

DESTITUTION IN THE UK

Despite rising concern, there is a lack of robust evidence on the causes, scale, trends and experience of destitution in the UK. This study sought to find out how many people are destitute, and how this experience has affected them.

Key points:

- The general public considers people to be destitute when they *cannot afford to buy the essentials to eat, stay warm and dry, and keep clean.*
- About 1,252,000 people, including 312,000 children, were in this situation in the UK at some point during 2015.
- While some migrant groups face disproportionate risks of destitution, the great majority (79 per cent) of those destitute were born in the UK.
- Destitution is not usually a one-off, transient episode, but occurs in a context of severe poverty and hardship over a considerable period of time.
- The key triggers pushing people in poverty into destitution include debt repayments (usually to public authorities); benefit delays and sanctions; high living costs; and, for some migrants, extremely low levels of benefits and lack of access to the UK labour market.
- People affected by destitution feel 'demeaned', 'degraded' and 'humiliated' by having to seek help with basic material needs like food, clothes and toiletries from charitable organisations, friends or family.

The research

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BACKGROUND

There has been growing concern about extreme hardship in the UK but a lack of quantitative evidence on the causes, scale, trends and distribution of destitution, and a lack of information about who is affected and the impact that it has on them. This study aims to fill this evidence gap.

Defining destitution

The definition used here was developed through interviews with key experts, and endorsed by the public in a survey of 2,000 adults across the UK. It encompasses people who *cannot afford to buy the essentials to eat, stay warm and dry, and keep clean* (see 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 people were going without these items because 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 or their children.

We set the relevant weekly 'destitution' 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 public thought was needed 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.

Scale, distribution and trends

We estimate that there were 184,500 destitute households in contact with voluntary sector crisis 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 at some point during 2015. The group most likely to become destitute is younger single men. While migrants face disproportionate risks of destitution, the great majority (79 per cent) of those destitute were born here.

These estimates were calculated using a week-long 'census survey' of as many users as possible of a representative set of voluntary sector crisis services in ten local authority areas across the UK, and extended to the rest of the country using secondary data. They are based on a strict application of

the definition above, and are more likely to be under- than over-estimates, as they include only those in contact with voluntary sector crisis services.

The research shows that destitution is not usually a one-off, transient episode, but occurs in a context of severe poverty over a considerable period of time. Three-quarters of survey respondents interviewed were still destitute three or four months after they had completed the survey. This included most migrants and UK-born interviewees with complex needs (e.g. long-term homelessness, substance misuse or mental health problems), but only around half of the other UK-born interviewees, who were more likely to rotate between severe poverty and destitution.

Like poverty more broadly, destitution is geographically 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. We are not able to trace trends in destitution over time but a number of large-scale surveys show a rise in severe poverty since 2007, implying a rise in the risk of destitution. Some measures of associated factors such as rough sleeping have also risen significantly.

Routes into destitution

There is no single cause of destitution. A number of interacting factors undermine the ability of people living on extremely modest resources to meet their essential needs.

Among the *UK-other* (not migrant and without complex needs) destitute group, common immediate causes of destitution included unsustainable debt repayments (usually to public authorities), high living costs (especially for housing and energy), and benefit delays and sanctions. Disability and ill health were important factors; meeting additional costs, problems with benefits and difficulty accessing and keeping work contributed to many people's situations.

The *UK-complex needs* group tended to have long-term health problems and traumatic backgrounds. Benefit delays and sanctions often tipped them from just about meeting their basic needs to not doing so. While some complex needs interviewees prioritised drugs and alcohol over essential items, most had an income so low that they would have been destitute regardless of their spending choices.

Migrants often had similar routes into destitution to UK-born interviewees. However, they also faced compounding difficulties, including benefit eligibility restrictions and levels, lack of access to the UK labour market, and limited social networks and knowledge about UK support systems.

Experiences and impacts

Going without food was very commonly experienced, reported by 76 per cent of destitute service users, followed by lacking clothes and/or shoes suitable for the weather (71 per cent) and access to toiletries (63 per cent). 56 per cent of destitute service users reported that they had been unable to heat their home, and 30 per cent that they had been unable to light their home. 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 (although we were not able to interview children themselves), however they also frequently discussed the negative effects of destitution on parent-child relationships.

Other key themes included the additional necessities ill-health created for many destitute households, the importance of being able to cover transport costs in circumstances where walking is not always a viable option, and the critical role played by mobile phones as a lifeline to stay in touch with family and official processes.

The sustained or cyclical nature of destitution frequently took a toll on people's mental health, and also sometimes their physical health. Social isolation was very often reported, associated with the shame engendered by destitution, as well as by an inability to pay for normal social activities.

Coping strategies

Interviewees reported a wide range of 'self-help' strategies in an effort to manage or stave off destitution. This often included radical economising such as skipping meals to afford other essentials, or to ensure that children did not go without.

Almost all were explicit about how ‘demeaning’ and ‘degrading’ they found it to have to seek help with basic material needs from charitable organisations, despite the kindness they encountered from staff and volunteers. This sense of humiliation extended to reliance on family and friends, exacerbated by the knowledge that in many cases they too had little to spare.

Local welfare assistance schemes (and devolved equivalents) played a significant role, with one-third (33 per cent) of all destitute service users reporting receipt of in-kind assistance from this source in the month before survey. However, the localised nature of this welfare support meant that experiences were highly variable across the country.

Routes out of destitution

For the minority of interviewees who had managed to move out of destitution, the critical factor was usually the ending of a benefit sanction or delay, or a change in benefit eligibility status, including the resolution of problems with disability related benefits. But cheaper housing, paying off debts, becoming employed, receiving support to address complex needs, or even the warmer weather reducing energy costs, were also discussed.

For the majority who remained destitute, paid work was usually viewed as the ‘ideal’ pathway out, but for those with major health problems in particular, resolving benefit issues was often perceived as a more immediate route to improving their circumstances. Reducing high housing costs featured prominently for some, while those with complex needs also needed help with their social, health and other support needs. The emphasis on employment as a route out, coupled with access to education and training, or volunteering opportunities, was even stronger for migrants, but lack of legal status was a fundamental barrier for some.

Conclusions

This study shows that destitution is closely linked to broader poverty. Tackling destitution requires action on the fundamental drivers of poverty (e.g. unemployment, low pay and high living costs), as well as better emergency support for those in crisis. For some groups other policy areas are also important including debt, immigration, asylum, housing, homelessness, mental health, addictions, and complex needs. These are all themes addressed in the Joseph Rowntree Foundation’s forthcoming comprehensive costed strategy for solving poverty in the UK.

About the project

The project involved a literature review; interviews with 50 key experts; a survey of 2,000 members of the public; analysis of more than 40 quantitative datasets; and case studies of destitution in ten locations across the UK, comprising a user survey of 63 voluntary sector crisis services, and in-depth interviews with 80 people affected by destitution.

FOR FURTHER INFORMATION

This summary is part of JRF’s research and development programme. The views are those of the authors and not necessarily those of JRF.

The full report *Destitution in the UK* by a team from I-SPHERE is available as a free download at www.jrf.org.uk

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