, the UK-other group was much more likely to report a lack of heating at home, and somewhat more likely to report a lack of lighting at home, than the other two sub-groups. The main explanation is that the other two groups were more commonly living in institutional settings where the heating and lighting is provided, and possibly also informally sharing with other households, or were sleeping rough (so the question was not relevant).

Figure 9: Items lacked by destitute households in the preceding month, by main sub-groups

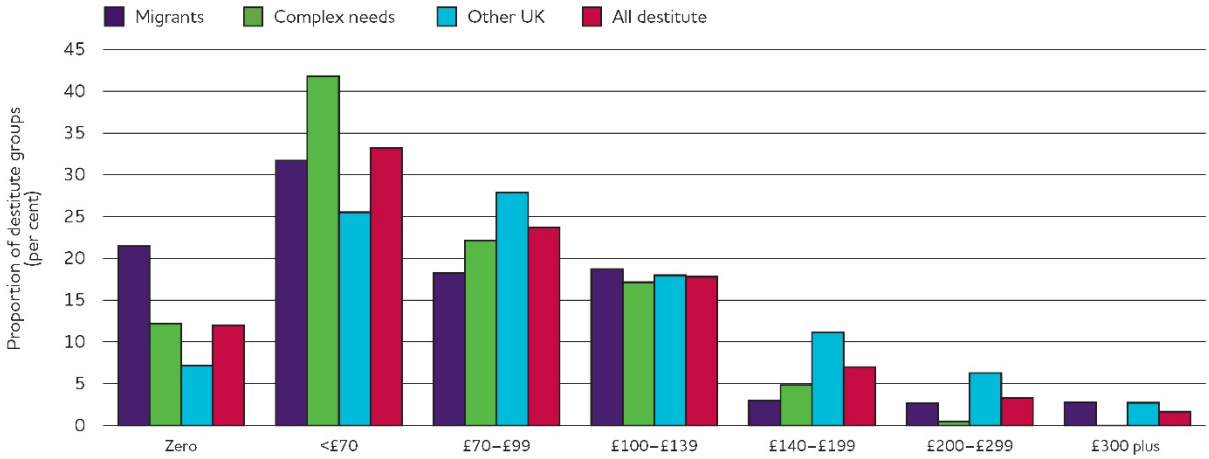


Source: Research census survey, national-annual weighted, 2015. Note: sleeping rough was part of the definition of 'complex needs', so could not occur within the UK-other group

Being more 'plugged into' this institutional and voluntary service network (see Chapter 6 on coping strategies) may also explain why migrant service users were somewhat less likely to report a lack of food than UK-born respondents, even though they were more likely to have no income at all (see below). One striking finding is that that two-fifths of all the UK-complex needs group had slept rough over the past month, and this was true of over a third of all destitute migrants too, being particularly common among EEA migrants, especially those from the 'new' EU, and refused asylum seekers. This is therefore a widespread rather than marginal experience in these groups. Looking at the pattern of deprivations as a whole, it was apparent that EEA migrants, and within that particularly those from the new EU, were the most deprived group of all, with almost two-thirds lacking four or more essentials in the past month.

Figure 10 provides a breakdown of income levels by these main sub-group. Destitute migrants generally had the lowest incomes, with 22 per cent reporting no income at all and only 9 per cent reporting more than £140 per week. Drilling down into the data on specific migrant sub-groups, it was apparent that refused asylum seekers and migrants who were neither EEA nor connected to the asylum system (and so were most likely undocumented migrants) had the lowest incomes of all. The UK-other group had 7 per cent reporting no income at all and 20 per cent reporting more than £140, with the UK-complex needs group showing a high concentration in the 'under £70' category, and only 5 per cent with more than £140.

Figure 10: Net household weekly incomes of destitute households, by main sub-groups (after housing costs)



Source: Research census survey, national-annual weighted, 2015

Nearly two-thirds of destitute migrants (63 per cent) had incomes below the extremely low threshold, and this was also true of 53 per cent of our UK-complex needs group, with 43 per cent of the UK-other group in that position. Thus the sub-group most likely to have an income above the extremely low threshold was UK-other but even here the margin above tended to be low. For example, for single adult UK-other destitute service users, 44 per cent were below the 'extremely low' threshold of £70, 36 per cent were between £70 and £99, and only 20 per cent were above £100 (with none over £140). For UK-other couples, 58 per cent were below their 'extremely low' threshold of £100, 27 per cent had between £100 and £139, 15 per cent had between £140 and £200, and only 1 per cent had over £200.

The duration of destitution

The duration of destitution has a critical impact on the people and households affected (see Chapter 5). However, we did not ask a direct question about duration of destitution in our census survey, as the complexity of the definition, coupled with the short, self-completion questionnaire format, made this impractical. But detailed qualitative accounts from our 80 destitute interviewees indicated that, far from being a one-off, transient episode, destitution typically occurred in a broader context of severe poverty and hardship extending over a considerable period of time. These duration patterns did, however, vary somewhat across our three main sub-groups.

Destitution seemed to come about most often for UK-other interviewees as the result of a gradual weakening in their ability to make ends meet on a very low income, which eventually culminated in their being unable to acquire the essential goods that they needed (see also Devereux, 2003). While 'shock' factors could be highly relevant in these cases, typically debt or benefit-related, the impact of these factors was so dramatic precisely because of this wider backdrop – interviewees' capacity to absorb such a shock was minimal.

For a minority of these UK-other interviewees, their current or recent episode of destitution was the first in their life and was a short one (at least to date):

> 'It was only a couple of weeks.'
> Female, 29, UK-other

Among the rest, however, spells of destitution had sometimes lasted for months or even years:

> 'It was for about four, five months.'
> Male, 44, UK-other

> 'Yes, I've been like [this for] the last three years.'
> Male, 39, UK-other

Recurrent destitution – comprising repeated short episodes – was not uncommon, with some interviewees rotating in and out of this situation very rapidly indeed:

> 'That was on and off for a year and a half.'
> Male, 55, UK-other

> 'It happens every fortnight.'
> Male, 52, UK-other

For UK-complex needs interviewees, living in a destitute state tended to be a more sustained experience, with the long-term 'cashless' existence of some of those sleeping rough particularly striking:

> 'I hadn't had any money for about three months. It was a case of free handouts on food but there was no clothes, no toiletries, no nothing.'
> Male, 22, UK-complex needs

> 'I've been without money for a couple of years before, where I've just lived in soup kitchens and what have you and been on the streets...'
> Male, 45, UK-complex needs

Experiences of destitution also typically lasted longer among migrants, especially those who were going through the asylum system, as was indicated, for example, by the prolonged reliance many had on food banks (see Chapter 6).

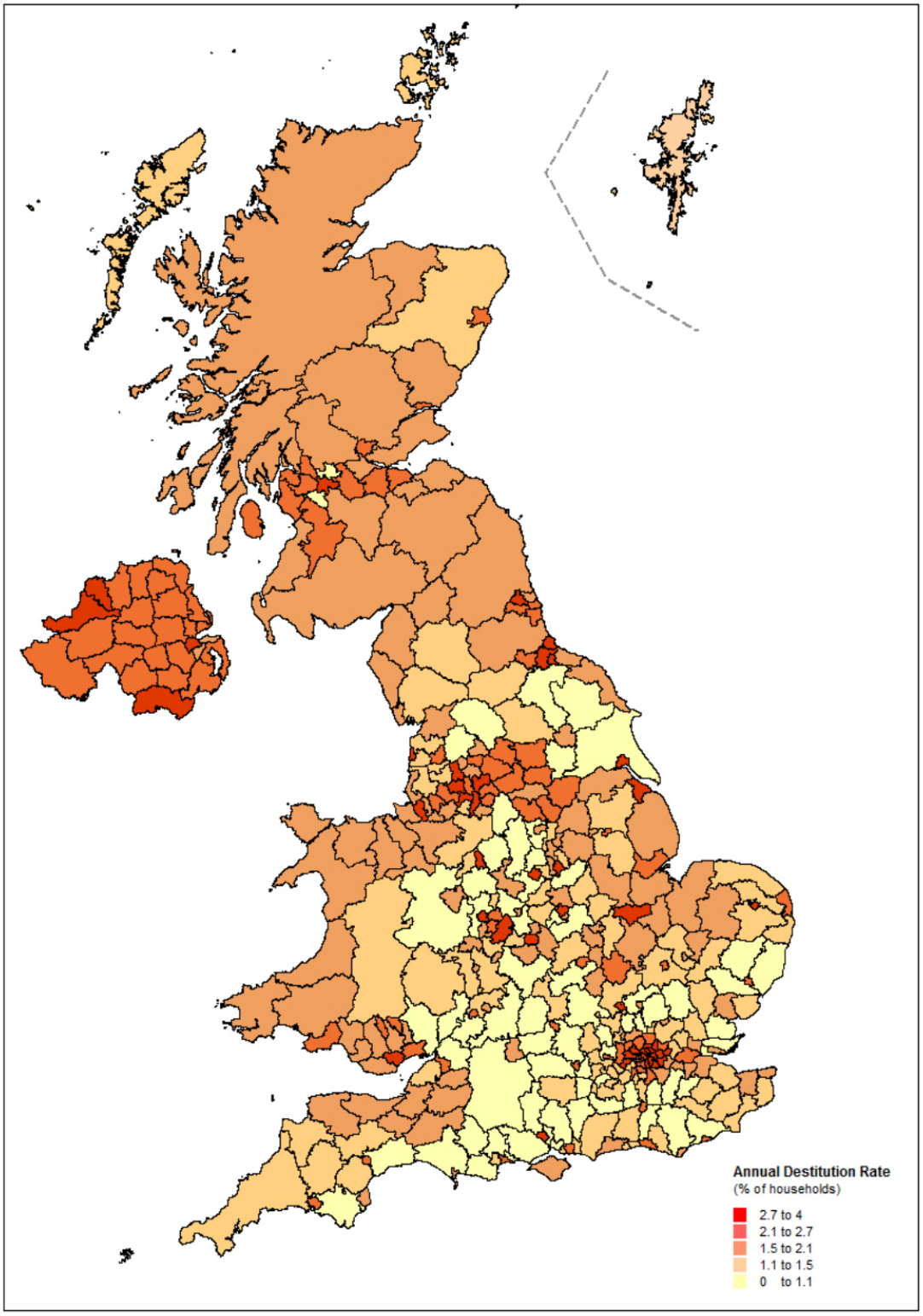
Consistent with the duration patterns described above is the fact that, on average, we interviewed destitute respondents three to four months after they had completed the survey, and in around three-quarters of cases we found that they remained destitute. However, while the great majority of migrants and UK-complex needs interviewees were still destitute, this was true for only around half the UK-other group, indicating the relatively shorter term or more cyclical nature of the destitution experienced by this population. That said, there had generally been little 'distance travelled' by these UK-other interviewees, and the majority remained in severe poverty and susceptible to further episodes of destitution. More detailed accounts of these pathways into and out of destitution, and the factors shaping them, are given in subsequent chapters (see Chapters 4 and 7 in particular).

One further piece of (indirect) supporting evidence consistent with the duration patterns just described is derived from the 'multiplier' used to get from weekly to annual national estimates, based on frequency of visits to services (see Chapter 2 and Technical Report, Bramley *et al.*, 2016). This implied an average duration (to date) of destitution of 4.4 months for all destitute service users; higher for migrants (4.8 months) and even more so for UK-complex needs cases (5.4 months), and lower for UK-other cases (3.2 months)[12]. It must be borne in mind that these are all *minimum* average durations as people may of course continue to be destitute after we surveyed them.

The geography of destitution

The methodology used to develop our national estimates of destitution could also be used to map its geography across the UK. This is depicted in Map 1, with darker shaded areas having higher estimated destitution rates. The clustering in London and in the former industrial areas is very apparent, as is the degree of association with some coastal locations, with a very broad belt of low scores in the south of England around London.

Map 1: Estimated annual destitution rate by local authority district based on secondary indicators, 2015



Note: the local estimates for Wales and Scotland are based on a narrower range of data than those for England, and the Northern Ireland estimates are based on very limited information.

This geography is discussed in more detail in the Technical Report (Bramley *et al.*, 2016), and it should be noted that our local estimates are subject to a higher degree of uncertainty than the national ones, and ought to be treated with greater caution for that reason. However, it is also worth emphasising that, in general, places which rank high on the overall estimated rate of destitution tend to be high on all three components of this estimation – migrants, complex needs, and UK-other. This is true of our case studies of Glasgow, Newham and Nottingham. Conversely, areas towards the lower end tend to be low on all three elements, as with our Wiltshire case study. However, the mix between these elements could vary considerably.

We were also able to use multiple regression analysis to explore the relationships at local authority level between the estimated level of destitution and a range of socio-demographic variables (we could only do this for GB as relevant data was not available for Northern Ireland). We found that, other things being equal, elevated rates of destitution were associated with several variables related to poverty, among which the most important were concentrations of unemployment, low-income poverty and long-term sickness and disability (see the Technical Report, Bramley *et al.*, 2016). This statistical model does not prove causality, partly because it is a cross-sectional model, and partly because there are many closely correlated variables and hence it is not possible to conclude firmly which one is cause and which is merely associated. However, what can be said with certainty is that it summarises a geography of destitution which matches very closely the geography of poverty in general, apart from some particularities related to the location of key migrant groups, including asylum seekers.

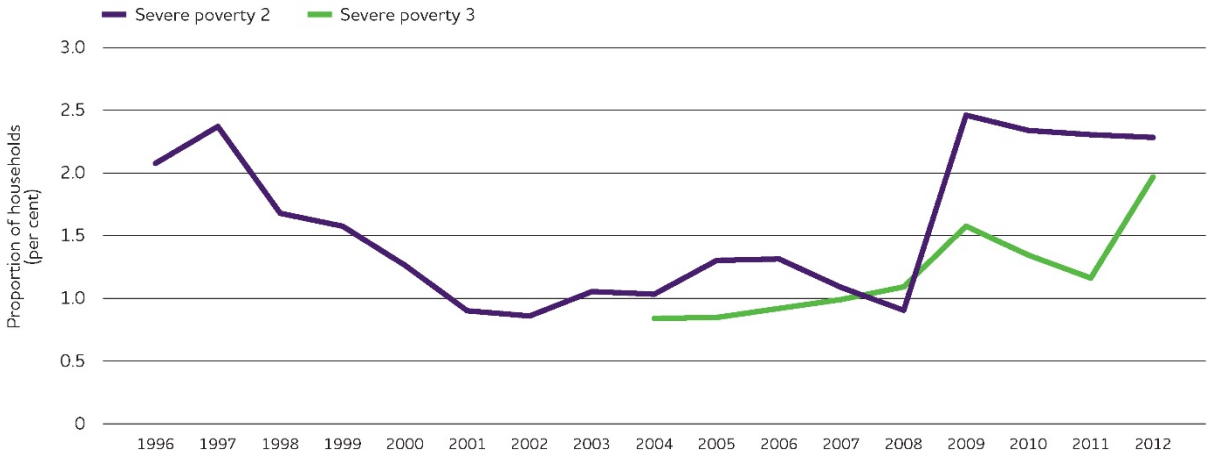
Trends in destitution and severe poverty

Another key research question related to how destitution has changed over time in the UK, both in overall terms and in relation to particular types or sources of destitution. However, this question is not easy to answer, because there is no statistical series documenting destitution as we have defined it. While a range of sources, including large-scale household surveys and various administrative and voluntary sector datasets, provide relevant trends data which may be taken as indicative of a high risk of destitution, there are problems of both coverage and consistency, with few of these sources providing long runs of data on a reliable basis (see Technical Report, Bramley *et al.*, 2016).

Our detailed review of these secondary sources presents a somewhat mixed picture, but we can say that the predominant narrative is one of increasing scale of the factors that our qualitative data indicates are associated with destitution. These include homelessness (Fitzpatrick *et al.,* 2016), benefit sanctions (Watts *et al.,* 2015), use of food banks (The Trussell Trust, 2015), and numbers of migrants who do not have recourse to public funds (Perry and Lukes, 2014; see also Technical Report, Bramley *et al.*, 2016). The interrelationship between these factors and destitution is explored in Chapters 4 to 7.

Perhaps of greatest immediate relevance here is trends in measures of severe poverty (implying high risk of destitution), as revealed by analysis of three large-scale surveys. First, we link together the two national household longitudinal surveys, the British Household Panel Survey (BHPS), for 1996–2008 and its successor, the UKHLS, for 2009–2012. This provides a run of comparable measures[14] over the 17 years to 2012, and indicates a substantial fall in severe poverty from 1997 to 2002, in parallel with a general fall in most poverty measures in that period. There was then a modest rise to 2006, and a slight fall back to 2008, a steep rise in 2009, and then a plateauing at that higher level (see Figure 11).

Figure 11: Severe poverty rates in Great Britain 1996–2012



Sources: *SevPov2:* BHPS, 1996—2008 and UKHLS, 2009—12; *SevPov3:* FRS 2004—12.[15]

Second, a large scale repeat cross-sectional survey source, the Family Resources Survey (FRS), provides a roughly comparable measure from 2004 to 2012. This suggests that there was a gradual rise in severe poverty[16] in the mid-2000s, a sharp rise in 2009, dropping back in 2011, but then rising again in 2012 (see Figure 11). Both surveys thus indicate that severe poverty increased after 2008, with a particularly strong increase in 2009 which was the period of the most severe onset of recession in the UK economy.

Further supporting evidence for this pattern can be found by comparing the results of the UK Poverty and Social Exclusion Survey 2012 (Gordon *et al.*, 2013; Lansley and Mack, 2015) with that of a similar survey carried out in 1999 (Pantazis *et al.*, 2006). Comparison of the two shows substantial and significant increases in the incidence of a range of material deprivations which a large majority of people think are essentials in contemporary GB. Examples would include the increases in people lacking the following items because they could not afford them: heating to keep a home adequately warm (3 per cent to 9 per cent); a damp-free home (7 per cent to 10 per cent); two meals a day (1 per cent to 3 per cent); being able to replace/repair broken electrical goods (12 per cent to 26 per cent); fresh fruit/vegetables daily (5 per cent to 7 per cent); celebrations on special occasions (2 per cent to 4 per cent); meat/fish/vegetarian equivalent daily (2 per cent to 5 per cent); enough bedrooms for children (3 per cent to 9 per cent of children) (Lansley and Mack, 2015, Figure 6, p.42). This evidence is consistent with a picture of severe poverty increasing significantly over this period, as suggested by Figure 11. Some of these essential items correspond to essentials we used in our definition and measurement of destitution.

