

Social (in)security. Exploring welfare
reform, poverty and health in North East
England.

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Abstract

This thesis explores the impacts of 'welfare reform' on working-age people living in a disadvantaged part of Newcastle upon Tyne, North East England, understanding how these impacts relate to health and wellbeing. A qualitative longitudinal methodology was used, supplemented by participant-driven photo elicitation. Nineteen people took part in up to three interviews between July 2016 and April 2018.

This thesis argues that the concept of 'insecurity' is central to understanding how 'welfare reform' is experienced at the micro level. Standing in contrast to the rhetoric of benefits providing a 'safety net', a central plank of 'welfare reform' policies has instead been to erode the security of benefits under the guise of ending supposed benefit dependency and moving people back towards the labour market. This research demonstrates that such positive outcomes are unlikely to arise, for many reasons, and that these policies have been implemented at the detriment of benefit recipients' health and wellbeing.

Participants' experiences were characterised by a pervasive sense of insecurity that flowed not only from the poverty that benefits and low-paid work engendered, but also from the threat of sanction for unemployment benefits, the spectre of reassessments for sickness benefits, and pressure to move home because of the 'Bedroom Tax'. Participants attempted to 'manage' their security through careful handling of their interactions with the state, prudent budget control and borrowing, though none of these strategies were straightforward or unproblematic. Those able to work expressed desires to do so, yet low skill levels, structural barriers, ineffective support from the Jobcentre and minimal financial gains from moving into work often meant that benefits offered greater security in the short-term. Cuts to benefit levels, as a result of the four-year freeze (2016-2020) in benefit uprating, the 'Bedroom Tax' and the Benefit Cap, worsened financial security leading to debt, food insecurity, and social exclusion. Cumulatively, the insecurity that participants experienced was embodied through stress, worry and deteriorating mental health.

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List of abbreviations

BTx	Bedroom Tax (also known as the removal of the spare room subsidy)
CHb	Child Benefit
CTC	Child Tax Credits
DHP	Discretionary Housing Payment
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA SG	Employment and Support Allowance, support group
ESA WG	Employment and Support Allowance, work-related activity group
IS	Income Support
JCP	Jobcentre Plus
JSA	Jobseeker's Allowance
NCC	Newcastle City Council
PIP	Personal Independence Payment
UC	Universal Credit
UC LCW	Universal Credit, limited capability for work
WP	Work Programme
WTC	Working Tax Credits
YHN	Your Homes Newcastle

Chapter 1: Introduction

1.1 Study context

The Welfare Reform Act 2012 ushered in changes to the UK's social security system at a scale and rapidity not witnessed before (Taylor-Gooby and Stoker, 2011). Following a change of government in 2010, an “unavoidable” strategy of austerity, including sweeping changes to social security, was announced (UK Government, 2010b). This programme of changes – so called ‘welfare reform’ – has included cuts and alterations to many working-age benefits (UK Government, 2010a). In 2016, a year after this research began, ‘welfare reform’ was estimated to be taking over £14 billion a year from the pockets of UK benefits claimants (Beatty and Fothergill, 2018). These cuts have been distributionally regressive (Cribb *et al.*, 2018), falling hardest on those least able to bear them, with the poorest fifth of the population having to endure the largest proportionate cuts to their income (De Agostini *et al.*, 2014; Browne, 2015; Hood and Waters, 2017).

At the same time, poverty in the UK has remained static and even worsened for some groups: at least one in five working-age adults, and three in ten children, currently live in poverty (Joseph Rowntree Foundation, 2019). Further, the Joseph Rowntree Foundation estimate that around 1.5 million people a year in the UK face destitution¹, and that benefits and ‘welfare reform’ are a significant cause of this (Fitzpatrick *et al.*, 2018). It is perhaps of little surprise then that ‘welfare reform’ has been linked to worsening mental health and increasing food insecurity, through its impacts on poverty (Barr *et al.*, 2015a; Loopstra *et al.*, 2015; Loopstra and Lalor, 2017; Loopstra *et al.*, 2019). Between 2011 and 2017, health inequalities in the UK have widened also, as evidenced by a growing gap in life expectancy between the most and least deprived (Office for National Statistics, 2019). Although it is not possible to attribute this observation directly to ‘welfare reform’, there are putative indirect theoretical pathways showing how poverty

¹ Meaning that, because of a lack of money, they have lacked two or more of the following six essentials in the previous month: shelter; food; heating; lighting; clothing; and basic toiletries.

and social security might act upon health through interacting material and psychosocial mechanisms – these will be discussed in chapter 2.

As well as its uneven impacts across social groups, 'welfare reform' has also had disproportionate impacts by place. In particular, the North East of England has been hit hard by 'welfare reform', because of its higher rate of people who rely on social security and, in part, its weaker regional economy compared to other parts of the UK (Edwards *et al.*, 2013; Bambra *et al.*, 2018). Newcastle upon Tyne – the setting for this research – when compared to the rest of England, has historically had higher rates of income deprivation and child poverty, and persistently lower life expectancy for both males and females (Public Health England, 2017). Basing this research in Newcastle upon Tyne then was well-justified, given it has shouldered more than its fair share of disadvantage, deprivation and ill-health in recent times. As Beatty and Fothergill (2016) have pointed out, it is those places that were already more socioeconomically disadvantaged – like Newcastle – that have suffered more as a result of 'welfare reform'. They have estimated that by 2021, there will be a £710 a year financial loss per working-age adult in Newcastle, as a result of 'welfare reform'², equating to £141 million a year loss across the city overall. This is against a backdrop of cuts to local authority income and spending, also as a result of austerity. In Newcastle upon Tyne, service spending was cut by a third between 2009/10 and 2016/17 (Gray and Barford, 2018).

This research was carried out in collaboration with Newcastle City Council, who were interested in understanding more about how 'welfare reform' was affecting people in their city. Their role as collaborator was to provide assistance with access to people in the city affected by 'welfare reform', access to local civil servants with knowledge of activities ongoing in the city to counter 'welfare reform', and access to relevant networks for dissemination of the findings.

² These figures are compared to a hypothetical situation where 'welfare reform' had not happened.

1.2 What is 'welfare reform'?

There are two tranches of 'welfare reform' that this thesis is interested in, those instigated by the 2010 Coalition and 2015 Conservative governments. More will be discussed in respect of the longer, historical context of 'welfare reform' in chapter 2, along with a consideration of the accompanying discourse. Post-2010 'welfare reform' is the culmination of a three-decades-long restructuring of social security. Changes made by the Coalition and Conservative governments in 2010 and 2015 must be placed in context of what came immediately before them, because – as will be shown in chapter 2 – many of the antecedents to these changes and cuts can be traced to New Labour's social security policies and, likewise, their changes can be traced to those of the Conservative party before them. In many ways then, 'welfare reform' has served to advance and accelerate policy changes that were already in motion. Despite this, the post-2010 cuts and changes, taken together, still arguably represent a pivotal moment in the history of UK social security.

The programme of 'welfare reform' has fundamentally altered the form and structure of social security in the UK, in several ways. It has, first of all, reshaped the relationship between the citizen and the state into one where social security is now greatly dependent on the citizen displaying the right behaviour (Dwyer and Wright, 2014). Although conditionality has always been present in social security, it is now used and enforced to a much greater extent than it has been in the past (Dwyer, 2019). Secondly, 'welfare reform' has eroded the value of many benefits and actively deducted money from claimants of some benefits, making it more difficult for people in-need of social security to 'get by' satisfactorily. For example, people deemed to have spare bedrooms have had money deducted from their Housing Benefit, low-income parents having three or more children now no longer receive additional tax credits to help support them, and sanctions can be applied to people deemed to have not met the 'conditions' of their benefit receipt. Thirdly, the creators and supporters of 'welfare reform' have actively crafted a discourse that sees social security – and its claimants – overwhelmingly portrayed in a negative manner (Garthwaite, 2011; Wiggan, 2012; McEnhill and Byrne, 2014; Jensen and Tyler, 2015). This discourse has then

served to frame the overarching programme of 'welfare reform' as morally necessary and justifiable.

1.3 Contribution to the literature

This research adds to the small, but growing body of literature examining the lived experience of being a social security claimant during post-2010 'welfare reform'. Research by Patrick (2015) has also explored – longitudinally – the lived experience of small group of people in Leeds who were impacted by the earlier stages of 'welfare reform'. There, Patrick (*ibid.*) used a lens of citizenship to examine the disjuncture between how understandings and portrayals of citizenship differed between politicians and policymakers, and those experiencing 'welfare reform' on-the-ground. Garthwaite (2014) and Moffatt *et al.* (2015a) have looked at specific aspects of 'welfare reform' – changes to Incapacity Benefit and the so-called Bedroom Tax, respectively, whilst Dwyer and Wright and colleagues, as part of the Welfare Conditionality Project (2019), have looked at how conditionality and sanctions have been experienced by different groups of people.

The present research therefore aims to extend an understanding of how different aspects of 'welfare reform' (and social security more broadly), alone and in combination, affect different aspects of people's lives. It takes a slightly different focus to research that has preceded it, by aiming to understand more about how 'welfare reform' might impact on the health and wellbeing of those impacted, drawing on the disciplines of public health and social policy. It uses a lens of insecurity to better understand both *why* 'welfare reform' has taken place and *what* it feels like to experience it, using qualitative longitudinal methods supplemented with photo elicitation. This research offers an important and timely exploration of ongoing 'welfare reform': important, because it offers further evidence to suggest that 'welfare reform' is experienced negatively and does not achieve its purported aims; and, timely because of how Universal Credit has, perhaps understandably, come to overshadow previous 'reforms' which are nevertheless still impacting people, and will continue to do so as part of Universal Credit. It therefore serves as a reminder that policies such as the Bedroom Tax, the benefits freeze, and sickness and disability benefit

reassessments, still need to be considered in future investigations of ongoing 'welfare reform' and its impacts.

Lastly, this thesis contributes to academic discussion around food insecurity and the nature of modern-day poverty, and how these relate to health. Interest in the former has increased dramatically over recent years, prompted by the growth in food banks. This thesis is also timely in this respect, in that it offers further evidence concerning the lived experience of food insecurity. It highlights that more moderate experiences of food insecurity – where hunger is not necessarily present, but a threat nevertheless – are still of great concern from a perspective of health. It emphasises that food insecurity is, however, firmly situated within the broader domain of poverty; it highlights the enduring problems with the monetary inadequacy of benefits, and that such low benefit levels are likely of detriment to health.

1.4 Research aims and questions

This thesis aims to explore the lived experience of nineteen working-age benefit recipients affected by 'welfare reform' in Newcastle upon Tyne, North East England, a region characterised by socioeconomic disadvantage and entrenched health inequalities. It is also an exploration of poverty, given the very low monetary amounts of many benefits. The impacts of 'welfare reform' and poverty on the study participants' lives, health and wellbeing will be examined empirically. In making sense of the findings, this research draws primarily upon the concept of 'insecurity'. It will argue that a fundamental aspect of being a social security recipient – and by proxy, being in poverty – is, counterintuitively, to negotiate insecurity and, further, that insecurity is both a material and psychosocial concern that is central to understanding the link between poverty and health. The findings are organised into three chapters, each of which will speak to different, albeit overlapping, aspects of participants' experiences.

The research questions are:

- How do benefit recipients perceive that they have been affected by 'welfare reform', and does this change over the time of their participation in this research?

- Do participants perceive that social security offers 'security' and how has 'welfare reform' changed this over time, if at all?
- How do participants negotiate poverty caused by inadequate social security benefits and/or low wages?
- What characterises the lived experience of a low-income social security recipient?
- How might poverty, disadvantage and 'welfare reform' interact to produce effects on health and wellbeing?

1.5 Thesis chapter outlines

Chapter two, the literature review, is divided into two parts that, taken together, will provide the necessary context for this thesis. The first part will introduce the conceptual framing for this thesis – insecurity – and go on to explore the historical and political context of 'welfare reform'. It will highlight how concerns with security and insecurity have been present throughout the development of the UK's system of social security. The pivotal moments in its development will be drawn out and discussed in relation to political economy and ideology, particularly neoliberalism, which can be said to have worsened insecurity for ordinary citizens in many ways. The second part of chapter two will bring together literature on social security, poverty, social exclusion and health. Exploring these latter three concepts first, it will then move to examining empirical literature in respect of all three, as well as examining the extent to which social security acts upon – and indeed is itself – a social determinant of health and health inequalities. It will also examine the emerging evidence base on the lived experience of 'welfare reform'. Finally, given the thesis' interest in how 'welfare reform' links to health, it will look at how poverty and 'welfare reform' relate to the salient issue of food insecurity, and why it is important to consider this in the context of researching 'welfare reform'.

Chapter three will explain the philosophical approach to the research and how this translated into the practical methods that were employed. Justification will be provided for the approaches taken to sample, recruit, collect, analyse and

interpret the data. Nineteen working-age people in receipt of social security benefits were recruited. Using a qualitative methodology, up to three interviews were conducted with each participant, to give a total of 38 interviews. Photo elicitation was also used to supplement six of the latter interviews. Thematic analysis was used to code the data and sort it into themes. This chapter will also reflect on the ethical challenges in conducting this type of research with a potentially vulnerable population.

Chapter four, the first of the results chapters, introduces the participants and how they came to need social security. Exploration of some of the direct effects of 'welfare reform' will show how concerns with security and insecurity were a prominent feature of participants' experiences, whether subject to 'activation' for work and requisite conditionality, or reassessment for sickness and disability benefits. It will interrogate whether the policy emphasis on moving benefit claimants into paid work was a reasonable expectation for this group of participants, by examining the barriers that they faced, both structural and personal. It will show how childcare (for lone parents), age, ill-health and disability all presented significant challenges to moving into paid work. Examples of participants effectively learning to 'manage' their relationships with the state will also be discussed in this chapter.

Chapter five looks at another key aspect of 'welfare reform' – the Bedroom Tax – and its impacts on participants. It will demonstrate that this policy was particularly generative of insecurity, in two key ways: either because participants felt under pressure to move home, or because paying the Bedroom Tax created financial insecurity. It will then go on to explore how participants managed to 'get by' on incomes that had been reduced either for this reason or other reasons, such as the benefits freeze. Impacts of financial strain on mental health will also be explored, including the effects of debt. On the theme of 'home', this chapter will also consider the extent to which nearby family were able to offer financial support to participants. It will show that drawing on such support had the propensity to beget shame for participants, as well as placing strain on family relationships.

Chapter six uses the concept of social exclusion to explore the wider impacts of poverty on participants' lives, considering how these relate to health. It will first examine the effects of poverty and 'welfare reform' on food and food insecurity, demonstrating the difficulties that many participants had in trying to eat a diet that was both healthy and subjectively enjoyable; it will show that food insecurity was about much more than hunger and food bank use. This chapter will then go on to look at other aspects of exclusion, including fuel poverty and exclusion from consumer society. In respect of the latter, this concerned the inability for participants to do simply, taken-for-granted things such as buying new clothes or enjoying a minimal level of social participation. These impacts will be examined in respect of participants' feelings of pride and sense of self-worth.

Chapter seven, the discussion chapter, will begin by summarising the main findings from the research. Interpretation of these findings follows; placing them in the context of existing literature on these topics. The strengths and limitations of the research also will be discussed.

Chapter eight, the conclusion, begins by suggesting policy recommendations arising from this research. It then outlines possible avenues for future research, as well as plans for dissemination of the present research. It concludes by arguing that a key contribution to the literature of this research is its timely exploration of the lived experience of 'welfare reform' in the years 2016-2018. Using a lens of insecurity, its longitudinal approach sheds light on temporal impacts of 'welfare reform' such as those arising from benefit conditionality and pressure placed on people to move home.

Chapter 2: Literature review

Part One

2.1 Introduction

This chapter will begin with an explanation of some key terminology, followed by a discussion of the thesis' theoretical lens of insecurity. It will then go on to examine the history of social security, from the Elizabethan Poor Laws through to present 'welfare reform', considering how security and insecurity have both influenced – and have been influenced by – its development. The second part of the literature review will go on to consider the links between economic and personal insecurity and both health and wellbeing.

2.2 What's in a name? Social security, the welfare state and 'welfare reform'

Terminology is important: the language we use frames our views of the world and serves to delimit our ideas. In the present context, it is important to distinguish between social security and the welfare state, not least because in common parlance these terms are sometimes used interchangeably, even though they can mean two different – if related – things. In his seminal essay, Briggs (1961) notes that the term 'welfare state' became popular after 1945 as a descriptor of expanding governments whose purviews were extending to incorporate greater responsibilities towards their citizens' wellbeing than in centuries past – such as for health, education and, as will be shown, poverty alleviation. Gladstone (1995) contends that the value of the term 'welfare state' lay in its ability to distinguish post-war developments from what had preceded these years, even though later scholarship has determined that there were clear antecedents of the 'welfare state' prior to World War II (ibid.).

It was *within* the burgeoning post-war 'welfare state' that social security was originally located, a significant strand of policies designed primarily to protect against, and alleviate, poverty. Hill (1999b) points out that it was not until 1966 that the British government first used 'social security' in the title of legislation which, he argues, then became firmly embedded as a general term for state income maintenance and protection programmes for well over three decades. It is worth noting, however, that the term was already political currency; the

working-title for Beveridge's 1942 report had been a 'plan for social security' (ibid.).

In its most basic sense then, social security – as a part of the welfare state – can be thought of as the framework of programmes that initiates cash transfers, from the state to the individual or household, to protect against and alleviate poverty that results from a person not being able to earn a wage by participating in paid labour (Millar and Sainsbury, 2018a). Adding some complexity to this, however, are the programmes of cash transfers to those *in work*, as well as extra-needs payments made to people with disabilities (aside from wage replacement by way of being unable to participate in paid labour) irrespective of their capacity to engage in paid work. In respect of the former, Tax Credits are designed to top-up the wages of some groups of low-paid workers; as Millar (2018, p.53, emphases in original) puts it, "social security as wage replacement has increasingly become social security as wage *supplement*". Benefits for people with disabilities – with the aim of covering additional costs that these produce, rather than acting as compensation for being unable to work – can be traced to policy innovations in the 1970s (Sainsbury, 2018). Whilst not being framed in terms of a person's attachment to the labour market necessarily, these latter benefits can still be seen as a part of overall 'social security', insomuch that they – in theory – provide a buffer against poverty that people with disabilities may incur from having to bear additional costs compared to non-disabled people – for example, those costs related to transport, care needs, special foods or equipment, or income foregone because of their limited capacity for paid work.

Up until recently then, 'social security' – in the sense of wage replacement and wage supplement – was a well-understood term and idea, not least because the government department administering benefits was termed the 'Department of Social Security'. The complication between this term and the term 'welfare state' lies in how the use and understanding of both have shifted, and how they have come to be both confused with, and supplanted by, the term 'welfare'. In academic parlance the term 'welfare state' remains well-understood as a label for all of those services that the state provides to ensure the welfare

of its citizens, including health services, education, housing, social services and income protection (Lowe, 2005), although Eikemo and Bambra (2008) argue that even this is a restrictively limited view that disregards the way that the 'welfare state' reflects a mode of capitalist society more broadly. Yet colloquially, 'welfare' has come to be associated quite narrowly (and pejoratively) with, primarily, income transfers to people in poverty (Lister, 2011).

Lister (2011) argues that this discursive shift, from the use of 'social security' and the 'welfare state' to just 'welfare', was the result of gradual yet purposeful political manoeuvres that aimed to ideologically re-frame social security – beginning with Margaret Thatcher's 1979 Conservative government and ending with Tony Blair's 1997 New Labour government. Throughout this time, 'welfare' slowly came to supplant 'social security'. Timmins (2017) charts the decline of the term 'welfare state' in parliamentary debates over a twenty-year period beginning in the 1980s, arguing that the term 'welfare' has now become a negative term synonymous with only a narrow range of social security, namely working-age benefits, an understanding imported from the United States. Timmins (ibid.) goes on to assert that this purposeful reframing of the language of social security matters, because by both severing the 'state' from 'welfare state' and almost obliterating the term 'social security', the sense of these being a collective resource – that benefits most in society – has been eroded.

2.2.1 Terminology – a choice

This brief analysis of the evolution of the terms 'welfare state' and 'social security' have been presented to justify the choice of terminology selected for use in this thesis. The term 'social security' will be used, not 'welfare', in reference to the system of benefits payable to working-age people that forms the topic of this thesis. The term 'welfare reform' will be used to reflect the name of the primary legislation from which most of the cuts and changes originated – the 'Welfare Reform Act 2012' (UK Government, 2012). Although the term 'welfare reform' had been used prior to this, this was the first time the term had been used in legislation; for this reason, 'welfare reform' will refer only to those changes enacted by the 2010 Coalition and 2015 Conservative governments respectively. The inverted commas around 'welfare reform' are to

show disapproval and disagreement with both parts of the term: 'welfare', because of its pejorative connotations, and; 'reform', which signifies something done in order to effect an improvement. As this thesis will go on to show, there were few, if any, improvements from the perspective of the claimant. Any references to the 'welfare state' are intended to mean that broader framework of services and institutions that contribute to supporting the welfare of the population.

2.3 Social (in)security?

This part of the chapter will discuss what is meant by insecurity, exploring its usefulness as a lens to both better understand longer-term developments in social security as well as for making sense of the lived experience of 'welfare reform'. In constructing this conceptual framework, the ideas of several different writers and thinkers will be drawn upon, all of whom have recognised the importance and powerfulness of security and insecurity in modern life. Choosing to use insecurity as a theoretical lens is also rooted in a simple appeal to semantics: that social security does not confer what its name promises. Absence of the eponymous security then deserves interrogation – what characterises such a state, why might insecurity prevail over security, has this changed over time and if so, why? The second part of this chapter will then seek to draw out how insecurity at the micro level can be traced to what happens at the macro level – how does political economy shape different dimensions of human insecurity and security? And, furthermore, what are the impacts of experiencing insecurity?

2.3.1 Insecurity and social security

Conceptualising insecurity poses a challenge. It is, without doubt, an experience that most – if not all – of us are familiar with. Yet to describe insecurity as an emotional state does not seem quite right, even though the experience of insecurity (and, in contrast, security) can themselves arouse deep emotional responses. Experiences of insecurity can inhabit multiple dimensions – Howard (1999) suggests material, psychological and existential – each of which can only truly be understood by counterposition of insecurity against that state to which

it is inimical: security (Vail, 1999a). This thesis is primarily interested in security in the sense of human security, as opposed to – for example – national security, or the concept of insecurity that dwells in the realms of the psychological. Sen (2014) suggests then that human security is best understood as that which is concerned with survival and daily life at its most basic, but also “the avoidance of various indignities that can shower injury, insult and contempt on our lives” (ibid., p.17). Poverty and economic insecurity are, according to Sen (ibid.), key aspects of these latter ‘indignities’ that he describes. Therefore, if human security is marked by the absence of these, then insecurity is the presence or threat of these.

Vail (1999a, p.7) suggests five, overlapping domains in social and political life within which the “interplay of security and insecurity can be traced”: environmental, political, economic, social, and personal. Although all of these can be seen to belong to the sphere of human security – in its broadest sense – it is the last three of these that have particular relevance for this research: economic, social and personal insecurity. Economic insecurity is that which flows from a severed or disrupted interaction between the individual or household and the market economy, premised on an assumption that a strong interaction with the market economy provides adequate financial remuneration to support personal security. Such failed interaction could flow from demand-side factors – such as job loss (or threat of), insufficient hours of work or precarious work (such as zero hours contracts), or lack of jobs – or supply-side factors, such as ill-health, disability or lack of skills. Personal insecurity is strongly tied to economic insecurity, in that it largely relates to those things which money provides access to, including food, housing and social participation. Personal security also extends to other things which might (but not always) be linked to economic insecurity, such as health and wellbeing, and to the quality of a person's connections to family, friends and community. Social (in)security sits at the nexus of both economic and personal insecurity. In part, it describes the presence or absence of mechanisms to protect personal security resulting from economic insecurity. It can also refer to the strength of social ties,

and to concerns of solidarity and reciprocity within social groups and society more broadly.

Insecurity can therefore manifest in different ways, and mean different things to different people, at different times in their lives. The dialectical tension between insecurity and security is perhaps best thought of in dynamic terms, as a complex to-and-fro between, and within, both the micro and the macro (Orton, 2015). It can relate both to that which is external to, and outside of the control of, a person, and also to that which is internal and deeply subjective. Vail (1999a) contends that personal experiences of insecurity can be characterised by fear, uncertainty about the future, powerlessness and vulnerability, and the emasculation of one's purpose and self-confidence. This characterisation speaks to the conceptualisation of insecurity as a dynamic state, one in which external experiences and cues interact with internal emotions, feelings and psychological states. Security and insecurity are not, however, morally and emotionally dichotomous – where security and insecurity are good and bad respectively. Security and insecurity are instead best conceptualised as two ends of a continual plane that also incorporates temporality, insomuch that security and insecurity are unlikely to be fixed across time but instead ebb and flow across the life course according to changing circumstances and conditions at both the macro and micro level.

2.3.2 The political economy of insecurity

The chronicling of the development of social security, which follows in this chapter, will demonstrate that true social security has never really been achieved (Hill, 1999a), because such a state is incompatible with the prevailing economic regime. Although insecurity was lessened by the post-1945 welfare state, compared to the nineteenth century and inter-war years, still many millions of people were consigned to live in poverty and suffer with poor health after 1945. What will become evident, however, is that this period of bolstered security was to be short lived: a new paradigm of political economy was to emerge – beginning in the 1970s – that would signal a new era of insecurity, one with materially different form and texture to what had gone before it (Vail, 1999b). Standing (2016) describes how, in that decade, “*a group of ideologically*

inspired economists captured the ears and minds of politicians” to push for a new economic paradigm – termed neoliberalism – that would reassert market principles across both the economy and society (Collins *et al.*, 2015). Even though the term ‘neoliberalism’ can be traced back to the 1930s, it remains both a contested term and idea (Mirowski and Plehwe, 2009; Collins *et al.*, 2015; Bell and Green, 2016), though is generally understood as both a particular political ideology and a macroeconomic doctrine, characterised by: deregulation, privatisation and marketization; a belief in a small state and welfare state retrenchment; the tropes of individual responsibility and individualisation; and, a punitive state supported by an extensive penal system (Wacquant, 2010; Schrecker and Bamba, 2015).

Before examining claims that neoliberalism has worsened insecurity over the past three decades, it should be acknowledged that insecurity – in *some* degree – is arguably inherent to capitalism, irrespective of its form (Muller, 2013). Wheelock (1999), drawing on the works of Marx, Schumpeter and Polanyi, argues that *some* insecurity is fundamental for capitalism to function effectively, for two key reasons. First, the motivation for businesses to innovate and grow is partly rooted in the fear of failure that a competitive market generates and, linked to this, the pecuniary rewards for business success are made all the more appealing when set against the losses of failure. Secondly, insecurity is fundamental to the incentive for people to sell their labour to businesses, if not doing so would mean a worse financial outcome and greater threats to personal security. This last point relates to the principle of ‘lesser eligibility’ and debates around the interaction of benefit levels and work incentives, both of which will be discussed later in this chapter. *How much* insecurity is engendered by capitalism is, however, largely a result of political choices (Schrecker and Bamba, 2015).

Yet complete uncertainty and insecurity is, according to Vail (1999b), just as undesirable for capitalism. For it to work, capitalism requires a certain amount of macroeconomic stability and predictability, which governments take a proactive approach to providing. This evident contradiction speaks to the dialectic of security and insecurity discussed earlier, while emphasising the importance of

the state in managing these complex tensions between security and insecurity. Reducing insecurity in one arena might serve only to move it to another (Jervis, 1978), a key example being the permitted proliferation of less-secure job tenures, which increase security for businesses (by allowing them to easily reduce labour costs in downturns) while lessening security for workers (Standing, 2016).

Despite this idea that insecurity is an inherent outcome of capitalism, there are those who argue that neoliberalism has worsened insecurity, through several linked processes. For Lazzarato (2009), neoliberalism has transformed Western societies into ones that extol individualism and enterprise above all else. Bauman in particular has sought to analyse and explicate the damaging processes of neoliberalism. In Bauman's view (1994), the emphasis on individual responsibility that neoliberalism engenders has led to a 'privatisation' of life, whereby each person is cast as master of his or her own destiny. By extension, failure and misfortune (defined in economic terms) then also comes to be seen as the responsibility of the individual. Any sense of collective responsibility for the less economically fortunate has therefore been undermined; this group of people are instead perceived and portrayed as a burden on the successful individual who has, in turn, come to see the world through the lens of selfish individualism. Furthermore, Bauman argues that government propagated insecurity is fundamental to maintaining the hegemony of neoliberal political economy, because a socially shared sense of insecurity then, in turn, fosters the individualistic worldviews that the success of this economic regime rests upon (Bauman, 2006; Bauman, 2007)

This individualistic worldview then fosters a less than sympathetic view of social security; Bauman (2001) asserts that social security has come to be "*accused of providing its ward with a hammock, whereas a genuine safety net ought to act like a springboard*". The neoliberal ideology – with its emphasis on individual effort, enterprise and citizenship conditional on paid work – then endorses the view that interaction with the market economy is the only way to correctly 'play the game' which, by its nature, entails insecurity (Bone, 2010). Bauman (2001) goes on to argue that social security recipients have come to be viewed as having

been given reprieve from the insecure 'game', an illusory idea which undermines solidarity and support for those people (and social security more broadly), because it is perceived that in a fair system, everybody should have to face the insecurities of the labour market equally. This analysis perhaps reflects the trend in declining support for social security spending in the UK, which decreased from 61% to 27% in the twenty-year period between 1989 and 2009 (NatCen Social Research, 2015).

Seen through this lens, recent 'welfare reform' can be seen as an attempt to remove some of the supposed security that benefits give. David Cameron's 2012 widely reported speech on 'welfare reform' was strongly suggestive of this view of social security providing too much and unnecessary insecurity (Cameron, 2012), for example when he spoke of "*[backing] those who work hard and do the right thing*" and a "*world of fierce competitiveness – a world where no-one is owed a living*", as well as claiming there is "*huge resentment amongst those who pay into the system, because they feel that what they're having to work hard for, others are getting without having to put in the effort*". The government's own rhetoric then clearly appeals to the discourse of individualism outlined, whereby the social security recipient is positioned as a burden to the hardworking citizen and taxpayer who dutifully 'plays the game'. Therefore, it comes as no surprise that its key aim to push people towards the 'game' that everybody is expected to play, premised on an assumption that there are some people who are actively choosing not to participate.

2.3.3 Passive and in need of 'activation'?

As will be shown, from the 1980s onwards, principles of conditionality and activation have been woven into the fabric of the system of social security in the UK (Watts *et al.*, 2014). Patrick (2017a) argues that this calculated reconfiguration of the relationship between citizen and state places the rights of the citizen in receipt of social security firmly contingent on their fulfilment of strict responsibilities. In the present context, these responsibilities are centred on the compulsion for social security claimants to actively demonstrate their willingness to move from benefits to paid work, even extending now to those

deemed to be ill and disabled (Conservative Party, 2010; Taylor-Gooby, 2012; Conservative Party, 2015).

The rhetorical premise for the ramping up of conditionality and activation has been predicated on the supposed (and much-debated) passivity of benefit claimants which, in-turn, putatively flows from immorality or incompetence (Wiggan, 2012). Such a premise easily lends itself to the idea that benefits claimants are thus in need of coercion and 'activation' (Wright, 2016). Reeve (2017) draws upon a thesis by Schram *et al.* (2008) to argue that recent developments embody a purposeful remodelling of the UK social security system into a more punitive version that seeks to 'correct' the supposed aberrant behaviours of the poor, who seek the security of benefits and eschew the moral duty to confront the insecurity of the labour market like the supposed majority of society. Wiggan (2012) argues that the 2010 Coalition government's discursive strategy to garner support for its programme of welfare 'reforms' foregrounded individualist, behavioural explanations for people's non-participation in the labour market and resultant poverty. By portraying out-of-work benefit claimants as 'skivers' (Valentine and Harris, 2014) who have actively chosen to place themselves outside of the labour market, policy and discursive space was opened up for a more punitive regime that would seek to modify behaviour, punish those seeking unfair security, and end supposed dependency.

Mirroring this government-sanctioned discourse, public attitudes to social security that have hardened over time, as monitored in the British Social Attitudes survey. The proportion of people who believe that reducing social security benefits would damage lives has decreased from 59% in 2000 to 46% in 2014, whilst the proportion of people who believe that unemployment benefits are too low and cause hardship has decreased from 55% in 1997 to 27% in 2014 (Taylor and Taylor-Gooby, 2015). These changing attitudes possibly reflect what Jensen and Tyler (2015) have termed 'anti-welfare commonsense', an ascendant public consensus anchored firmly in the discourse of 'welfare dependency', and which has been propagated and maintained both by the state and the media. Although, Hudson *et al.* (2016) caution against adopting 'nostalgia narratives' when examining discourse and public attitudes vis-à-vis social security. They

provide evidence that pejorative and moralistic attitudes towards social security claimants have always prevailed, even in the so-called 'golden age' of the welfare state (discussed further in 2.4.3), and that it may be therefore fallacious to imagine a time when there was ubiquitous solidarity with social security claimants (ibid.).

Despite these debates around social security discourse, the programme of 'welfare reform' can nonetheless be seen as a culmination of a decades-long, ideologically motivated drive to reconfigure the 'security' in social security, and craft a regime that pushes claimants more forcefully towards a labour market that they have been portrayed to be – and which the public believe them to be – avoiding (Garthwaite, 2011; Jensen and Tyler, 2015). This new regime – which participants in the present study experienced – with its individualising narrative, has therefore had a sharp focus on supply-side solutions to unemployment at the expense of any consideration of demand-side intervention (Lindsay and Houston, 2011). This means that structural explanations of unemployment – such as weak regional labour markets, lack of full-time jobs and a dearth of routine and semi-routine job openings that match with the available skills in the labour market – are subordinated to individualist explanations which hold that people are unwilling to take such routine jobs or reskill themselves accordingly, or are not ill or disabled enough to justify non-participation in the labour market (ibid.)

On this last point, it is worth noting that there are two types of sickness and disability benefit, one which is attached to a claimant's ability to work and one which is not. Employment and Support Allowance – and Incapacity Benefit before it – is based on a claimant's ability to undertake paid work as determined by a so-called Work Capability Assessment. On the other hand, Personal Independence Payment (PIP) – and Disability Living Allowance (DLA) and its own progenitor benefits – is needs-based, non-contributory and non-means-tested, and is payable whether or not a claimant has the capacity to undertake work (Burchardt, 1999). The government asserts that PIP is not compensation for disability, but exists to cover some of the additional costs that disabled people face. However, the government's recent narrative around closing the 'disability employment gap' questions the purpose of these benefits and their interactions

with work and work incentives (House of Commons Work and Pensions Committee, 2017). Whilst the ostensible narrative of disability benefit 'reform' has held that its purpose is to make the system fairer for disabled people, it can be argued that it is instead primarily an exercise in retrenchment, underpinned by a strand of thinking that sees benefits such as PIP as a disincentive for disabled people to work (Fidler, 2017).

2.4 From insecurity to security, and back again

This section aims to chronicle the key developments of social security in the UK, contextualising this with reference to the influence of shifting political ideologies and economic paradigms. A discussion of these things must necessarily consider how security and insecurity relate to political economy, because it is within this macro-level framework that many of the material preconditions of insecurity are produced and reshaped (Vail, 1999b). It will begin with social security's Elizabethan Poor Law origins, moving through to the period of 'welfare reform' that is the focus of this thesis.

2.4.1 From the Poor Laws to the Wars

The Poor Laws of the sixteenth century – which established a compulsory tax to support certain categories of poor – arose out of the vacuum of voluntary poor-relief precipitated by the religious reformation (Beier, 2003). Initially, only the 'impotent' poor were provided with relief – the disabled, elderly, and widowed, for example. Others deemed able-bodied (for work) were cast as idle and deserving of punishment. Two noteworthy developments attempted to address the purported problem of the able-bodied poor: the workhouse and the Speenhamland system. The former effectively criminalised able-bodied poor people, who were forced to enter the notorious workhouses and labour for their subsistence. The latter, more benevolent approach, saw low-paid workers' wages topped up from the 'poor rates' during times of insufficient work (Speizman, 1966).

Despite its relatively progressive nature, the Speenhamland system was criticised for unintentionally providing a perverse incentive for employers to pay less than the actual cost of labour, thus serving to lower the wages of those

already in the lowest paid fields of work, such as agricultural workers (Rose, 1971). Echoing the rhetoric of recent developments in social security policy, the relative security that the Speenhamland system provided was seen as negative; fear of destitution was thought of as necessary to instil discipline into workers and thus maintain the social order (Pieris, 2007). Stemming from this prevailing view came a desire to return to a harsher, more punitive way of dealing with the poor, which ushered in the New Poor Law of 1834 (Rose, 1971).

The New Poor Law abolished the Speenhamland system (Rose, 1971). It was expected that if poor people had only two options – the harsh workhouse or find work (or more work) – that they would naturally choose the latter (Hill, 2003). This new development enshrined the principle of 'lesser eligibility' into British social security, or in other words, that the lot of the pauper should always be worse than that of the lowest paid worker (Mowat, 1952). Such views were premised on prevailing middle- and upper-class Victorian assumptions about the poor being naturally indolent and in need of forcible coercion into work. Framed in this way, poverty was seen as a natural outcome of the flawed nature of poor people rather than as a structural problem stemming from a lack of well-paid work. Again, the underpinnings of these two-centuries old developments are evocative of recent 'welfare reform' rhetoric and policy, such as that of conditionality and sanctions predicated on the lack of motivation on the part of the person looking for work.

The seminal works of Charles Booth (1897) and Seebohm Rowntree (1902) and, in which both the causes and nature of poverty were greatly illuminated, served to shift the Victorian poverty discourse, whilst also highlighting the effects of chronic economic insecurity in the Victorian working classes. Their research demonstrated the importance of structural factors for poverty – such as insecure and poorly paid work, and poor housing – whilst emphasising the limits of charitable benevolence, provoked discussions about the role of the state in addressing poverty and the pernicious insecurities produced by the vagaries and shortcomings of the capitalist labour market.

Burgeoning capitalism of the 19th century had commodified labour³ for huge numbers of people, bringing with it the insecurity of business and its fluctuating demand for labour (Wheelock, 1999; Bamba, 2011). Further, in tying economic security to the ability to participate in paid labour, workers were at the mercy of their capacity to do so; ill-health could easily strike a blow to this, something partially addressed with the introduction of the Old Age Pensions Act of 1908 (for people aged over 70 years only) and the National Insurance Act of 1911. These would go on to provide some security for workers – in some industries – who found themselves either sick or unemployed, primarily on an insurance basis (Hill, 2003). Although initially these benefits were only available to men of certain trades, a surge in unemployment following World War I forced the government's hand into extending their eligibility in an attempt to minimise social unrest.

By degrees, state-sanctioned social security was slowly beginning to appear at that nexus of economic security and personal security. Gladstone (1995) argues that the necessary expansion of state activities during World War I further legitimised the need for, and acceptability of, a larger government, something that would prove to be pivotal to the future expansion of social security. Yet the interwar years proved a difficult time for the government, as they attempted to appease criticism of out-of-work benefit's increasingly actuarially unsound basis⁴, while grappling with continued poverty resulting from under- and unemployment. This demonstrates that economic insecurity was still a significant problem during those times, despite the embryonic welfare state. Throughout all of this, the Poor Law still retained responsibility for those outside of this developing unemployment legislation, namely the old, sick and disabled. Policy developments during this time would eventually pave the way for a more comprehensive system of social security, one that would indeed attempt to provide the eponymous 'security', coveted after many years of pervasive

³ Labour as a commodity means that people sell, and businesses buy, labour. Labour becomes, then, a commodity in its own right, possessing tradeable value.

⁴ Essentially, the amount the government were collecting in National Insurance contributions from workers was insufficient to cover all of its outward unemployment benefit liabilities.

insecurity precipitated by wars, as well as considerable social and economic upheaval.

2.4.2 Beveridge's social security

In November of 1942 – in the midst of the World War II – William Beveridge laid out his plans for the future of the welfare state in his ground-breaking report: 'Social Insurance and Allied Services' (Beveridge, 1942b). Beveridge had been tasked with reviewing the hitherto fragmented social security provision and making recommendations for a revised post-war system (Timmins, 2001). The poverty and chronic unemployment of the interwar years, coupled with a World War II-inspired solidaristic mood gripping the nation, roused an appetite for significant change in terms of social security (Gladstone, 1995). Further, as Beveridge (1942a) recognised even at that time, poverty as a result of economic insecurity was intractably linked to poor health and personal insecurity, and neither of these could be addressed in isolation.

Beveridge's proposals therefore recommended a more comprehensive system of social security than had ever gone before, aimed at (amongst other things) reducing – but not eliminating – economic insecurity through provisions for the unemployed, families and the elderly. Effectively, Beveridge extended the existing system of National Insurance to all workers, who paid flat-rate contributions in exchange for flat-rate benefits in the event of unemployment. An additional means-tested scheme – National Assistance – provided support for those not eligible for National Insurance because of having been unable to pay the necessary contributions; this latter part of the scheme was expected to account for only a small part of social security (Deacon, 1995b). Further, family allowances were paid for each child after the first, in addition to tax allowances for families in work.

However, Lowe (1994) describes how there were many objections to Beveridge's proposals, on both moral and fiscal grounds. Beveridge was keen that the system should avoid the stigma of the means test – still closely associated with the poor laws – so that take-up would be high and that all citizens could be freed from fear of destitution, yet many critics preferred a

system of targeted support, underpinned by beliefs that universal cover was inefficient and expensive, and likely to undermine incentives to work.

Beveridge's proposals were also relatively conservative and made assumptions about the nature and structure of post-war society; they assumed that male employment and marriage rates would remain high and that women would not work once married (Deacon, 1995b). Yet despite this conservatism, Gladstone (1995) argues that Beveridge's proposals radically transformed social security from the patchwork of schemes almost solely directed towards alleviation of working class poverty – and thus stigmatising – to a more universal system that embodied a post-war desire for egalitarianism and social justice.

Concern that benefits might undermine work incentives were essentially resolved by a decision to set benefit rates at a level capable only of providing very basic subsistence (Veit-Wilson, 1992), doubly influenced by the prevailing conception of poverty in absolute terms only (Deacon, 1995b) (discussed further in chapter 3). This decision effectively conserved the poor law principle of 'less eligibility'; benefit levels were thus set lower than that which a person could earn by undertaking even the lowest-paid work and, consequently, ingrained poverty into the social security system rather than relieving it (Deacon, 1995b). Beveridge's adoption of this principle has meant that most benefit levels since – which can find their origins in these arbitrary levels established at the outset – have remained inadequate in terms of truly providing social and personal security.

2.4.3 A golden age of security?

The three decades following the end of World War II have sometimes been termed the 'golden age of welfare', although the veracity of this claim is much debated, particularly in relation to social security (Hill, 2003; Fraser, 2009).

Glennester (1990) argues that the political consensus on social security that is often lamented as lost, never truly existed, and that much of the post-war years were defined instead by political wrangling over social security and social policy more broadly. Wheelock (1999) instead argues that a 'golden age of security' is perhaps a better reflection of those post-war decades. The economic system of that time – known as Fordism – was characterised by assembly-line work

production and strong, innovation-driven economic growth; secure work and state-led Keynesian demand management kept levels of (male) employment high (Bambra, 2011). These factors – coupled with the social wage⁵ that the welfare state provided – arguably offered a greater level of security than had ever gone before.

Yet, Tomlinson (2008) suggests that optimistic post-war social policy – which had promised a Britain with fewer inequalities and much less poverty – did not quite deliver on this promise, and that *“there was an emergent scepticism about how far the post-war welfare state had achieved the egalitarian goals that many suggested was the case in the 1950s”* (p.136). Lowe (2005) argues that a central aim of post-war welfare state policy was to create a system of social security that *“freed everyone from the threat of absolute poverty”* (p.136, emphasis added) brought about by the unstable nature of labour within capitalist societies.⁶ Although this was a transformation from the largely residual and rudimentary systems of income protection that had existed prior to this, there remained strong criticism that it allowed many people to continue existing in *relative* poverty (further discussed in section 2.9).

The seminal works of Titmuss (1960) and Townsend (1962) questioned the extent to which poverty had been eased by social security programmes, particularly as levels of benefits were too low to permit much more than subsistence; Townsend (1962) argued for benefit levels to be increased based on a new conception of poverty, one taking into account a household's standard of living relative to the rest of the population. Further, Beveridge's plans had only weak provisions for disabled people or their carers, by way of a small, additional supplement to the means-tested National Assistance (Deacon, 1995b). It was not until the 1970s that separate benefits covering the additional costs of disabilities

⁵ For example, health care and education in addition to social security.

⁶ It is acknowledged here that there is a considerable body of literature that more deeply dissects the nature of capitalism and how the 'welfare state' is, in fact, not an antithesis to capitalism but actually fundamental to its continued existence as the dominant political and economic system. It is, however, beyond the remit of this thesis to fully engage with these particular debates. For example, see SCHRÖDER, M. (2013) *Integrating Varieties of Capitalism and Welfare State Research. A Unified Typology of Capitalisms*. Basingstoke, UK: Palgrave Macmillan..

would be established, as well as a separate, more generous out-of-work benefit – Invalidity Benefit – for sick and disabled people (Bambra, 2011). All of this points to an enduring economic insecurity for large swathes of the population in the supposed 'golden age' of security, particularly for those groups less to enjoy the fruits of paid labour – such as women, the elderly and disabled.

The 1970s – characterised by social and economic turmoil – were turbulent in a way that would fundamentally challenge the post-war system of social security. The Arab-Israeli war led to a surge in oil prices which, in turn, caused massive inflation in the UK. Concurrently, unemployment rose and economic growth stalled, leading to a period of 'stagflation' (Lowe, 2005). Attempts to curb government expenditure through introduction of wage controls in nationalised industries, such as coal mining, led to lengthy conflict with trade unions that resulted in power shortages and the temporary imposition of a three-day working week. The rapidly growing government deficit – a result of reduced tax revenues and increased demand for social security benefits – led the government to borrow money from the International Monetary Fund, which in turn caused a devaluing of sterling, worsening the country's economic woes (Hill, 1993). Though little of substance changed in terms of social security during this decade, the sheer numbers drawing on it served to put great financial pressure upon it, concurrent with growing concerns in respect of benefit fraud on one hand, and criticisms that it paid too little to effectively reduce poverty and economic insecurity on the other hand (Gladstone, 1995).

Furthermore, some economists – those in favour of monetarism to combat inflation such as Friedman and Hayek – were arguing that social security took up a disproportionate amount of resources and that its complex system, coupled with low wages, reduced work incentives (Gladstone, 1999). Here, as with policy developments of almost a century hence, concerns with security and insecurity can be seen to be percolating, inasmuch as there were fears that benefits were offering too great a level of security and, moreover, that a level of insecurity should in fact be engineered into social security. These economic problems of the 1970s created a "*newly receptive climate*" (Schrecker and Bambra, 2015, p.13) for the policies of the likes of Friedman and Hayek, which had remained

politically marginal up until that time. Taken together, these factors would both begin to fragment the brittle consensus which had underpinned the development of social security up until that time, in addition to laying the groundwork for an acceptance of Prime Minister Margaret Thatcher's policies, including welfare state retrenchment.