The longitudinal surveys also enable us to examine the persistence of severe poverty problems over successive annual waves. From BHPS, we found consistently that between a fifth and a quarter of those in severe poverty in one year had been also in severe poverty the previous year. This sub-group is clearly at greater risk of facing destitution as the economic and other 'assets' that they need to withstand crises of various kinds may be eroded over time (see Chapter 4).

Summary

Using the results of a survey of users of voluntary sector crisis services in ten local authority areas to adjust a secondary data-based predictive index, we estimated that there were at least 184,500 households destitute and in touch with these services in a typical week in the UK in 2015. Our annual estimate is subject to additional provisos, but is that 668,000 households, containing 1,252,000 people, of whom 312,000 were children, were destitute and in contact with these services during 2015.

Both these weekly and annual estimates are conservative, based on a strict application of our definition and focused exclusively on those cases that come to the attention of voluntary sector crisis services. Destitute households which do not make contact with any crisis services, or make contact with statutory

services only, could not practically be captured using our methodology. However, we know from our analysis of use of LWFs, that the latter group at least is likely to be substantial.

Two-fifths (40 per cent) of all those we defined as destitute were categorised as both deprived and on an extremely low income; 12 per cent had an extremely low income only (so had not been deprived over the past month); and 49 per cent had been deprived over the past month only (so had an income above the extremely low level). This group was more common among UK-other households, but even here most had an income level that was only slightly higher than the destitution threshold set. Approaching half of all destitute households reported a lack of four or more essentials over the preceding month, most commonly food and clothes suitable for the weather.

The group which appears most at risk of destitution in the contemporary UK is younger single men. While people born overseas (particularly those from the EEA, the Middle East and Africa) face disproportionate risks of destitution when living in this country, the great majority (79 per cent) of those destitute in the UK over the course of 2015 were born here.

Detailed qualitative accounts from 80 destitute interviewees, and aspects of our quantitative analysis, indicated that, far from being a one-off, transient episode, destitution typically occurred in a broader context of severe poverty and hardship extending over a considerable period of time. On average, we interviewed destitute survey respondents three to four months after they had completed the census survey, and in about three-quarters of these cases we found that they remained destitute. However, while the great majority of migrants and UK-complex needs interviewees were still destitute when interviewed, this was true for only around half the UK-other group, indicating the relatively shorter term or more cyclical nature of the destitution experienced by this latter group. That said, there had generally been little 'distance travelled' by UK-other interviewees, and the majority remained in severe poverty and susceptible to further episodes of destitution.

The geography of destitution in the UK matches very closely that of poverty in general, apart from some particularities related to the location of key migrant groups, including asylum seekers. It is clustered in former industrial areas, largely in the north of England and in the other UK countries, and in some London boroughs and seaside towns, with much lower rates found in affluent suburban and rural or small town districts in the southern part of England.

Data is not available to directly trace trends in destitution in the UK, though a number of large-scale surveys provide evidence of a rise in severe poverty (which implies a rise in the risk of destitution) over the past decade or so. There is also evidence of a rising trend in a number of other factors which appear to be associated with destitution in the UK, either as a potential cause (benefit sanctions, migration and asylum processes) or as a manifestation (use of food banks, homelessness and rough sleeping). We explore these interconnections in Chapter 4, looking at routes into destitution among our three key sub-groups.

4 Routes into destitution in the UK

Introduction

This chapter considers the main routes into destitution in the UK. The cause of destitution is a controversial subject, and it is always a challenge in any social scientific context to prove causation. But the combination of the quantitative data generated by the census survey on destitute service users' experiences over the past 12 months (which alerts us to *potential causal factors*) and our qualitative interviews with destitute households (which enabled in-depth inquiries about the *nature of any relationship* between these experiences and the onset of destitution) has enabled us to identify the relevant triggers for destitution and the factors that contribute to them.

The picture of routes into destitution emerging from this data is a complex one, with no predominant, single cause. Rather, the main pattern is that of a number of interacting factors undermining the ability of people living on extremely modest resources to meet their essential needs in particular circumstances. In Chapter 3, we established that this extreme form of need typically occurred in a broader context of severe poverty and hardship extending over a considerable period of time. However, destitution tended to be a more sustained experience for the migrant and UK-complex needs groups than for the UK-other group, who were more likely to move between severe poverty and destitution.

It is within this context that we examine in more detail the interacting factors that were associated with routes into destitution, and how these varied across our three main sub-groups. As will be seen below, for the UK-other group, issues concerned with debt especially, but also with benefits, tended to predominate, though the impact of serious health issues was also a strong theme. With respect to the UK-complex needs group, benefit and debt factors were equally to the fore, and health-related issues were also very important, but in this case so too were relationship difficulties. For destitute migrants as well, debt, benefit and health-related difficulties had often contributed to their predicament, but specific additional factors associated with the immigration system, or with their lack of local social networks or familiarity with UK systems, could compound the problems they faced.

Before we examine each of these specific factors in turn, we first present the census survey findings on destitute service users' experiences over the past 12 months by way of context for our investigation of routes into destitution.

Destitute respondents' experiences over the past 12 months

The census survey findings on destitute service users' experiences over the past 12 months provides the context for our investigation of routes into destitution.

We asked respondents about a range of experiences over the previous 12 months that the existing literature and our key informant interviews suggested may contribute to routes into destitution. As we would expect, there were differing experiences between our three main sub-groups (see Table 4).

Getting behind on bills was very common among UK-born service users, especially among those without complex needs, three-quarters of whom reported experiencing this in the last 12 months. Serious debt affected not quite so many respondents, but was still a significant phenomenon, reported by nearly two-fifths of the UK-other group. Given that migrants are less likely than UK-born respondents to be in receipt of benefits (as many lack eligibility), it is unsurprising that they less commonly reported experience of benefit sanctions and benefit delays, which in combination affected more than half of all UK-born respondents.

Table 4: Problems/issues experienced in last 12 months by destitute service users in three main sub-groups

Experienced in last 12 months	Migrant (%)	Complex needs (%)	Other UK (%)	All destitute (%)
Getting behind on bills	31	56	73	57
Serious debt	23	27	43	33
Any financial problem	*36*	*57*	*75*	*60*
Benefit delays	25	45	42	40
Benefit sanctions	21	34	31	30
Any benefit problem	*36*	*57*	*53*	*51*
Serious health problems	24	32	29	29
Parents/ family rel. breakdown	15	40	14	25
Divorce or separation	16	18	10	14
Domestic violence	9	18	4	11
Any relationship problem	*28*	*53*	*22*	*36*
Being evicted	13	26	16	19
Losing a job	20	13	16	16
Reduced hours or pay cut	7	3	8	6
Any job problem	*23*	*15*	*21*	*19*
Coming to the UK to live	16	1	1	4
None of these	11	7	7	8

Source: Research census survey, national-annual weighted, 2015

As we would have expected (see also Fitzpatrick *et al.,* 2013), relationship breakdown with parents or family, and domestic violence, were far more common among UK-complex needs cases than among the other two sub-groups. Perhaps surprisingly, however, serious health problems were reported almost as often by the UK-other group, and were also noted by one-quarter of migrants. While eviction was most frequently reported by UK-complex needs service users, it was also in evidence among the other two sub-groups. Work-related negative experiences, particularly losing a job, were most common among migrants, but even in this sub-group affected only a quarter overall, which may reflect the fact that many in our sample lacked the right to work in the UK. It is notable that only 16 per cent of migrants had come to the UK to live in the past year, indicating that destitution does not affect only (or even mainly) 'new' migrants.

The remainder of this chapter uses the qualitative interview data to investigate how, if at all, these experiences contribute to service users' routes into destitution. It also highlights additional contributory factors not covered in the census questionnaire.

Debt-related factors

The issue of debt and arrears loomed large in this study of destitution (as it does more widely) in the contemporary UK. More than half (57 per cent) of all destitute service users reported 'getting behind on bills' over the past year, while one-third (33 per cent) reported being in 'serious debt' (see Table 4). These were particularly common experiences among the UK-other group, with 73 per cent reporting that they had had difficulties in paying their bills over the preceding 12 months.

Our qualitative interviewees most frequently mentioned having rent or Council Tax arrears, but arrears in energy and water charges also commonly featured, as did outstanding Crisis Loans and benefit

overpayments. Small numbers reported payday loans, borrowing on a credit, or from unlicensed money lenders.

We identified three main scenarios within which debt or arrears triggered or contributed to destitution in a fairly direct way.

First, for a small number of interviewees, debt accrued 'in the good times' when it was serviceable, becoming unsustainable when their income dropped, making it difficult to maintain access to necessities:

> 'Well I took equity out on the house which was the silliest thing that I ever did. I took it out before the property crash... they're charging about £12 a day in interest... I have run out of electricity but my sons have given me money to top it up. They bring some groceries in now and again.'
> Male, 68, UK-other

Second, for a somewhat larger number of interviewees, debt was accrued as a coping strategy to stave off a lack of necessities (see also Chapter 6), but these debts were often unsustainable, with debt repayments either not being made at all or only being made via new loans:

> 'Well obviously I do get into a bit of debt sometimes because if I need to go and borrow some money so I can put a bit more electric or something on, or get some more heating or anything, then the first thing you do when you get your money is pay it back so therefore you're short again.'
> Male, 39, UK-other

Third, another group of interviewees were managing to service their debts, or catch up on arrears, without additional borrowing, but repayments were so high in relation to their total income that they were unable to afford basic essentials. In many such cases, it seemed that destitution could have been avoided if repayments had been spread over a longer time period. Importantly, it was also apparent that the principal creditors imposing these unsustainable repayment rates were usually local authorities and the DWP, rather than private creditors, with repayments often deducted directly from benefits so that interviewees had no choice but to give them priority over all other expenditure:

> 'I get £37 a week off the DWP; it works out £74 a fortnight. They said they paid me too much ten years ago ... then they said, "That's another overpayment", and they took all that back as well... The council have lent me the deposit and my first month's rent for this place. Then again, they take it out of my money each fortnight... I'm left with about £9 a fortnight to get all my shopping and that doesn't help because I'm a diabetic as well.'
> Male, 55, UK-other

> 'It was a big struggle. Up until May, I was only receiving approximately £45 a week because I was owing money to the Benefits Agency... making sure I had enough electric which was basically half my benefits gone on that. That only left me with £20-odd but a lot of the time the £20 didn't last long.'
> Male, 52, UK-other

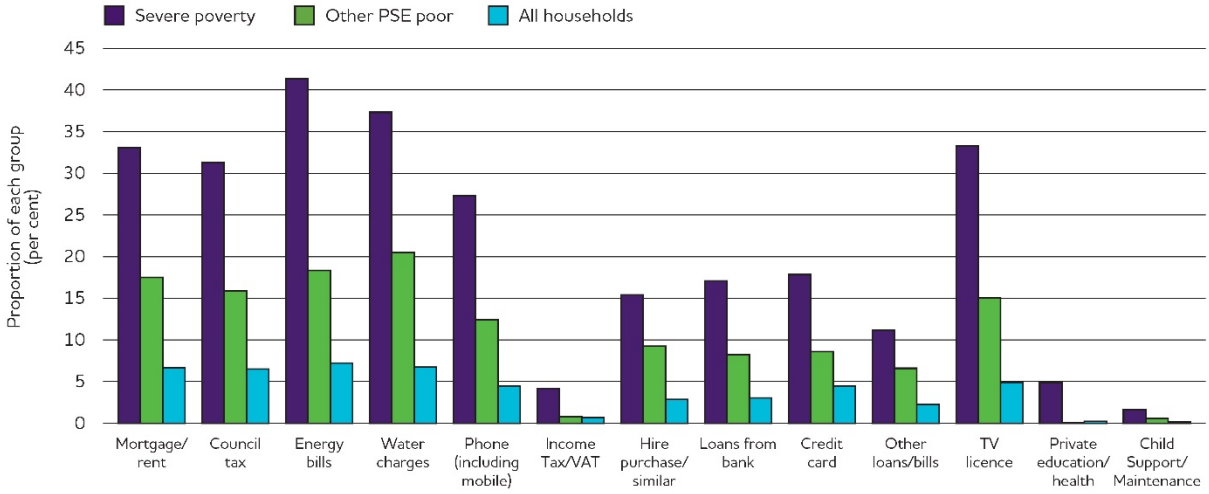
A couple of interviewees commented that their creditors were not willing to spread repayments because they were no longer receiving social security benefits:

> 'Whilst everybody is very helpful while you're on benefits, the minute you come off benefits they all want their money now... They don't want to accept lower payments like they would do if you were on benefit... if you're on benefits they'd accept £10 a week or whatever, [instead] we've got to pay it in two halves, so out of my husband's money, for instance, we've got to pay £470-odd. We had to pay it last month and we've got to pay it this month, and out of his wages that's a big old chunk. So once you've paid that and then the rent, if you're lucky you've got enough to buy a bit of food and gas and electric.'
> Female, 55, UK-other

These qualitative findings are very much in keeping with wider UK patterns of debt among low-income groups, as revealed by data from the UK-wide PSE survey. Borrowing in the last 12 months in order to pay for day-to-day needs is reported by 23 per cent of all UK households, but by 56 per cent of 'poor' households, and by 91 per cent of 'severely poor' households. A quarter (27 per cent) of severely poor households in the UK resorted to the most risky type of group of lenders (pawnshops/payday lenders/unlicensed moneylenders), compared with only 6 per cent of all UK households. These households were also much more likely to borrow from family or friends (81 per cent of severely poor, 19 per cent of all households).

The distribution of these debts and arrears according to financial circumstances is shown in Figure 12. Two features stand out strongly. First, people facing severe poverty have much higher levels of debts and arrears in all cases than those who are 'merely' poor, who in turn have much higher levels than better-off households. Secondly, many of the highest incidence types of debts/arrears are for public charges (Council Tax, TV licence) or public utilities (energy bills, which are the highest, and water charges). 'Consumer debt' (hire purchase, bank loans, credit cards) are less prominent in comparison.

Figure 12: Extent of arrears of debts by type and by severity of poverty/financial pressure across all UK households 2012



Source: PSE, 2012

Benefit-related factors

Table 4 indicates that problems with the benefit system – delays or sanctions – were particularly common among UK-born service users (affecting 57 per cent of those with complex needs, and 53 per cent of those without such needs). While these particular issues were less frequently reported by destitute migrants (36 per cent), many of whom were not in receipt of UK benefits, this is still as high a proportion as reported any of the other recent experiences we asked about. These statistics do not of course mean that such problems 'caused' destitution, but they provided strong grounds for investigating the nature of the potential interconnections in our qualitative work.

Benefit delays were the most frequently reported benefit problem (affecting 40 per cent of all destitute service users in our census survey). Interviewees waiting for Jobseeker's Allowance (JSA) payments to start experienced delays of up to six weeks, which presented particular problems for those moving in and out of casual or short-term work:

> 'A lot of the time I was on Jobseeker's but every now and then I would get a temporary job that didn't last very long, like when they were just needing a lot of people at one time. I'd be able to earn a couple of hundred pounds doing that and that would usually keep me going...but then afterwards I'd have to sign on to Jobseeker's and weeks and weeks and weeks without money while I was waiting on the Jobseeker's claim...'
> Male, 22, UK-complex needs

Many of the most serious delays, however, were associated with claiming or attempting to claim sickness benefits, with medical assessments (and re-assessments following an appeal) sometimes involving very protracted waiting times:

> 'After my stroke – my job entailed driving and with having the stroke my license was revoked. So on top of losing my house [tenancy], I lost my job as well. So I was in financial difficulty for a good couple of years until I got things sorted out regarding benefits and such like. I only just got the benefit sorted out in May this year... It took a long time, going through medicals and applying for this and that.'
> Male, 55, UK-other

> 'Back last year... I was struggling. I've never done drink or drugs, I've never done that, but when it comes to food, electric and all that lot, it gets hard... I had to wait for a year to be assessed [i.e. receive a Work Capability Assessment].'
> Female, 21, UK-other

Some interviewees claimed that repeated administrative failures in benefit processes had led to serious delays in their receipt of benefits:

> 'It happened three times in one year. The problem was, I had sent – you know how you have to go for a sick line and send your sick line to them? What I did was, I sent them a sick line, and they said that they didn't receive it... I ended up in the food bank...So what I've had to do is I have now got to go into the social security and actually hand in my sick line now, to make sure that they get it.'
> Female, 52, UK-other

It was apparent from our interviews that *benefit sanctions* (reported by 30 per cent of all destitute service users in the census survey) had an exceptionally abrupt impact on the people affected by them. In most cases, the sanctions, which usually related to JSA but in some cases to Employment and Support Allowance (ESA), were perceived as unexpected, and a number of respondents claimed that it was not explained to them why they had received a sanction (see also Batty *et al.,* 2015). Around half of those we spoke to who had received a benefit sanction made a direct link between this and being unable to get basic essentials:

> 'Me and my partner have gone without food, for a day or two or something... It happened a lot of times when I was on the sanctions at the Jobcentre... We started using a foodbank.'
> Male, 29, UK-other

> 'For some reason they stopped my money and I never had any money for two months... They done it twice to me. They nearly pushed me over the edge basically... [had to ask] people to feed us, lend me some money so I could put it in the electric so I had some lighting.'
> Male, 39, UK-other

As has been demonstrated by previous research, homeless people and other vulnerable groups (Batty et al., 2015; Fitzpatrick et al., 2016), as well as younger claimants (Watts et al., 2014), are disproportionately affected by benefit sanctions. This was evident in our study too:

> 'I was on ESA, I've got depression and that, and they stopped my money because I couldn't make the appointment... I've gone without food, without clothes, I've slept rough...when I've had no money.'
> Female, 20, UK-complex needs

> 'I got sanctioned because they'd tried to put me on daily sign-ons and every day I didn't know where I was so I ended up showing up five minutes late, because I didn't know where I would be [sleeping] that night and obviously having to turn up every single day was difficult. I had to walk, sometimes it was quite a distance. I remember walking 12 miles at one point just to get there...'
> Male, 22, UK-complex needs

Sanctioned benefits claimants are able to apply for a discretionary hardship payment from the DWP which, in the case of JSA, is set at 60 per cent of the sanctioned amount (80 per cent if the claimant or a family member is pregnant or seriously ill). Unless claimants fall into a specified vulnerable group, they must wait two weeks before they can apply for these hardship payments. However, none of our sanctioned interviewees reported receiving a hardship payment, and in only two cases was the possibility of applying for such a payment raised with them.[17]

Other benefits issues were raised in the qualitative interviews, particularly benefit levels and the implications of post-2010 welfare reforms and reductions:

> 'I only get £160 every two weeks, and that's paying £60 rent, £20 gas, £20 electric, TV licence, water, leaves me nothing for shopping. That's why I'm in so much debt.'
> Female, 39, UK-other

Some interviewees' reported that their ability to meet their housing costs, and at the same time buy other essentials, had been compromised by Housing Benefit and Local Housing Allowance restrictions (see Chapter 6). The very small, if any, margin above the extremely low 'destitution' income threshold that most in the UK-other group had, meant that even very modest top ups for their rent could push them into destitution:

> [Interviewer: Have you been affected by the Bedroom Tax?] 'Hugely, yes... I am in rent arrears, but I'm paying that with the help of my daughter, but it's mainly water rates... [Council Tax] I am in arrears again, but it's being paid slowly... I'm finding that I'm actually eating less now than what I used to... In the winter we simply didn't have enough heating.'
> Male, 46, UK-other

Some participants had not been claiming benefits they were entitled to because of a lack of awareness. Examples included a parent who thought that she had to be working to be eligible for Child Tax Credits, a self-employed person who did not know that he could apply for JSA when his workload dropped to a few hours a week, a working social tenant who thought that Housing Benefit was only available to unemployed people, and a home-owner who fell into difficulties with his mortgage following a job loss and was unaware of the Support for Mortgage Interest help available. This category also included some migrants who were failing to claim mainstream UK benefits to which they appeared entitled.

Health-related factors

Serious health problems were reported by a significant number of all destitute service users (29 per cent). While most common amongst the UK-complex needs group (32 per cent), they were reported by a barely lower percentage of UK-other service users (29 per cent), and by one quarter of destitute migrants (24 per cent).

Health issues arose in the qualitative interviews mainly in relation to the difficulties in claiming sickness and/or disability benefits. However, some research participants found themselves having to spend money on specific items related to their ill-health that pushed them into a destitute situation and thus they came to lack other necessities. Examples included people with special (and expensive) diets, and those who had to pay for taxis to hospital appointments (as their only viable transport option) (see Chapter 5). Long-term mental health vulnerabilities (including schizophrenia, bi-polar disorder and severe anxiety disorders) and learning difficulties contributed to destitution among a few interviewees who struggled to cope effectively on a very low income:

> 'It just feels like I'm on my own and I stress because I can't read and I get bills in and I don't know if I'm coming or going. And that's how I got in so much debt and nearly lost the property before.'
> Female, 39, UK-other

Among the UK-complex needs group, the long-term impacts of drug and alcohol addiction, as well as very poor mental health, commonly featured in their routes into homelessness and destitution:

'... I just kind of started hanging about with the wrong people, got involved in drugs, and my life pretty spiralled right out of control, really.'
Male, 30, UK-complex needs

'I'm constantly in the middle of a mental breakdown.'
Male, 45, UK-complex needs

For some in this group, addiction-related expenditure had undermined their ability to meet other essential needs:

'I do have a bit of an alcohol problem and a lot of it [money] went because of my alcohol which didn't help when I've got an addiction like that. That's part of the reason that, I'd maybe buy two or three days food and after that I had no food.'
Male, 55, UK-complex needs

However, bearing in mind that over half (53 per cent) of the UK-complex needs destitute group had incomes below our extremely low 'destitution' threshold, most would have been unable to buy all of the essentials specified in our destitution basket of goods even if they had spent none of their income on alcohol and drugs.

Employment-related factors

As reported in Chapter 3, only 5 per cent of destitute service users were in paid work at the time of the census survey. While around one-sixth (16 per cent) of destitute service users reported losing a job over the past year, migrants were a little more likely to report this (20 per cent) (see Table 4). However, drilling down further into the migrant sub-groups it was apparent that loss of a job was a major factor for EEA migrants, who reported this at a much greater rate than in any other group in the census survey. The other job-related experiences that we asked about in the survey – reduced hours or a pay cut – were reported by fewer than one in ten of all three destitute subgroups, and was insignificant even among EEA migrants.

Among our interviewees, job loss was in most cases related to redundancy or the seasonal nature of the work, but a small number of respondents lost their jobs in the context of an accident, injury or the onset of ill-health. For UK-born interviewees at least, this loss of employment did not, in and if itself, trigger destitution. Rather, it was the combination of job loss with other adverse events, most often the sort of benefits issues discussed above, that precipitated their destitute situation.

Loss of employment was a reason for destitution mentioned by a few migrant interviewees who were not entitled to mainstream social security support. This included three migrants from Eastern Europe who found that there was little safety net for them when they lost a job: the changes in entitlements to benefits for EEA migrants introduced in April 2014 meant that their Housing Benefit stopped six months after they stopped work. Two other migrant interviewees spoke of being directly pushed into destitution as a result of the Home Office confiscating all their money in a 'raid' (they were working which violated their leave to remain conditions). More generally, the lack of a right to work for asylum seekers and some other categories of migrant was viewed as a major barrier to leaving destitution (see Chapter 7).

Relationship-related factors

As reported in Table 4, divorce or separation from a partner during the past year was reported by 14 per cent of all destitute service users, while 11 per cent reported experience of domestic violence over the same time period. Relationship breakdown with parents or family in the preceding year was more common, reported by 25 per cent of all destitute service users, but by 40 per cent of the UK-complex needs group (see also Fitzpatrick *et al.,* 2013). In the qualitative interviews too, the role that relationship breakdown had played in contributing to destitution among this particular group became clear:

'I broke up with my wife and left my job and it's been more or less a downward spiral ever since then, to be honest.'
Male, 45, UK-complex needs

'My girlfriend kicked me out. We had big fights and I ended up on the street.'
Male, 53, UK-complex needs

Among other UK-born interviewees, there was only limited reference made to relationship-related factors with regard to destitution 'triggers', though a few mentioned divorce, separation or bereavement as longer-term contributor in their case:

'It [financial difficulties] started in 2010 when I separated from my wife... because of the medication that I was on, I knew she would deal with anything [financial] that had to be dealt with, but she didn't. Because it was all in my name, I'm liable for it.'
Male, 45, UK-other

Similarly for migrants, relationship issues were generally not to the fore in triggering their destitution, but social isolation could exacerbate their situation and inhibit their exit from it (see below).

Cost of living-related factors

An additional set of factors that emerged strongly from some qualitative interviews related to the high living costs, particularly housing costs (see Chapter 6), faced by many people living in poverty. The high cost of energy was the other key theme, and some participants therefore emphasised that winter was their most difficult time of year:

'Well, it's a bit better now because of the warmer weather, so the cost of gas and electricity is a lot lower so that's helped a lot. I just about get by.'
Male, 46, UK-other

Those with older, inefficient appliances or electric-only heating faced an additional premium on top of the already high energy prices.

'It's a really old system...to heat the water up it's actually electric. It's very costly, and we've got a huge bill with British Gas, so that's a problem.'
Male, 44, UK-other

The high cost of food, especially for those with larger families, was mentioned in some interviews, and a 'poverty premium' was implied in the comments we received about the difficulties in being able to bulk buy, store or cook food:

'Because we don't have a working fridge, and we don't have a working cooker, it's always food that we have to eat throughout the day and that's why it costs so much.'
Female, 23, UK-other

Factors specific to migrants

As is evident from the discussion above, migrants experienced many similar triggers to destitution as UK-born interviewees, although there could be some variation in the relative importance of different factors.

As noted earlier, only 16 per cent of destitute migrant service users in the census survey reported having arrived in the UK in the last 12 months. This was not, however, an indication that migration-related issues were not prominent for this group. On the contrary, qualitative accounts revealed that migration-related triggers could prompt prolonged and persistent periods of destitution, extending well beyond the one year time frame we used to explore recent experiences in the census survey.

The implications of the restricted access to Housing Benefit for EEA migrants who lose their jobs has been noted above. Difficulties with transitioning from asylum seeker to refugee status were associated with destitution for a few of the migrants we spoke to. For example, one interviewee did not manage to secure their own accommodation within 28 days of gaining status (and therefore having to leave the Home Office accommodation) as it fell over the Christmas/New Year period. Another refugee, who was unfamiliar with the UK benefit system and was not given appropriate advice, did not apply for JSA after

transitioning to refugee status. A third was pushed into destitution by the arrival of his family from his country of origin, as he had to try to meet all of their needs on his single person's JSA before his spouse and children's welfare support started to come through.

Asylum-seeking respondents who were supported by the Home Office highlighted the very low levels of Section 95 and Section 4 benefits as the main reason for their predicament (see also Fitzpatrick *et al.*, 2015); note also that Section 95 levels have decreased for families and lone parents from August 2015[18]. While a few expressed some sympathy with the government's case for the low level of these cash benefits – because rent and utility bills were covered when they were living in Home Office accommodation – it was apparent that they faced periodic expenses that these very low levels of support could not cover, and this tipped them into being unable to get basic essentials (see Chapter 5).

The ban on taking up employment for current and refused asylum seekers was viewed as a factor contributing to destitution for these groups, and sometimes perceived as a deliberate policy objective:

> 'They [Home Office] don't allow us to work but they want us to be destitute and depend on them.'
> Female, 54, migrant

Social isolation, while also affecting many UK-born destitute respondents, could be particularly prevalent among destitute migrants, particularly those who had experienced 'no choice' dispersal (see Chapter 6):

> 'I have found it harder since I came to [city] as I don't know where to access things.'
> Female, 58, migrant

Lack of knowledge about the UK in general and about support organisations in particular could be a contributory factor for migrants more generally:

> 'We need help. We need some people to talk, we need some people to ask, we need some people to say, yes, you're all right you can do that and you can't do that. But some people go in the street, they don't know anything... it's so hard for them, it's so hard.'
> Male, 27, migrant

Summary

The picture of 'routes into destitution' emerging from this data is a complex one, with some notable distinctions as well as continuities between the three destitute subgroups.

For the UK-other group, routes into destitution on the 'income' side were largely benefit related (delays or interruptions, sanctions and levels), but it is also important to note the existence of a number of key triggers on the 'expenditure' side. These included, most notably, debt and arrears repayments (usually to public sector authorities), health-related expenses, and the high cost of living relating to essential goods (especially housing and energy costs). The impact of serious health issues was also a strong theme. These factors were of course interrelated: for example, much of the relevant debt had been accumulated as a result of living on very low levels of income for protracted periods of time, while one of the reasons health issues impacted on destitution was the difficulties encountered in gaining access to sickness benefits.

It will be recalled from Chapter 3 that approaching half of all UK-other destitute service users had incomes below our extremely low destitution threshold and so, even without these additional expenditure pressures, would be unable to buy all of the absolute essentials specified in our definition of destitution. For the slightly more than half in this group whose income was above this extremely low threshold, it is important to bear in mind that in most cases it was only slightly above. This means that it took very little indeed by way of additional expenses associated with, say, housing or health needs, high energy bills, or debt repayments, to push them into a position where they were unable to get the essentials they needed.

A lack of room for manoeuvre was also evident with in the limited degree of choice that people often had over these expenditure patterns. Thus arrears repayments were often deducted directly from benefits, leaving no space for choice whatsoever, and, understandably, people often felt obliged to prioritise some

health-related expenditure (such as transport to hospital appointments) over other essential goods. These issues of prioritisation and juggling between essential items is explored in more detail in Chapter 6.

Benefit and debt factors were equally to the fore for the UK-complex needs group, and health-related issues were also very important, but in this case so too were relationship difficulties. The route in to destitution for this group often involved long-term health problems (including alcohol and drug addictions, and enduring mental health problems), as well as traumas of various kinds (see Fitzpatrick *et al.,* 2013), and the erosion of social support networks (see also Chapter 6). Some had lived a cashless existence for quite long periods, and many had been close to destitution for a considerable amount of time. However, the 'shock' factor of benefit delays, interruptions and sanctions loomed large for this group, often triggering their move from a position where their basic necessities were just about being met to one where they were not. While some had prioritised expenditure on drugs and alcohol over essential items, at least until such time as they had been able to get effective recovery support, the majority had an income so low that they would be destitute regardless of their expenditure choices.

Migrants' routes into destitution featured many of the same factors as those of UK-born interviewees, but they often faced compounding difficulties associated with the immigration system, or with their lack of local social networks or familiarity with UK systems. Largely as a result of benefit eligibility restrictions, they had an income even lower than that of our UK-born interviewees (two-thirds were below our extremely low destitution threshold), and they tended to have been in this position for an extended period of time (see Chapter 3). Immigration system issues dominated the accounts many gave, particularly the ban on taking up employment for current and refused asylum seekers. Social isolation, while also affecting many UK-born interviewees, could be particularly prevalent among destitute migrants, particularly those who had experienced 'no choice' dispersal, and a lack of knowledge about the UK in general and about support organisations in particular could also be a contributory factor.

5 The experience and impact of destitution

Introduction

This chapter details the experiences of, and impacts of destitution on, the people directly affected. It begins by considering the particular forms of deprivation that destitute service users had experienced, and how they prioritised between essentials when unable to buy all that they needed. We also review the extent to which destitute service users had additional necessities not covered by the items included in our destitution 'basket of goods'. We then consider the impact that this experience has on the people involved, focusing on their mental and physical health, and on their social and family relationships.

Experiences of destitution

Food

Unsurprisingly, given that 76 per cent of destitute service users reported skipping meals in the month preceding the census survey (see Figure 2), lacking food, or not being able to afford to buy enough food for oneself and the rest of one's household, was a dominant theme in our qualitative interviews. While most UK-other interviewees had received at least some help with food, usually either from family or food banks, in many cases this was not enough, or often enough, to fend off hunger entirely:

> 'I've got to be honest, there were actually days when I wasn't eating at all.'
> Male, 44, UK-other

> 'That's me down to my last meal. I've got a meal for tonight and then I don't get any more money until Thursday.'
> Male, 55, UK-other (interviewed on Tuesday am)

> 'Quite often I was, plain and simple, going hungry, plain and simple.'
> Male, 46, UK-other

All of the parents who had experienced a lack of food emphasised that they put their children's needs first:

> 'I had to budget and things like that to make sure I had enough money to get what I needed. So, even if it meant that me and my partner had to go hungry for a few nights just to feed our son then that's what we had to do.'
> Female, 29, UK–other

> 'I never let my little boy go without food, but I miss at least two meals a day, sometimes three.'
> Female, 24, UK-other

A few interviewees or their household members had diabetes and were supposed to keep to a special diet but were unable to afford it:

> 'He [husband with diabetes] is supposed to eat healthily, but you can't actually afford to eat healthily because it's generally the cheaper cuts of meat or the cheaper stuff that's got all the rubbish in it that he shouldn't be having, so it's a catch-22 situation really.'
> Female, 55, UK-other

'I'm a diabetic so I'm supposed to eat like four or five small meals a day and sometimes I don't eat for three days... I'm actually on bread and a couple of tins of beans, but by about Sunday I'll have nothing, I'll have to wait until Wednesday.'
Male, 55, UK-other

A number of UK-complex needs interviewees were keen to emphasise that they were able to access free food from local charities:

'The soup kitchens down here are very good; there is one every day. You can always get something to eat, so you never starve.'
Male, 45, UK-complex needs

But it was clear that the majority we spoke to in this situation had gone hungry on many occasions, or had at least endured long periods of erratic eating:

'It could be up to like four days or up to a week [with very little food].'
Female, 17, UK-complex needs

Most destitute migrants we interviewed had managed to avoid hunger by buying the cheapest possible food and/or by getting free food from food banks on a reasonably regular basis (see Chapter 6). However, a number admitted that they sometimes skipped meals. A few regularly went hungry:

'Now I can't eat the way I ate before. As I'm talking to you now I've not eaten. I'm not going to eat now, I'll eat later. Sometimes it will take me to the evening.'
Female, 34, migrant

'I don't eat enough, I'm just grateful for one meal a day.'
Male, 48, migrant

Clothes

An inability to afford suitable clothes and shoes for the weather was mentioned by 71 per cent of destitute service users in the census survey, and was common across all three sub-groups (see Figure 9). Migrants who had left warmer countries to come to the UK particularly struggled, as the clothes they had were often wholly unsuitable for British winter weather:

'If it's cold or rainy I have to stay at home.'
Male, 27, migrant

'I don't have money to buy any clothes. The ones I bought about eight years ago, when I was working, that is what I am still putting on. I don't even think about clothes now at all... I don't even have a proper jacket...it doesn't even zip properly.'
Female, 34, migrant

Most interviewees who reported a lack of suitable clothes and shoes, both migrants and UK-born, had not received any help with meeting this need:

'Well, at the moment, I do not possess what I call a winter coat. I haven't for some years really. I've just got a fleece that I wear. It's more of a summer fleece than anything, but I wear that. I've got a light rain coat, which is that old that the shop no longer exists.'
Female, 55, UK-other

'My partner doesn't have any suitable shoes and neither do I. He's got holes in all of his shoes and I've got holes in all of mine.'
Female, 23, UK-other

Some commented on the relative lack of charitable support options available to help with these items (see also Chapter 6):

'I haven't got no decent clothes, but I don't know where there's any places to get clothes. I've heard there's some places, but I haven't yet come across somewhere with clothes, but for food yes, I manage to go to some food banks or some day centres. But the clothes is a difficult situation. I don't know how to get across that one.'
Female, 32, UK-complex needs

The particular problems with meeting growing children's need for new clothes and shoes was frequently highlighted (see further below).