2.4.4 Thatcherism and social security

In 1979, the Conservative government once again gained power in the UK, this time headed by Prime Minister Margaret Thatcher; her plans to transform the UK both politically and economically would come to spell big changes, not least for social security. Guided by a neoliberal economic doctrine – and in the context of the economic turmoil of the 1970s – Thatcher's government attempted to reshape British society, beginning with an abandonment of its commitment to the Keynesian economic principles that had prevailed in the post-war decades (Gladstone, 1995). It is clear, however, that the shift to neoliberalism did not, however, take place overnight, nor did it necessarily come as a surprise. Fourcade-Gourinchas and Babb (2002) argue that seeds of neoliberal policies were being planted from the 1960s onwards, and that in many ways, this seismic shift of political-economy was a pragmatic response to the challenging political and economic troubles of the 1970s.

Consequently, the principle of maintaining full employment was eliminated, bolstered by the government's strong belief that market forces should shape the labour market, with minimal state intervention (Deacon, 1995a). Private enterprise, rather than state spending, was seen as the key to economic growth, and for that reason public spending was targeted for cuts, including social security. At the same time, the tax system was altered so as to favour the wealthier by imposing more indirect taxes (Hill, 1993). Privatisation was also used as a means to raise public revenue, while deregulation was pursued as a vehicle for stimulating economic growth in the financial sector (Fourcade-Gourinchas and Babb, 2002; Bone, 2010). Processes of globalisation were also inherent to these changes taking place, further contributing to the erosion of security by placing downward pressure on welfare state spending in attempts to maintain national competitiveness (Vail, 1999b). These combined political and ideological

desires would also come to have stark consequences for many traditional heavy industries in the UK, such as coal mining, steelwork and shipbuilding, important industries in North East England that provided relatively well-paid, skilled and manual work to the (mostly male) local population (Manners, 1994; Glyn and Machin, 1997; Mah, 2010).

Although Thatcher maintained power for 11 years – from 1979 to 1990 – it was arguably not until the end of her time in office that social security would come to be significantly restructured (Gladstone, 1995). The first changes came in 1982, when the government reduced the value of contributory benefits and eliminated the short-lived earnings-related additions to sickness and unemployment benefits (Hill, 2003). Next came a review of social security in 1984, from which the government concluded that they must commit to reducing public expenditure in the face of the increasing proportion of people over state pension age, continuing high unemployment and the shift of social housing subsidy from local authorities to the state. At this time, the link between national insurance benefit levels and wage rises was broken, child benefit was frozen, and those aged under 25 years both lost entitlements to, and received lower levels of, Income Support (then known as supplementary benefit).

Gladstone (1995) argues that these changes outlined were driven more by ideology than anything else, because the rhetoric of the changes – centred on saving money – did not match the reality; in the event, they saved the treasury very little. More changes came in 1986 when Supplementary Benefit and Family Income Supplement were substituted by Income Support and Family Credit respectively, in a supposed effort to simplify the system. The young and the unemployed were particularly affected at this time, with harsh sanctions applied to people for refusing training or leaving a job, while benefit rights were withdrawn from under 18s (Deacon, 1995a). Here, 'activation' and 'conditionality' – both begetting of insecurity – can be seen to begin to creep into UK social security policy, as claimants were placed under more pressure to seek work and whose rights to benefits became increasingly conditional on the 'right' behaviour. Bauman's (Bauman, 1994; Bauman, 2001) analyses of the ideological underpinnings for such changes are useful here; too much security within social

security would undermine the insecurity fundamental to instilling the neoliberal defining spirit of competition *between* individuals, and also to disciplining a more flexibilised workforce.

Further changes were to be made to the welfare state following Thatcher's replacement by John Major in 1990. In another symbolic move, unemployment benefit was replaced by Jobseeker's Allowance, indicative of the government's drive to redefine expectations of claimants that would now involve stricter benefit conditions and sanctions for non-compliance (Fraser, 2009). Also at this time, Invalidity Benefit was replaced by Incapacity Benefit, which resulted in 200,000 claimants losing their eligibility as a result of failing a new test to assess whether people could undertake *any work*. The Major government also made changes to the two other key disability benefits: Attendance Allowance and Mobility Allowance. This was in recognition that these benefits were only effective at covering the additional costs of those most severely disabled; those with moderate disabilities, but who still incurred additional costs, were effectively excluded from these benefits (Sainsbury, 2018). Further, in 1994 Invalidity Benefit was changed to Incapacity Benefit. As part of this change, claimants were no longer eligible for the benefit solely on their doctor's recommendation, but instead had to undergo an 'all-work test' designed to assess the claimant's capability of working (Bambra, 2011; Spicker, 2011). This tightening of eligibility represented a significant shift in how benefits for incapacity would come to be 'reformed' by successive governments.

Despite many changes and cuts to social security during both Thatcher and Major's premierships, the cost of social security continued to rise and, despite the Conservative's election pledge not to raise taxes, the costs of social security could not be supported without doing just that. These further changes would be the last of those made by the Conservative's during their 18 years in power, as Labour were to be re-elected in 1997. At the end of this period, social security in the UK had been changed significantly, arguably driven by both ideology and economic pressures (Lowe, 2005).

2.5 New Labour – ‘work for those who can; security for those who cannot’

New Labour’s thirteen-year period of power that preceded the current period of welfare ‘reform’ could hardly be said to have been uninteresting in respect of social security policy. In fact, New Labour were keen to abandon notions of security for some, as evidenced by the proclamation in their ‘welfare’ green paper which stated:

We want to rebuild the system around work and security. Work for those who can; security for those who cannot. (Department for Social Security, 1998, p.iii)

Here, a not-so-subtle cleavage of security is evident, it no longer being touted as a universal goal for all. Rather, it is suggested that social security is only for those who cannot work but, as will be shown, the parameters for the category of people deemed to be excepted from work would come to be redrawn considerably. The implication was that work should offer the security when social security does not. Hills (1998, p.28) argues that this shift also represented a tension in New Labour’s approach to social security, in that it wanted to “reinforce the connection between work and welfare (sic)” whilst at the same time not offering “too easy a safety net for those who are currently working”.

Shortly after New Labour came to power in 1997, Lister (1998) also wrote of a discursive shift in respect of social security and poverty. Abandoning explicit commitments to reducing economic inequalities, New Labour instead spoke of addressing social exclusion and championing equality of opportunity. As Levitas (2006) points out, however, New Labour employed a narrow conception of social exclusion, one centred primarily on labour market exclusion (further discussed in section 2.9.2). For these reasons outlined, ‘activation’ for work was therefore a central plank of their social security policies, premised on an ideological belief of paid work being fundamental to financial independence, relief of poverty and social ‘inclusion’. Further to this, New Labour were also keen to address purported welfare ‘dependency’, believing that inherited social security programmes made work a more insecure and uncertain prospect than benefits did (ibid.). Promoting work incentives were, therefore, also a critical part

of what New Labour attempted to achieve within their own programme of 'welfare reform'. Expectations of moving towards work were extended beyond that group to which they had historically been directed at, to also encompass lone parents and people with disabilities and ill-health (Jones, 2012).

2.5.1 Unemployment and activation

The New Deal was the central plank of New Labour's changes to social security, a programme of activation policies designed to "*foster labour market flexibility, increase skills and reduce the financial and social burdens of unemployment*" (Walker and Wiseman, 2003, p.6). As Lowe (2005) has noted, these combined approaches both of encouragement and compulsion, with the latter orchestrated through punitive measures, would ultimately come to provide a springboard for the particularly harsh policies furthered by the subsequent Coalition government. Those identified as most employable were where support was targeted: under 25s, the long-term unemployed and lone parents. The older unemployed (aged over 50 years) and those with disability or ill-health as a barrier were also targeted for support, although less resource was allocated for these groups.

The different elements of each New Deal scheme were complex, but typically involved Jobseeker's Allowance (as well as Income Support and Incapacity Benefit) recipients being assigned a personal adviser who would then instigate a period of intensive job searching activity for the claimant (Finn, 2002). The claimant might also be offered, or expected to take up, training, subsidised employment, work placements or voluntary work. Enforcement of claimant responsibilities was bolstered by the punitive tool of sanctioning, which advisers could use – or threaten to use. Although lone parents and those with greater barriers to work – such as older adults and those with disabilities or ill-health – were expected to re-engage with the labour market, the expectations placed upon them were lesser than for those in less disadvantaged groups. Engagement with a Jobcentre advisor, and attendance at 'work-focused' interviews were the mainstay of the approach for these groups (ibid.); although invitations to participate were extended to all eligible claimants, failure to engage did not result in sanction (Millar, 2000).

2.5.2 Making work pay

Another key plank of Labour's social security policies, matching the rhetoric of work being the best option for achieving a higher income, was its complex programme of Tax Credits coupled with the landmark introduction of the National Minimum Wage. Both were designed to boost the income of low-paid workers and to incentivise work over benefits, achieved by increasing the marginal gains from work in addition to supporting parents of children with childcare costs (Lister, 1998; Powell, 2000). Whilst working families with children had previously been able to claim the predecessor Family Credit, Tax Credits increased in generosity and were also eventually extended to others in low-paid work. Working Families Tax Credit (the successor of Family Credit) was eventually split, in 2003, into two benefits: Child Tax Credit and Working Tax Credit. As Walker and Wiseman (2003) point out, the aim of this was to provide a minimum income floor for families with dependent children – demonstrating New Labour's commitment to addressing child poverty – as well providing an economic boost to low-paid workers without children, presuming a minimum number of hours were worked each week (for example, 30 hours for single people and childless couples) (Millar, 2018). Under New Labour, relative child poverty rates fell by over six percentage points – from 33% to 27% - between 1997 and 2010 (Joseph Rowntree Foundation, 2019).

2.5.3 Disability and illness

As already mentioned, New Labour's fervent focus on work as the only legitimate route to financial independence and security did not spare those people who were ill and disabled. Although Disability Living Allowance remained relatively untouched, Incapacity Benefit claimants were affected by various changes principally designed to 'encourage' movements into paid work. Early in New Labour's time in office, the little-used Disabled Workers Allowance was replaced by Disabled Person's Tax Credit, based on the same principle of increasing the marginal gains (and reducing the insecurity) of people with disabilities in low-paid employment (Finn, 2002). However, the latter was to be more generous than its predecessor, with a higher income threshold and lower taper rate for withdrawal of benefit as earnings increased (Burchardt, 1999).

Further – as already mentioned – the New Deal for Disabled People was established with the aim of helping people with ill-health and disabilities to move into work. Initially, engagement with the New Deal was voluntary in nature and typically involved Incapacity Benefit claimants being matched with a 'job broker' tasked with helping the person to overcome disability-related barriers to work (Walker and Wiseman, 2003).

Incapacity Benefit underwent several changes under New Labour, presaging its eventual 'reform' into Employment and Support Allowance in 2008 (initiated by New Labour also). In 1999, the benefit became means-tested for new claimants and, by 2003, mandatory 'work-focused interviews' also became compulsory for new claimants (Bambra, 2011). The change to Employment and Support Allowance was ostensibly prompted by the rising numbers of Incapacity Benefit claimants and the attendant cost of this; by 2006, 7% of the working-age population were claiming Incapacity Benefit and its real-terms cost had approximately quadrupled over the preceding 25-year period (Burchardt, 1999; Jones, 2012). At this time, North East England had the highest rate of Incapacity Benefit claimants of all English regions, with over 11% of all working-age people, highlighting the earlier point made in respect of places – such as Newcastle – likely to be disproportionately affected by 'welfare reform' (House of Commons Work and Pensions Committee, 2006).

The change from Incapacity Benefit to Employment and Support Allowance, in 2008, saw a wholesale reassessment programme for recipients of the former, with a new, stricter 'work capability assessment' designed to establish how claimants' ability to work was affected by their health and disability. The new benefit was given two different levels, one for those expected to return to work and another for those whose illness or disabilities would make work a very unlikely prospect. Further, claimants of the new benefit were to have their eligibility reassessed at regular intervals and those assessed as being able to return to work were expected to engage in 'work-related activity' or face sanctioning (Banks *et al.*, 2015). These changes were expected to stem the number of new claimants accessing the benefit and gradually increase off-flows from it also (Houston and Lindsay, 2010). Again, this was premised on a belief

that social security was offering *too much* security to some groups and therefore undermining the incentive to work. However, according to Barr *et al.* (2015c), who analysed data from UK Labour Force Survey, the process of tightening eligibility for Employment and Support Allowance has likely been ineffective in increasing re-entries into the labour market in this group of people. Barr *et al.*'s (2015c) analyses show no association between local authority reassessment rates and the likelihood of people with long-standing illnesses entering employment.

2.6 Post-2010 'welfare reform'

On the 13th May 2010, New Labour were replaced by a Conservative and Liberal Democrat Coalition government following a general election which saw New Labour lose 97 seats. Though the Conservatives gained 96 seats, they could not command a majority in the House of Commons and so formed a Coalition with the Liberal Democrats, taking office in the midst of the deepest recession since the 1930s. Whilst the origins of the recession are complex and debated, it is broadly agreed upon that the 2008 financial crisis was its primary cause (Elliott, 2010; Kitson *et al.*, 2011; Kickert, 2012). As a consequence of this recession, and the fiscal and policy responses to it, a growing budget deficit was inherited by the new Coalition government, who announced its intention to reduce the deficit by pursuing a programme of austerity (UK Government, 2010b), comprising deep spending cuts and retrenchment at a level and rapidity not witnessed since World War II (Taylor-Gooby and Stoker, 2011). Cuts to social security – termed 'welfare reform' – were at the core of this programme of austerity, in addition to severe cuts to local authority budgets; these disproportionately impacted more disadvantaged areas like Newcastle upon Tyne (Crawford and Phillips, 2012).

The Coalition advanced three key, interwoven strands of rhetoric with which to justify 'welfare reform' – one that lauded work as the *sine qua non* of citizenship and sought to portray those not working as irresponsible citizens (Patrick, 2017b) and, strongly linked to this, a second that positioned social security spending as problematic and 'wasteful' (Duncan Smith, 2010a). Thirdly, emphasis was placed

on the alleged (but fallacious) division in society between two homogenous and distinct groups, the 'strivers' and the 'skivers', with the hard-working majority supposedly subsidising the undeserved security of those on benefits (Garthwaite, 2011; Jensen and Tyler, 2015; Patrick, 2016). The 2010 and 2015 governments have used these rhetorical devices to argue that high spending on social security is unsustainable, and that making cuts (packaged as positive 'reforms') is the only way forward (Cameron, 2012; Osborne, 2013; Green, 2016).

In many ways, the Coalition's rhetoric was little different to New Labour's, with its focus on promoting work and personal responsibility, and reducing 'dependency'. Wiggan (2012) notes, however, that the Coalition would go on to advance a new strand of rhetoric, one that would increasingly vilify and stigmatise benefit claimants which, he goes on to argue, served to embed a divisive discourse separating the supposed deserving and undeserving poor, offering further justification for 'welfare reform'. Nevertheless, the Coalition government would still also attempt to couch 'welfare reform' as both necessary and justified; necessary because of the deficit, and justified because of both the professed belief that the previous government had been profligate in its spending, as well as there being a serious problem of unfair 'welfare dependency' in which a minority of people were immorally obtaining an unfair, secure existence at the expense of the insecure majority (UK Government, 2010b, p.26), as this extract from Iain Duncan Smith's (the then Work and Pensions Secretary) speech attests to:

Most people in this country don't wake up early in the dark and cold, and head to their job in order for the state to take their money and waste it. They don't slump, exhausted in their chair after work, just to see their taxes spent on people who can work but won't. I'm all for fairness. I will always fight for fairness for people who have fallen on hard times. I will always fight for fairness for the very vulnerable. But fairness must be a two way street. I'm determined that the people who pay their taxes into this welfare state get a fair deal too. I want to look every taxpayer in the eye and be able to

say that their money is either going to people who are on the path back to independence or their money is going to people who, without question, deserve society's care. No more spend and waste. (Duncan Smith, 2010a)

Rhetoric and discourse aside, there is debate as to the extent that the Coalition's changes to social security – described in this section – have represented a true departure from what went before it (McEnhill and Taylor-Gooby, 2018); some have questioned the notion that the purported radical social security policy changes under the Coalition (and subsequent Conservative government) were indeed radical and different (Lister and Bennett, 2010). For example, Employment and Support Allowance was established by the previous New Labour government, conditionality in Jobseeker's Allowance can be traced back to the Thatcher government and some form of assessment for disability benefits has always existed. However, McEnhill and Taylor-Gooby (2017) argue that, although the social security policy paradigm has remained largely unaltered – with continuity in the overarching framework of benefits – post-2010 'welfare reform' actually represents a significant change when the effects are examined cumulatively, particularly from an economic perspective. They assert that the critical differences are situated in the outcomes (intended or otherwise), and that the Coalition government's 'welfare reform' programme widens economic inequalities, worsens poverty and moves away from matching benefits with needs by reinvigorating the idea that poverty is not an economic issue, but one of behaviour (ibid.).

2.6.1 Austerity and 'welfare reform'

The first annual budget of the new government, released in June 2010, outlined how the government would aim to make £11 billion worth of savings by 2015. Although social security spending under New Labour had grown in real-terms between 1997/8 and 2009/10 – around 3.7% per year – spending on social security as a proportion of GDP had remained relatively flat at around 10.5% of GDP, reflecting the growing economy during that time. However, faltering economic growth after the 2008 recession meant that spending as a proportion

of GDP jumped to over 12% by 2010 with real-terms spending standing at around £220 billion (Hood and Phillips, 2015). Continuing New Labour's rhetoric of work as the guarantor of security and liberator of poverty, the Coalition government stated that its 'welfare reform' programme would lead to treasury savings by moving people from benefits to work (mainly single parents and people in receipt of Incapacity Benefit/Employment and Support Allowance and Disability Living Allowance), cutting tax credits, cutting Housing Benefit, and limiting the uprating of benefit rates to the Consumer Price Index and not the Retail Price Index (UK Government, 2010a). Then, in the 2010 Spending Review, the government announced its intentions make a further £7 billion of cuts by time-limiting contributory based Employment and Support Allowance, removing child benefit from higher rate taxpayers, and implementing further cuts to tax credits (UK Government, 2010b).

It is certainly true that spending on social security – £185 billion a year in 2010 (Duncan Smith, 2010b) – forms the single biggest part of government expenditure (at around 30%) and that this spending has increased in real-terms over the past three decades by around 250% (Office for Budget Responsibility, 2016). Yet, as a percentage of gross domestic product, spending has stayed at roughly around 10%. Further, it is the state pension that sees the greatest amount of expenditure of all social security benefits; indeed, benefits for people over state pension age accounted for just under half of all expenditure in 2015-16 (Hood and Norris Keiller, 2016). Despite this, pensioners were protected in the government's programme of 'welfare reform', which affected people of working-age only.

In addition to these proposed cuts to welfare spending, the government also laid out ambitious plans to simplify the benefits system by introduction of a 'Universal Credit'. The idea of Universal Credit (UC) was (and still is) to combine

and replace the six main means-tested benefits⁷ that account for most social security expenditure on working-age people – including tax credits – into one payment, albeit with different constituent elements broadly corresponding to the benefits it is to replace. Though similar in some respects to the legacy benefits it is designed to replace, UC represents a significant break in the structure and administration of out-of-work benefits in the UK. These changes all pivot on a principal feature of its design: UC is 'like (paid) work' (Millar and Bennett, 2017). Firstly, UC is paid monthly in arrears, and not fortnightly like the benefits it replaces. Secondly, its single taper rate⁸ is meant to make it simpler than legacy benefits. Thirdly, it is designed to respond in real-time to a claimants earnings, supposedly to make transitions into paid work – particularly temporary or short-term work – easier.

However, UC has been beset by delays and criticisms of its implementation and design. Its monthly payment has been criticised for only matching the payment cycles of salaried and white-collar workers, neglecting that many people who move onto benefits come from low-paid work that is more likely to be paid weekly, and that budgeting weekly or fortnightly is easier for those on low-incomes (Hartfree, 2014). Its responsiveness to changing circumstances and fluctuating incomes (from work) has also been criticised, particularly in the way its monthly assessment periods have struggled to account for slight variations in wage payment dates (BBC News, 2019). Another criticism stems from the way claimants move onto UC, which initially involved waits of up to five weeks for a first payment. This particular aspect was generative of severe hardship for many claimants without savings to support them in this interim period (Cheetham *et al.*, 2019; Walker, 2019).

⁷ These six benefits are: Housing Benefit; Income Support; Jobseeker's Allowance (income-based); Employment and Support Allowance (income-based); Working Tax Credit; Child Tax Credit.

⁸ The taper rate is the proportion of benefits that are withdrawn as earnings increase. In 2020, the taper is 63%, meaning that for every £1 earned over the work allowance, Universal Credit reduces by 63p.

A particular noteworthy distinction between UC and the system of legacy benefits it replaces is the extension of conditionality to those in-work. The legacy benefits system paid *benefits* to those out-of-work and *tax credits* to those in-work, whilst UC no longer makes this distinction, seemingly to address the complex ways that legacy benefits and tax credits interact (Stinson, 2019). However, this means that in UC conditionality is extended to those in work for the first time which is important because, as Dwyer and Wright (2014, p31) put it, “it re-categorises the previously respectable ‘deserving’ status of low paid workers as ‘undeserving’”. Millar and Bennett (2017) have highlighted the apparent contradiction in UC that sees it positioned as a benefit that encourages greater independence of claimants, whilst at the same time exerting a greater degree of control and surveillance over people’s lives.

Central to this new, extended system of conditionality within UC is the ‘claimant commitment’, which sets out the job seeking expectations of claimants. Those out-of-work are expected to spend 35 hours a week engaged in job search activity – much like in Jobseekers Allowance – whilst those in-work but earning less than the equivalent of 35 hours at minimum wage are expected to look for *more* work (Dwyer and Wright, 2014). Underpinning conditionality and the claimant commitment is an extensive system of benefit sanctions that claimants can face, either for not exerting sufficient effort to look for work (or more work), or for other supposed transgressions, such as missed appointments with the Jobcentre. Sanctioning of legacy benefit claimants – most notably Jobseekers Allowance claimants – rose dramatically between 2010 and 2013 (National Audit Office, 2016), arguably in preparation for the impending rollout of UC.

Initially, Universal Credit was not planned to result in any reduction in social security expenditure, and thus its purpose was materially different from the other elements of welfare reform. However, cuts to the taper rate – from 55% to 63% – and cuts to in-work allowances have seen its planned benefits undermined (Child Poverty Action Group, 2016; Timmins, 2016). Further, UC has not had equitable impacts on household incomes. As (Brewer *et al.*, 2019) point out, there are both winners and losers. The persistently poor are expected to be

the hardest hit by UC than the legacy benefit system – those whose average incomes are in the lowest 10%, over a projected eight year period, are expected to lose around £100 per year.

These changes to working-age social security benefits – from 2010 to 2015, summarised in table 1 – were eventually formalised in the Welfare Reform Bill, published in 2011 and enacted in parliament as the Welfare Reform Act 2012. Because many social security recipients will claim more than one benefit (for example Jobseekers Allowance and Housing Benefit), many are likely to be affected cumulatively. As Aldridge *et al.* (2012) have highlighted, it is most often those at the bottom end of the income distribution who receive a greater proportion of their incomes from social security, and thus it is those people who have been, and will continue to be, hit the hardest by cumulative changes to benefits. Modelling the expected impacts of the Coalition's cuts and changes, Joyce (2012) demonstrated their inequitable distribution: those in the lowest income deciles were forecast to lose a greater proportion of their incomes compared to those in higher deciles, while families with children were a group expected to be particularly hard-hit. The biggest savings to the treasury originated from the lower level of benefit uprating, followed by the freezing of child benefit rates and the changes to income disregards in child benefit, all contributing to this disproportionate impact on lower-income households.

Reflecting on the actual outturn of benefit spending during the Coalition's five years in government, Hood and Phillips (2015) describe how, despite 'welfare reform', overall social security spending remained static in real-terms. However, this masks a fall in spending on working-age benefits, cancelled out by an increase in spending on pensioner benefits. As predicted, the biggest overall 'savings' originated from cuts to benefit indexation and cuts to tax credits. Spending on Housing Benefit increased, despite the Bedroom Tax and cuts to the generosity of Local Housing Allowance rates; Hood and Phillips (2015) suggest that increased claims due to falling incomes was the most likely cause.