Toiletries

Almost two-thirds (63 per cent) of all destitute service users reported being unable to afford basic toiletries in the month before the census survey, and again this was a common experience across all three destitute subgroups (see Figure 9). UK-other interviewees who mentioned a problem with affording toiletries were almost evenly split between those who actually went without them and those who managed to get them from other agencies, usually food banks (see Chapter 6):

'I've gone many times without deodorant and things like that.'
Female, 24, UK-other

'I haven't got any money until next Wednesday. I've got half a bog roll left. I haven't got any money to go and get any.'
Male, 39, UK-other

'Again, that's something I sometimes have to rely on the food bank for, as in toilet roll, deodorant and things like that. My toiletries are all from the food bank; I'm still using them today. Things like deodorant, soap; I don't know how I would've kept myself clean otherwise.'
Male, 55, UK-other

It was only occasionally reported that children went without essential toiletries:

'... A good example the other day, I got a very angry and a very upset, and quite rightly, phone call from my ex, my little one's mum. He apparently has an itchy rash. She said, "I've got no money until tomorrow." I didn't have a penny. I couldn't provide basic medicine, calamine lotion was all she was after, I couldn't even provide that for my ill child. That is some depressing stuff.'
Male, 39, UK-complex needs

Most migrant interviewees, or those in the UK-born complex needs group, reported that toiletries were relatively available thanks to food banks and/or showering facilities at night shelters, though difficulties could be experienced when these organisations were closed (see Chapter 6).

Heating and lighting

As noted in Chapter 3, not being able to afford to heat their home was a common experience among the UK-other interviewees living in their own private accommodation (see Figure 9). Very often that meant not heating the home at all, even in mid-winter:

'I never have my heating [on].'
Male, 55, UK-other

As with food and clothes, parents spoke of prioritising the children's need for warmth over their own:

'I've got a child so we've got to keep him warm through the winter so his needs come first. We've done a little room up for him so he has a room to himself and we have central heating anyway so he's cushioned.'
Male, 59, UK-other

While having a lit home was generally considered an even higher priority than having a warm one, a number of participants nonetheless referred to sitting in the dark for days at a time:

> 'I'm on an electric meter which I have to put in each fortnight out of my social, if I've got no money then I don't have any lighting, I usually run out about three days before I get paid.'
> Male, 54, UK-other

Many interviewees highlighted that, when their gas or electricity ran out (either because they had no credit on prepayment meters or the supply was cut off by the energy company), they lost other essential household functions too:

> 'There were occasional times where obviously even my parents couldn't help me and I was in the dark, because I didn't have no electric. That meant I didn't have no heating and no cooking facilities, so I wasn't eating.'
> Male, 45, UK-other

> 'We have gas for about three to four days and then we'll run out again for a period or something... We're unable to afford to keep the gas going, it's too expensive. So it's heat and hot water [that goes].'
> Male, 29, UK-other

Shelter

As reported in Chapter 3, rough sleeping was far from an unusual experience among destitute migrants and the UK-complex needs group (see Figure 9), while many in all three destitute sub-groups had experienced other forms of homelessness such as sofa-surfing or staying in emergency accommodation including hostels and B&Bs.

Those who had slept rough recalled some extreme experiences, which reinforced the sense – expressed across all three destitute sub-groups – that being without shelter was the most severe deprivation of all:

> 'Yes, it's very hard. I nearly died of cold last time [winter]. I was very lucky.'
> Male, 48, migrant

However, for some interviewees with long-term experience of homelessness, the alternatives to rough sleeping could seem little better:

> 'A couple of months living in a shed over winter, which was particularly horrible. A friend of mine was very kind and let me stay on their sofa with them and their family, but their relationship imploded and it was very difficult having nowhere to go and being in their living room pretending that they're not having a domestic around me and pretending to read my book. I left their house and I slept rough for a couple of months here and there. Sometimes I got a bed for the night, sometimes I had to sleep in an old shed.'
> Male, 39, UK-complex needs

Among the destitute migrants we interviewed sofa-surfing and use of night shelters was common. While night shelters provided a roof over their head, for which they were grateful, negative experiences were often reported associated with sharing at close quarters with people with addictions and other complex needs:

> 'But now these places is most of the alcoholics going there, which I don't like it at all. I don't like to be around those people, so I don't want to be one of them. I'm not one of them; I'm just someone struggling with food and money, that's it. I don't want money for alcohol, I don't want money for smoking, I don't want money for this stuff. When you go in there they're all like, very – like, using drugs and – I don't want to be mixed with them, you know? So I stopped going there.'
> Male, 25, migrant

It should be noted, however, that similar sentiments were also expressed by some UK-born interviewees:

'I always feel a bit grubby having to go in there [homeless shelter] and I don't like it. I wasn't raised to hang around in homeless shelters with junkies. I'm not saying they're bad people, I'm just saying that I don't particularly want to be associated with it.'
Male, 39, UK-complex needs

Prioritisation

We asked interviewees about how they prioritised between the different essentials they needed, when they could not afford all of them.

There was a distinct group for whom paying 'essential' bills was given the absolute top priority:

'My bills are always paid. I like to pay what I've got to pay first. Once I've paid everything, if I've got no money left I'm not worried because I've paid all my bills.'
Male, 57, UK-other

Within this, rent or mortgage payments were generally viewed as the most critical bills, with the need to maintain one's accommodation generally considered to trump all other essentials:

'As long as I have my rent paid and that I can live here, that's the main thing.'
Male, 58, UK-other

For most, food was the next most pressing priority, followed by lighting and heating, though the interconnection between having power and being able to cook was emphasised by many, as already noted above:

'Well, going without food is one of the worst things, and going without electric, that's another thing. [Interviewer: Which do you think is worse?] Going without food.'
Male, 40, UK-other

'Put it this way, I'd rather eat and wrap up. If I'm not eating it's more of an issue.'
Male, 46, UK-other

'I think food is more important, but then again, if I've got no electric, if you see what I mean, I can't cook.'
Male, 55, UK-other

Although food is seen as a priority, the evidence presented above in relation to food deprivation, and in Chapter 6 on coping strategies, demonstrates that in many ways food is the part of the shopping basket over which people have greatest short-term control (see also Riches and Silvasti, 2014), and many people go without meals in order to pay for other things that they need.

The priorities expressed by destitute migrants largely echoed those above, but for some of those who had slept rough in this group, and for many UK-born interviewees with complex needs who were chronically homeless, issues of hygiene and cleanliness were to the fore. This meant that toiletries and being able to shower were sometimes given a very high, even overriding, priority:

'Yes, I go without food, so I can go with those things... I always make sure I've got my toiletries, so when I run out, I'll make sure I'll buy them when I get more money, when my money comes through. I'll always do that.'
Female, 17, UK-complex needs

'Yes, I mean I tend to carry my own toiletries round with me just so I can wash, wash where I want. If someone saw me in the street they wouldn't realise I was homeless other than the fact I've got a backpack... You can kind of spend all day trying to get a shower.'
Male, 44, UK-complex needs

Additional essentials

For practical reasons, we restricted our deprivation-based definition of destitution to a universal core of six necessities required by all households in the UK (see Chapter 1). This stance was taken on the understanding that certain people and households will have additional context-specific essentials and that these should be explored in our qualitative interviews (see Fitzpatrick *et al.*, 2015).

We found that many interviewees identified at least one essential need which was not part of the six included in our definition. Most prominent was being able to pay for transport, which for some related to ill-health, or the later stages of pregnancy, and therefore an inability to walk longer distances:

> 'I can't go anywhere unless I get on the bus because at the moment, with this pleurisy, I can hardly walk anywhere without being out of breath.'
> Male, 40, UK-other

For those living in remote areas with poor public, being able to run a car was indispensable:

> 'A lot of places where we live you can't get to by bus. The biggest issue really is sorting the car and making sure it's got petrol in it to get to interviews, and if something crops up unexpectedly and you've got no petrol, so that has been probably the hardest one.'
> Female, 55, UK-other

A number of asylum seekers we interviewed explained that they needed to pay for local public transport to collect their asylum support payments from the Post Office and/or to report fortnightly to the Home Office, while some had to travel longer distances to attend asylum hearings:

> 'We were in Glasgow and all our cases were in London and our hearing in court, our asylum hearing, and we travelled to London four times. Only two of those trips were paid by the Home Office.'
> Male, 28, migrant

Having a mobile phone was the other additional essential most often mentioned, particularly to stay in contact with family and friends:

> 'If I didn't have my mobile phone I'd probably be in the loony bin.'
> Male, 45, UK-other

> 'Yes my phone is my only contact with my girlfriend. At the moment she's still in [country] and it's crucial to have this phone. There have been a couple of times that I've been close to panic attacks because I wasn't going to get paid because in a couple of days my phone would have been shut off and she would have been really worried.'
> Male, 46, migrant

However, a great many interviewees noted that, while they had a phone, they couldn't afford to have any credit on it, so it was used for incoming calls only.

Ill-health triggered needs for additional or more expensive toiletry, sanitary or medical products on a regular basis for some interviewees, and a few had got into debt to buy specific larger items:

> 'I had to go and buy myself a new bed because my old bed was too low, that I'm still paying for. I'm also still paying for my settee and that, because I had to go and get a settee because the chair I had was too low. I've had to go out and get a fridge because my medication has to stay cool. I've had to go out and get a new bed, a new settee, or second hand ones but I've still had to go out and buy them.'
> Male, 45, UK-other

Among the complex needs group in particular, buying drugs or alcohol could take priority over essentials like food, at least until appropriate support was secured (see Chapter 4). Cigarettes was a luxury that some other interviewees noted they could no longer afford:

> 'Well I smoke fags, I don't drink, but I do like a cigarette. So the last two nights I've had to knock that on the head, I don't smoke any more, I just can't afford it. It's not a necessity, but it is because I've had to stop'.
> Female, 30, UK-other

Finally, while this study is narrowly focused on destitution, it was clear that the majority of interviewees across all destitute sub-groups were deprived of many material items that are taken for granted by society at large:

> 'I've never really got back on my feet as such, I'm just in the process of doing that. I still don't have a washing machine, I don't have a hoover. I was lucky, the likes of the refrigerator I got gifted. The rest of the stuff I had to rely on charities, like my bed. When I first got offered this house I got a bed and a second-hand suite from a local charity. I still don't have a washing machine to this day or even a hoover.'
> Male, 55, UK-other

> 'Milk for your tea. It costs about 50p for a pint of milk but if you haven't got 50p, you haven't got 50p. It's those little things that make being in this situation a bit more bearable, that little luxury. I know a cup of tea isn't a luxury but it's those certain little things that make your day a little bit more bearable.'
> Male, 35, UK-complex needs

The impact of destitution

Very few interviewees expressed the view that being destitute had had no impact on them[19], but there were a small number who seemed to place an exceptionally high premium on stoicism in the face of extreme adversity:

> 'I don't let nothing get me down if I can help it. Life's too short. That's what I've always been told. My dad always said to me, "Don't worry about nothing, because what you worry about today, you'll be worrying about next week, next month, next year, so don't worry about nothing".'
> Male, 57, UK-other

Most, however, described a range of negative effects that destitution had had on them, particularly regarding their mental and physical health, and their social and family relationships.

Mental health

While poor mental health was reported by the majority of our interviewees, not all of these health effects could be said to be as a result of destitution or, at least, not from the experience of destitution alone. Instead, interviewees' mental health had typically been undermined by severe material deprivation combined with other negative forces such as adverse life events (e.g. being made redundant, bereavement, divorce), the onset of physical ill-health (e.g. injury, stroke), long-term health conditions (e.g. diabetes), social isolation, eviction, difficulties with the benefit system, or being burdened by serious debt.

That said, many made a direct link between their mental ill-health and the specific experience of going without essentials:

> 'When I ain't got enough to afford that electric and then food and all that, it does stress you out.'
> Female, 21, UK-other

> 'Your body's crying out for food and all that and of course, you start getting hit with depression.'
> Male, 44, UK-other

'Very depressed and insecure, to be honest. It's really depressing to have no electric and that, isn't it?'
Female, 20, UK–complex needs

Unsurprisingly, given the premium placed by our sample on 'keeping a roof over their heads', stress and anxiety were particularly common among those affected by eviction or homelessness:

'Very stressed at times when they tell you they're going to take the house off you etc, etc.'
Male, 54, UK-other

'My mental health has been severely affected. I have suffered from anxiety for a couple of years, but I was starting to get a hell of a lot better. Last year, the year before, they told me that I was okay, I didn't need my tablets any more and that. Then since being evicted from the house, I've gone back onto stronger tablets than what I was on before. To be honest, they're not really touching the sides to help me out with my mental health and my anxiety is absolutely through the roof.'
Female, 24, UK-other

'You're very vulnerable when you don't have a home... It definitely has an effect on your mental health...'
Female, 50, UK-other

A number of respondents spoke of the specific stress associated with difficulties that they had encountered with the benefits system:

'As regards my Personal Independence [Payments] side of things, they were very unhelpful... The stress that caused as well at the time was unacceptable as far as I was concerned...To say on one hand you're getting this money and on the other hand, "Well, you'll just have to wait for it", sort of thing, you know. It was very, very stressful.'
Male, 55, UK-other

For asylum seekers in particular it was often difficult to distinguish between negative effects on their mental health arising from pre-migration experiences (e.g. war trauma), anxiety about the outcome of their asylum claim, and their destitute situation:

'Well, my confidence has gone, to be honest. I used to be very confident but now I'm just waiting one day maybe my visa's come in and I can be a real human but I don't think it will ever happen. Sometimes I think I go back home even if they kill me. I don't want this, I can't handle it any more but when I speak with my family they tell me, "Don't do that, you don't want to come back ... they might kill you or you might go to jail forever, to prison". So, I always change my decision again and again, so I don't know, to be honest.'
Male, 25, migrant

Being destitute appeared to be additionally emotionally difficult for those asylum seekers who felt obliged to send financial help to family back home but couldn't, and for those who had lived comfortably in their country of origin and therefore found their current straitened circumstances a particular shock:

We were living very well in [country]... I'm not happy, because I didn't live like that in that situation, but we came here and we had to go through these problems.'
Male, 36, migrant

Physical health

A significant minority of interviewees spoke of the direct impact that destitution had on their physical health:

> 'My health has deteriorated. I've got high blood pressure. I'm on medication for that... I am not confident. I'm feeling very down and low, and I just pray to God only that everything changes.'
> Male, 48, migrant

This was particularly the case among those who were not eating enough:

> 'My weight has gone down. In the last two months, I must have lost about half a stone... I'm not eating, I'm so tired all the time.'
> Female, 24, UK - other, parent skipping meals

> 'If you haven't got food you haven't got energy. I feel tired all the time.'
> Female, 21, UK-other

However, weight loss was at least as frequently linked to stress as to not being able to afford to eat enough:

> 'I used to be on average 9 stone 7; I'm now just under 8 stone... all the stress and everything. The doctor weighed me. He said that's malnutrition.'
> Male, 58, UK-other

> 'It affects my mental health quite a lot and my basic health as well because I'm actually quite skinny at the moment. I used to be quite porky, but I've been losing quite a lot of weight, and my partner is losing a lot of weight as well.'
> Female, 23, UK-other

The health impacts of a lack of fresh food was sometimes mentioned by those dependent on food banks, particularly destitute migrants, while the poor quality food served in some soup kitchens was highlighted by this UK-complex needs interviewee:

> 'It must have had an impact on my physical health because you're not eating enough and you're not eating healthily. Some of the food's quite stodgy and there just to fill you, really. Because you're not eating healthily then you're obviously going to be deficient in vitamins and minerals and that sort of thing.'
> Male, 45, UK-complex needs

A couple of interviewees described the health impacts of a poor diet on diabetic conditions in particular:

> 'Well I'm a bit more ill because I'm taking my medication, my diabetes tablets, blood tablets and no food in my belly.'
> Female, 39, UK-other

> 'Well, it would appear that we can't get his [partner's] sugar levels down. They're very high, and at the moment... he was saying that his feet feel quite numb which is not a good sign, but what do you do? You just do your best.'
> Female, 55, UK-other

Social contact and status

A very few UK-other interviewees considered that destitution had had a positive effect on their social networks, or at least had had no negative effect:

> 'I'm pretty lucky because I have got some good friends because most of them I've probably known 15 years and some of them I've known most of my life. I'm just lucky where that's concerned really'.
> Male, 39, UK-other

However, far more commonly increased social isolation was reported as a direct consequence of destitution. Some UK-other interviewees emphasised being unable to afford socialising:

> 'I don't have no friends no more... I've not been able to – because I'd very rarely drink but not being able to socialise, not being able to afford to go to a party with them, or go down to the pub with them, go and play golf with them or play snooker. I just can't afford to do it. ... I can count on one hand how many friends I've got and that would be even if I was to cut three fingers off. That's how bad it's got. I used to have a network of thousands of friends, people that I could just phone up and say, "Do you want a game of golf? Do you want a game of snooker?" "Yes, let's go". Now it's a case of nobody'.
> Male, 45, UK-other

However, at least as important seemed to be a sense of stigma and discrimination:

> 'People don't really want to associate with you. You don't get invited to things because they think "she won't be able to afford it so we won't invite her", that type of thing... It's almost like they're scared to see you, just in case you might ask them for something.'
> Female, 55, UK-other

Feeling degraded or embarrassed by their predicament was often reported by interviewees, and for this reason some avoided social contact altogether:

> 'I was shutting myself away from people, that is the thing I was doing.'
> Male, 44, UK-other

> 'It [being destitute] makes me close up. It makes me solitary.'
> Male, 45, UK-other

A sense of profound social isolation was apparent in many of the remarks made by those who were in the UK-complex needs group, compounded by doing without essential goods that other people take for granted:

> 'It's being on your own and no company or anything. Yes, just being on your own and no food obviously and just a self-pitied feeling.'
> Male, 53, UK-complex needs

> 'Yes, it is a continuing situation which is very, very unpleasant to be a part of...I live around a lot of very nice bars and there's a Pizza Express and it's all very nice. It can be very disheartening when I'm sitting here trying to think, how long can I eke out three tea bags?'
> Male, 39, UK-complex needs

Some destitute asylum seekers referred to social isolation in the context of 'no choice' dispersal, while others commented that they were perceived negatively by friends because they were barred from working ('Yes, of course, they think I'm a useless person' [Male, 25, migrant]).

Family relationships

A few UK-other interviewees commented on the pressure that destitution had placed on their relationships with their partner:

> 'When we have no money and we don't have food we just argue constantly when we don't have anything because obviously that's how it gets when we're pissed off. We argue with each other. It affects my mental health on a big scale'.
> Female, 23, UK-other

> 'For three months we had obviously no money...nothing coming in... obviously everything that happened, it strained our relationship. We're currently not together any more'.
> Female, 24, UK-other

However, those that were parents more commonly described the pressure that destitution placed on their relationship with their children:

> 'I mean, if they're going on day trips out or whatever, you haven't the money to go. If they want to go the cinema, you have no money to go.... At times it puts a strain on my relationship with my daughter, because her friends are getting the... shoes and things or whatever and she can't afford them.'
> Female, 50, UK-other

> 'As soon she comes home from school, then she wants for tea, then she wants for supper, then she wants for breakfast, then she wants a snack for school, then she wants tuck shop money, it's like well... It's hard trying to explain like why we used to be able to do these things, and like why we can't now.'
> Female, 30, UK-other

A sense of guilt was palpable in the comments of several parents whose children were either doing without the things that they needed, or else were now reliant on grandparents and other relatives to supply them instead:

> 'It destroyed me because I've always been able to go out and buy clothing for myself, for my son. I used to always be able to treat my son to things but I can't and that kills me.'
> Male, 45, UK-other

For destitute asylum seekers who were parents, too, anxiety about the impacts on their children were to the fore:

> 'I am frustrated, angry and sad because I don't want my children living like this... They are suffering as well as me.'
> Female, 58, migrant

Summary

Going without food, the most common deprivation of all, was directly linked by some interviewees to the main physical impacts of destitution (losing weight and constant tiredness). While shelter was often prioritised above all else, including food, a large proportion of both destitute migrants and those in the UK-complex needs group had recently slept rough. Lighting and access to electricity for cooking and washing was afforded an even greater priority than having a warm home by many, and an inability to heat properties at all, even in mid-winter, was regularly reported by those living in their own private accommodation (rather than in hostels and other settings where this was provided centrally). The critical role that food banks played in enabling people to access toiletries as well as food was highlighted, with those sleeping rough placing particular stress on access to facilities for washing at night shelters.

Parents placed an (expected) emphasis on putting children's needs ahead of their own, but without interviewing children themselves we cannot be sure how effectively their parents are managing to shield them from the effects of destitution.

Other themes to emerge from our interviews related to the additional costs associated with ill-health for many affected by destitution (see also Chapter 4), and the importance of access to public transport for those in a range of circumstances where walking was not always a viable option. The toll on mental and physical health of sustained and/or repeated cycles of destitution was evident in our interviews, as was the negative effect on social and family relationships, often linked with a profound sense of shame, stigma and social isolation.

6 Strategies for coping with destitution

Introduction

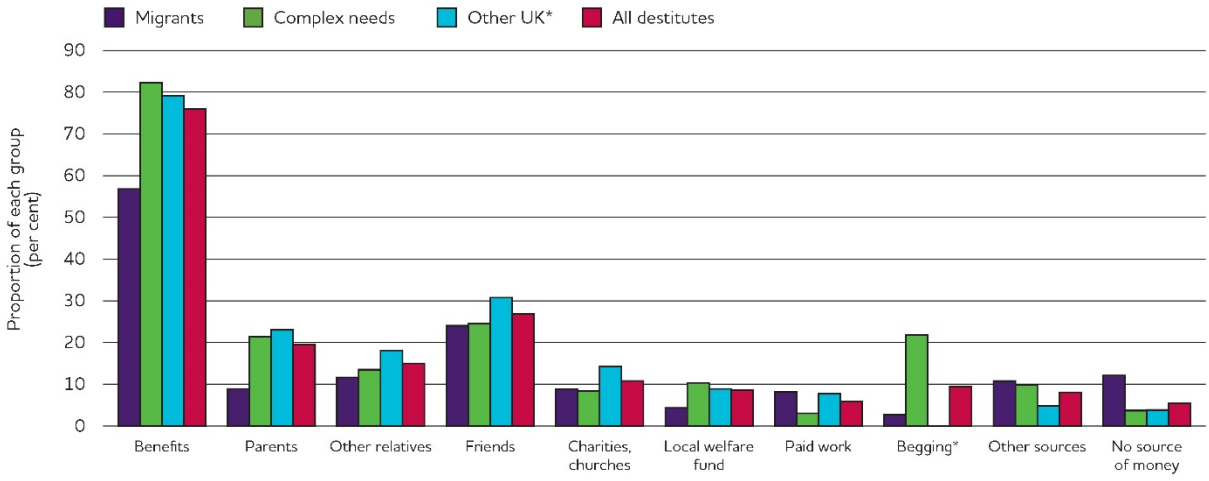
The coping strategies for dealing with destitution that emerged from our qualitative interviews can be divided into two broad categories: 'self-help' and seeking 'external help', with the latter further sub-divided into seeking help from family, friends, voluntary sector organisations, and statutory bodies. It should be noted that many of the specific actions taken by our interviewees to cope with destitution were also used to try to stave it off, and indeed to help prevent them falling back into this position of extreme deprivation (see Chapter 7). This is to be expected given that experiences of destitution was generally 'nested' within longer-term trajectories through varying degrees of poverty. Before discussing the identified coping strategies, we present the census survey results on the sources of support actually received by destitute respondents in the month before survey.

Sources of support for destitute households

The sources of both financial and in-kind support received by our three destitute sub-groups varied considerably, and revealed the particular vulnerability of the destitute migrants using voluntary sector crisis services.

Most significantly, as Figure 13 shows, only just over half of migrant service users reported having received money from benefits (including Home Office support) in the past month, compared with more than three-quarters of the UK-born sub-groups. Migrants were also less likely than those who were UK-born to have received money from parents recently, although the levels of financial help from other relatives, friends, charities, and the LWF were more even across the sub-groups. Note the greater importance of friends than family as a source of financial help for all three sub-groups. Fewer than one in ten of any of the destitute sub-groups had received money from paid work in the past month. The other notable point is that 21 per cent of UK-complex needs service users reported having begged in the last month[20].

Figure 13: Sources of financial support for destitute service users in past month, by main sub-groups



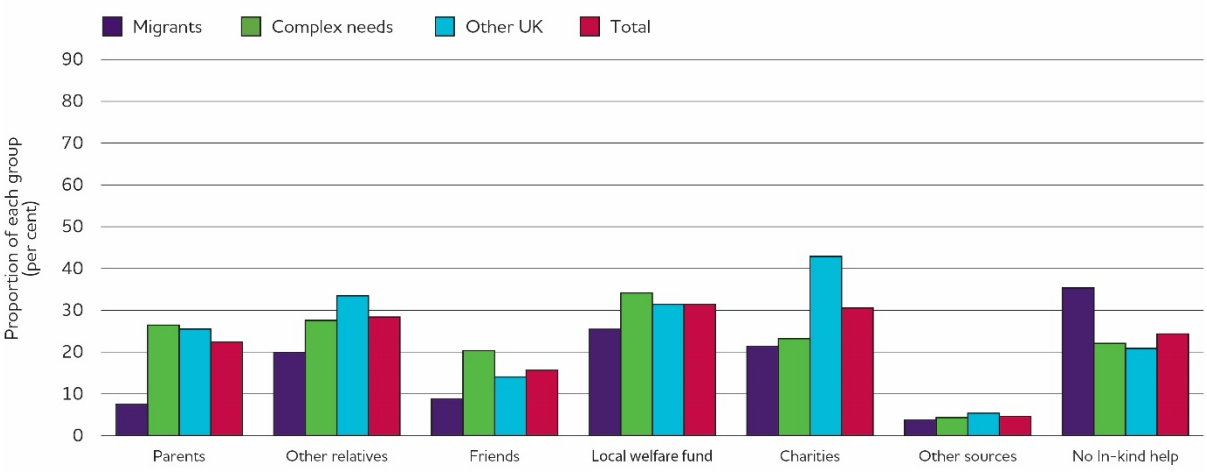
* Because this is used as one of the defining criteria for complex needs, there are no cases of begging in the 'Other UK' group.

Source: Research census survey, national-annual weighted, 2015

Figure 14 shows that destitute migrants were also less likely to report receipt of 'in-kind' support from most of these sources than UK-born service users, particularly again from parents, though note that

around a third of all three sub-groups received in-kind help from an LWF[21]. Both the LWFs and charities appear to be a much more important source of in-kind than financial support, and were more prominent than family and friends. As noted in Chapter 3 above, among the migrant sub-groups, EEA migrants were the least likely, and refused asylum seekers the most likely, to report receiving material help from charities.

Figure 14: Sources of in-kind support for destitute service users in past month, by main sub-groups



Source: Research census survey, national-annual weighted, 2015

Self-help

There were a wide range of 'self-help' strategies, or tactics, used to manage or stave off destitution.

Economising

Cutting down across the board was clearly the most common self-help strategy including, for example, eating less often, not buying meat or vegetables, wearing out old clothes, using toiletries in small quantities and under-heating the home (see also Chapter 5). Budgets were constantly juggled to meet as many essential needs as possible. For example, one respondent in receipt of cold weather payment was still economising on energy in order to have money for food and clothes, which he would not have been able to afford if he kept the heating at comfortable levels.

Within this general economising strategy much emphasis was placed on buying necessities as cheaply as possible, including buying heavily discounted items in supermarkets shortly before they closed, buying maximum calories for the money, shopping in charity shops and so on:

> 'For basic toiletries we shop in Poundland for that.'
> Female, 23, UK-other

> 'I go in charity shops, see if they've got anything for 50p.'
> Male, 55, UK-other

In keeping with existing research (e.g. Riches and Silvasti, 2014), it appeared that food was the most flexible part of the shopping basket:

> 'We're quite clever at what we can do with our food, so I tend to cut back on the food.'
> Female, 30, UK-other

While other goods were used as frugally as possible:

> 'I unplug the alarm clock when it goes off in the morning whereas before I would've had it on all day. Anything to save electric.'
> Male, 44, UK-other

While most took it for granted that it was not possible to spend money on anything but necessities, a few interviewees made this point explicitly:

> 'Okay I don't live off the fat of the land, I don't order takeaways or I don't go out socialising or anything like that, you just get by with the basics.'
> Male, 58, UK-other

Stocking up

Future-proofing in the form of stocking up was a strategy reported by some UK-other interviewees, which allowed advantage to be taken of the cost efficiencies of bulk-buying:

> 'One week you won't have no bills, so what I do now is the week I don't have no bills, I stock my cupboards and fridge and freezer up. The next week when I have got bills, I know I'm all right for food and everything. It's sort of like a week on, week off.'
> Male, 57, UK-other

One migrant interviewee, who was working on a zero-hours contract and paid weekly, alleviated her destitution by stocking up dry food when she had a 'better' week so that she had something to eat during a 'bad' week. However, this was not an option open to many other interviewees who couldn't afford to buy in bulk or to make the most of supermarket sales, due to lack of cooking facilities.

Reducing housing costs

A few interviewees had tried (unsuccessfully) to reduce unsustainable housing costs, including in one case by attempting to downsize to avoid the under-occupation penalty (the so-called 'bedroom tax'):

> 'I've tried everything. I've even tried house swapping for a two-bedroomed house, but nobody's interested because my spare bedroom is actually so small. It's tiny! It's smaller than a box room. So basically I haven't been able to swap – everybody who's looked at the house has said the bedroom's too small'.
> Male, 46, UK-other

Others had attempted to sell their home or to move to a cheaper private rented property:

> 'We couldn't afford to pay – what we did in March is we went to the landlord and said there are two months, April and May, left with our tenancy. We found a property to go to, which was literally – I mean it was 30/40 per cent off the rent. It would have helped us obviously. The property wasn't as nice, however we would have survived there and it would have freed about £400 for us a month, which would have helped us get back on our feet. He said he wouldn't release us from this contract.'
> Male, 44, UK-other

Substitution and improvisation

Some interviewees found ways to do without certain essentials, such as heating, altogether:

> '...we've got blankets and just go to bed earlier. Hot water bottle. I mean this time of the year [summer], it's not a problem, but in the winter, yes, we've done that before. Done a couple of hot water bottles and just gone on to bed.'
> Female, 30, UK-other

The other key example, here, though not in our strict definition of destitution, was to eliminate transport costs:

'We walk everywhere.'
Female, 23, UK-other

'I go to the hospital every two weeks because I'm under a consultant and that takes me about an hour-and-a-half, two hours to walk because I can't afford the £6 bus fare.'
Male, 55, UK-other

UK-complex needs interviewees, particularly if currently homeless or sleeping rough, generally said that they 'just walked everywhere' with the idea of paying for bus fares firmly 'out of reach' most of the time.

Borrowing money from (formal and informal) lenders

When asked about whether they had borrowed money to make ends meet (see also Chapter 4), some of our interviewees explained why they couldn't or wouldn't do so:

'My credit rating's zero; I can't borrow any money.'
Male, 55, UK-other

'I wouldn't go to Wonga, because it's not worth getting yourself into even more debt. It's one of those – you could borrow 50 quid for the week, and then you've got to pay back £100 the next week. I just wouldn't have that money to pay them back. Then I'd be in even more debt.'
Female, 24, UK-other

A couple of interviewees had borrowed from payday loan companies on a repeated basis:

'Yes, payday... I've got, what was Money Shop, I took out a Money Shop loan and then paid it back, then borrowed again straight away, paid it back, borrowed again, paid it back.'
Male, 45, UK-other

While others spoke of unmanageable repayments:

'I had to actually declare myself bankrupt... they were payday loans. I would never recommend anybody to get them because the interest is so high and then when it comes back to paying them back you can't... it goes on for months and months and gets worse and worse.'
Female, 50, UK-other

Only one interviewee mentioned borrowing from an unlicensed moneylender, and this could clearly have serious consequences:

'Well there's somebody up the road, he's like – what do you call them? Loan sharks. When I'm really struggling with food, I go up and borrow £20, but then he wants £40 back out of my fortnight's money which I don't get anyway. I was going to go up and see him today for £10 to keep me going until next Wednesday, but it's not worth it. When my wife left I borrowed quite a big sum and the police was involved because he came at me with a knife.'
Male, 55, UK-other

While credit unions are clearly far preferable, this interviewee's remarks indicate why these may not always be flexible enough for those in dire or emergency need:

'With the credit union loans you can only get them so often. Once you've paid it off you can get another loan type of thing.'
Male, 29, UK-other

Getting into arrears

The census survey showed that almost three-quarters of UK-other destitute service users had got behind with bills over the previous 12 months, as had over half of those who were in the UK-complex

needs group (see Table 4). Our qualitative interviews also indicated that the main creditors in these cases were public authorities or utility companies, rather than consumer credit organisations (see Chapter 4).

While destitute interviewees gave overriding priority to paying key bills – particularly those that were housing-related – others explained that they got themselves into arrears in order to pay for other things that they needed:

> 'Some months we didn't pay the Council Tax in order to get other essentials.'
> Male, 44, UK-other

As with those who had borrowed money to pay for essentials, some of those in arrears spoke of being in a vicious cycle of repayments:

> 'Obviously we got into rent arrears. That was just to try and pay some other bills that were necessary. I think that was the Council Tax bill, because they were going to send the bailiffs, so we robbed Peter to pay Paul, but then Peter needs paying.'
> Female, 55, UK-other

Selling possessions

Only a small number of interviewees resorted to selling or pawning possessions to obtain essentials:

> 'I ended up selling all my tools to get money to make ends meet. Then I ran out of things to sell so...'
> Male, 55, UK-other

> 'Usually, if we don't have any food or our benefits don't come through or anything, we usually have to sell stuff, which we hardly have anything of anyway.'
> Female, 23, UK-other

These comments highlight the unsustainability of this type of strategy and the fact that many people facing destitution have, in any case, very little worth selling.

Alternative sources of income or goods

A few destitute migrants had tried to find an alternative source of income or in-kind resources. For example, one of the EEA migrants in our sample was collecting and selling scrap metal, while an asylum-seeking interviewee was volunteering at a migrant charity in exchange for food and clothes. A couple of migrant interviewees had sold the Big Issue.