2.6.2 Jobseeker's Allowance

Jobseeker's Allowance provides an income to people who are unemployed and looking for work, albeit with some exceptions. The main change for Jobseeker's Allowance was introduction of the claimant commitment – a document laying out the expectations of the claimant in return for their continued benefit receipt (Beatty and Fothergill, 2014). An expectation of 35 hours a week⁹ job-searching activity was placed upon claimants. This activity became subject to surveillance by Jobcentre staff, via the online Universal Job Match portal that claimants were expected to use. Although sanctions already existed in Jobseeker's Allowance before 2010, their application increased massively after this date, typically for breaches of the claimant commitment or 'non-compliance' with the Jobcentre's demands (National Audit Office, 2016). The Coalition and Conservative governments have utilised the Work Programme – initiated by the New Labour government – until mid-2017 (Butler, 2017), the aim of which was to provide more intensive support to some jobseekers. The Work Programme was contracted out to private providers. Since mid-2017, the Work Programme has been replaced by the much smaller Work and Health Programme focused on people with health problems and disabilities, and those who have been out of work for longer than two years (Powell, 2018).

2.6.3 Employment and Support Allowance

This benefit was introduced by the previous, New Labour government in 2008, replacing Incapacity Benefit. Its purpose is to provide an income to people who are out of work because of ill-health or disability (UK Government, 2013). Claimants can be placed into one of two groups: the work-related activity group or the support group. A third outcome is that the claimant is found 'fit for work' and moved to Jobseeker's Allowance or, now, Universal Credit with full work search requirements. If placed into the work-related activity group, claimants are expected to attend 'work-focused interviews' at the Jobcentre (or Work and Health Programme, previously the Work Programme) and to take steps towards

⁹ Equivalent to a full-time job.

moving back into work (ibid.). As with Jobseeker's Allowance, claimants can be sanctioned for non-compliance. Those placed in the support group do not have any conditions placed upon them. From 2016, new claimants placed into the work-related activity group started to receive the same benefit rate as Jobseeker's Allowance claimants, no longer getting an additional £29 a week (Gentleman, 2016).

As part of the change to Employment and Support Allowance, a new 'work capability assessment' was introduced, being much stricter than the eligibility check it replaced in Incapacity Benefit, with claimants expected to undergo frequent reassessments to check their eligibility for the benefit¹⁰. These assessments are contracted out to a private provider (Warren *et al.*, 2014). The Coalition government also introduced a new step in the appeals process for rejected claims, involving a 'mandatory reconsideration' prior to an appeals tribunal, making appealing decisions a more difficult and lengthy process (Litchfield, 2013).

2.6.4 Personal Independence Payment

This benefit, designed to cover extra-needs costs of living with a disability, replaced Disability Living Allowance. As with Employment and Support Allowance, a new test of eligibility was introduced with stricter eligibility criteria. Although the two components of the benefit were kept – one for daily living needs and one for mobility needs – benefit rates for the daily living component were changed from three- to two-tier; the mobility component remained as two-tier (Beatty and Fothergill, 2016). Those in the higher tiers are deemed to need extra financial support and therefore receive higher amounts of benefit. Most claimants are now also expected to undergo regular reassessments to re-establish their eligibility for the benefit and, as with Employment and Support Allowance, the appeals process has been lengthened with the introduction of a 'mandatory reconsideration' step (Gray, 2016).

¹⁰ There is no fixed interval between assessments, it being largely determined by the recommendation of the person carrying out the 'work capability assessment' based on their assessment of how long they think a person's period of rehabilitation should be.

2.6.5 Housing benefit

This means-tested benefit helps towards the cost of rent for people on low-incomes. Two major changes were made to Housing Benefit for tenants of social and private landlords respectively. The change for the former was known as the removal of the spare room subsidy but was widely dubbed the 'Bedroom Tax' and will be referred to as such throughout this thesis. This change meant that social housing tenants had their Housing Benefit reduced by 14% or 25% if deemed to have one or two (or more) 'spare' bedrooms, respectively (Gibbons *et al.*, 2018). This effectively meant that affected tenants' Housing Benefit no longer covered the full cost of their rent, leaving them to make up the shortfall from their other income (usually benefits). For private sector tenants, the maximum available benefit was capped at the 30th rather the 50th centile of rents in a particular geographic area. As with the Bedroom Tax, this has meant that for many people, Housing Benefit no longer covers the full cost of their rent (*ibid.*).

At the same time as these changes, another benefit called Discretionary Housing Payment was introduced. This was designed to offset some of the deductions to Housing Benefit, for some people (Gibbons *et al.*, 2018). Administered locally, rather than nationally, it is – as its name suggests – discretionary. Awards are time-limited and, usually, a maximum of three awards are granted.

2.6.6 Benefit rates

Before 'welfare reform', benefit rates were increased every year with inflation, using the Rossi Index. From 2013 for three years, the main working-age benefits were uprated by either the Consumer Price Index or 1% - whichever the smaller amount. From 2016 to 2020, benefit rates were instead frozen, with no increases at all during this time (Keen, 2016; Hood and Waters, 2017). These indexation changes were not applied to Personal Independence Payment or the support group of Employment and Support Allowance.

2.6.7 Council tax benefit

This benefit helps low-income households to pay their council tax. Central government reduced the block grant to local authorities to support people with Council Tax Benefit and also transferred administrative responsibilities to local authorities. Each local authority therefore had to devise their own Council Tax Benefit scheme; the reduction in central funding means that most working-age households now have to pay something towards their council tax (Beatty and Fothergill, 2016)

2.6.8 Benefit cap

From 2013 a ceiling was placed on the total amount of benefits a working-age household could receive (excluding those in receipt of Personal Independence Payment). Initially this was set at £26,000 per year per household, being reduced to £20,000 per year from 2016¹¹ (Wilson, 2014; Beatty and Fothergill, 2016). Differential rates were also set for different household types. This change was mainly expected to affect lone parents with more than two children.

¹¹ These rates were applicable outside of London; higher rates were set for London because of higher housing costs there.

Table 1: Summary of main changes to working-age social security benefits rolled out between 2010-2015, including estimated number of households affected and estimated average loss per week (£) (Aldridge *et al.*, 2012; Beatty and Fothergill, 2014)

Specific welfare 'reform'	Households affected	Loss per week
Housing Benefit (social rented sector) – Reduction of 14% if 1 spare bedroom, and 25% if >1 spare bedroom; tenant has to make up shortfall Commonly known as the 'Bedroom Tax'.	660,000	£14
Housing Benefit (private rented sector) – New weekly caps applied based on 30 th percentile of local market rates (instead of 50 th); new rules limiting property size dependent on need.	800,000	£12
Council Tax Support – New discount schemes determined locally, most of which leave working-age residents with some liability for council tax.	3,750,000	£2.64
Personal Independence Payments – Replaces Disability Living Allowance, with all claims reassessed.	2,200,000 ¹²	-
Employment and Support Allowance – Continued rollout from New Labour term, with stricter 'work capability assessment'	1,500,000 ¹³	-
Employment and Support Allowance – Time limiting of contributory ESA for those in the work-related activity group.	700,000	£36
Jobseeker's Allowance – Introduction of the claimant commitment with stricter conditionalities tied to sanctions.	1,500,000	-
Child Benefit – Removed from households where one person earns over £50,000 a year	1,200,000	-
Child Benefit – Freeze on the amount paid for three years from 2010/11 to 2013/14	7,100,000	-
Tax credits – Increased withdrawal rate from 39p to 41p above the income threshold of £6420/year	3,500,000	-

¹² Figure based on all individuals on Disability Living Allowance to be reassessed

¹³ Figure based on all individuals on Incapacity Benefit to be reassessed

Specific welfare 'reform'	Households affected	Loss per week
Tax credits – Reduced proportion of childcare costs covered from 80% to 70%	45,000	£69
Tax credits – Hours worked before eligibility increased from 16 to 24 per week combined for couples with children	212,000	£75 ¹⁴
Tax credits – Withdrawal of entitlement to child element for households earning over £41,300/year; basic element of Working Tax Credit frozen	600,000	£10.50
Uprating – Future rises in benefits rates to be pegged to Consumer Price Index not Retail Price Index	-	£1.10
Uprating – From 2013 for 3 years benefits to be uprated by 1% only	9,600,000	£3
Benefits cap – Total amount a household can receive limited to £500/week for couples and £350 for single people; includes most working-age benefits	58,000	£93

The Conservative government, who won the 2015 election, would come into power on a promise to maintain the focus on reducing social security expenditure, particularly on working-age benefits. Their manifesto spoke of their achievements as part of the Coalition government, noting the 'difficult' decisions they had had to make yet maintaining that 'Britain's recovery' was fragile and could, with the wrong decisions, be easily undone (Conservative Party, 2015). To that end, they initially outlined plans to cut a further £12 billion from the social security budget, which would be achieved by further reducing the benefit cap, completely freezing the rates of most working-age benefits, moving more people from disability and illness-related benefits into work, and pressing ahead with the rollout of Universal Credit, which would also see savings because of changes to its work allowances and taper rates. The changes were detailed in full in the Welfare Reform and Work Bill 2015, which was enacted in March of

¹⁴ Maximum loss.

the following year. This bill made provisions for further significant changes to the welfare system, as shown in table 2.

Analyses of their 'reforms' have projected that the long-run impact will, as with the Coalition's 'reforms', disproportionately impact upon the poorest households. Hood and Waters (2017) estimate that households in the bottom two income deciles will lose around 10% and 8% of their annual household incomes respectively as a result of these changes. As with changes in the period 2010-2015, changes to indexation (the benefit freeze) are predicted to cut the largest amount of money from overall social security spending, as is changes to Tax Credits. Although there are projections that Universal Credit – once fully rolled out – will lead to savings of around £5 billion a year (ibid.), a report by the National Audit Office has remarked that these expected savings are largely theoretical and unproven and, in the event, it is likely that the savings will be less than anticipated (National Audit Office, 2018).

Table 2: Summary of main changes to working-age welfare benefits rolled out after 2015, including estimated number of households affected and estimated average loss per week (£),(Beatty and Fothergill, 2016)

Specific 'welfare reform'	Households affected	Loss per week
Housing Benefit – amount payable to those in the social sector (new tenancies) to be capped at local housing allowance rates used in the private sector	300,000	£14
Housing Benefit – removed entitlement for 18-21 year olds who would have previously qualified because of being out-of-work or on a low income	15,000	£50
Personal Independence Payments – continuing impact of reassessment of claims	650,000	-
Employment and Support Allowance – reduction in the amount payable to those in the work-related activity group to the same as Jobseeker's Allowance	500,000	£25
Tax Credits (and equivalent in Universal Credit) – limiting of the 'child element' to two children maximum and reduction in income rise disregards from £5000 to £2500 (already reduced under previous changes)	2,000,000	£20
Universal Credit – reductions in the 'work allowances', that is, the amount that households are permitted to earn before UC begins to be withdrawn (work allowances for claimants without dependent children will be removed entirely); taper rate increased from 41% to 48%;	3,000,000	£20
Uprating – From 2016/17, most working-age benefit rates are to be frozen for four years	7,900,000	£9
Benefits cap – Total amount a household can receive reduced to £23,000 in London and £20,000 elsewhere. Cap includes most working-age benefits.	210,000	£45

2.7 Summary

Social security cannot be divorced from political economy and ideology, as this chapter has demonstrated. Throughout its history, social security has been an amorphous entity, being shifted and shaped by the prevailing political and economic winds. At no time can it be claimed that social security has – completely and universally – offered what its name suggests. Insecurity as a lens can help us to make sense of how social security has come to be shaped by political, economic and, above all else, ideological forces. The dialectic of security and insecurity has been integral to the developing system of social security, in as much as there are seemingly irreconcilable tensions between the economic necessity for both insecurity and security. This dialectic also demonstrates how social security is a system that is as much an integral part of, as it is a response to, capitalism, and that alleviation of insecurity is almost impossible within the current neoliberal paradigm. Yet there is no doubt that there have indeed been pivotal moments in the history of social security – for better and for worse – and that current ‘welfare reform’ represents one of those moments. This thesis will attempt to understand, from social security recipients’ own perspectives, how this most recent change has impacted them; is it for the better, or the worse? The next part of this chapter will go on to examine what evidence there is, to-date that can begin to shed light on this question, using the lens of insecurity.

Part two

2.8 Introduction

The first part of the literature review situated 'welfare reform' within the long and complex history of social security in the UK, relating it to the concept of insecurity and to the shifting political and economic context. This second part will examine extant knowledge about the connections between poverty, social security, insecurity and health. It will draw both on ecological and epidemiological evidence – international and national – as well as smaller scale, qualitative evidence, to paint a picture of what insecurity means, how it is experienced and how this relates to both health and wellbeing.

2.9 Poverty and social security

Researching 'welfare reform' means also researching poverty, given that persistently low benefit levels mean that many benefit recipients live in poverty, and would do so irrespective of recent 'welfare reforms'. It is therefore worth considering what is meant by 'poverty', how this is both defined and measured, and how this overlaps with other, related terms such as social exclusion. Lister (2004) argues that poverty is a contested concept with a plurality of definitions, though these tend to coalesce into one of two conceptual 'camps' – absolute or relative poverty. Absolute poverty typically refers to an income level at which only meagre subsistence is possible (Gordon, 2006). Relative poverty, on the other hand, considers the experience of low-income in relation to how the *majority* of people in a society live. It therefore extends poverty beyond the absolute conception, recognising that the absence of many other things can also be damaging to people's health and wellbeing.

2.9.1 Poverty in the UK

Measurement of poverty then depends on how it is first conceptualised. Measurement of absolute poverty is based on formulation of a threshold below which it is adjudged as being unable to achieve even the most basic of existences. Measuring relative poverty is more complex, because agreement on what constitutes poverty *relative* to a larger group of people is debatable, not least because the experience of 'poverty' is subjective (Lister, 2004). In the UK

and the EU, a commonly used relative poverty line is 60% of the median household income (after housing costs)¹⁵, although this cut-off is somewhat arbitrary and does not accurately represent living standards or subjective experiences of poverty (Gordon, 2006). A discussion of different conceptions, such as the use of consensual Minimum Income Standards, will be provided later in this chapter.

In 2016 when the fieldwork for this research commenced, it was estimated that in the UK around one in five working-age adults, and around three in ten children, were living in relative poverty (Joseph Rowntree Foundation, 2018)¹⁶. Poverty was worse for households containing a disabled person (30% versus 19%)¹⁷, children in lone parent families (49% versus 25%)¹⁸ and families where nobody in the household was in work (64% versus 18%)¹⁹. Further, this analysis by the Joseph Rowntree Foundation (2018) demonstrates differential trends in poverty over time by demographic groups: pensioner poverty has been cut in half over the past twenty years; poverty for working-age adults without children has increased slightly; and while poverty for lone parent families decreased between 1994 and 2010, it has increased again since 2010. Discussions of social security changes during these times – in chapter 2 – help to shed light on some of these trends in poverty for different groups. It is worth pointing out here that ‘the poor’ are not a static, homogenous group and, importantly, that poverty can vary over the life course; people can move into and out of poverty at different times in their lives, either because of low-income or high outgoings (Rahman, 2019). Poverty dynamics research tells us that, for most people, poverty is temporary and short-lived, often triggered by things like job loss or a sudden increase in outgoings (Smith and Middleton, 2007). However, evidence shows that a spell of poverty increases the likelihood of re-entering poverty in the

¹⁵ This is because there is wide variation in housing costs between different parts of the UK, with housing in large cities often being more expensive than in smaller cities and towns, and housing in the South East of England often being more expensive than in the rest of the country.

¹⁶ A household income of less than 60% of the median UK household income, after housing costs.

¹⁷ Compared to households not containing a disabled person.

¹⁸ Compared to children in households with two parents.

¹⁹ Compared to households where at least one person was in work.

short- to medium-term, meaning that there are a significant minority of people effectively 'churning' in and out of poverty (ibid.) or experiencing what is termed as 'persistent poverty'.

In the two year period 2015-2016, it was estimated that just under 10% of the UK population were experiencing persistent poverty - defined as being in relative poverty in the year of measurement, plus two out of the three years preceding it (Joseph Rowntree Foundation, 2018). Lone parents are much more likely to experience persistent poverty than any other family or household type, possibly reflecting the significant barriers this group face when trying to increase their income through labour market participation. However, data consistently demonstrate that work is no panacea to poverty, with around 12% of working households currently experiencing poverty, the highest rate in twenty years. Indeed, 60% of working-age households in poverty now have at least one person in work, compared to around 40% twenty years ago (ibid.). Despite this, an income solely from benefits confers a much higher risk of living in poverty.

The reason that social security does little to protect against poverty is because the monetary amounts of many benefits are set at very low levels, as will be demonstrated in this chapter; this links to discussions in section 2.4.2 of how benefit levels were originally decided upon. As stated there, benefit levels were – and remain – relatively arbitrary, with no formal or explicit consideration of how such amounts relate to the cost of living, what sort of living standards these amounts can realistically permit, and whether they permit healthy living (Veit-Wilson, 1992; Morris *et al.*, 2000). What others have shown, however, is that benefit levels are often far below what is adjudged to be needed for a life without poverty – or even close to the cusp of poverty. Despite this, recent 'welfare reforms' have incorporated real-terms cuts to benefit levels for many claimants.

2.9.2 Social exclusion

The term 'social exclusion' is one that overlaps with, but is not synonymous with, poverty. It attempts to capture the wider social processes that can both give rise to, and occur as a result of, low-income and poverty. As with poverty, social exclusion is also a contested term, one which has sometimes been employed by different groups of people to capture and describe materially different phenomena. In her analysis of British public policy and discourse in the 1990s – when social exclusion gained traction as a concept – Levitas (2006) identified three distinct discourses, each with different understandings of social exclusion. These are shown in figure 1. For the purposes of the analysis in the present research, Levitas et al.'s (2007, p.25) conceptualisation of social exclusion will be used, whereby it is defined as a “*complex and multi-dimensional process [that] involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas.*”

Redistributive Discourse (RED) – understands social exclusion as resulting from the poor lacking material resources. Material resources include money, but go beyond this to include access to collectively provided services. Ultimately, poverty is at the core of this understanding of social exclusion.

Social Integration Discourse (SID) – understands social exclusion primarily as exclusion from paid work and the labour market.

Moral Underclass Discourse (MUD) – understands social exclusion in terms of purported behavioural or moral deficits of certain groups of society.

Figure 1: Levitas' model of understanding discourses of social exclusion

Sen (2000) argues that seeing poverty only through the lens of material deprivation fails to capture the totality of experience of poverty, and that social exclusion is thus a useful conceptual lens that is better able to 'see' poverty's reality, a view also shared by Lister (2004). Thus, social exclusion in the present research is used to mean the exclusion from participation in normal social and cultural life that arises from lack of material resources. This thesis will argue that this was an important aspect of poverty that resulted from 'welfare reform' for participants of this research and, more broadly, from being reliant on inadequate social security benefits for all or part of their incomes.

Whilst poverty and low-income may be problematic in and of itself – for example, in terms of the ability to pay for housing and utilities – it is the antecedent impacts that can be seen to be constitutive of social exclusion. This is because of the relational effects of poverty that flow from the material; a person's ability to fully realise their status as a member of society becomes diminished (Gordon *et al.*, 2000b). For example, a person living in poverty may not be able to participate socially; they may have to dress, eat or use things or services that mark them out as having little money or resources; or, their social, economic or cultural rights might be inadvertently curtailed, including their rights to food and health.

Using a lens of social exclusion is thus helpful for taking a more critical look at how poverty was constituted for participants in this study. A 'human needs' framework is useful for bridging the gap between the concept of social exclusion and the way that it is constituted in everyday lived experience. Such an approach takes into account needs which are contextually bound and subjectively important. (Streeten, 1984) asserts that the idea of basic needs can be interpreted in two principal ways. Objectively defined basic needs, such as food, shelter and clothing are easily understood and have a strong appeal, though still require some interpretation in respect of the details, for example, what kind of shelter or food is acceptable (which related to the concept of food insecurity discussed later in this chapter). Subjectively defined basic needs permit people themselves to decide what is satisfactory to achieve a basic standard of living.

The Poverty and Social Exclusion survey (PSE Team, 2013) and work on Minimum Income Standards by the Joseph Rowntree Foundation (Davis *et al.*, 2016) are both examples of attempts to better define such contextually bound needs, and operationalise the concept of social exclusion. These approaches blend together both physiological needs and other, socially necessary things which present as needs – both material and non-material. Stemming from Charles Booth's work in poverty in the early 20th century, many have tried to grapple with how to define an acceptable standard of living that is both socially and temporally located (Pantazis *et al.*, 2006).

As Gordon *et al.* (2000a) point out, both relative and absolute conceptions of poverty are blunt instruments, because they define poverty using arbitrary amounts of income. Neither definitions actively account for the needs of individuals, nor are they rooted in the lived experience of poverty. In contrast, human needs approaches do just that, by constructing measures of poverty that consider the things that people – in a particular society and at a particular time – self-identify as being necessary for a basic yet socially inclusive life. The Joseph Rowntree Foundation's Minimum Income standards are an example of such an approach, based on derivation of minimum income levels from identification of human needs, in collaboration with members of civil society.

2.9.3 Minimum income standards

The JRF's Minimum Income Standards (MIS) are consensually arrived-at income floors – formulated by citizens' panels – which theoretically permit a basic, socially acceptable standard of living, for different household types. The strength of the MIS are that they are not arbitrary amounts, like those of benefit levels or relative poverty lines (like those outlined previously), but are based on real-world calculations of the amounts of money needed to allow things such as a healthy diet, replacement of worn clothes, a mobile phone and a conservative level of social participation, amongst other things adjudged necessary for such a minimum acceptable standard of living (Centre for Research in Social Policy, 2018).

Table 3 gives examples of how current benefit levels compare to MIS, for various household types and abilities to work. Although these are based on 2019 levels, the benefits freeze means that most benefits were paid at the same rate when the fieldwork for the present research was carried out, except for those for someone with a disability. As the table demonstrates, only those with severe disabilities can achieve an income from benefits that surpasses current MIS thresholds. However, it is likely that those with disabilities will incur additional costs not considered by the MIS. Single, working-age people and lone parents who are out of work fall far short of the MIS for their respective categories. Even in work, only when working full-time does a person come close to the MIS, although for lone parents, income may be reduced by childcare costs. Given that the levels of many benefits fall considerably short of the MIS, logic dictates that those same benefit levels also fall short of allowing a minimum socially acceptable standard of living and are likely to lead to poverty and social exclusion.

Table 3: Examples of weekly income from benefits and/or work (paid at the minimum wage) in 2019, compared to Minimum Income Standards (MIS), for various different household types.^{20,21}

Household type	MIS, after housing costs, council tax and childcare	Income from work and/or benefits ^{22,23}
Single adult, looking for work	£203.90	£71.31 (35%)
Single adult, out of work temporarily due to ill-health ²⁴	£203.90	£100.36 (49%)
Single adult, severely disabled and unable to work	£203.90	£341.36 (167%)
Single adult, working 20 hours	£203.90	£99.29 (49%)
Lone parent, child aged 3 years; not working	£305.56	£156.03 (51%)
Lone parent, 2 children aged 5 and 10 years; working 16 hours	£385.47	£312.54 (81%)
Lone parent, 3 children aged 3, 7 and 11 years; not working	£496.34	£290.43 (59%)
Couple, 3 children aged 3, 7 and 11 years; one adult working 35 hours	£592.21	£448.99 (76%)
Couple, no children; one working 35 hours, one looking for work	£341.83	£231.11 (68%)

²⁰ These amounts include council tax payments and discounts for a band A property in Newcastle upon Tyne. For simplicity, they also assume that rent paid in full by Housing Benefit; they do not include any Housing Benefit deductions for the Bedroom Tax, the Benefit Cap or if housing costs are more than the Local Housing Allowance rate for private rented accommodation.