A small number of interviewees, most of them UK-born with complex needs, reported resorting to riskier or less legitimate forms of meeting their essential needs, such as begging (one-fifth of UK-complex needs service users reported having begged in the month before the census survey, see Figure 13), shoplifting (for food and toiletries mainly), or searching through refuse:

> 'Bin-diving. Basically, I used to go to the back where the bins are and take stuff from there. It used to be defective stuff that they chucked out of the shops. I still do it sometimes if I need to. Not all the time, it's only when we really need food and when we have no other options.'
> Female, 23, UK-other

Seeking help from family

Only a minority of UK-other service users reported receiving financial help from family members in the preceding month, though levels of in-kind help were somewhat higher (see Figures 13 and 14). In our in-depth interviews we were able to explore a broader timeframe, and around half of all UK-other interviewees reported having received help from family (other than members of their immediate household). Among the remaining half, some said that they had no family to turn to:

'I've one brother and I haven't heard from him or seen him in about three years and that's all the family I have.'
Male, 58, UK-other

'My family lives too far away and I couldn't get them involved.'
Male, 47, UK-other

Others explained that their family was not in a position to help:

'I've got my mum, but my mum's on a pension, and only has enough to keep herself going, do you know what I mean?'
Female, 52, UK-other

'No way. My mother's very ill really and so was my father at the time, he was in a home. So there was no way I could; my family wouldn't lend me any money, no.'
Male, 55, UK-other

For many, the reason for not seeking help from family was that they found it demeaning:

'Yes, I did tell one of my older brothers [that I had been lacking essentials]. Of course, he was like, "You should've just come to me". I went, "Yes, well, I know but look it's..." You didn't really want to let you family know you're in that predicament.'
Male, 44, UK-other

'You don't want to come across as if you're begging.'
Female, 50, UK-other

In almost all cases family members who provided help were parents, children or siblings; very few received help from more distant family members. Help received from family was mostly in-kind, rather than in the form of cash, and included clothes, groceries, and being invited for meals:

'I haven't bought any clothes for years. Everything I get given to me is handed down from family.'
Female, 39, UK-other

'My parents did all my shopping. My dad would... [buy] me a 24-pack of toilet rolls and bring them back with him, because he'll buy his and then he'll buy two packs, so I've got one. Dishcloths, washing-up liquid, washing powder, all those ... Everything that's actually in my house is basically owned really by them because they're the ones that have bought it.'
Male, 45, UK-other

In a number of cases people had been accommodated by family members when they faced a housing crisis, or had had a phone or energy account topped up by family members:

'...this phone that I'm actually holding, my son bought for me because I had my main landline cut off because I couldn't pay it and after several months my son couldn't get hold of me and decided he'd buy me a phone. I don't actually own my mobile basically. He tops it up for me.'
Male, 39, UK-other

'...one winter my mum found out, the winter prior to that, that I was sat in the flat freezing cold, and she found out about it. She said "well, you're not going through that again", do you know what I mean? She made sure that I had the electric put on and the gas put on.'
Male, 58, UK-other

While almost no-one felt comfortable asking their family for help, some seemed to find it particularly difficult:

'You shouldn't have to go around asking friends and family for anything really. It's totally embarrassing.'
Male, 39, UK-other

'I hate it. I hate asking for help [including family].'
Male, 45, UK-other

In some cases, it was evident that, sensitive to this, family members had made efforts to provide help in as tactful a manner as possible:

'...most of the things that I have, have been Christmas presents. My daughters, they worked together last Christmas, and they bought me a new pair of shoes and some tops and a skirt, so yes, that's how we did it, but yes, to get by.'
Female, 30, UK-other

'My parents are very helpful, lunches and stuff when he [child] is not at school... they'll go to Sports Direct where it's obviously cheap and all that, and they'll go and get him –they already have this summer, they've gone and got him a few pairs of shorts and a couple of T-shirts, so that he's got a little summer wardrobe.'
Female, 24, UK-other

Many of those who had received help from family stressed that this help was intermittent, because of their family's own straitened circumstances. It is important to bear in mind evidence that the social support networks of people facing poverty are often concentrated among other people in a similarly disadvantaged position (Bailey *et al.*, 2015):

'My daughter might be able to give us a fiver to get something from time to time, but she's a single mum so she has not always got a lot of money herself. She does work, so if she can help us out from time to time she will do.'
Female, 55, UK-other

'I was borrowing left, right and centre off my mum and dad and they're both pensioners... There's been a couple of times they've not been able to do anything, because, like I say, they're both pensioners.'
Male, 45, UK-other

There was a mixed picture on family help for those in the UK-complex needs group, some of whom had no contact with family at all any more:

'That's what I mean, I'm alone by myself. My family's in London.'
Female, 20, UK-complex needs

'No, all my family is gone. Both parents are gone and my brother, I never speak to him, you know.'
Male, 37, UK-complex needs

In other cases, staying with family formed part of a pattern of insecure sofa surfing, with relatives also occasionally helping out with food, shower facilities and so on:

'Sometimes I go to my family for a shower or a bath or whatever.'
Male, 48, UK-complex needs

'....every now and then I would stay at a friend's house or stay at my parents' house, or stay wherever, anyone who has a space for me basically'.
Male, 22, UK-complex needs

Turning to family for help, particularly parents, was less often an option for destitute migrants, some of whom had no relatives living in the UK. For those who did have family members living here, the barriers

to asking for help could be similar ones of shame and embarrassment to those described by UK-born interviewees, reinforced in some instances by cultural expectations:

> 'Because I'm the eldest son, I must show that I can stand on my legs.'
> Male, 48, migrant

Seeking help from friends

While approaching a third (31 per cent) of UK-other service users reported receiving financial help from friends over the month preceding the census survey (see Figure 13) and 14 per cent had received recent in-kind help (see Figure 14), relatively few of our interviewees in this category reported material assistance from this source:

> '...the majority of my friends at the moment, they're not working either and they've perhaps got young families and everything. You don't want to rely too much on friends because you know fine they're struggling as well.'
> Male, 44, UK-other

When cash was given by friends, it was usually in the form of loans, and was not a sustainable way to make ends meet:

> 'I'd got the odd bit from friends to help me through but they haven't been paid back for what they gave me so I've not asked any more.'
> Male, 55, UK-other

> 'I tried to pay him [friend] back and we have paid back half of it and left ourselves out of pocket, actually, when we've had to nick food.'
> Female, 23, UK-other

As with family, though in most cases even more so, interviewees conveyed their acute embarrassment at having to ask for help from friends, especially from people who may have little to spare themselves:

> 'I've struggled with that [sanitary items] before as well, yes. I've had to go to my friend's house and borrow a couple off her before and things. That was quite difficult.'
> Female, 24, UK-other

> 'When people give me stuff it makes me...feel like I'm a charity case sort of thing because I'm not able to provide that for myself, but I felt awful because I'm not used to that. I wasn't brought up to ask for anything or anything like that...'
> Female, 29, UK-other

While almost a quarter (23 per cent) of UK-complex needs service users reported receiving financial help from friends over the month preceding the census survey, and one-fifth (20 per cent) reported in-kind help, this was relatively seldom reported by our complex needs interviewees. In some cases these interviewees explained that they feared being a 'burden' to their friends, but mainly because it was because they lacked networks to call on:

> 'I haven't got many friends. I've got acquaintances but not many friends.'
> Male, 53, UK-complex needs

> 'The only support network I have is, like I said, my key worker.'
> Female, 32, UK-complex needs

While the census survey indicated that financial help from friends was more common than in-kind assistance among destitute migrants (Figures 13 and 14), those we interviewed offered examples of both:

> 'Well, when they finish work they call me, "Oh, what are you doing?" So, I'm saying I'm at home or I'm in town and stuff, so they say, "Okay, let's go to mine tonight. We'll cook, we'll eat", and then I'll stay there the night. That's how I get food.'
> Male, 25, migrant

While some destitute migrant respondents managed to secure longer-term support from friends (or family), exhausting this goodwill was an ongoing source of anxiety:

> 'If you go to friends and they give you once, give you twice, then they don't really want to know you again'.
> Female, 43, migrant

Some felt they had no choice but to rely on friends, even if it meant outstaying one's welcome or exposure to poor treatment:

> 'I have one best friend. He hasn't been changed to me at all and he's the one all the time supporting me, so most of the times he's around me and he understands me very well. Others are really sometimes bad, I even say I'm not going back to them but sometimes I need to.'
> Male, 25, migrant

Other destitute migrants did not seek help from friends, either because 'it feels like begging' [Female, 54, migrant] or because their friends were in an equally desperate situation ('I cannot ask them for help because they need help. They are in the same situation as me' [Female, 34, migrant]). Receiving help from the wider diaspora from their home country was mentioned by only one refused asylum seeker, with others emphasising the difficulties of their compatriots in the UK:

> 'Nobody from the Muslim community in [town] can help as it's a poor community. The mosques can't help either.'
> Female, 28, migrant

As noted in Chapter 2, the experience of destitute migrants not in contact with voluntary sector services at all, and instead entirely reliant on help from informal community networks, may differ from those reported on here (see Crawley et al., 2011; Perry, 2012; Petch et al., 2015; Price and Spencer, 2015).

Seeking help from voluntary sector organisations

As we recruited our research participants via voluntary sector crisis services, it follows that all of our interviewees had used at least one such service. But experiences of service use varied between our three main destitute sub-groups.

UK-other

UK-born interviewees commonly expressed great embarrassment about having to turn to voluntary sector agencies to meet their basic, material needs:

> '...obviously nobody likes to be in that sort of position, but when you're desperate you just have to put that all to the back of your mind and just deal with the situation in hand and get on with it, so that's what we did.'
> Female, 55, UK-other

These feelings of shame and stigma seemed particularly strong in relation to the use of food banks, with some who were going without food declining to use them for this reason:

> 'I came very close to doing that [going to a food bank], but to be honest I just found it embarrassing to do that.'
> Male, 46, UK-other

Virtually all who had used food banks reported similar feelings of acute shame or embarrassment, routinely using terms like 'demeaning', 'degrading', 'disgusting' about having to seek help in this way, but at the same time were universally grateful for the support they provided:

> 'They're lifesavers, I would say. They're lifesavers, they help you out.'
> Male, 59, UK-other

Many stressed that, to their great relief, food bank staff and volunteers treated them with respect, friendliness and dignity:

> 'They were not judgemental all. They were amazing, like as soon as you walked in they were offering you a cup of tea, and toasted sandwich things to eat while you were waiting and everything.'
> Male, 29, UK-other

> 'They have the utmost respect, they're really respectful, really kind... They don't say, "God loves you" and all this, they don't say anything like that which is good. If that was the case I wouldn't like it.'
> Male, 60, UK-other

Moreover, it was clear that some users of food banks were provided with, and greatly appreciated, emotional as well as material support:

> 'The actual food bank, it was good to go there and actually, the guy who runs it, he's a minister of a church. He was really good; it was good to talk to someone. He's heard all these problems before but he was there to listen. It was just having that comfort from a person just to listen to me for a bit and to perk my spirits up a bit actually helped a lot.'
> Male, 44, UK-other

Nonetheless, when probed about whether initial feelings of embarrassment diminished on subsequent visits to food banks, the majority of service users said that they did not:

> 'No, you still feel the same.'
> Male, 59, UK-other

> 'No, same thing every time.'
> Female, 30, UK-other

Most food banks have policies on the number of food parcels that each household can receive in a given period. For example, The Trussell Trust's normal limit is three food parcels in a six-month period, and though their policy is that this should be waived in cases of continuing destitution, this did not seem to be happening in our case study areas. It is therefore clear that destitute people can only very rarely have all their dietary needs met through this source. While soup kitchens and soup runs generally do not operate similar restrictions, there is if anything even greater stigma attached to the use of these services, given that they have traditionally been provided for people experiencing long-term homelessness and other complex needs (see below).

There was far less embarrassment about approaching voluntary sector agencies for advice or general help than for help with securing basic material necessities. Most service users reported having satisfactorily resolved the specific issue that had prompted their approach to an advice service, very often a housing or benefit-related crisis of some kind:

> 'I'd go up to the [advice service], if it wasn't for them I don't know where I would have been actually...It was amazing, as soon as [service] actually phoned up about my benefits, my benefits started coming through regularly so that was a big help.'
> Male, 44, UK other

'Personally I think [advice service] were wonderful when I went there. That was before I was actually even homeless that I went to [service], and they were very helpful with everything.'
Female, 24, UK-other

UK-complex needs

Most UK-born interviewees with complex needs, many of whom were quite socially isolated, relied heavily on support from charitable services for meeting their basic needs, particularly 'traditional' homelessness services like soup runs, soup kitchens, day centres and hostels. They were generally very positive about the help that they received from these services, but clearly struggled to meet all their basic needs this way, particularly over weekends and at other times when services were closed:

'Well Monday to Friday I have no problem at all getting a shower every day. Saturday and Sunday, I tend to go to like a [sandwich shop], lock myself in their toilets to wash. But there are showers available it's just where not all the services are open seven days a week, the ones that are open tend to be that much busier. You can kind of spend all day trying to get a shower.'
Male, 44, UK-complex needs

For those who did not have a drug or alcohol problem, or were recovering from such problems, there was also disquiet about using services, particularly hostels, dominated by people who were still actively 'using':

'Don't get me wrong. I love the services and they've helped me out loads, but for a lot of the people that do use it, it just facilitates their drug use or alcohol use.'
Male, 45, UK-complex needs

'I just couldn't do it. It's mainly full of drug addicts and I just couldn't be near them because I just didn't feel...They're not the nicest, cleanest people... They'll steal your stuff and hurt you to do it and I didn't feel safe staying in a homeless hostel, so I've never done it. It might not be as bad as I thought, but I genuinely didn't bring myself to even try and do it.'
Male, 22, UK-complex needs

There was less use of food banks among those with complex needs than the other two destitute sub-groups, partly because they often lacked cooking facilities (see below), and partly because they seemed less 'plugged in' to the sort of referral networks that are necessary to access them.

Migrants

The destitute migrants we interviewed had generally used a variety of charitable organisations, particularly for food and toiletries. Night shelters seemed to be the key charitable help that prevented destitute migrants from sleeping rough, but lack of spaces meant that some interviewees were still forced to sleep on the streets at least some of the time. Where this occurred, however, charities again often alleviated the impact, at least to some extent:

'The [charity] people came here and gave me a blanket, and I was lucky for that... Another man, a charity member from the church, gave me a military sleeping bag. You know, so I can cover myself and sleep with that.'
Male, 48, migrant

For many migrant interviewees, a major drawback of relying on charitable help for meeting their essential needs was that many voluntary organisations are open for limited periods, while others were unaware of the charitable help available locally. Some interviewees did not draw on charitable support because they felt ashamed about relying on it ('it's for you to deal with it' [Female, 44, migrant]); while others stopped using charitable help because they did not want to be associated with other clients with complex needs (see Chapter 5).

Almost half of the destitute migrants we interviewed had used food banks. While, as with UK-born users of food banks, migrants who had used these services praised the staff for their friendly and welcoming

attitude, and were extremely grateful for the help they got, it was clear that the vast majority experienced similar feelings of humiliation to their UK counterparts about having to resort to these services:

> 'I did feel a real shame, but I don't really want to steal.'
> Female, 43, migrant

For some, this sense of shame was nonetheless preferable to the humiliation of 'begging' friends for help:

> 'Yes, the problem is we don't have too many friends here. If I just beg one time I cannot beg a second time. You know? People can only – I don't know what their problems are so they make a sacrifice for me.'
> Male, 32, migrant

Despite ongoing feelings of shame and humiliation, some destitute migrants were using food banks on a long-term basis. Some were also using them to cross-subsidise other essential goods to an extent that was far greater than among our UK-born interviewees. A few frequent users tended to use non-Trussell Trust food banks (which did not operate a limit on the number of visits), typically on a weekly basis – rotating between two or three different food banks rather than returning to the same food bank every week. This reflected the exceptionally limited options faced by migrants who did not have recourse to public funds, especially if they were also unable to (lawfully) work in the UK.

This also meant that some of the drawbacks of long-term reliance on food banks, such as the limited choice available and the lack of fresh food, were more to the fore for these destitute migrants than for UK-born interviewees who tended to be occasional 'crisis' users:

> 'Most of the time, you just like [get] the tinned food with the kind of food that you eat back in our country, it's not much of a tinned food. So, you really struggle when it comes to that because you're really used to fresh food and the healthy stuff, so this is where you tend to have a problem.'
> Female, 54, migrant

The cost of getting to food banks also became a concern for some interviewees:

> 'I have a voucher for the food bank but it is not possible to get there at the moment, I can't afford the bus fare and my walking isn't good.'
> Female, 58, migrant

The interviews revealed that food banks are often not a viable option for those who have no cooking facilities, including those sleeping rough:

> 'I do not go for food banks…it's very impossible for me to have some cold food under the bridge and – I can't boil it…It's not helpful for me at all. It's helpful for people who have a flat or a place to stay, something like that. I don't have that.'
> Male, 48, migrant

Some destitute migrants who used food banks have also resorted to soup kitchens, but it was apparent that there were additional emotional costs of using facilities aimed mainly at the long-term homeless population with complex needs:

> 'They are okay in the way they treat you but… Of course, they can't help it if it's like a part of their regulations, you are treated the same way the drug people are treated. If you ask for water, they won't give you water. They say because the people will use drugs, they use that water to mix whatever they mix but you are just put under the same umbrella but you cannot get water, drinking water. It is difficult. You are just like the same level, with the same lifestyle like them.'
> Female, 54, migrant

While some organisations supporting destitute migrants (especially destitute asylum seekers) can occasionally provide them with small amounts of money (e.g. £10), none of our migrant interviewees

explicitly reported being helped in this way (though a small number of migrant census survey respondents did report financial help from charitable sources, see Figure 13, and this was most common among refused asylum seekers).

Seeking help from public sector organisations

There are a number of duties on, and powers available to, statutory and public sector bodies that are potentially relevant to the provision of emergency material assistance to households facing destitution (see Fitzpatrick *et al.*, 2015). For example, sanctioned benefits claimants may be able to apply for a discretionary hardship payment from the DWP, but as noted in Chapter 4, none of our interviewees reported receiving such a payment.

Depending on local access rules, households facing destitution may also be able to get support from their LWF schemes, which have replaced the previous nationwide discretionary Social Fund, and are administered differently in the four UK jurisdictions. As discussed in Chapter 2, our focus on voluntary sector crisis services means that we probably have less good coverage of destitute households who use primarily statutory services, and no coverage at all of those who use statutory services exclusively. Nonetheless, in our census survey one third (33 per cent) of all destitute service users reported receipt of in-kind assistance from LWF funds in the preceding month (Figure 14), with around one in ten (9 per cent) reporting recent financial help from these schemes (see Figure 13). Some interviewees appeared to have had a very straightforward and positive experience of LWF schemes:

> 'The lady at the council told me about it and she sorted it all out for me. She said, "It would be better for you". I have used that once, yes... I went into the office and this young lady sorted everything out for me and the next thing I know, I've got a man phoning me up from Asda with bags and bags of shopping.'
> Male, 57, UK-other

> 'They gave me £30 worth of shopping and a £10 electric card, gas etc. It was really helpful...By the time I filled the application form out, I had a phone call near enough on the same day. ...They ask the details for the address so the food can get to us and the electric or gas token and that was it really. It was near enough on my doorstep the next day'.
> Male, 33, UK-complex needs

Successful applicants had received a variety of goods including groceries, energy top-ups, clothing, furniture and household items, and some confirmed that this intervention had met their need at that time:

> 'So what they do is they give you emergency money for the electric and your gas, and then they give you the food voucher... it was enough to tide me over'.
> Female, 52, UK-other

Others, however, received what they felt was meagre and inadequate help:

> 'It helped for a couple of days, because 15 quid obviously can only go so far.'
> Female, 23, UK-other

While some were turned down altogether because the local budget limits had been reached:

> 'I got told when I moved into the house I'd be entitled to white goods which pleased me. When I applied for that, the council told me that the funds had been... depleted and there was nothing they could do to help me...'
> Male, 55, UK-other

Some who had received help from an LWF complained about limits in the number of awards in any one year. This case highlights the shortcomings of these types of short-term, discretionary provision for a household in chronic need:

'The local welfare assistance, I've had three lots of money from over the last six months for clothing, food, household things that I didn't have. I have now exhausted that, the three times you're allowed to get that, so that's another thing I did exhaust.'
Male, 40, UK-other

In certain circumstances there is a statutory duty for social services/social work departments to provide material help (usually in the form of in-kind help and small payments) to protect the welfare of children in need and vulnerable adults (including those who lack recourse to public funds, see Price and Spencer, 2015; NRPF Network, 2015). However, before this statutory help is made available, there is an expectation that every other avenue to meet these emergency needs has been exhausted, including charitable help and help from family and friends. Only a couple of our interviewees reported receiving help from this source:

'It was the social work department who helped us out. They helped us out during Christmas time; they got us a chicken and vegetables and a big hamper. So it was very good of them.'
Male, 59, UK-other

'Social services managed to get me into the hotel the night that I'd been evicted from the house'.
Female, 24, UK-other

A few UK-born interviewees had received help from local authorities under their statutory homelessness duties, including two people who were helped with a deposit for private rented accommodation, and two others who had been provided with temporary accommodation. Other interviewees had been refused material help on grounds of lacking a priority need or a local connection, or had been deemed intentionally homeless.

In contrast to the position with voluntary sector charities like food banks, only a couple of interviewees reported acute feelings of shame or embarrassment about seeking help from statutory organisations:

'...you feel a bit degraded [applying to the LWF], if you know what I mean. But, I mean, if it's your only option then obviously you've got to take the bullet and go for it, do you know what I mean?'
Female, 52, UK-other

However, views on statutory sector staff's approach and attitude were more mixed than views on voluntary sector organisations (see also comments in other chapters about the stress and difficulties that some reported in their dealings with DWP and Jobcentre Plus):

'The housing officer at the council, she was great, she has done everything she could.'
Male, 55, UK-other

'... the council, they made me feel like a criminal every time I went in there. They blamed it all on me for getting myself homeless... I don't feel like anyone's helping me to get out of this situation. I feel like I've just been left in a hotel, and I'm fending for me and my son on my own... Yes, my confidence in the housing team... and in social services has been severely damaged.'
Female, 24, UK-other

While only three interviewees specifically mentioned getting help from a housing association, it is worth noting that all three were very positive about it:

'The housing association have actually been very good to me... I was actually issued with an eviction notice, and I've now got a county court order for rent payments, but I've always worked closely with them, been honest and open with them. It was them who actually arranged funding for my driving training. They've also helped me with getting the [Discretionary Housing Payment to cover the] bedroom tax... but that's going to end in a few weeks' time so I'm just hoping that I'm working by the time that that ends. Without that,

if I end up having to pay that again, I will potentially – I don't know how I will survive to be honest.'
Male, 46, UK-other

Only a handful of the destitute migrants we interviewed had sought help from statutory bodies like local authorities, with a varying level of success: of those who were helped, one was found a place in a hostel, while another with rent arrears was helped by a Discretionary Housing Payment.

Summary

Our qualitative interviews revealed the extent to which both migrants and UK-born research participants had employed a range of self-help strategies in an effort to manage or stave off destitution. These included economising of an often quite radical kind, including simply doing without: especially striking was the widespread and persistent nature of going without food.

As we recruited our research participants through voluntary sector crisis services, it follows that they had all had sought help from at least one such service. Almost universally, our interviewees were explicit about how demeaning they found it to have to seek help with basic material needs like food, clothes and toiletries from charitable organisations, despite the kindness and respect with which they were treated by the staff and volunteers.

This sense of humiliation was also felt when relying on family and friends for basic material needs, exacerbated by the knowledge that in many cases they too had very little to spare. For destitute migrants, access to help from family, especially parents, was often quite limited, and for this group of migrants only short-term or intermittent help could reasonably be expected from friends.

The support role of statutory and public agencies was generally less to the fore in our study, which in part reflects our recruitment methodology, but may also reflect the fact that some destitute groups (particularly certain categories of migrants) are eligible for little or no state help. However, the quite significant, but highly variable, role played by the LWFs was evident.

7 Routes out of destitution

Introduction

About a quarter of our interviewees had managed to leave destitution by the time we interviewed them, and so we were able to investigate what had enabled them to make this transition. This group included around half of the UK-other interviewees, but few of the migrant or UK-complex interviewees, indicating the generally more sustained nature of the destitution faced by these sub-populations.

With three-quarters of our interviewees still in a destitute state when interviewed, most of these discussions were about hopes for the future, and what interviewees saw as being the main opportunities and barriers. As the routes out of destitution envisaged, and to a smaller extent experienced, by our three sub-groups differed, they are considered separately. We conclude by reflecting on how all of those still destitute viewed their practical prospects for escaping their current predicament.

UK-other interviewees

In most cases of UK-other interviewees who had managed to leave destitution, it was as a direct consequence of a change in their benefit situation. Most commonly, a benefit sanction or delay had ended, meaning that they could again buy basic essentials. In a further couple of cases, interviewees had moved onto a higher rate of benefit, which meant that they could now better meet their essential living needs.

> 'It is fine now because I've had extra income by having DLA now'
> Female, 50, UK-other

> 'I'm on ESA and I got awarded PIP in May so I'm slowly getting back on my feet but I've got a lot of catching up to do.'
> Male, 55, UK-other

Another interviewee, having paid off a debt (an old Crisis Loan) that had been driving him into destitution, was again able to get the basic essentials he needed. In two instances interviewees had become employed and thereby moved out of destitution.

It should be emphasised that the majority of those who had left destitution remained living in poverty and susceptible to further episodes of destitution. This point was most starkly illustrated by the four interviewees who had moved out of destitution only by virtue of it being summer, so their fuel costs had reduced sufficiently to allow them to afford other essentials for the time being.

The remainder of this section reviews the thoughts of the majority of UK-other interviewees still living in destitution about how they might escape.

Employment

Finding employment was near universally viewed as the ideal route out of destitution among UK-born interviewees who were fit for work. However, a number of barriers to taking up paid work were identified, the most common of which was said to be the sheer lack of jobs in their local areas:

> 'He [husband] does try to find jobs but no-one gives him a job.'
> Female, 23, UK -other

> 'I'm going to the Jobcentre looking for jobs. I must put in for about 30 or 40 jobs a week and you're actually very lucky if you even get an answer back from one of them.'
> Male, 44, UK-other

A few interviewees were concerned about additional costs when in employment, such as paying for transport to work, buying work clothes or spending more on food. But the key disincentive to taking up employment seemed to be high housing costs, combined with Housing Benefit restrictions:

> 'Basically...I'm trapped in a Housing Benefit situation where I have to get Housing Benefit because my rent is £710 a month for one room, which I couldn't or wouldn't afford if I was, for example, earning £1,000, which isn't very much. I would be paying a huge bulk of that for one room in a not very pleasant house share.'
> Male, 40, UK-other

Some said that they were keen to do work-related training and education but had been discouraged by the financial implications:

> 'So I registered at college, but I had to pull out of it because the courses were full-time. I would have lost my Jobseeker's [Allowance] and I wouldn't have been able to get anything else, so I've had to stop doing that.
> Male, 46, UK-other

Others felt that Jobcentre Plus advisers had been less than helpful in identifying appropriate training opportunities:

> 'The Jobcentre want you just to go on any course, they don't really care about the results... Yes, they run a course but it was like just the same CV stuff they have on general, I wasn't gaining anything. It was just like they had to do it for procedural purposes.'
> Female, 30, UK-other

Many of those we spoke to had significant physical and/or mental health issues and did not view themselves as fit for work. However, a number of those with more minor disabilities were able to do paid work to some extent but felt that current social security arrangements did not accommodate their circumstances or that of their family:

> '...because of his [partner's] illness he can have two or three days off, but he doesn't get sick pay so over the course of a month he might have, say, a week off, so if you've got four weeks in a month and you're one week down that's less wages but you've still got to pay all the bills. They don't say well, we'll let you off a week. So that's where we find it's difficult, and there doesn't seem to be anything out there for that type of situation. You've got to be classified as a proper disabled person to get your disability regular, or you're out of work and on Jobseeker's or ESA or whatever it is to get your regular income that way, do you know what I mean?'
> Female, 55, UK-other

One interviewee was hanging onto his job despite it undermining his health because he was concerned about being dependent on an erratically administered benefit system:

> 'I've already cancelled two operation dates to keep me in work as long as possible... I had to go out and get a job. I had to. I couldn't afford to be on the benefits because they were just paying silly, willy-nilly.'
> Male, 45, UK-other

Another, who had been marginally better off when in part-time seasonal employment (£12 net gain for four days of part-time work), had been pushed into destitution by a delay in the processing of her new JSA claim. She therefore felt that *not* taking up a seasonal job was the way to avoid destitution in the future.

Benefits

As well as resolving benefits issues, moving from one benefit status to another could also be a route out of destitution, particularly from JSA onto ESA (Work Related Activity Group (WRAG)), both because benefit rates consequently increase[22] and because the chances of sanctioning declined (even more so if

one moved onto ESA (Support Group)). The interviewee below felt that her circumstances would not improve until she got a positive ESA decision:

> 'I've been waiting months to get my first face-to-face. I keep ringing up and asking how long it's going to be, because I told them with the money that we're on now [Personal Independence Payment] we're already struggling and things like that...I'm not confident it [the situation] is going to improve, unless that ESA get off their arse and give me a face-to-face. That's the only way to improve.'
> Female, 23, UK-other

Housing

High housing costs were a major issue in triggering or sustaining destitution for quite a few interviewees, including this case of 'in work destitution':

> 'I'm on £8.04 an hour. Don't get me wrong, I earn good money and I've had extra hours but now I get bare bones on my rent and that, half of my wages will be gone Friday because of rent and Council Tax. I'm still no better off really, even though it's giving me satisfaction of being back into work... Well I got paid on the 25th last month and I was actually broke the 27th.'
> Male, 45, UK-other

A number of interviewees therefore prioritised reducing their housing costs as a means of resolving their difficulties (see also Chapter 6):

> 'I mean until I do get out of here and rehoused in a more affordable place, I can't see us getting any better, no, unfortunately'.
> Male, 44, UK-other

Other routes out

Some of those close to retirement age thought their situation would improve when they received a pension or other age-related benefits:

> 'Well, I'm 58. My wife, she's 60 in two weeks so as I say she'll be getting her free bus pass so that'll help!'
> Male, 58, UK-other

Two interviewees said that their destitution could be resolved if they were able to declare bankruptcy, but they faced legal and financial barriers to doing so.

Complex needs

Few of our UK-complex needs interviewees had moved out of destitution by the time we interviewed them, and for the small number who appeared to have done so, resolving benefits and/or housing issues tended to be key, together with managing to get appropriate support.

One example was a very vulnerable lone parent with mental health problems, who had previously been affected by the benefit cap, but had now got PIP with the help of an advice service. This had made a major difference to her situation and had enabled her, just, to move out of destitution. Nonetheless, the costs of feeding her large family remained highly problematic:

> Without [advice service] help – and even with that PIP money, it's helped but it's still really difficult. I'm just not living on that breadline so much, but I still live from hand to mouth pretty much...'
> Female, 36, UK-complex needs

A few complex needs interviewees had managed to get accommodation and support that had improved their situation, and felt more optimistic about the future and/or were better able to meet their essential living needs:

> '... I don't do drugs any more, and I do a shop. I've got a caseworker in the hostel and they take me shopping every fortnight and I go to [discount supermarket] round the corner and I buy tins of beans and things like that because we've got a little cooker and microwave in our rooms. So, the staff, they do, like a strategy plan.'
> Male, 53, UK-complex needs

For those UK-complex needs interviewees who remained homeless, resolving their housing situation was also often viewed as a prerequisite to dealing with the other challenges, including finding a job and leaving destitution:

> 'I have said to them at the Jobcentre obviously I'll search for work, but I'm homeless at the moment. I don't have anywhere to live, and it's not really practical for me to do 16 hours a week because I'm living off little food, I'm bursting into tears every couple of days, and I just don't think anyone would want to hire a person like me at the moment.'
> Female, 24, UK-other

Some of those living in London and other high-cost areas had considered moving to cheaper parts of the country, but their lack of a local connection could make it difficult to get to social housing elsewhere (see Fitzpatrick *et al.,* 2016). This interviewee recognised that this was less of a barrier for him than for others.

> '... I'm ex-forces I do have that little bit of help where normally if you go, you have to have a local connection to get housed in an area. Because I'm ex-forces I'm actually exempt from that part of the Housing Act. So I could actually go anywhere and straightaway be on the housing register. So that is one little thing in my favour.'
> Male, 44, UK-complex needs

Migrants

Only a small number of migrants had managed to leave destitution by the time we interviewed them. In these cases, moving into more affordable and/or stable housing (which allowed them to meet other essential needs, such as for food) and/or resolving benefit problems (largely because their immigration or eligibility status had changed) were usually the key factors.

> 'I slept rough for four days, then I moved into a hostel... The hostel only gave two meals, ten o'clock and then five o'clock. Sometimes I'd be hungry in the night... I've got my own flat now, it's better than being in the hostel because I can cook what I want... I'm on JSA now.'
> Male, 43, migrant

The remainder of this section reviews the thoughts of the majority of migrants still living in destitution about how they might move on.

Employment

Almost all of the migrants that we interviewed saw their long-term future as being in the UK, and they were virtually unanimous in viewing paid work as the key to resolving their current penurious situation:

> 'I just want to get a job. When I get a job I know I can save money. I can save for a room somewhere.'
> Male, 48, migrant

Legal status

For those who were asylum seekers, gaining refugee status or leave to remain was necessary before seeking lawful employment:

> 'If I got refugee status I can support my family, try to do something better for myself ... find a job, pay tax and be everything like normal people, you know what I mean?'
> Male, 27, migrant

Gaining refugee status also means eligibility for mainstream UK social security benefits, but most stressed that they did not want to be reliant on benefits:

> 'I've used to work [in the country of origin], I've used to pay my tax, if I get leave to remain I don't want any benefits or anything from the government, I want to work as long as I can.'
> Male, 55, migrant

However our evidence and that of previous research (Doyle, 2014), makes it clear that a change in legal status is not necessarily enough to allow escape from this extreme position of need.

Education and training

There was a very strong emphasis placed by migrants on education and training as a necessary part of their route out of destitution, not least among those who were highly qualified in their own country but needed additional training to have these qualifications recognised in the UK:

> '[What is most important for your situation to improve?] A job is one part of them, and the second one would be school, education. As I told you, I'm a pharmacist.'
> Male, 39, migrant

The prohibitive cost of training and education, and the lack of loans to help with these costs, was therefore felt to be a hindrance to leaving destitution by many migrant interviewees.

Improving their English through language classes was particularly important to the asylum seekers we spoke to. However, even among those who had access to free English classes, some were unable to cover the cost of public transport to get to them:

> 'I never missed my English class, because I had the opportunity to study, but now I've not been going any more because I don't have the money for the bus. But it breaks my heart, because I really wanted that education.'
> Female, 34, migrant

Volunteering

Some migrants who had the right to work in the UK highlighted the problem they faced in getting references for their first job. For many, volunteering was seen as a helpful way to get references, as well as generating contacts that could help them with later job search. Some asylum-seeking interviewees also saw volunteering as a useful networking tool, with a view to making it easier to find and take up employment opportunities if/when their refugee status was granted.

Housing

Destitute migrants who were sleeping rough – irrespective of immigration status – stressed two major barriers to resolving their destitution through gaining employment: not having an address to give to employers, and not having clean clothes for job interviews and work:

> 'I need a home, without a home you can't survive. Last week one man offered me a job. He was satisfied with my work and said "come back on Monday". But I didn't come back because on Monday my clothes were smelling from sleeping under the bridge.'
> Male, 31, migrant

At least some basic accommodation was therefore seen as critical by this group if they were to have any chance of resolving their situation (see also Petch *et al.,* 2015).

Prospects for escaping destitution

The majority of UK-born interviewees who were still destitute when interviewed were pessimistic about their future:

> 'I just haven't got any confidence in the system whatsoever any more. I've been made to go without for so long. I just don't care any more basically...I've just lost confidence in everything now.'
> Male, 39, UK-other

> 'I can't see it [the situation] changing, I think I will have to rely on food banks for a long time.'
> Male, 60, UK-other

While some seemed to feel utterly defeated by their situation, others expressed determination to do whatever it takes to get out of their current predicament:

> 'I'm determined to try and get myself back on the straight and narrow.'
> Male, 55, UK-other

> 'I'm a very ambitious, determined person, but I do feel that a lot of the doors are shut.'
> Male, 46, UK-other

Some interviewees with complex needs felt relieved that their hitherto desperate situation had recently improved, as they had managed to get appropriate support and/or housing, or had overcome substance misuse, and this gave them some confidence about the future:

> 'I've got support from, as I said, my family. I've got support from my other half. I'm just doing really well at the moment now, since I'm under a nice accommodation, nice flat. I'm doing good.'
> Male, 33, UK-complex needs

But most in this sub-group, especially those with ongoing mental health problems, felt that their future remained bleak:

> 'At the minute there is no light at the tunnel, I promise you that. Everything I try and do that's any good, anything that I try and do that's helpful to me, it all falls to bloody pieces. It all falls to bits'.
> Male, 39, UK-complex needs

The EEA migrants we spoke to all linked their hopes for improvement to returning to paid employment in the UK. Among the other migrants we interviewed, the key distinction was between those who had been granted refugee status or who had leave to remain in the UK with the right to work, and those who were awaiting an asylum decision, had been refused asylum or otherwise lacked permission to live or work in this country. The former group felt that they could begin to plan a future for themselves and their families in the UK and could, crucially, start to seek work. For the latter group, on the other hand, it was very difficult to see a route out of their current position unless their legal status changed.

Summary

For those that had managed to leave destitution when we interviewed them, across all three destitute subgroups, the single most consistent theme was that of benefit issues being resolved. Most commonly this related to the ending of benefit sanctions or delays, or a change in benefit eligibility status. But other factors, such as improved or cheaper housing, paying off debts, gaining employment, receiving support to address complex needs, or even the advent of warmer weather, also featured in some people's accounts. It should be borne in mind, however, that most remained living in poverty.