²¹ Assumes that claimants are over 25 years of age; lower amounts are payable to people under 25.

²² Based on legacy benefits, not Universal Credit, as these predominated when this research was carried out.

²³ Figures in brackets are the % of the MIS that that income amount achieves.

²⁴ Figures given are for those in the work-related activity group of Employment and Support Allowance, for claims made prior to 3rd April 2017. Since this date, this is paid at the same rate as Jobseeker's Allowance.

As already indicated, benefit levels have been eroded since 2013 by decisions to uprate by less than inflation and, from 2015, to freeze most working-age benefits (Beatty and Fothergill, 2018). For example, Jobseeker's Allowance and Income Support were both paid at £71.00 a week in 2012-13. Had these been uprated using the Consumer Price Index, by 2015-16 they would have been valued at £76.10 instead of £73.10 week, equivalent to a real-terms cut of just under 4% (House of Commons Library, 2013). This means that the gap between the incomes of those on most working-age benefits and the MIS has been growing wider each year since 2013.

Table 4 expands upon this discussion of what constitutes a socially acceptable standard of living. Using data from the most recent Poverty and Social Exclusion survey (PSE Team, 2013), it presents a selection of items or activities which respondents thought were 'necessary' for life in present-day society. As the data show, the necessities of life extend beyond mere subsistence, although basic material things such as heating, a damp-free home and two meals daily are nevertheless important. Regular consumption of fruit, vegetables, meat and fish are seen as necessary, although the ability to have a 'roast dinner' weekly less so (food insecurity will be discussed further in section 2.10.7). Having the opportunity to visit, or be visited by, family and friends are seen as important, although fewer people are of the opinion that being able to go out fortnightly is necessary. Being able to decorate one's home attracts considerable support, as does having a warm coat, a phone and, to a lesser extent, a television. These items and activities have been selected because of how they speak to participants' experiences of living in poverty; they aid an understanding of what is viewed as being integral to 'normal' social and cultural participation in the UK at the present time, and thus form an important starting point for contextualising the findings in this thesis.

Table 4: Percentage of PSE survey respondents agreeing that items or activities are 'necessary'. A selection of items from the survey are shown; the full list is available in the appendix (PSE Team, 2013)

Item/activity	% who agree it is a necessity
Heating	96%
Damp-free home	94%
Two meals daily	91%
Family visits	90%
Fruit and vegetables daily	83%
Warm coat	79%
Phone	77%
Meat or fish	76%
Home decorated	69%
Two pairs of shoes	54%
Television	51%
Family and friends visit	46%
Replace worn clothes	46%
Annual holiday	42%
Roast/joint weekly	36%
Go out fortnightly	34%

Bauman's (2004) idea of the 'flawed consumer', and Williams and Windebank's idea of the 'excluded consumer' (2001), are particularly useful conceptual tools for extending this understanding about how material items form an important part of human needs in a context of poverty. Whilst attention has often been paid to the domains of employment and social participation within the parameters of social exclusion, in the present study there were other, more mundane ways that participants were effectively excluded from mainstream society.

To be excluded from normal practices of material consumption is to be excluded from what is a central aspect of modern society, at least in the developed world. As Bauman (2004) puts it, poverty begets a 'flawed consumer', an identity that is damaging in a society in which consumption choices largely define a person's identity and social status (Baldock, 2003). However, this aspect of social exclusion is – as Williams and Windebank argue (ibid.) – often overlooked, despite its importance in a culture where shopping is an important leisure pursuit and citizens are judged in terms of their ability to be a successful consumer (Hamilton, 2009). The inability to participate as a consumer – in acceptable ways²⁵ – and to possess certain visible badges of a successful consumer – which, by their very nature are difficult to acquire by somebody living in poverty – have the propensity to beget shame and humiliation, and a feeling of longing to be, once again, a fully participating citizen in the “society of consumers” (Bauman, 2004). This links back to earlier discussions of neoliberalism in part 2.3.2; its individualising narrative emphasises that *the* marker of success is individual economic success which is largely demonstrated by participation in consumer society.

2.10 Health and health inequalities

It would be useful to first consider what is meant by 'health', given that one aim of this thesis is to consider how 'health' is impacted upon and affected by changes to social security. In 1946, the World Health Organisation (WHO) formulated a definition of 'health', describing it as:

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2006).

In defining health in this way, the WHO were seeking to redefine health from the predominant medical model of the time to a newer, social model of health more apt for modernising societies. This was due, in part, to the steady decline in deaths from infectious diseases and concomitant increases in life expectancy being witnessed in many parts of the world. But it was also due to a greater

²⁵ For example getting shopping from a supermarket as opposed to a food bank.

recognition that objective states of health and disease could not be so easily divorced from the subjective experience of health and disease (Saracci, 1997). The WHO therefore acknowledged that absence of pathology alone could not be the sole determinant of health.

Huber *et al.* (2011) have since criticised this conceptualisation of health due to its somewhat black-and-white notions of health and disease: by its definition, one must be seen as 'diseased' in the absence of *complete* social wellbeing, for example. Saracci (1997) further argues that conflating health and happiness is unhelpful, because whilst there is clearly great potential for the two to be intimately connected, guaranteeing 'health' does not necessarily guarantee happiness, and vice versa. Saracci (*ibid.*) goes on to discuss the relevance of this; seeking to totally eradicate the existential problems that humans face is an unrealistic goal – emotions, good and bad, are an essential part of human existence. Thus, there is a danger that any disturbance of happiness becomes pathologised.

As a result of such critiques, there has been a gradual reconsideration of how health can be better defined. A Lancet editorial (2009) argues that the subjective experience of the individual should take primacy over reductive definitions of health, so that the parameters for each person's 'health' can be set within the context of their own personal circumstances, environment and society in which they live. Hence 'health' should be focused on the person and not the disease, because a state of disease – be it mental or physical in nature – has the potential to mean something different for each person affected (Smith, 2008). Huber *et al.* (2011) suggest that a redefined 'health' should be viewed as a dynamic state, one in which individuals maintain resilience and the ability to cope and self-manage in the face of physiological, psychological and social stressors. Crucially, this does not mean that people ought always to be happy, whether in a state of disease or not. Rather, having the capacity and resources to remain resilient is key. In a more recent contribution to this debate, McCartney *et al.* (2019) suggest that health should incorporate structural, functional and emotional dimensions and, critically, should be seen in the context of what constitutes a meaningful life both from an individual and societal perspective.

2.10.1 Health inequalities

Health inequalities can be thought of as differences in those who have 'health' and those who do not have 'health', on whatever metric. Differences in health per se are not necessarily troublesome, as Margaret Whitehead (1992, p.219) points out:

There is bound to be some natural variation in between one individual and another. Human beings vary in health as they do in every other attribute. We will never be able to achieve a situation where everyone in the population has the same level of health ... This is not an achievable goal, nor even a desirable one.

Seeking to achieve total uniformity of health across populations is therefore both unnecessary and unachievable. It is principally those differences in health that can be attributed to factors which, from a moral perspective are unfair and unjust, that are of concern (McCartney *et al.*, 2019). Such social differences that ought not to be related to health, but often are, include gender (as a social construction), ethnicity, income and socioeconomic status, place of residence and occupation (Whitehead, 1992).

Explanations of health inequalities typically fall into one of three camps: material and structural; psychosocial; and, behavioural and cultural. The materialist theory proposes that income and financial resources are key determinants of health and health inequalities, with consideration of how the state, economy and society more broadly structures the distribution of such resources. A neo-materialist explanation views income as important because it acts as the principal means with which people are able to access things which can either promote or harm health (Bambra, 2011). For example food, housing, transport and social participation – all of which have tenable links to health – are largely determined by a person's financial resources (Bartley, 2004). A person's economic position might then also further impact upon their health by its links to stress and emotion through biologically plausible, yet putative, mechanistic pathways involving neurobiological responses (McEwen, 1998). This – the psychosocial theory – posits that the biological effects of stress and poor mental

health related to socioeconomic position can lead to deleterious effects on health in the body, both acutely and chronically; such stress may be a direct effect of material circumstances or related to a person's perceived position in a social hierarchy, relative to others (Bartley, 2004).

A third theory looks to behaviour and culture as an explanation for health inequalities, proposing that differences in the social patterning of health damaging behaviours may underpin socioeconomic inequalities in health, although this particular approach has been criticised for its apportioning of personal blame and for its negative characterisation of people from lower socioeconomic groups (Bambra, 2011). Bosma *et al.* (1999) suggest that observed differences in health-related behaviours, by socioeconomic group, might be better understood as influenced by a combination of people's material circumstances and reactions to living in disadvantaged circumstances.

The life-course approach attempts to combine these different theoretical explanations of health inequalities, whilst also incorporating temporality. This approach hypothesises that damage to health is accrued across the life course, and that different theoretical explanations might have more or less saliency at different points in people's lives (Bambra, 2011). It also recognises that it is difficult to necessarily isolate each of the theoretical explanations because of their interconnected nature. Arguably, the macroeconomic context sets the parameters for all of the material and structural factors discussed, which then in turn influence the psychosocial and behavioural-cultural domains – for example income, resources and power might partly explain why some groups in the population may end up in low paid, low control jobs that foster certain behaviours associated with stress relief which then become the 'norm' for others in that social grouping (McCartney *et al.*, 2013). The political economy of health approach (Doyal and Pennell, 1979) seeks to explain health inequalities through this lens by explaining how the economy, politics and government policymaking combine to influence meso-level determinants of health, such as the state of the economy, modes of production, welfare state and public spending, commodification of labour, and shaping of discourse related to social stratification (Szreter and Woolcock, 2004).

2.10.2 The politics of health inequalities

The first, and perhaps the most well-known, investigation of health inequalities in the UK was the Black Report, published in 1980, a year after Thatcher became Prime Minister. This report charted the enduring inequalities in health in the UK – *in spite of* the system of social security and the National Health Service – in addition to outlining hypotheses of why such differences in health might exist so systematically by socioeconomic status (Bartley, 2004). The report submitted that material factors were likely to play a significant role in the generation of such inequalities, suggesting that a more effective anti-poverty strategy was one of many things needed for action (Macintyre, 1997). Yet as Macintyre (ibid.) points out, the report received a frosty political reception – arguably because of its recommendations being ideologically mismatched with that of the incumbent government – with the then Secretary of State dismissing any possibility of the suggested public expenditure (Morris, 1980). Reviewing progress ten years after the Black Report, Smith *et al.* (1990) concluded that inequality had in fact worsened in the intervening decade, and that materialist explanations of such differences were being side-lined in favour of behaviouralist explanations that negated the need for state spending and intervention. Perhaps rooted in the anti-welfare state political discourse of the 1980s, Smith *et al.* (ibid.) also go on to note that *“the notion of a dispossessed and feckless underclass that imposes costs on the rest of society and is to blame for most social ills is becoming increasingly popular”* (p. 376). A denial of the importance of material factors for health, along with the belief that shiftless individuals were largely responsible for their own misfortune, arguably then made retrenchment of social security at that time a morally defensible proposition for the government of this period.

The intervening years between the Black Report and New Labour taking office saw little progress in reducing health inequalities because, as Exworthy (2002) describes, the political will to tackle the problem did not exist. In 1997 New Labour, however, made it clear that they wanted to address this problem, and therefore commissioned a new, independent inquiry into health inequalities – the Acheson Report. This report restated and reemphasised the structural and

material explanations of health inequalities put forward by Black almost two decades earlier, and was unequivocal in its view that social security was an important determinant of health and health inequalities, asserting that "*it is the benefit system which is the principal determinant of living standards*" and that "*it is important that, over time, benefit and pension levels are set at a level sufficient to pay for items and services necessary for health and for participation in society*" (Acheson, 1998, p.19). The report's findings were espoused by authors of the Black Report, who argued that recognition of the link between benefits levels (and wider social security policy) and health should be a first step towards defining a minimum income for health and tackling structurally determined health inequalities (Black *et al.*, 1999). Although the New Labour government's promises to tackle inequalities were initially bold and ambitious – they had openly criticised the previous government's excessive focus on lifestyle (Shaw *et al.*, 1999) – their 2004 white paper detailing their new strategy for combatting health inequalities had instead also drifted back to a focus on individual 'lifestyle' behaviours (Department of Health, 2004). As already outlined, the New Labour government would go on to make considerable changes to social security, but with a focus on increasing the benefits of those in work only; therefore, most benefits remained below that recommended for health and social inclusion.

In 2008, the then secretary of state commissioned yet another report into UK health inequalities. This review – the Marmot Review, published in 2010 – delivered on this brief by detailing the extent of health inequalities in the UK and their stark social nature, while simultaneously restating the moral and economic imperatives to act (Marmot *et al.*, 2010). The importance of structural and material forces on health were again reiterated, with calls for policy measures to, *inter alia*, increase job security, reduce long-term unemployment and impose minimum income standards for healthy living – to be applicable to social security. However, the election of the 2010 Coalition government – with its programme of austerity encompassing cuts to social security, amongst other things – cast doubts over the possibility of meaningful progress on narrowing health inequalities in the UK. Reeves *et al.* (2013) have demonstrated that the

disproportionate impacts of austerity, affecting people and places already more disadvantaged and afflicted with poorer health, will only serve to widen health inequalities through their impacts on the material resources of both households and communities (Taylor-Robinson and Gosling, 2011; Barr *et al.*, 2015a).

This, of course, begs the question of whether social security – and the characteristics of a particular social security system – can effectively act as the buffer between economic and personal security, and protect health.

Demonstrating the importance of social security for mediating the relationship between economic and personal security, Bambra and Eikemo (2008) show that the odds of poorer health amongst the unemployed varies by European welfare state regime type, with relative inequalities again larger in those countries with Anglo-Saxon regime types. These are characterised by residualism, high levels of commodification, widespread means-testing and generally low levels of benefits (Bambra, 2011). On welfare state regime types, it is acknowledged that there is continued debate in respect of their categorisation (Bambra, 2007; Deeming, 2016; Nygren *et al.*, 2018) and also in terms of how different regime types might influence health (Hurrelmann *et al.*, 2011; Mackenbach, 2012).

In a review of different research exploring this question, Bergqvist *et al.* (2013) tentatively conclude that more generous benefits and greater social security expenditure tends to be associated with better population-level health and smaller health inequalities, although they concede that some evidence is contradictory and classification of different types of welfare states can be problematic. However, looking at the effects of specific welfare state policies on health inequalities, Hillier-Brown *et al.* (2019) assert that evidence of differences by welfare state type is generally weak and inconclusive. Though, they do acknowledge that evidence is sparse, and that some good evidence does exist in support of more generous unemployment benefits being linked to improved mental health.

2.10.3 Recession, unemployment and health

The 2008 financial crisis and ensuing recession injected a substantial dose of insecurity into the lives of millions of people across the world, largely

manifested as unemployment and threats of unemployment, on top of government-imposed austerity affecting social security and public services (Bell and Blanchflower, 2010). While historical data on recessions tend to show procyclical effects on mortality²⁶, Ruckert and Labonté (2017) argue that this is a blunt measure, as it masks the effects on health – particularly mental health – and the differential effects by socioeconomic group; those more economically vulnerable tend to be disproportionately impacted.

The evidence to-date demonstrates overwhelmingly that the 2008 recession – along with government responses to it – have negatively impacted health across Europe, particularly mental health (Basu *et al.*, 2017). Data specifically from the UK show an increase in the prevalence of mental health problems since 2008, partially explained by unemployment and wage trends (Barr *et al.*, 2015a). Unemployment has a potent association with health, perhaps unsurprising in modern-day capitalist societies where economic security is firmly tied to employment for most people. This association is particularly pronounced for mental health, which has been shown to be worsened by moves into unemployment, and by unemployment *per se* (Paul and Moser, 2009; Popham and Bambra, 2010; Tøge and Blekesaune, 2015).

While inequalities in health have persisted since the recession, these have varied by welfare state regime-type; analysis by Leão *et al.* (2018) has demonstrated that it is in countries with Anglo-Saxon regime-types (the UK and Ireland) where health inequalities have widened the most. They suggest that weaker, and weakened, social security systems – which cushion the impacts of economic insecurity on personal insecurity – may offer a partial explanation for these observed phenomena (*ibid.*). Tracing the pathways linking health to these structural factors typically points to explanations flowing from the complex interplay of the material and psychosocial; unemployment, increasing poverty and declining living standards, as well as stress, all appear to play a role.

²⁶ This means that mortality rates decrease during a recession and increase again when the economy recovers.

2.10.4 Social security, poverty and health

Impaired personal security is largely a symptom of economic insecurity, particularly where social security is inadequate to act as a buffer between these. For this reason, poverty – a key plank of personal insecurity – and social security, and their combined and overlapping impacts on health, will be examined together because of the difficulties in disentangling the two issues, especially as reliance on the latter very often results in the former. This section will deal with both the evidence that explicitly discusses health, as well as research that explores the lived experience of poverty and social security; the latter studies can offer clues as to how those material and structural factors might translate into impacts on health.

Inequalities in health are associated with inequalities in income, with the poorer tending to have worse health than the more affluent (van Doorslaer *et al.*, 1997; Gravelle and Sutton, 2003). Relating this to the theories of health inequalities outlined previously, one can hypothesise that this might act through either material or psychosocial pathways, or a combination of these (Lynch *et al.*, 2000). Poverty – a symptom of low-income – is also associated with morbidity and mortality, with independent effects in excess of those that might be expected from poverty-related poorer 'lifestyles' alone (Payne, 2006; Foster *et al.*, 2018). However, Payne (2006) suggests that elucidating clear causal pathways presents more difficulty than may first be imagined. The strongest evidence points to poverty's impacts on mental health, with some suggestion that this relationship may be, to some extent, a self-reinforcing one in which poverty triggers impaired mental health which then in turn limits the ability to escape from poverty (Weich and Lewis, 1998).

One aspect of poverty consistently shown to affect mental health negatively is the experience of debt and financial strain. Perhaps unsurprisingly, there is significant overlap between debt and poverty, with estimates of 42% of poor people having been seriously behind with bill payments in the past year compared to only 4% of the non-poor (McKay and Collard, 2006). Debt is associated with a greater likelihood of experiencing mental health disorders, depression, suicide contemplation and completion, and drug and alcohol

addictions (Richardson *et al.*, 2013). Specifically in the UK and in the recent context of austerity, French (2018) has demonstrated that financial strain worsens mental health and general health, even controlling for possible reverse causation. His analysis also suggests that the perception of financial shocks might be more important than income *per se*; he argues that economic insecurity might help to explain their finding that those affected by disability benefit 'reform' (as part of 'welfare reform') perceived an increase in financial strain even when their material circumstances did not change.

Research on lone mothers has also explored how transitions into poverty affect mental health. Wickham *et al.* (2016) analysed data from over 5000 lone parents from whom data was collected as part of the Millennium Cohort Study, concluding that transitions into poverty increased the odds of maternal psychological distress and behavioural problems in children, although there was some mediation of this latter effect by existing maternal mental health. Standing slightly in contrast to this, research exploring the impacts of New Labour's changes to social security for lone parents – where parents of progressively younger children were expected to move into work – found significant improvements in parents' mental health compared to before these changes took place (Harkness, 2015; Dundas *et al.*, 2017). Harkness (2015) argues that this may have been, in part, due to the more supportive policy environment, although also raises questions as to whether the positive effects observed were as a result of work itself or improved income. Again, this highlights the potential importance of poverty and economic insecurity on health and wellbeing.

Data from qualitative research supports the suggestion that the perception of economic uncertainty has independent effects on mental health. A recent study conducted in Stockton – another deprived part of North East England – reported that "participants talked about the significant stresses of struggling financially, of worrying about how they would pay bills, and of how they would be able to cope. They reported how financial insecurity had worsened significantly since 2010, and how managing on a day-to-day level had become increasingly difficult" (Mattheys *et al.*, 2018, p.1279). They go on to discuss the impacts of 'welfare reform' in particular, noting the financial uncertainties that were

engendered by changes affecting people's incomes, such as the Bedroom Tax (ibid.). Such findings are reflected in qualitative research into the impacts of the Bedroom Tax by Moffatt *et al.* (2015a), who described how deductions to Housing Benefit left people struggling to budget, pay bills, and afford enough food, all of which had serious impacts on mental health and wellbeing. Further, it also impaired people's abilities to participate socially, with family relationships becoming strained by the need to seek financial support. Similar themes were also described by Pemberton *et al.* (2016), who highlight the stress and anxiety that participants reported as a result of the financial pressures placed upon them by 'welfare reform'. Further, Garthwaite's (2014) study of people affected by changes to Incapacity Benefit also emphasised the financial strain that was an inevitable part of living on benefits, in addition to the broader feelings of insecurity resulting from the continued migration from Incapacity Benefit to Employment and Support Allowance (this will be discussed further later on in this chapter). The Real Life Reform project – a collaborative project between the Northern Housing Consortium and York University – followed families in disadvantaged parts of Northern England over an 18-month period to understand more about how 'welfare reform' was experienced. Over this period, the researchers found that debt increased, money left after bill payments decreased leading to inadequate heating of homes and a deterioration of diet quality, and self-reported health worsening (Real Life Reform, 2015)

Of course, the purpose of social security is – to some extent at least – to buffer the impacts of economic insecurity on personal security; or, for example, to dampen the impacts of unemployment, job loss or disability on health and wellbeing. Yet as discussed earlier, the evidence on this point is equivocal. Further, qualitative evidence of the lived experience of benefit receipt and welfare 'reform' suggests that low levels of benefits and uncertainty about future changes all contribute to a sense of insecurity that in turn impacts upon health. Key to making sense of this is the general inadequacy of benefits, which often permit little more than subsistence living – as highlighted earlier in this chapter. But, might other aspects of the lived experience of social security and 'welfare reform' impact on health and wellbeing in ways other than by causing

poverty, or through other secondary processes? The remaining part of this chapter will go on to examine this, first considering how conditionality and compulsion within social security is experienced, and then going on to consider the salient issue of food insecurity.

2.10.5 Conditionality, sanctions and insecurity

The intensification of conditionality – and linked sanctions – have been key aspects of 'welfare reform' that have generated insecurity, based on the simple rationale that they effect changes in claimants' behaviour through a basic 'carrot and stick' approach (Dwyer, 2019). Essentially, claimants are expected to uphold the conditions of their benefits to continue receiving them; failure to do so can result in sanctions of between 40% and 100% of benefit for periods of between four weeks and six months.²⁷ Thus, the threat of insecurity (both economic and personal) is wielded as a tool with which to compel claimants to comply with the conditions they are given which, in theory, are decided through a bilateral process between the claimant and Department for Work and Pensions through discussions of what is achievable and realistic in each individual case (Stinson, 2019).

The use of conditionality sanctions has been shown to have little effect on facilitating movements from benefits into work (Taulbut *et al.*, 2018; Welfare Conditionality Project, 2019). Further, it has been highlighted how the regime of conditionality and sanctions has led to supposedly unintended, negative effects including worsening health, increasing poverty, and a phenomena that has been termed "counterproductive compliance" (Patrick, 2017b; Welfare Conditionality Project, 2019, p.20). This means that claimants effectively learned 'the rules of the game' in order to appease the Jobcentre and avoid sanction; claimants adopted strategies to protect their security, even if doing so meant that the relationship between the claimant and Jobcentre became perfunctory and

²⁷ Initially, benefits claimants could be sanctioned for up to three years, but it was announced in May 2019 that the three-year sanction option would be abolished by the end of 2019 BUTLER, P. (2019) 'Tories ditch 'ineffective' three-year benefit sanctions', *The Guardian*. [Online] Available at: <https://www.theguardian.com/society/2019/may/09/tories-ditch-ineffective-three-year-benefit-sanctions> (Accessed: 26th February 2020)..

performative, rather than genuinely supportive of transitions into meaningful work (Welfare Conditionality Project, 2019). Overall, the researchers of the Welfare Conditionality Project (2019) assert that conditionality and sanctions are a perniciously negative aspect of 'welfare reform'. Similarly, research conducted in Scotland highlighted the fearfulness instilled in claimants by the threat of sanction, especially given the arbitrary nature of their application and poor communication when sanctions were applied (Grabowski, 2014).

Although sanctioning rates increased rapidly post-2010, they have since decreased and levelled out. In 2009, Jobseeker's Allowance sanction rates averaged 36,000 a month; by 2013 this had increased to almost 75,000 a month, but then declined to around 10,500 a month in 2016 (Department for Work and Pensions, 2017). Masked within these data are differential sanction rates by Jobcentre or Work Programme organisation – and even between Jobcentre staff – demonstrating the cultural differences that exist *within* different areas as well as the considerable scope for discretion to be applied by Jobcentre staff, all of which contribute to inconsistencies in implementation of sanctioning policy (National Audit Office, 2016; Stewart and Wright, 2018b). Aside from the emerging evidence base on sanctions from the UK, there is also a substantial literature from the USA, where the strategy of sanctioning has been firmly embedded in the social security landscape since the mid-1990s. There, evidence suggests that sanctions may increase short-term, but not long-term, movements into work (Griggs and Evans, 2010) and that there are negative associations between sanctioning rates and mental health (Davis, 2019). Using data on Jobseeker's Allowance sanctioning rates and antidepressant prescribing, Williams (2019), shows that, between 2010 and 2015, there was one additional prescription for antidepressant medication issued for each ten additional sanctions.

2.10.6 Reassessment and insecurity

There are two main types of sickness and disability benefit, both of which have been affected by 'welfare reform' (Duffy, 2013). Incapacity benefit – and its successor Employment and Support Allowance – are primarily means-tested and designed as income-replacement for those who cannot work because of

their ill-health or disability, either in the short- or long-term. Disability Living Allowance – and its successor Personal Independence Payment – are not means-tested, have no work requirements (claimants can also work without their benefit being affected) and are designed to cover the additional costs of disability and ill-health. Both are based on an 'administrative model' of disability, whereby the state sets the parameters for what constitutes an illness or disability deserving of social security and exemption from labour market participation (Stone, 1984). In consequence, those deemed to be outside of this 'category' are cast as less deserving and are expected to supply their own economic security through engagement with the labour market (ibid.).

Roulstone (2015) argues that the change from DLA to PIP fundamentally alters what the state are willing to define as 'disability', with the eponymous category narrowing considerably and assessment of placement within this category being reduced to performative criteria only, for example, measuring the distance able to be mobilised (by walking or in a wheelchair) but at the exclusion of the variable impacts of pain and fatigue. Bambra and Smith (2010) have argued similarly with regard to changes to Incapacity Benefit (to ESA), insomuch that changes in respect of these benefits have redefined which illnesses and disabilities are 'deserving' and worthy of support. Both of these changes – from Incapacity Benefit to Employment and Support Allowance, and Disability Living Allowance to Personal Independence Payment – have resulted in a large programme of reassessment to move claimants from the old to the new benefit, or remove eligibility entirely (Gray, 2014). In addition, payment levels in PIP were changed to differ from those in DLA with the abolition of the middle-rate level of payment (Cross, 2013).

The process of assessment (or reassessment) for Employment and Support Allowance has been found to be negative. Examining associations between reassessments for Employment and Support Allowance and mental health trends, Barr *et al.* (2015b) demonstrate that local areas with a greater number of reassessments also had a greater increase in suicides, antidepressant prescribing and self-reported mental health problems. In Garthwaite's (2014) study of people being moved from Incapacity Benefit to Employment and

Support Allowance, she describes the difficulties people faced in navigating the reassessment process. Claimants felt there were unrealistic expectations of their capability to work, resulting in stressful challenges to have claims reinstated. The outcomes of both the process of assessment, as well as the expectation of it happening, were fear, helplessness and uncertainty, as well as an erosion of feelings of self-worth flowing from the ever-present doubt about the legitimacy of the claimant's illness or disability. Clifton *et al.* (2013) also found similar themes of fear, anxiety and stigmatisation arising from a process described as inaccessible, disconnected, and lacking effective communication. Research by both Mattheys *et al.* (2018) and Patrick (2017b) has highlighted the pervasive sense of insecurity experienced by people awaiting an inevitable reassessment for their benefits, arising from worry and concern that their eligibility for sickness and disability benefits would come to be questioned and that they would lose their eligibility and the small amount of security it offered them.

There has been comparatively less research on the changes to Disability Living Allowance and the process of assessment (or reassessment) for Personal Independence Payment. Pybus *et al.* (2019), assessing differences in reassessment outcome between claimants with and without psychiatric conditions, found that claimants with psychiatric conditions were more than twice as likely to be turned down for PIP than those with physical health problems. Whilst both the UK and Scottish governments have commissioned separate research into the assessment process in and of itself, these say little about what it *feels* like for claimants and how it affects their health, if at all, or about the longer-term health outcomes for claimants. Data from the UK government's analysis of the assessment process reported that a quarter of survey respondents found the process more difficult than expected, principally because of it being a stressful experience (Barry *et al.*, 2018). Evidence from Scotland also highlighted the stressful nature of the assessment, particularly the anticipation of the assessment (Scottish Government, 2018).

2.10.7 Food insecurity – beyond food banks

One particularly damaging aspect of insecurity that flows from poverty, and has been becoming more visible in recent years, is food insecurity. The dialectic of security and insecurity is, again, useful for understanding what this means: food security is characterised by consistent and permanent access to food for individuals and households (UN Food and Agriculture Organisation, 2006); in contrast, food insecurity is characterised by 'the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so' (Dowler and O'Connor, 2012, p.44). Food insecurity is also conceptualised across multiple domains, which include: the quantity of available food; its quality, in terms of its nutritional adequacy; its cultural acceptability; the social acceptability of food acquisition channels; and, absence of uncertainty that a household's food supply will be interrupted. Issues of supply are located not just at the macro level but at the micro level also; a household having sufficient financial resources to maintain its supply of food is just as important as the structural aspects of food supply that maintain national and international food availability (Riches, 1997; Riches, 2002; Dowler and O'Connor, 2012; Hendriks, 2015).

Until now, no routine measurement of food security has existed in the UK. This has, however, recently changed with the announcement from the DWP that it will, from this year, include questions about food security in its annual Family Resources Survey (End Hunger UK, 2019). This will mean that from 2021 there will be regular data available on the extent of food insecurity in the UK (Just Fair, 2019). Despite the lack of routine measurement, food insecurity was recently measured in the Food Standards Agency's Food and You survey (Food Standards Agency, 2017). Data from this survey suggest that around one in five UK households experience some form of food insecurity, ranging from mild – for example worrying about running out of money for food – through to moderate and severe, whereby the latter would mean going without food and experiencing hunger. Recent data from Scotland also backs up this view of the prevalence of food insecurity. In that survey, 8% of respondents experienced at least mild food insecurity (for example, worrying that they might run out of

money for food), with this proportion rising in the most deprived areas to 18% (Bardsley *et al.*, 2017).

In the void of robust, longitudinal evidence on the extent of food insecurity, many have come to look at food banks as a proxy for food insecurity in the UK. If foodbank use is indeed interpreted as a bellwether for wider food insecurity, then there is strong evidence that it is rising: the number of parcels given out by The Trussell Trust (2018) foodbanks increased nearly twentyfold between 2010 and 2018, with over 1.3 million parcels handed out in 2017/18. Yet Trussell Trust foodbanks account for only around half of UK foodbanks (Caraher and Davison, 2019), which means that foodbank use as a proxy for food insecurity can only provide a partial account of the full picture.

Primarily because of these visible manifestations of food insecurity in the form of food banks, the issue has been identified as a "critical public health nutrition concern" (Pereira and Hodge, 2015), with good evidence that the rise of food insecurity in the UK is linked to changes to social security and wider austerity (Loopstra *et al.*, 2015; Davis and Geiger, 2016; Loopstra *et al.*, 2016; MacLeod *et al.*, 2018). Research by Loopstra and Lalor (2017) on usage of Trussell Trust foodbanks shows social security claimants are over-represented: seven out of ten users of Trussell Trust foodbanks are in receipt of out-of-work benefits. The Trussell Trust's own data demonstrate that the primary reason for referrals to their food banks is a household income that does not cover essential costs (The Trussell Trust, 2018). This suggests that inadequacy of benefits – compounded by the freeze in rates of many benefits – may play a significant role in food insecurity. Further, research conducted in Glasgow demonstrated that people affected by recent 'welfare reform' were more than twice as likely to have accessed a foodbank compared to other people living in disadvantaged areas (MacLeod *et al.*, 2018). The government had, until recently, denied that increases in food bank use were linked to 'welfare reform' (Stone, 2015). However, Amber Rudd – the present work and pensions secretary – admitted that the rollout of Universal Credit could be linked to food bank use (Walker, 2019).

Yet despite what is known about foodbanks and foodbank users, they arguably address only the acute and most severe manifestations of food insecurity and are an imperfect proxy for the more chronic and pervasive experiences of food insecurity and changes to household diet that are precipitated by worsening economic circumstances (Loopstra and Tarasuk, 2015). Dowler and Lambie-Mumford (2015) argue that cuts to people's incomes as a result of changes to social security, coupled with rising food prices and wider austerity measures, are leading to real difficulties in many UK households feeding themselves in a way that is both nutritionally and culturally adequate. Such households therefore may be food insecure but may not need to, or want to, access foodbanks. For people in these circumstances, there is a need to better understand how households attempt to negotiate such chronic experiences of food insecurity, particularly over the period of recent welfare 'reforms'.

Despite the rise to prominence of food insecurity in recent years, it is often seen exclusively through the lens of health. Whilst its impacts on health are, of course, important and will be discussed in this thesis, it is also useful to consider how food insecurity fits in with the concept of social exclusion. Though satiating hunger and providing nutrition are certainly important, food clearly means more than this for many people; it has important symbolic value (Caplan, 2013). As data in table 4 have already shown, food features highly in people's expectations of the things that are necessary parts of life – eating fruit, vegetables, meat and fish, as well as two meals daily, are largely seen as non-negotiable. It can therefore be argued that food insecurity presents a problem not only for physical health, but for mental health and general wellbeing also; the absence of enough, or good, food presents another reason for people to feel excluded from the mainstream.

Notwithstanding the growing evidence base from the UK on acute and severe food insecurity and the resultant charitable response of foodbanks, there remains little evidence on the lived experience of chronic food insecurity in households affected by recent changes to the social security system in the UK. Research from the UK that has captured experiences of food insecurity in households accessing emergency food aid demonstrates that households

typically attempt to manage by cutting back on household expenditure, including food, leading to dietary change. Yet despite doing this, and also drawing on social support where possible, the manifest consequences often appear to be inadequate nutritional quality, stigma, disrupted social participation and, at worst, hunger (Cooper and Dumpleton, 2013; Dowler and Lambie-Mumford, 2014; Lambie-Mumford and Dowler, 2014; Garthwaite *et al.*, 2015; Purdam *et al.*, 2015).

2.11 Summary

This chapter has demonstrated that poverty, social exclusion and health are all inextricably linked. It has also shown that social security plays a role in abating the impacts of economic insecurity, by alleviating – but not eliminating – poverty. Thus, it can be seen how decisions made in respect of social security – as outlined in chapter 2 – have implications for social exclusion and health. The evidence suggests that the flow of impacts from the design and implementation of social security are complex, acting through a combination of the material and psychosocial; the stress of managing on a low-income, indebtedness, and more existential concerns as to people's insecure status as a social security recipient, all combine to impact on health, particularly mental health. Living in poverty also has implications for food and diet, themselves key determinants of health. The emerging evidence suggests that food insecurity is a problem for people in the UK living in poverty, and that it is associated with 'welfare reform'. There has, however, been relatively little exploration of the broad experience of 'welfare reform', attendant poverty, and the combined impacts of these on health and wellbeing, which this thesis aims to do. The next chapter will go on to discuss how this thesis' aims were operationalised into an empirical research project.

Chapter 3: Methods

This chapter describes the theoretical, ethical and methodological aspects of this research. A qualitative longitudinal approach was used, with data collected using repeat one-to-one interviews, supplemented by participant-driven photo elicitation. The rationale for choosing these methods will be justified and their practical execution explained, both situated within the context of the research aims and the researcher's epistemological standpoint. The first part of the chapter will focus on the philosophical approach to the research and ethical matters, while the second part will detail the research process.

3.1 The philosophical approach

If a lay person were asked to describe 'research', they might simply characterise it as a pursuit of knowledge; an endeavour to find something out for a purpose, or indeed for its own sake. This rests upon an important presumption that there is discoverable knowledge '*out there*', benignly waiting to be known. A cure for cancer for example, or the reasons why some people are more likely to become obese, or how earthquakes or floods can be better predicted. Or, in the case of this research, how does a change in government policy impact on people's lives? Yet before such questions can begin to be answered using the medium of research, it is necessary to reflect upon philosophical questions about what constitutes 'reality' and 'knowledge', and thence to select an appropriate approach for discovery of such knowledge. These questions effectively characterise the principle concerns of ontology and epistemology: that is, what is there to be known, and how can it come to be known (Bryman, 2012).

Grix (2002) argues that careful consideration must be given by researchers to their ontological and epistemological positions before embarking upon the research process, though the choice of paradigm should reflect the research aims and questions, and not the other way around (Duncan and Nicol, 2004). Underpinning all research are assumptions – whether stated or not – about what constitutes acceptable knowledge pertaining to a particular question or hypothesis, and about the nature of reality in which a particular question can be asked. Taken together, certain ontological and epistemological positions – which in turn direct the selection of methodology – constitute an interpretive paradigm in which research is then conducted (Lincoln *et al.*, 2011). On the one

hand, there are those who believe in an objective reality existing beyond the human mind, one that remains there, awaiting discovery through human investigation (Jonassen, 1991). Deriving from this ontological position are epistemologies that are typically deductive in nature, seeking to test hypotheses, and to understand and make predictions about the world by the process of detached, empirical observation. This epistemological position holds that 'truth' can be observed objectively and that a researcher should act as a passive bystander in the process (Onwuegbuzie, 2002). The oppositional, relativist ontological position does not recognise any single, objective reality; rather, multiple realities exist which are all subjective, human constructions (Jonassen, 1991). In this view, a particular reality cannot be uncoupled from the cultural context in which it is embedded. This alternative ontological position lends itself to an epistemological position of seeking to understand and interpret subjective meanings of social reality within a particular context, disavowing the existing of any one single 'truth' (Williams, 2000).

In considering the right interpretive paradigm suited to the aims of this research, it became apparent that neither of these diametrically opposed paradigms described would be perfectly well-suited. Firstly, a positivist paradigm would dictate a minimisation of subjectivity and a dispassionate observation and quantification of phenomena, making it unsuited to grappling with the complex interactions between participants and social policy within a particular temporal, spatial and social milieu (Flick, 2018). Whilst quantitative data would be useful for elucidation of large-scale trends – for example the number of people affected by 'welfare reform' or the average amounts of money households will lose – such an approach would be unable to explicate what it *feels* like to be affected and how people incorporate, adapt to, and make sense of the changes in the context of their individual lives. On the other hand, a relativist ontology – with its denial of any single reality – would not truly permit a space for acknowledgment of any material reality the participants experienced as a result of 'welfare reform'; Seale (1999) contends that a faithful commitment to this approach can result in a "descent into nihilism" (p.470), where nothing is absolute and any conceptions of reality can only be said to exist in the human mind.

In recognising these philosophical tensions, a pragmatic middle-ground was found in the form of a constructionist paradigm, incorporating a critical realist ontology and a subjectivist epistemology (Levers, 2013). Critical realism allows for the existence of a single reality, but contends that research can only ever access that reality by interpreting the experience of social actors, and that even then, that knowledge is only ever partial and provisional (Bryman, 2012; Braun and Clarke, 2013). Further, critical realism emphasises the importance of social structures and that the conditions and events that these give rise to (Wikgren, 2005); the effects of these are what can often be observed, even if the generative mechanisms behind these cannot (Bryman, 2012). This approach thus fits with the aims of this research, by acknowledging that 'welfare reform' itself is part of the structure of social reality that participants' experiences relate to. It also allows that whilst participants might each construct and interpret their experiences in different ways, there is an underlying, external reality, even if this can never be directly observed.

At the same time, a subjectivist epistemology accepts that "knowledge is always filtered through the lenses of language, gender, social class, race and ethnicity" (Denzin and Lincoln, 2005, p.21). Yet, it still permits for the belief in an external reality, even if perception of this is limited to what can be divined through the interpretation of individual experience. The researcher is acknowledged as a co-creator of the findings with the participant, unable to be divorced from the process of inquiry (Lincoln *et al.*, 2011). As Flick (2018, p.38) puts it: "research acts are also part of the social construction of what we can address and find in social research. And the acts of writing contribute to this social construction of worlds under study." By adopting this epistemological approach, the researcher must accept that their own lived experiences influences the knowledge that is created between them and the participant, and also that this knowledge is both contextually situated and "constructed rather than discovered" (Levers, 2013, p.4). Further, it acknowledges that research participants are not always able to fully explain or elucidate all their feelings or actions, nor describe such things in a linear fashion. A participant's account is therefore always partial, contextually bound and filtered through a lens constructed through the interaction between the researcher and participant.

Researching within this constructionist paradigm is best matched with a qualitative methodology, although a critical realist ontology does not presuppose a particular set of methods (Fletcher, 2017). As much as this research was guided by the interpretive paradigm outlined, it was not unbendingly wedded to this, accepting that qualitative research often demands flexibility both in approaches to data collection and also to analysis (Denzin and Lincoln, 2005). Further, academic rigour is not guaranteed by strict conformity to specified procedures dictated by particular methods (Johnson *et al.*, 2001). To this end, the research was also guided by pragmatism. This choice was premised on the understanding that it is sometimes possible for researchers to let their philosophical framework too firmly demarcate how the research is conducted (Snape and Spencer, 2003; Bryman, 2012). I therefore decided to remain open-minded to modes of data collection and analysis, maintaining a reflexive approach and being guided chiefly by the aims of the research.

3.2 The study setting

This research was carried out in Newcastle upon Tyne, a large city²⁸ at the centre of one of the UK's most populous urban areas and North East England's principal city (Centre for Cities, 2019). Walker – in the east of the borough – was chosen as the place where participants for this research would be recruited from, for several reasons. Firstly, the ward of Walker was, at the time of beginning this research, the most deprived in the city as measured by the Indices of Multiple Deprivation, in addition to being the 25th (out of 7445) most deprived neighbourhood (by ward) in England (Public Health England, 2017).²⁹

²⁸ Defining the population of large cities in the UK can be challenging. Population data based on that residing within tightly-drawn administrative boundaries can often be misleading as to a city's 'true' size; cities are shorn of their contiguous urban areas and/or economic hinterlands by such boundaries (for further discussion, see <https://www.citymetric.com/skylines/where-are-largest-cities-britain-1404>). The population within Newcastle upon Tyne's local authority boundaries stands at just under 300,000, although the 'true' size of the city is estimated to be somewhere between 800,000 and 1.6 million, depending on how it is measured.

²⁹ The IMD produces composite scores for every ward (and smaller census areas also) across England and Wales, based upon an assessment of area-level deprivation across seven different domains of disadvantage, which are: income; employment; education, skills and training; health, deprivation and disability; crime; barriers to housing and services; and, living environment. The arbitrariness of these scores makes them meaningless in isolation, therefore every local area in England and Wales is then ranked on a continuum according to their score, from most deprived to least deprived. This ranking is then often simplified for use by dividing into fifths – or quintiles – such that any area can be located within a specific quintile, for example, the 20% most deprived or 20% least deprived wards. This provides a useful assessment of how disadvantaged a particular area is in relation to the rest of England and Wales.

Secondly, Walker has the highest proportion of social housing of any ward in the city, meaning that it also has a high number of people affected by one particular aspect of 'welfare reform' – the Bedroom Tax; it is estimated that around two thirds of the ward's 5,382 households rent from a social landlord, compared to around one in ten nationally and around one in three in the city overall. Thirdly, its resident population were (and remain) relatively disadvantaged both in economic and health terms; at the time of the 2011 census 10.1% of the area's working-age residents were unemployed, compared to 4.4% nationally and 5% in the city overall (Office for National Statistics, 2016). Table 5 provides further contextual information about Walker, contrasting its social and economic positioning with both the city of Newcastle upon Tyne and the rest of the country.

Table 5: Selected demographic, economic and health data for Walker, compared against values for Newcastle upon Tyne and England (Office for National Statistics, 2016; Public Health England, 2017)

Demographic, economic and health marker	Walker	Newcastle	England
Population aged 25-64 years (%)	50.1	48.6	52.0
Black and minority ethnic population (%)	7.3	14.5	14.6
GCSE achievement (5A*-C inc. English and Maths) (%)	51.2	57.4	56.6
Child poverty (%) ³⁰	52.4	27.3	19.9
Income deprivation (%) ³¹	42.3	19.4	14.6
Fuel poverty (%) ³²	14.4	13.3	10.6
Long-term unemployment (%) ³³	4.5	1.9	1.7
Limiting long-term illness or disability (%) ³⁴	27.3	18.8	17.6
Self-reported general health – bad or very bad (%)	11.6	6.8	5.5
Life expectancy at birth for males	72.6	77.7	79.4
Life expectancy at birth for females	77.4	81.5	83.1

As the data demonstrate, Walker is a comparatively highly disadvantaged area and is marked by certain differences in socio-demographic and health characteristics (in comparison to the city overall). Walker has a typical proportion of working-age people, although it has higher long-term unemployment. It has a higher proportion of white residents than is typical for the city, and indeed nationally. The data suggest that child poverty is, on

³⁰ This measures the proportion of children living in income-deprived households (see definition below).

³¹ This measures the proportion of households that receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding Housing Benefit) of less than 60% of the national median before housing costs.

³² This is a modelled estimate based on multiple factors. Households are considered to be in fuel poverty when they have required fuel costs that are above the national median and, were they to spend that amount, they would be left with a residual income that would place them below the official fuel poverty line.

³³ Defined as last worked in 2009 or earlier.

³⁴ The proportion of people who reported that their day-to-day activities were limited because of a health problem or disability which has lasted, or was expected to last, at least 12 months.

average, much worse in Walker than in Newcastle or England, and that children from Walker are likely to leave school with fewer qualifications. Walker has a higher proportion of people suffering from income deprivation and fuel poverty. The data also demonstrate the stark health inequalities in Walker; the area has a higher proportion of residents who report poor health or a limiting long-term illness or disability. Further, life expectancy at birth compared to others in the city is 5.2 and 3.3 years lower, for males and females respectively; compared to national figures, life expectancy is 6.8 and 4.9 years lower respectively (Public Health England, 2017). Overall, these data paint a picture of a deprived and disadvantaged area, where people tend to be poorer and less healthy than their counterparts both locally and nationally.

The area of Walker is adjacent to the River Tyne, which once provided a source of major employment for the area in the form of shipbuilding. Beginning in the 1960s, this industry began to decline and, in Walker, has now all but disappeared, leaving the area economically depressed (Mah, 2008). Indeed, the economic fortunes of the whole conurbation of Tyneside were once firmly rooted in its river-based heavy industries.

Table 6 provides information that relates to the relative strength of the local economy of Newcastle upon Tyne and its county of Tyne and Wear. The data show that both the city and the wider county are economically weaker than the national average, with lower economic activity and higher unemployment and long-term sickness. While Newcastle upon Tyne has a higher than average proportion of people with National Vocational Qualification (NVQ) level 4 (or equivalent) qualifications and above, the proportion in Tyne and Wear is much lower.³⁵ Median pay is lower than the national average both in the city and wider county, as is gross value added. Newcastle's relatively high job density ratio is likely a reflection of its position as the principal city of the North East region, with a high concentration of jobs within the city's administrative boundaries. The

³⁵ A possible reason for this discrepancy is the presence of two universities within Newcastle upon Tyne. The staff who work at these universities, as well as their graduates, may be the main reason for this disproportionately high number of highly qualified people residing within the city's administrative boundaries.

much lower job density ratio of the wider county of Tyne and Wear reflects the much weaker position of Newcastle's surrounding areas.