Given that most of those we spoke to had remained in destitution between our surveying and interviewing them (on average a period of between three and four months), our discussions with them were mainly about their hopes for the future. Paid work was generally viewed as the 'ideal' pathway out of destitution for UK-other interviewees, but for those with major health problems in particular, resolving benefit issues was often viewed as a more immediate route to improving their circumstances. Resolving accommodation difficulties, and reducing high housing costs, featured prominently for some in this group. Among the UK-complex needs group, resolving benefit and housing problems were to the fore, but it was clear that many also needed help with their social, health and other support needs if they were to move out of destitution. Among destitute migrants, the emphasis on employment as a route out of destitution, coupled with access to education and training, or volunteering opportunities, was even stronger. But for those who were seeking or had been refused asylum in the UK, their legal status was undoubtedly the key barrier to their finding a sustainable route out of destitution.

8 Conclusions

The scale, nature and duration of destitution

We estimated that there were 184,500 households destitute and in touch with these services in a typical week in the UK in 2015. Our annual estimate, subject to provisos, is that 668,000 households, containing 1,252,000 people, of whom 312,000 were children, were destitute and in contact with these services during 2015.

These statistics are based on strict application of a consensus-based definition of destitution, endorsed by the general public, *designed to capture people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and to keep clean.* It is thus focused primarily on deprivation with respect to six essential goods (shelter, food, heating, lighting, basic toiletries, and clothes and shoes suitable for the weather), but also incorporates a measure of extreme low income below which households are unable to purchase these essentials for themselves.

These are conservative estimates, based exclusively on those cases of destitution that come to the attention of voluntary sector crisis services. Destitute households which do not make contact with any crisis services, or make contact with statutory services only, are not included in our headline estimates because we could not apply our precise definition of destitution to these groups. Nevertheless, we know that there are sizeable numbers in the latter category at least.

Based on detailed qualitative accounts from 80 interviewees with direct experience of destitution, alongside our quantitative analysis, we found that destitution typically occurred in a broader context of severe poverty and hardship extending over a considerable period of time. On average, we interviewed destitute survey respondents three to four months after they had completed the census survey, and in about three-quarters of these cases we found that they remained destitute. While most migrants and UK-complex needs interviewees were still destitute when interviewed, this was true for only around half the UK-other group, indicating the relatively shorter-term or more cyclical nature of the destitution experienced by this group. That said, there had generally been little 'distance travelled' by UK-other interviewees who had managed to exit destitution, and the majority remained in severe poverty and susceptible to further episodes of destitution.

Our evidence indicates that the group most at risk of destitution in the contemporary UK is younger single men. While some people born overseas – particularly from the EEA or the Middle-East and Africa – face disproportionate risks of destitution when living in this country, the great majority of those destitute in the UK in 2015 were born here. The geography of destitution matches very closely that of poverty in general in the UK, apart from some particularities related to the location of key migrant groups, including asylum seekers. It is therefore clustered in former industrial areas, largely in the north of England and in the other UK countries, and in some London boroughs and seaside towns, with much lower rates found in affluent suburban and rural or small town districts in the southern part of England.

While the data is not available to directly trace trends in destitution in the UK, a number of large-scale surveys provide evidence of a rise in severe poverty (which implies a rise in the risk of destitution) over the past decade or so. There is also evidence of increases in a range of factors that our qualitative as well as quantitative research indicates are associated with destitution. This includes sharp upwards trends in the use of food banks, in the imposition of benefit sanctions, in rough sleeping and other forms of homelessness, and in net inward migration (particularly from the 'new EU'). The most plausible conclusion is therefore that destitution will have increased in the UK in recent years, but we cannot directly demonstrate this.

Routes into destitution

Destitution can arise in a modern welfare state like the UK when particular groups have social security entitlements that are, temporarily or permanently, inadequate for meeting their essential needs, or from their failing to access these entitlements for a variety of reasons. Many of our 'UK-other' interviewees

found themselves destitute after experiencing a benefit delay or sanction which left them with a much reduced or zero income. These benefit issues had a dramatic impact on interviewees' ability to meet their basic needs because they tended to come against a backdrop of sustained severe poverty, which left them with little capacity to withstand income 'shocks'. In this regard, it is worth noting that the basic JSA level for single people over 25 is very close to our 'destitution' weekly income threshold, while JSA for under 25s is actually below this level. Some of those we spoke to were also struggling more than they had to because they were not claiming benefits to which they were entitled. It is notable that the resolution of benefits issues was the main factor that enabled those UK-other interviewees who had managed to move on from destitution to do so.

However, it is also important to emphasise the living costs elements of the routes into destitution described by many in this UK-other destitute group. Very often they faced some combination of unsustainable debts and/or unmanageable arrears repayment schedules (typically imposed by public rather than private creditors), unaffordable housing costs, other high living costs (especially energy costs), and expenditure on health and disability-related needs. These expenditure issues were often pivotal in pushing them from a position of severe poverty, where nonetheless they were just about managing, into a state of destitution, where they could no longer get the bare essentials.

In this regard it is worth emphasising how little room for manoeuvre most of these destitute service users had over financial decision-making. Half were living on incomes so low – below the destitution threshold endorsed by the general public – that they would be unable to buy all of the basic essentials that they needed regardless of how prudently they budgeted. The half of the UK-other group who had incomes above this level generally had only very slightly higher incomes, so it took very little additional expenditure pressure to make them unable to meet all their essential living needs.

Destitution can also arise when complex needs (such as mental health and/or substance misuse problems) combine to increase the cost of living, while at the same time militating against either regular work or prudent financial management. The 'traditional' single homeless population who fit this description were very much in evidence in our study, and it is worth noting how often this group's (already often quite desperate) circumstances had been exacerbated by the impact of benefit delays and sanctions. It is widely accepted that those who are sleeping rough or have complex needs find it particularly difficult to navigate the tightened benefit conditionality regime, notwithstanding the existence of 'easements' for homeless people that should take this into account. As a result destitution has been reported more commonly among this population in recent years. There is a body of opinion that those who lack basic material requirements because they spend at least a portion of their income on drugs and alcohol should not be considered destitute, or at least their destitution should be considered voluntary. However, it is worth bearing in mind that a (slight) majority of the destitute group with complex needs in our census survey had an income level below our publicly-endorsed destitution threshold. This means that even if they spent nothing at all on intoxicants, they would still not be able to afford their basic needs.

Finally, destitution is also likely to occur when a group of people are entirely ineligible for conventional social security benefits, especially if at the same time they are unable to work to support themselves, and may also lack a local fall-back in the form of family support. This was the very difficult scenario faced by many of the destitute migrants who took part in this study, a large proportion of whom were asylum seekers or former asylum seekers, surviving on incomes that were considerably below mainstream benefit levels, and certainly much lower than the destitution income threshold (although it should be noted that some were living in Home Office accommodation where fuel costs were met). Newly arrived jobseekers can only get JSA for three months (after first serving a three month residence requirement during which they get nothing). They are not entitled to HB at all. Other EEA nationals, that is those who have worked in the UK but become involuntarily unemployed, can get JSA and HB for six months only. Undocumented migrants and others with no recourse to public funds are clearly vulnerable to destitution in the UK unless they can get a stable income from employment (which may have to be in the informal economy, with its attendant heightened risks of exploitation).

Coping with destitution

Across both the UK-born and migrant groups, qualitative testimony revealed the extent to which various 'self-help' strategies were employed in an effort to manage or stave off destitution. These included economising of an often quite radical kind, including simply doing without: especially striking was the widespread and persistent nature of going without food that was reported to us.

However, all of those who took part in our study had also sought help from at least one external source, including the voluntary organisations providing crisis support from which we recruited them. Our interviewees were quite explicit about how demeaning they found it to have to seek help with essentials like food, clothes and toiletries from charitable organisations. It was equally clear that this sense of shame and humiliation did not arise from how they were treated by the staff and, who were almost universally praised for their kind and respectful manner. Rather, it arose from the lack of dignity associated with being a supplicant, a burden on others who are under no obligation to assist you. Most of our interviewees reported that, however often they used services like food banks, these feelings of degradation did not diminish. They seemed intrinsic to reliance on charitable aid, rather than being related, for example, to the degree of reliability and consistency of these sources of support (though this was often a concern too).

This sense of humiliation extended to relying on family and friends for the most basic material needs, exacerbated by the knowledge that in many cases they had very little to spare. It is important to bear in mind that the social support networks of people facing poverty are often concentrated among other people in a similarly disadvantaged position. It may therefore be unrealistic to expect people who are already impoverished to support others, beyond their immediate household, except on a very occasional or short-term basis. Among our migrant interviewees, access to help from family, especially parents, was very limited or non-existent, and in most cases only very short-term or intermittent help could reasonably be expected from friends.

The role of statutory and public agencies was generally less to the fore in our study, in part because of our recruitment method using voluntary sector crisis services, but also probably reflecting that some of those who are destitute (particularly certain groups of migrants) are entitled to little or no state support. But the quite significant role played by the LWFs was evident, particularly
the provision of in-kind assistance at points of crisis, with some interviewees reporting a very positive experience when they sought help from this source. However, as one would expect with a localised system of welfare, experiences were highly variable.

Experiences of help from local authority homelessness and housing services were also mixed, again as one would expect given distinctions in legal entitlements for different household types. While there seemed to be less of a sense of shame at approaching these public bodies for crisis assistance than there was with approaching charitable bodies, there also seemed to be a more mixed experience of how interviewees were treated by relevant staff.

Policy implications

It was beyond the remit of this study to offer detailed policy prescriptions. But given the absence of a single 'route in' or 'cause' of destitution, the findings of this study clearly have implications for a wide range of areas of public policy. There was a very striking focus on work and education as routes out of destitution among those who experienced it, particularly destitute migrants. Enabling those vulnerable to destitution to gain access to decently paid, secure work would protect many from severe poverty and the risk of tipping into destitution. In some cases better health care and help with transport and other associated costs would also protect people from destitution and alleviate its impacts.

Other issues associated with destitution are of a contentious nature, such as the impact of welfare conditionality and sanctions on vulnerable groups, the benefit rates payable to working-age claimants (especially those under 25 years old), restrictions in Housing Benefit, the levels of support provided to people claiming or refused asylum in the UK, and their lack of access to the labour market, and the access that EEA migrants are given to the UK welfare safety net.

At a broader level, the qualitative and quantitative data presented here clearly raises troubling questions about the shift towards more localised and variable forms of state-funded welfare, and increased reliance on charities and faith groups to meet the basic needs of those facing more extreme forms of poverty. Issues of shame, humiliation and loss of dignity loomed large in this study, and were linked in particular with reliance on food banks for fundamental needs.

At the same time, many of the other factors implicated in routes into destitution – including benefit delays and interruptions, and poor transitional systems for those accepted as having a valid claim for asylum in the UK – are of a more administrative or technical nature. These may be less controversial and therefore more straightforward to address. Providing better emergency protection for those affected by such issues would help many of those at risk of or experiencing destitution.

A further set of concerns which this research has raised are about the role played by the debt and arrears recovery practices of a range of public sector creditors in pushing substantial numbers of people facing severe poverty into a position of destitution. Again, there should be scope here to develop a better policy response to address these unintended but serious consequences of public sector policy and practice.

It is worth emphasising that, while the causes of destitution on the 'income' side identified in this study are largely benefit-related, key triggers to destitution also exist on the 'expenditure' side, most notably the high housing and energy costs faced by low-income households, alongside the difficulties many encounter in meeting health-related additional expenses from extremely modest incomes. This reinforces the case for policy measures which seek to reduce the costs as well as to increase the resources of very low-income households.

This study has shown that destitution is intrinsically linked to broader poverty. Those experiencing destitution generally have long-term experience of poverty, driven by low income from work or benefits, high cost of essentials, and debts associated with paying for these essentials, and in some cases addictions or poor mental health – factors which made them at risk of destitution. But destitute people have usually experienced some additional factors – specific income shocks associated with the benefit system (sanctions, delays, or errors), barriers posed by the immigration system (lack of access to the labour market, very limited or no benefit eligibility), lack of family support, and other adverse circumstances. When they recover from periods of destitution, many remain in poverty and vulnerable to finding themselves in that more extreme state again.

Reducing destitution therefore requires action to address the drivers of poverty – unemployment, low-paid and insecure jobs, high living costs, lack of skills and problems in the benefit system. Alongside this, better emergency support for those in crisis would help to relieve the most serious hardship. For some of the groups experiencing destitution, other policy areas will also need to be considered including debt, immigration, asylum, housing, homelessness, mental health, addictions, and complex needs. A comprehensive strategy addressing all of these policy areas is needed to tackle destitution directly and the broader poverty which underlies it.

Future research and updating

What lessons can be learned from this study about how to carry out further research into the scale and profile of destitution in the UK?

We believe the basic design of the approach, sampling crisis service users, a self-completion census-type survey, and using an array of secondary data indicators to fill out the national picture, was sound and has proved its worth. However, we would recommend including statutory services provided by local authorities (particularly local welfare funds), even though this would substantially increase the lead time for getting access to research sites. We would also recommend increasing the number of case study areas, with more emphasis on parts of the country with average or lower levels of expected poverty and destitution.

We further suggest that the budget should enable research staff to be present in the sampled services throughout all or most of their opening times during the survey week, to encourage and help service users to complete the questionnaire. A small number of additional questions in the census questionnaire

– for example on living arrangements/accommodation – would have enhanced the picture of people's circumstances and probably would not have had an undue impact on response rates.

Notes

1. An omnibus survey is a quantitative survey used to collect information on a wide variety of subjects during the same interview. It is typically where political polling data is collected, alongside questions on market research for commercial purposes. The study team used the TNS-BMRB omnibus survey to collect views of members of the public on destitution.

2. We call it a census survey because the aim is to include, as far as possible, *all* of the users of selected services in a particular timeframe (a week in this case).

3. This is a generic term we use to refer to successor schemes to the discretionary Social Fund in different parts of the UK: Local Welfare Assistance schemes (England); Scottish Welfare Fund; Discretionary Assistance Fund (Wales); and discretionary Social Fund (Northern Ireland).

4. The new EU is comprised of the groups commonly referred to as the A8+A2, (A8: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia; A2: Bulgaria and Romania).

5. R (on the application of Refugee Action) v Secretary of State for the Home Department [2014] EWHC 1033 (Admin) at [117], per Popplewell J.

6. See Chapter 3 for a discussion of the definition of 'severe poverty' that we are using.

7. Please note that, while detailed estimates cannot be provided for each of the devolved nations, the overall geography of destitution in the UK is discussed later.

8. As also indicated in Chapter 2, these national estimates are subject to a margin of error of 10–15 per cent (see Technical Report, Bramley *et al.,* 2016, for more detail).

9. Like most of the remaining quantitative analyses in this report, the statistics presented in this section are weighted to represent destitution as estimated for the whole UK over a year ('national annual') (see Technical Report, Bramley *et al.,* 2016).

10. These income thresholds are chosen in all cases to represent less than half the standard poverty threshold (60 per cent of median) for the relevant household type. However, it should be noted that, in reality, the percentage of all UK households living on very low incomes is likely to be smaller than that indicated because of the widely accepted unreliability of large-scale survey data at the extremities of the income spectrum. For that reason, Brewer *et al* (2009) and others have cautioned against using very low income alone as a meaningful indicator of severe poverty, and in recognition of these concerns we combine income measures with indicators of material hardship in our analysis of severe poverty.

11. In fact, differences in the precise variables available in the range of large-scale datasets employed in this analysis means that the detailed definition of severe poverty we have used has to be adjusted somewhat at different points in this chapter. But we align these definitions as closely as possible, and all are designed to capture the concept noted in the main text. Thus severe poverty as we have defined it in the UKLHS dataset is: (1) lacking one 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* (2) having less than 40 per cent of the national median net equivalised household income after housing costs; *and* (3) experiencing financial difficulty, either having difficulty paying rent, or finding current financial situation very difficult, or expecting financial position get more difficult in future. See Technical Report (Bramley *et al.,* 2016).

12. The definition of severe poverty in FRS was similar to that used with UKHLS, as set out in Footnote 11, but with some detailed differences (see Technical Report, Bramley *et al.,* 2016).

13. This included services such as soup runs/kitchens, night shelters, hostels, day centres, women's refuges, and services supporting people with a combination of 'complex needs' pertaining to substance misuse, offending, mental ill-health, street sex work, etc.

14. This is based on the assumption that current surveyed service usage resembles the other service usages for the same household, i.e. if they are destitute now then they would typically have been destitute at other points when they made contact with crisis services.

15. Severe poverty definitions and analysis are discussed more fully in the Technical Report (Bramley *et al.,* 2016): Sevpov2 is defined as in Figures 4-6, footnote 11; Sevpov3 is similar in principle: working age households with income after housing cost below 40 per cent of median*, and* 3 or more out of 7 adult deprivations, *and* 2 or more out of 6 household utility etc debts.

16. Severe poverty is defined here as working age households with less than 40 per cent of median income AHC *and* 3 or more from 7 deprivations *and* 2 or more from 6 common household utility type debts.

17. In April 2015, JSA hardship awards were running at around 40 per cent of JSA sanctions (90 per cent of applications were successful). ESA hardship payments ran at about 20 per cent of ESA sanctions. See www.cpag.org.uk/sites/default/files/uploads/15-11%20Sanctions%20Stats%20Briefing%20-%20D%20Webster%20Nov%202015.docx

18. www.legislation.gov.uk/uksi/2015/1501/pdfs/uksiem_20151501_en.pdf

19. Note that we did not use the word 'destitute' in our interviews, and in asking these questions about experiences, impacts, duration, etc we phrased it as relating to 'going without the things we discussed'.

20. Because this is used as one of the defining criteria for complex needs, there are no cases of begging in the 'Other UK' group.

21. It is possible that some census participants indicated having used an LWF because they had received a food bank voucher from their local authority. This could indeed be part of the LWF (if the local authority pays/refunds the food bank for each voucher) but it also could be a simple referral outside LWF funding.

22. Though note that in the Welfare Reform and Work Bill the Government is proposing to cut the ESA WRAG payment for new claimants from April 2017 to the JSA rate.

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About the authors

Suzanne Fitzpatrick, Glen Bramley, Filip Sosenko, Janice Blenkinsopp, Sarah Johnsen, Gina Netto and Beth Watts are all members of the Institute for Social Policy, Housing, Environment and Real Estate (I-SPHERE) at Heriot-Watt University. Mandy Littlewood is an independent housing researcher and Honorary Research Fellow with I-SPHERE.

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The Homestead
40 Water End
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