Table 6: 2016 Economic indicators for Newcastle upon Tyne, compared to the surrounding county of Tyne and Wear (T&W) and to national data for Great Britain (GB) (Office for National Statistics, 2018a; nomis, 2019)

Economic indicator	Newcastle	T&W	GB
Economic activity rate (%) ³⁶	71.8	75.2	78.5
Unemployment (%)	5.4	5.5	4.2
Long-term sick (%) ³⁷	27.7	28.2	22.7
Qualified to NVQ level 4 (or equivalent) and above ³⁸	40.5	32.4	39.3
Median Gross weekly pay for full-time workers (£)	536.3	515.5	571.1
Job density ratio ³⁹ (in 2016)	0.97	0.78	0.85
Gross value added (income approach) per head (£) ⁴⁰	22,710	21,115	26,749

3.3 Qualitative methodology

Qualitative research is concerned primarily with lived experience (Denzin and Lincoln, 2005). Its aim is to interpret participants' experiences of a particular phenomenon (or phenomena) and then for the researcher to reconstitute these into a particular narrative that speaks to a version of the truth (or truths). Denzin and Lincoln (2005, p.4) explain that a qualitative methodology involves the researcher assembling a "bricolage" of participants' experiences, making sense

³⁶ People who are either in employment or classed as unemployed (these are people who have been seeking work in the past four weeks and/or are available to start work in the next two weeks).

³⁷ As a proportion of the 'economically inactive'

³⁸ For example, HND or degree-level qualifications

³⁹ This is the ratio of the number of jobs in a given area divided by the resident population aged 16-64 in that area.

⁴⁰ Gross value added per head relates the value added by production activity in a region to the resident population of that region, and it can therefore be subject to distortion because of commuting and variations in the age distribution of the population. Gross value added is a measure of the increase in the value of the economy due to the production of goods and services. Figures are not for Newcastle, Tyne and Wear and Great Britain, but instead are for Tyneside, Northumberland with Tyne and Wear, and United Kingdom respectively.

of these within the specific context that they were co-created, whilst remaining grounded in the data (Braun and Clarke, 2013). Qualitative methods do not seek to quantify, but instead focus on making sense of complex human experiences, which necessarily results in data that is rich, detailed and voluminous; modes of analysis typically seek to find meaning in this data, often by searching for patterns contained within.

'Time' was an additional dimension utilised in this research too – it was important, where possible, to capture how 'welfare reform' impacted participants over time, rather than only obtaining a snapshot of their experiences on one occasion. To do this, I employed a qualitative longitudinal (QL) approach, the purpose of which was to better capture and understand "the lived experience of change and continuity in the social world, the processes by which change occurs, and the agency of individuals in shaping or accommodating to these processes" (Neale *et al.*, 2012). QL research is particularly useful for understanding how structural changes – such as 'welfare reform' – are lived and experienced by those who are affected (Neale and Flowerdew, 2003). The nature of 'welfare reform' – in that it, in part, aims to prompt changes in behaviour and circumstances through changes in benefit receipt or conditions – provided the rationale for this approach. In addition to providing a vehicle for understanding how participants responded to 'welfare reform', QL also permitted a deeper interrogation of participants' lives and experiences by allowing some topics to be revisited by the researcher over time. Nonetheless, QL research – as with other forms of longitudinal research – has its challenges. Maintaining contact with participants is the first, as are the ethical challenges of potentially deeper participant-researcher relationships than would occur in a typical, cross-sectional qualitative study (Neale *et al.*, 2012). These challenges will be further discussed throughout this chapter.

3.3.1 Interviews

Interviews were the method of data collection for this research – I decided early on that this would be the most appropriate method for addressing the aims of the research. Interviews are regarded as the bedrock of qualitative inquiry by social scientists, principally because they are a relatively easy and flexible tool

to use, in addition to their usefulness in probing complex topics with research participants in a relatively naturalistic manner (Bryman, 2012).

Bryman (2012) distinguishes between unstructured and semi-structured interviews, where the latter – as their name suggests – offer a more structured approach to interviewing than unstructured. The former do still, according to Bryman (ibid.), have *some* structure, inasmuch as a researcher would rarely (if ever) enter an interview encounter with no purpose for the ensuing interaction with the research participant. Imagined as a continuum then, the interview style that best describes the one utilised in the present research would be one that sits about halfway between unstructured and semi-structured. Interviews used an aide mémoire – or interview guide – to provide a structure for the interaction between the researcher and participant. Topic areas were specified in a topic guide (see appendix B), although specific questions were not; I added prompt questions to these in case they were needed, but I did not expect to ask these in any linear or formulaic way. This style of interviewing was selected to give participants scope to guide the conversation and to direct attention to aspects of their experiences that had importance for them. In the follow-up interviews, I compiled tailored interview guides for each participant following a review of their initial interview transcript, memo and analysis of their initial interview. This permitted me to follow-up on topics pertinent to each participant and explore any expected changes that were flagged in the first interview.

The interview guides were designed to elicit discussion around certain topics that were identified as likely to be important to participants (see section 3.4.3). These topics were chosen based on the literature review and in discussion with supervisors and collaborators within the local authority. The (semi) unstructured nature of the interviews meant that topics were not discussed discretely but were covered in a more naturalistic way akin to a conversation between the researcher and the participant. Further, in keeping with the pragmatic approach to the research, I recognised that some of the topics identified might be less salient than others and that new topics for discussion might arise. I therefore re-appraised the interview guide after each interview, adding notes in respect of any new items that might prove fruitful for discussion with new participants. Further, for subsequent interviews I was able to personalise the topic guide for

each participant, covering things that the participant had discussed in the first interview.

3.3.2 Photo elicitation

Some participants were invited to take part in a third wave of interviews supplemented by photo elicitation. The decision to use photo elicitation interviews culminated from a period of reflection on how best to capture additional data in respect of the ways that participants' food practices were impacted by poverty and 'welfare reform', given the recent interest in food insecurity in this population (as highlighted in the literature review).

Contemplating the best way to approach this eventually led to a re-evaluation and ultimate transformation of what this part of the research would embody. Food diaries, a quantitative method for collecting data on food, were first considered but were rejected for two reasons. Firstly, I recognised that, because of the small and heterogeneous sample of participants, it would not be possible to draw inferences from the data about how 'welfare reform' affected the wider population. Secondly, given the commitment of the research to understanding and interpreting the lived experience of 'welfare reform', a method such as food diaries were seen as incompatible with this aim; whilst they might yield quantitative data in respect of participants' diets, they would remain silent on what eating in any particular way actually *meant* to participants. For this reason, I sought a different method of data collection, recognising that the use of multiple methods could aid in creating a more in-depth understanding of phenomena, adding richness and nuance to the interpretation of people's lived experience (Denzin and Lincoln, 2005).

Photo elicitation – or more strictly speaking, visual methods – were then identified as a candidate for obtaining data about participants' diets. There exists a plurality of approaches to this form of research, from those where the researcher themselves chooses the images that are discussed with participants, to the community-based participatory method of 'photovoice', where participants are handed almost complete control (Wang and Burris, 1997). However, much writing on visual methods emphasises its potential to both shift focus away from purely text and word-based modes of qualitative inquiry, in addition to its ability to rework the oft-imbalanced power relations between the

researcher and the researched (Harper, 2002; Power, 2003; Kolb, 2008; Catalani and Minkler, 2009). The approach to photo elicitation I chose was therefore one that permitted participants the latitude to guide the topics of photography themselves, rather than the parameters of this part of the research being drawn – by me, the researcher – around experiences of food only.

Photo elicitation was thus chosen as a method with which to explore the impacts of poverty (as a result of 'welfare reform') on participants' lives. Aside from the reasons already outlined, I reflected that photo elicitation is an under-used method in this area of research, with only one recent example of use in the UK in the context of 'welfare reform' (Povey, 2019). As Harper puts it, photo elicitation in its most elementary form is "based on the simple idea of inserting a photograph into a research interview" (Harper, 2002, p.13). Harper (ibid.) argues that benefits of photo elicitation can be traced to psychology, in that there is a differential human response to how visual information is processed in comparison to verbal information. In essence, human beings often know more than they can say, and as such, visual media can act as an important conduit to aspects of experience that can sometimes be difficult for people to articulate (Power, 2003). Photographs can therefore be conceptualised as a useful tool for eliciting *different* kinds of information from participants, although accepting that that the use of photographs does not *ipso facto* guarantee a superior research interview (Bryman, 2012).

As already suggested, the provenance of such photographs can be manifold. Pink (2001) outlines a typology of visual methods that distinguishes between three main approaches, which are: 1) the researcher producing images, as is common in visual ethnography; 2) the researcher collaborating with participants to produce images, and; 3) the researcher using pre-existing images, as is sometimes done in cultural studies. I chose, for this research, to use the second approach, giving the participants an active role in shaping the activity and choosing what to photograph. Participants were therefore given cameras (or were able to use their smartphones) and asked to take photographs of things that had particular meaning for them in their lives and consider how these things were impacted by poverty. The aim was that it would prompt participants to reflect upon taken-for-granted things (Bryman, 2012), thereby complementing

the main interviews rather than being regarded as a discrete part of data collection. In the succeeding interview, a discussion between me and the participant aimed to establish participants' reasons for choosing to photograph certain things, and better understand the meanings held within the images for the participant (Van Auken *et al.*, 2010).

3.3.3 Analytical framework

This method of analysis used in this research can be best described as thematic analysis (TA), combining influences both of the interpretive paradigm and of pragmatism. I considered other approaches to analysis but discounted these for different reasons. Grounded theory was contemplated as a means of analysis but its commitment to generating new theory *per se* was not compatible with the research's purpose of primarily describing the lived experience of participants and relating this to existing theoretical ideas (Bryman, 2012).

Interpretive Phenomenological Analysis (IPA) was also considered, because of its focus on understanding and interpreting the lived experience of participants. Yet, IPA was judged to have too many weaknesses in respect of the present study's design and aims, including its design for use with small (<10), homogenous samples and its lack of theoretical flexibility (Braun and Clarke, 2013).

In contrast to these two methods, TA was seen as an approach to analysis most suited to this research because of it not being wedded to a particular interpretive paradigm, in addition to being well-suited to an analysis that stays close to participants' lived experience. Further, TA permits a higher level of analysis through which data can be linked to existing concepts and theories. Still, TA is not without its weaknesses. Specifically, in relation to the present research, the focus of TA on analysing patterns *across* datasets was recognised as a limitation for a longitudinal research project, whereby within-case analysis across time was to be fundamental to making sense of participants' experiences. In keeping with the pragmatic approach to the research, a modified version of TA was used that incorporated an element of temporal analysis. This involved identification of where participants discussed changes between the first and second interviews and creating analytical categories for such temporal aspects

of the data. These were further contextualised by my own field notes and reflections on each participant's changing (or static) circumstances.

The photo elicitation interviews were also analysed using TA, the data being treated in the same way as that arising from the other interviews. Analysis of the photographs themselves was considered, but discounted. Such an approach might involve, for example, using content analysis to identify visual motifs or categorising or counting elements contained within images (Bryman, 2012). However, this form of analysis risks privileging the researcher's interpretations of the salient features contained within images, while neglecting to properly understand the participant's own meaning-making; this is especially the case where research participants have themselves taken the photographs (Pink, 2001; Mannay, 2010). The photographs were therefore used primarily as a "medium of communication between researcher and participant", a tool with which to prompt and structure discussion, rather than being the focus of analysis themselves (Clark-Ibáñez, 2004, p.1512).

3.3.4 Reflexivity in the research process

This section briefly discusses the importance of being able to reflect upon my role as researcher, accepting that my own background, views and personal characteristics will have shaped and influenced the research and its findings. As Rapley (2001) suggests, a researcher is not a neutral vessel who can detach him or herself from the process of generating and analysing data; to make claims of impartiality in this sense is to be disingenuous.

For the present research, there were both points of similarity and difference between me and the participants that are worthy of note for interpreting influences I may have had on the co-construction, and subsequent interpretation, of the data. As a white male in my early 30s, I was younger than many of the participants. Further, it would have been clear from my (Yorkshire) accent that I was not from the local area. Participants may also have been cognisant of my academic background and greater time spent in education than they had. Yet I did have first-hand experience of one aspect of the benefits system (as recounted in section 3.4.3) and was able to offer this as a point of social similarity in certain interviews. Whilst recognising these potential influences, it is difficult to definitively establish the extent to which any or all of

these characteristics might have had discernible influences both on the exchange between me and the participant, and on the final thesis. For any researcher, divorcing oneself from the research would be extremely difficult (if not impossible), given that they are the conduit for the research. Aside from this, many of these possible influences are outside of the researcher's control anyway and therefore seeking to 'control' for them, perhaps in attempt to produce a sanitised account of the researcher, would be futile.

Some things, however, were within my control. In particular, Yee and Andrews (2006) suggest that the researcher should give consideration of how they present themselves to participants, before entering the field. Seemingly insignificant actions might nevertheless help to put participants at ease by subtly altering power dynamics. For example, in the present research I took the decision to wear casual, rather than smart, clothes and to not conduct the interview with my university identification badge on display. Accepting a hot drink if offered was seen as another way of fostering rapport with participants, as well as engaging in 'small talk' before and after interviews. For those participants who attended the university or whom I met in a public place, I always offered to make or buy them a hot drink. Inevitably there were some interviews where the interaction flowed more freely than others. Further, it was clear that some participants were more comfortable with the interview process than others.

3.4 Ethics, recruitment and data collection

Ethical concerns are central to the design of much research, and many decisions that are made in the process of designing research must not only attend to methodological concerns but to ethical ones too (Bryman, 2012). These centre on three important and overlapping areas, namely: consent; participant harm; and participant privacy. There is also a need for consideration of the researcher's own safety and wellbeing, and in the present research, a need to address certain ethical questions posed by longitudinal nature of the research. Prior to commencement of fieldwork for this research, I obtained ethical approval from Newcastle University's Faculty of Medical Sciences ethics committee. Separate approval was obtained for the main interview part of the research and the photo elicitation part. Ethical matters are discussed throughout this section rather than

as a standalone section, given that ethical matters touch upon many aspects of the research process, and are therefore better contextualised as part of real decisions that are made rather than reviewed as an abstract concept.

3.4.1 Sampling

A multi-pronged approach was taken to identifying potential research participants. This was guided by a pragmatic principle that recognised the need to balance dual desires of achieving variation in terms of sociodemographic characteristics, with the desire to recruit participants within the short timescale dictated by a three-year PhD project. Multiple approaches to recruitment were thus seen as a beneficial alternative to a single mode of recruitment, which might not have yielded sufficient numbers of participants in a short timescale, while only recruiting through 'gatekeepers' – such as community workers supporting people affected by 'welfare reform' – by its very nature would not have reached those not engaged with such organisations. The recruitment strategy was grounded in a 'purposive' approach to sampling which, simply put, involved a commitment to selecting participants who had experienced (or were experiencing) the phenomena of interest (Braun and Clarke, 2013) – 'welfare reform'.

The sampling parameters were thus drawn wide to elicit a breadth of experiences of different aspects of 'welfare reform'. This decision was guided by the principle of 'maximal variation' in which the capturing of different experiences *within* a particular phenomenon is desired (Flick, 2018). Given that this is qualitative research, generalisability was not a desired (nor arguably a possible) outcome. Rather, achieving "insight and in-depth understanding" was the goal (Patton, 2002, p.230). It was therefore decided that advance specification of strict criteria for sociodemographic characteristics would be undesirable, as the research did not explicitly aim to – for example – contrast experiences of 'welfare reform' by gender, age or ethnicity. To do this, in combination with the aim of understanding experiences of different aspects of 'welfare reform', would have required a much larger sample size than would have been practicable.

Based on these guiding principles, the invitation to take part in the research was open to any person in receipt of a working-age benefit that had been affected

by 'welfare reform'. Unlike Patrick's earlier study of 'welfare reform' in Leeds (2015), where selection of participants to follow longitudinally was based on their likelihood of experiencing substantive 'reforms' during their participation, no such criteria were set in the present research. This was in recognition that 'welfare reform' would not necessarily result in a visible or noticeable change but might still have impacts nonetheless. Capturing the more diffuse effects of 'welfare reform', as well as the more concrete effects, was considered to be important in characterising the lived experience of 'welfare reform'. For example, the freeze in benefit rates (that effects a real-terms, but not absolute, cut in benefit levels) might go unnoticed despite it reducing participants' purchasing power. Another example might be the anxiety caused by the threat of sanction or the knowledge that – at some point – a reassessment for sickness and disability benefits could be expected, even if neither of those things occur.

Five approaches to recruitment were selected to effectively target people affected by 'welfare reform', with the aim of achieving variation in terms of participants' circumstances and sociodemographic characteristics:

- The first approach involved contacting participants of a previous study that researched the impacts of the 'Bedroom Tax' (Moffatt *et al.*, 2015a). Only those participants who had given permission to be contacted about future research were contacted. Introductory letters and information sheets were sent to all these people, followed up with a phone call around one week later.
- The second approach saw Your Homes Newcastle (YHN) – Newcastle City Council's social housing provider – send invitation letters and information sheets to tenants who had previously been given an emergency food parcel by them since the beginning of 2016, for reasons related to benefits. Letters were sent in two batches, in July and September 2016, by YHN in order to protect the confidentiality of their clients.
- The third approach saw Newcastle city council send invitation letters and information sheets to people living in the area of interest who had been awarded Discretionary Housing Payment during 2016. This is a payment

made to those affected by the 'Bedroom Tax'. Letters were sent in October 2016.

- The fourth approach involved me making four visits to a local community learning hub, speaking to attendees informally after being introduced by a staff member.
- The fifth and final approach saw participants of a confidence-building training course invited to take part. This course was delivered by a local charity that aims to help people access job and training opportunities. The charity's managing director introduced me to the person running the course, who then communicated details of the research to course participants. For this approach, any person expressing an interest did so via the course leader, who then communicated this to me.

Table 7 shows the number of participants contacted or spoken to via each approach, the number interested, and the final number recruited. All participants who expressed an interest in the research were eligible to take part. That is, they were in receipt of working-age benefits including one of more of: Employment and Support Allowance; Disability Living Allowance; Housing Benefit; Income Support; Jobseeker's Allowance; Personal Independence Payment; or, Working Tax Credits. Some participants were also in receipt of benefits for children. As can be seen, writing to recipients of Discretionary Housing Payment was the most successful method, in terms of absolute participant numbers.

Letters sent by Your Homes Newcastle and the Newcastle City Council included an invitation letter and information sheet, along with a reply slip and pre-addressed and stamped envelope. This was in recognition that potential participants would likely be living on a very low-income, and so the choice to express an interest should be available at no cost. Participants were also given the option to call, text or email; three participants called me directly rather than returning the reply slip. Copies of these letters can be found in Appendix A.

Table 7: Table giving details of the different approaches to recruitment.

Recruitment approach	Contacted/ made aware of research ⁴¹	Responded - declined to take part ⁴²	Responded - expressed an interest	Expressed interest but contact lost ⁴³	Took part in initial interview	Followed up at second time point	Took part in photo elicitation
Previous participants of Bedroom Tax study ⁴⁴	12	3	3	1	2	2	1
Your Homes Newcastle – food parcel recipients ⁴⁵	46	1	4	1	3	3	1
Newcastle City Council – DHP recipients ⁴⁶	81	0	12	2	10	5	2
Attendees at local community learning hub	7	5	2	0	2	2	1
Attendees of a confidence- building course	8	6	2	0	2	1	1
Total	156	15	23	4	19	13	6

⁴¹ This assumes that all those who were sent letters received the letters and read them. It is possible that some may have moved addresses and therefore not received the letter or received them but chose not to read it.

⁴² This only includes those who actively declined to take part, including those who were sent letters and then communicated their decision not to take part.

⁴³ This means that contact could not be made again after the initial contact. There were multiple attempts to re-contact all of those people.

⁴⁴ Only those participants who had given permission to be contacted about future research.

⁴⁵ Your Homes Newcastle identified those who had been given a food parcel in the period January – September 2016, where the reason for this was recorded as being benefit-related. Letters were not sent to people who were known to have moved or who had been flagged as possibly unsafe to visit alone.

⁴⁶ Working-age people who had had a claim for Discretionary Housing Payment in 2016 in the ward of Walker

3.4.2 Recruitment

Before agreeing to take part in research, it is generally agreed that people should be given enough information to enable them to make an informed decision about participation, and that inadvertent coercion should always be guarded against (Bryman, 2012). Balancing tensions between providing comprehensive yet accessible information can be a challenge; indeed, it has been questioned whether it is ever truly possible to present participants with all of the information about the research – and its implications – that is needed to make a fully informed decision about participation (Homan, 1991). Managing consent in a longitudinal research project adds an additional layer of complexity in that consent must be negotiated across time, rather than at a single point in time (Neale and Hanna, 2012; Neale *et al.*, 2012). Between giving initial consent and subsequent interactions, participants may change their mind about the research or forget what its purpose is and why they were asked to take part. Additionally, the aims of the research may evolve also. Consent in the present research was thus regarded as an “ongoing process” (Neale and Hanna, 2012, p.2), to ensure that participants were reminded at each stage about the purpose of the research, their role in it, and their continuing right to withdraw should they no longer wish to participate.

All participants were sent an information sheet prior to giving initial consent. In acknowledgement of the desire to obtain consent that is as fully informed as possible, the participant information sheet was designed to balance accessibility with the need to provide key information about the research. It was particularly important to highlight to participants the confidential nature of the research, reassuring potential participants that their involvement would have no bearing on their benefit receipt. After expressing an interest in taking part, I spoke with each potential participant to further discuss the research. Only after this point was an interview arranged and, on meeting the participant in person, I again recapped what the research involved before asking for the consent form to be signed. Participants were encouraged to ask questions at any point during the research process, not just at the beginning. Copies of the information sheets and consent forms used can be found in Appendix A.

To facilitate the ongoing process of consent demanded by the longitudinal nature of the research, participants were given an abridged information sheet at the second interview and were asked to sign a second consent form. Those who took part in the photo elicitation part of the research were also given a separate information sheet and consent form.

As a thank-you for giving up their time to take part in this research, participants were offered a 'thank-you' in the form of a shopping voucher: £10 was given for standard interviews, while £30 was given to those who took part in the photo elicitation part of the research in recognition of the additional time and effort required for taking photographs. Participants were able to request which shop they wanted the voucher for, rather than the researcher dictating this.

Participant retention, as in any longitudinal research, was a potential challenge (Bryman, 2012). Participants were told, at the beginning of the research, that they would be contacted again up to 12 months after their initial interview to take part in another interview. They were also encouraged to contact me if anything were to change in respect as a result of 'welfare reform', an opportunity which two participants availed themselves of. To attempt to maintain a link with the participants, Christmas cards were sent after around half of the expected time between the first and second interviews had elapsed; this was a culturally appropriate choice for the sample. Although thirteen of the initial nineteen participants were eventually re-interviewed, contact was made with four of the six who were not. One participant no longer wanted to take part, and the other three gave reasons why they could not take part at that point in time. Although suggesting they remained willing to participate in the near future, attempts to re-contact these participants proved unsuccessful. The remaining two participants could not be contacted at all at follow-up. In her longitudinal research with benefit claimants, Patrick's (2015) strategy of obtaining contact details for a 'link' person – such as a friend or family member of the participant – might have proved useful in making contact with these particular participants.

3.4.3 Interviews

It was expected that each participant would be interviewed twice during the research, at intervals of approximately ten to twelve months apart. Whilst some qualitative longitudinal research has followed participants over many years

(Neale *et al.*, 2012), the time constraints of this PhD research project dictated the length of the follow-up period possible. All except two interviews were audio-recorded and then later transcribed verbatim. One participant asked not to be recorded, therefore handwritten notes were made during this participant's interview which were subsequently typed up.

Interviews typically began by me asking the participant to tell them a little about themselves, including how long they had lived in their home and the local area. From there, each interview flowed akin to a structured conversation, with most participants needing only minor prompting to guide them to the topics of interest, which were:

- Current employment and employment history
- Benefit changes experienced
- Impacts of benefit changes
- Help and support received, such as from family or other organisations including community organisations, the DWP, Your Homes Newcastle and Newcastle City Council
- Health and wellbeing
- Perceptions of benefit changes
- Perceptions of others on benefits
- Hopes and expectations for the future.

Some participants did go 'off topic' occasionally, but as Bryman (2012) suggests, maintaining a flexible approach within each interview is key. Expositions that seem unrelated to the topics of interest might eventually prove to be useful in offering insight into a participant's experiences or stance on a particular issue. It was also important that the interview was not a strict one-way exchange that served only to benefit the researcher.

Braun and Clarke (2013) emphasise the importance of considering, in advance of interviewing participants, what the researcher's strategy of personal disclosure

will be. Oakley (1981) – in her seminal critique of traditional interviewing in social research – emphasises the unfairness of researchers expecting participants to share deeply personal and sensitive information without anything offered in return. Seen from that perspective, the relationship between the researcher and participant can easily become one that is hierarchical and, to some extent, exploitative. Some participants in the present research did ask questions vis-à-vis my own personal circumstances. A decision was therefore made to share certain information with participants, if requested to, but only that which I felt comfortable with. Further, at the time of conducting interviews, a member of my own family was going through the process of applying for Employment and Support Allowance, being initially rejected but then successful at appeal. Having attended the work capability assessment and subsequent appeal hearing, I therefore had first-hand experience of these processes; sharing this information with participants who had also been through this process was useful as a tool to express empathy.

Being able to build rapport was an important part of establishing trust with participants, such that they would want to continue to take part in the research. Yet, as Clayton (2012) cautions, the opportunity for a participant to 'open up' to an attentive and sympathetic researcher might engender feelings of closeness on their part, such that the researcher comes to be seen more as a friend. Viewed from the researcher's perspective, the ability to create rapport and trust would ordinarily be seen as positive to the research, yet clearly it is important for the researcher to establish professional boundaries with each participant and to consider in advance – where possible – how to manage relationships with participants in a way that maintains their engagement with the research, but without setting unrealistic expectations in respect of the relationship between the researcher and participant.

These highlighted tensions around disclosure and reciprocity are further heightened in longitudinal research, where repeated contact between the participant and researcher is likely to deepen the relationship, potentially leading to a blurring of professional boundaries (Neale and Hanna, 2012). Although participants were only interviewed up to three times, over a relatively short timeframe, it was felt important to consider how these repeated

interactions might change the researcher-participant relationship, from the perspectives of both parties. Indeed, examples of both the benefits and challenges of establishing good relationships with participants presented themselves during the research.

Two participants actively contacted me to notify a change of benefit circumstances. The first of these had been affected by the benefit cap, while the second had been notified that their Disability Living Allowance (DLA) claim was to be moved to Personal Independence Payment, along with a functional assessment to determine their eligibility. In both cases, it became clear that these changes were causing distress and that their contact was motivated by the hope that I might be able to offer help or advice. For the participant impacted by the benefit cap, I was able to suggest contacts at the local council, although it transpired that the participant was already receiving any help to which they were entitled. In the case of the DLA reassessment, the participant asked if I would accompany them to the functional assessment. Whilst this would have presented an invaluable opportunity to garner a first-hand insight into the assessment, it was ethically problematic for three reasons. Firstly, attending as a researcher – and recording information, whether written or verbally – would have required disclosure to the person and organisation conducting the assessment. Given that the organisation more than likely would have refused permission for the researcher to attend, the other option considered was to not attend in the capacity of researcher. Doing this, however, might have served to blur the boundaries of the relationship between me and the participant. Thirdly, attending the assessment would have made me privy to the intimate details of the participant's health issues, which they may not have chosen to share in the normal interview setting. For these reasons, a decision was made to decline the request to attend the assessment, although an interview with the participant did take place shortly afterwards. In another case, a participant invited me to a social charity event that a member of their family was participating in. Whilst this was a touching gesture, the invite was politely declined as, again, it was felt that to accept might lead to the participant coming to see me as a friend rather than as a researcher.

3.4.4 Harm and distress

It was not anticipated that participants would come to harm by taking part in this research, although it was recognised that there remained the potential for participants to experience transient emotional distress as a result of the topics under discussion (Corbin and Morse, 2003). Participants were reminded before each interview that they could stop it at any time or ask to move on from a particular topic. As Corbin and Morse (2003) go on to argue, it is important to recognise that participants do possess agency in the interview setting and, further, becoming emotional upon discussing a painful subject does not necessarily imply that harm is, or has, been caused; to experience occasional upset is a normal human emotion and, in some cases, can even offer catharsis (Clayton, 2012). During the fieldwork, two research participants became visibly upset during their respective interviews, albeit briefly. Both times, I offered to terminate the interview, but this was declined, with both participants expressing a desire to continue.

Of the total of 38 interviews conducted, 29 were conducted in participants' homes, 5 were at a community centre, 2 at the university, and 1 each at a library and café. For those at participants' homes, procedures were put in place to safeguard my own personal safety. This involved a buddy system, whereby I would notify a colleague of the name and address of the participant, along with my expected arrival and departure times. Arrivals were notified by text message, with my 'buddy' contacting me if the expected departure time elapsed. Aside from any risks of physical harm, it was also important to consider impacts to my emotional wellbeing. Interviews necessarily involved discussions of difficult times in participants' lives as well as the present stresses and negative emotions they were often experiencing. To address this, post-interview discussions frequently took place between me and supervisors or other research colleagues (without breaching confidentiality).

3.5 Photo elicitation

A two-step process of data collection was used for this part of the research. For the first part, participants were given either a disposable camera or used their own smartphone camera and asked to take photographs over a period of one to

two weeks. In the second part, the participant and the researcher discussed the photographs.

3.5.1 Setting up the task

Participants who had already taken part in the first and second interviews were invited to take part in the photo elicitation part. Of the thirteen approached, six responded and agreed to participate. Of those seven who did not take part, two explicitly declined to participate (without specific reason), while the remaining five did not respond to my communications. A separate information sheet (found in Appendix A) was given to participants for this part of the research, given the materially different nature of what was being asked of them. I also verbally explained that I would like them to take photographs with the purpose of providing me with an insight into their life. They were asked to consider what was important to them, to think about the ways in which their life was influenced by their circumstances – i.e. living on a low-income because of 'welfare reform' – and to think about the interaction between these. It was important that participants had control over what to take photographs of and to define for themselves what was important to them. Nevertheless, participants were provided with some examples of things that could form the subject of photographs – such as their home or things within their home, important people in their lives, their neighbourhood and journeys that they made, the foods they ate or personal objects that held meaning for them – but were told that they did not need to be limited to these things. After taking photographs, I collected the camera from the participants and had the photographs developed and printed. The participant who asked to use their smartphone was asked to email photographs that they took. These were saved, and then also printed.

3.5.2 Discussing the photographs

For the first part of this process, I asked the participant to choose, from the photographs they had taken, a subset for further discussion; no limit was imposed upon how many photographs they could select. Following this, participants were asked to explain their decision for their choice of these photographs. The ensuing discussion was loosely guided by the SHOWeD technique (Catalani and Minkler, 2009), which utilises a framework of prompts

designed to elicit reflection and critical thinking in the discussion of photographs produced as part of such research. The prompts are:

1. What do you see in this picture?
2. What is happening in this picture?
3. How does this relate to our lives?
4. Why does this problem, concern or strength exist?
5. What can we do about it?

Not all prompts were used for each photograph, rather they acted as a guide to the discussion. In many cases, discussion of a photograph then provoked a deeper conversation around the topic and issues that it elicited.

3.5.3 Confidentiality, photography and the law

There were specific ethical challenges relating to this part of the research because of the nature of the data collection. These related to confidentiality, photography and the law, copyright, and photography of illegal activities. Participants were encouraged to take photographs freely and of things that had meaning for them which, inevitably, meant that some chose to photograph family. In expectation of this, participants were advised to first ask permission of any people whom they wished to photograph, but with the reassurance that no such photographs could, or would be used in research outputs. However, photographs that contained identifiable faces in, but incidentally so – for example in a public place such as a high street – could be selected by participants for use in research outputs, given that there is no legal protection of privacy in public places in the UK (provided that photographs are not intended for commercial use). Participants were also cautioned that photography on private property – for example, in a supermarket – can be restricted. Even if not explicitly prohibited, participants were advised that they may still be asked to stop photographing on private property. Participants were therefore encouraged to exercise caution and common sense if photographing in such places. However, participants were expressly asked not to take photographs on any property belonging to the Department of Work and Pensions, even though these

places may have held particular salience for them. The sole reason for this was out of concern that doing so may jeopardise their benefit claim.

In selecting photographs for use in research outputs, discussions around confidentiality were paramount. For example, participants were cautioned that something seemingly innocuous such as a room in their house, or other nearby geographical location, could still offer clues as to their identity. Logic dictates that there is greater likelihood of this occurring when disseminating research outputs locally – for example, should a photograph of a participant's living room be seen by a person who knows them, that person may well be able to identify it as belonging to that participant and thus deduce that they took part in the research. Participants had to signal they understood that giving permission for their photographs to be used in research outputs introduced a very small chance of identification.

3.5.4 Negotiating use of photographs

At the outset, I explained to the participant how the photographs might be used. In the first instance, the photographs were used as a tool through which to more deeply explore the effects of poverty and 'welfare reform' in the context of participants' lives and the things that held meaning for them. But secondly, as part of the desire to give participants more power over the research process and in the interests of providing them with a 'voice', participants were also given the option for some of the photographs to be used in the thesis and as part of the research dissemination process.

In most cases, the copyright of a photograph belongs to the person who takes it, and this right is protected in law. In effect, this means that participants 'own' the photographs that they took and thus, by extension, the rights to its reproduction, distribution, and to any works based upon it. The legal process of transferring copyright from the participant to the researcher was deemed to be outside of the scope and necessity of this research, and at odds with the desire for participants to not be disempowered in this part of the research process. Therefore, copyright remains with the participant, although permission to use the photographs was obtained from participants. This permission related to use of specific photographs, in specified ways and for a specified time period.

To achieve this, I discussed with the participant their willingness to permit any of their photographs to be used in outputs from the research, notwithstanding any limitations related to protecting confidentiality or infringement of another's copyright. For the photographs that the participant permitted use of, a separate agreement form was completed. Also, in the interests of confidentiality, participants agreed not to have their attribution published alongside any photographs used in research outputs.

3.6 Analysis

All the interview recordings were transcribed verbatim, followed by a process of anonymisation whereby names, locations and other identifiable information were removed. Each participant was subsequently given a pseudonym; these are used throughout the results chapters. Participant data were all handled in accordance with the Data Protection Act (1998), with particular attention paid to the requirement for data to be kept secure. Data were stored on university drives with restricted access; files containing personal information were all password-protected. Signed consent forms were stored in locked cabinets in a university office inaccessible to the general public.

3.6.1 Coding

The process of data analysis was guided by Braun and Clarke's (2013) approach to Thematic Analysis. They suggest that maintaining a flexible approach to analysis is key, rather than being strictly wedded to a prescriptive set of rules. In their view, the aim of the analysis should be *"to produce insights into the meaning of the data that go beyond the obvious or surface-level content of the data, to notice patterns or meaning that link to broader psychological, social or theoretical concerns"* (p.204). The process of data analysis spanned six phases, each of which are discussed below. Whilst presented linearly, the analysis proceeded iteratively, moving backwards and forwards between each step, multiple times as my understanding of the data developed and I began to interpret it (Braun and Clarke, 2013). In line with my subjectivist epistemological stance, the descriptions that follow foreground my role as researcher in the process of analysis. As the researcher, I was effectively the medium through which the data came to be interpreted and related to existing theoretical understandings of the world; a researcher cannot be a passive bystander who neutrally observes an

'emergence' of codes and themes. The researcher instead plays an active role in the interpretation of the participants' accounts, they are the "bricoleur" who chooses the codes and themes which they judge to best fit the data (Denzin and Lincoln, 2005). Characteristics of the researcher effectively form the lens through which the data are interpreted and filtered; their age, gender, social status and political views will all contribute the form and shape of the eventual narrative that is crafted (Altheide and Johnson, 2011). With this in mind, each step is now outlined:

1. Reading and familiarisation with the data – transcription formed part of this stage, followed by reading each transcript back and noting down initial thoughts and ideas about the data.
2. Open coding – this was the lengthiest part of analysis, involving complete coding of every transcript. Hundreds of codes were generated at this stage, essentially 'fracturing' the dataset into smaller parts that would then eventually be reassembled as themes. Using the constant comparative method (Braun and Clarke, 2013), the development of the coding framework was iterative, involving a moving back and forth between the data and the developing themes. As coding of interviews progressed, the coding framework was re-evaluated at intervals, to ensure that codes best fitted with the data. In many cases, this iterative approach to developing the coding framework involved codes demarcating very similar experiences or phenomena being collapsed into one code, sub-codes being created for some data, and revised code names created to better reflect the concepts being described.
3. Examining codes to look for themes – as the coding framework developed, it was possible to begin to see links and patterns across and between the codes and interviews. I essentially 'experimented' with codes, seeing how different combinations could coalesce around tentative, candidate themes. This part was intimately linked to step 2, in that a part of the iterative development of the coding framework was influenced by, and itself influenced, the development of themes across the data.

4. Reviewing themes and subthemes – the iterative process of developing the coding framework and beginning to relate codes to broader themes eventually gave way to a 'settling' of the analysis, as I began to define themes and subthemes that were relevant to the research aims. Themes were reviewed to check whether the codes they contained were felt to accurately capture the variation and nuance in relation to a particular 'central organising concept'. At this stage, memos were used to capture my thinking around developing themes.
5. Defining and naming themes, and writing up – whilst defining and naming themes, and writing up, could be viewed as two separate steps of analysis, I found that there was considerable overlap. Writing-up the themes (using the memos drafted in step 4) and crafting these into a coherent narrative served to shape the themes into their final form, as they were related not only to the data but also to other evidence and to broader theoretical concerns.

Data analysis was facilitated by NVivo – a software package designed for the analysis of qualitative data (QSR International Pty Ltd., 2014). Amongst other things, NVivo permits coding of text documents (in this case, interview transcripts), organisation of codes into themes, and attachment of memos to these codes and themes, all of which significantly aids the process of data analysis. Although not without their criticisms, software designed for qualitative data analysis (of which NVivo is just one example) are nevertheless useful systems for managing the large corpus of data that are characteristic of qualitative research projects (Bryman, 2012).

3.6.2 Incorporating 'time'

Given the longitudinal nature of this research, it was important to incorporate time into the analysis. Aside from coding instances of participants discussing changes experienced during the research, I also made notes after each interview of my understanding and interpretation of participants' lives over time, be they characterised by change or inertia. Most participants experienced few material changes during the research, but this in itself was important to describe and understand. Codes that related to changes over time were incorporated into

the developing themes, the temporal element providing 'texture' and a more nuanced understanding of the issues at play than could otherwise have been gained from only looking at one point in time.

3.6.3 Presentation of the data

Incorporating participants' own words into the narrative was an important part of the research, both in terms of 'giving voice' to participants but also in illuminating my own interpretation of the data. To protect participants' identities, pseudonyms are used, and some demographic information is purposefully obfuscated or omitted. In presenting participant quotes, these are mainly provided verbatim although some superfluous verbal 'tics' are removed, such as "you know", "like", and "erm". This has been done to aid clarity; the meaning of what participants' words have not been changed. Some quotes are presented with ellipses in the middle (...). This indicates that part of the quote has been redacted, either to protect the participant's anonymity or because part of what the participant said was unrelated to the point being made; the latter indicates where participants 'drifted' from the topic under discussion.

Participant quotes are all linked to a pseudonym, which in turn are linked to demographic information in table 8. Demographic information is only provided in the text where it was deemed critical to the understanding of the particular quote; in other cases, the reader is able to refer back to table 8 if there are demographic data they wish to see that would aid their interpretation of the participant's words. Substantive quotes set apart from the main text are annotated with a 'time stamp' indicating which interview round they are from: T1 for the first interview; T2 for the second interview; and, T3 for the photo elicitation interview.

3.7 Chapter summary

This chapter has described the methods I used to carry out this research, the rationale for these, and my philosophical orientations to the research. Qualitative longitudinal methods were used, supplemented with participant-driven photo elicitation. Nineteen participants – all working-age people affected by 'welfare reform' in some way – contributed thirty-eight interviews over an approximate 21-month period. Through these interviews and their subsequent thematic

analysis, I have been able to construct a rich picture of how the participants have experienced not only 'welfare reform', but poverty also. I have attempted to do this within a constructionist paradigm, although tempered by pragmatism and a flexibility to the demands of the research aims. At every stage, ethical concerns have been considered and addressed. The narrative that follows across the remaining chapters is, effectively, a story of my writing that is nonetheless firmly grounded in the data I co-constructed with the participants; I have endeavoured to maintain a reflexive stance throughout all stages of the research process. The next chapter is the first of three results chapters which present and make sense of the data that were collected as described in this methods chapter.

Chapter 4: Social Insecurity

4.1 Introduction

This chapter will present data about participants' interactions with the social security system. It will explore how participants' individual circumstances fitted with the policy turn towards increased conditionality, and the ways in which participants attempted to carve out security within a 'reformed' social security system'. It will begin by detailing the specific benefits that participants claimed and how participants came to need social security, going on to discuss this in the context of a narrative that presupposed paid work as the *sine qua non* marker of citizenship and route out of poverty. It will also examine what it was like for those participants who were too ill or disabled to work, and how this policy turn affected their lives too.

The nineteen participants in this research were all working-age people who had been affected by the programme of 'welfare reform', although there was variation in terms of the demographics of participants, their employment statuses and economic circumstances, and the benefits they received; these data are summarised in table 8. Participants' ages at the time of their first interview ranged from 22 years to 61 years, although only five of the nineteen participants were aged under 40 years. Of the nineteen participants, four were in work at the time of the first interview. A fifth participant found work between the first and second interviews. Of the fourteen participants not in work at any time during the research, only three were completely exempt from finding work or undertaking 'work-related activity'; the remainder were either actively looking for work or were expected to make steps towards eventually returning to work. This was despite some participants feeling that a return was unlikely to be achievable in the context of their ongoing health issues. The extent to which work-related activity was demanded and enforced by the Jobcentre varied between participants, as will be discussed. Three participants had children to care for full-time; a further two participants had part-time childcare responsibilities.

Two participants were in receipt of Universal Credit, with the remainder still on 'legacy benefits'; none of the participants who were followed up moved onto Universal Credit during the research. Twelve of the nineteen participants had

had their Housing Benefit reduced as a result of the 'Bedroom Tax', meaning that their Housing Benefit no longer covered the full cost of their rent thus leaving a shortfall to be made up from their remaining income from benefits, work, or both. However, at the time of the first interview eleven of these twelve had a Discretionary Housing Payment award to cover all or part of this shortfall, although three participants (8, 11 & 15) lost these awards by the time of the second interview. The full impacts of the Bedroom Tax will be discussed in chapter 5.

Table 8: Demographic, household composition, employment and benefits information for each participant (n=19)

Name	Age	Adults in household	Children in household ⁴⁷	Employment/jobseeking status	T1 benefits/main income source ^{48,49}	T2 benefits/main income source	Change T1 to T2
Steven	40-49	1	1	Unemployed, not seeking work – disabled	DLA; ESA SG	PIP; ESA SG	Yes
Mike	50-59	1	3	Unemployed, seeking work at T1; working PT at T2	JSA; ChB; CTC	Wage; WTC; ChB; CTC	Yes
Roxanne	20-29	1	3	Unemployed, seeking work – limited by childcare	IS; ChB; CTC	IS; ChB, CTC	Yes ⁵⁰
Brian	60-69	1	0	Unemployed, seeking work – limited by ill-health	Jobseeker's	Jobseeker's	No
Lisa	20-29	1	2	Unemployed, seeking work – limited by childcare	IS; ChB; CTC	Not followed up	
Maggie	50-59	1	0	Unemployed, seeking work	Jobseeker's	Jobseeker's	No
Laura	30-39	1	0	Unemployed, not seeking work – ill-health	PIP; ESA SG	Not followed up	

⁴⁷ The respective children of Steven and Jamie only lived with them part-time. One of Mike's three children lived with them part-time.

⁴⁸ Key to benefits: CHb – child benefit; CTC – Child Tax Credits; DLA – Disability Living Allowance; ESA – Employment and Support Allowance; IS – Income Support; LCW – limited capability for work; PIP – Personal Independence Payment; SG – support group UC – Universal Credit; WRAG – work-related activity group WTC – Working Tax Credits.

⁴⁹ All participants were in receipt of Housing Benefit (or the housing element of Universal Credit) and Council Tax Benefit.

⁵⁰ Roxanne's income was reduced between T1 and T2 because of the Benefit Cap.

Name	Age	Adults in household	Children in household ⁴⁷	Employment/jobseeking status	T1 benefits/main income source ^{48,49}	T2 benefits/main income source	Change T1 to T2
Shirley	40-49	1	0	Unemployed, not seeking work – ill-health	ESA WRAG	ESA WRAG	No
Alan	50-59	1	0	Unemployed, not seeking work – medical retirement	Pension	Not followed up	
Peter	50-59	1	0	Unemployed, not seeking work – disability	DLA; ESA SG	DLA; ESA SG	No
Linda	60-69	1	0	Employed part-time	Wage	Wage	No
Susan	50-59	1	0	Employed part-time	Jobseeker's	Not followed up	
Jamie	30-39	1	1	Unemployed, seeking work	Jobseeker's	Jobseeker's	No
Mary	50-59	2	0	Unemployed, seeking work – limited by ill-health	Jobseeker's	Jobseeker's	No
Yvonne	50-59	2	0	Employed part-time	Wage, WTC	Wage, WTC	No
Richard	20-29	1	0	Unemployed, not seeking work – ill-health	UC LCW;	UC LCW	No
Julie	40-49	2	0	Employed part-time	Wage	Not followed up	
Wayne	50-59	2	0	Unemployed, seeking work	UC	Not followed up	
Trevor	50-59	1	0	Unemployed, seeking work – limited by ill-health	DLA; ESA WRAG	DLA; ESA WRAG	No

4.1.1 Routes into benefits

In the present sample, there were varied and complex life events that left participants in need of support from social security because they were unable to work. As discussed in chapter 2, poverty has a dynamic character, meaning that very often people move into and out of poverty over the life course (Smith and Middleton, 2007). However, based on participants' descriptions of their circumstances, most could be said to have been experiencing persistent poverty and, furthermore, had limited opportunities to exit poverty in the near future.

Roxanne, Mike and Lisa were all single parents. In two of these cases, this was due to the breakdown of their respective relationships, and in one case because of an abusive ex-partner. For the third parent, the participant's partner had died. Single-parent participants were their children's primary carer, which presented significant barriers to re-entering the labour market, hence the need for social security. Moving back into work was made all the more difficult for two parents because they had no other family or social support available locally to help with childcare, and the potential marginal gains from work – once paid childcare was taken into account – were little to none.

Laura, Steven, Trevor and Peter were all in receipt of non means-tested disability benefits – Disability Living Allowance (DLA) or Personal Independence Payments (PIP), in addition to Employment and Support Allowance (ESA). Richard and Shirley were in ill-health, but only qualified for means-tested ESA and not DLA or PIP. The specific illnesses that had led these six participants to claim these benefits included cancer, gastrointestinal disease resulting in a colostomy, a personality disorder, arthritis and an injury sustained in a road traffic accident. In one case, physical and mental injuries sustained whilst serving in the armed forces were also a factor. All these participants had previously worked; three had left work because of their disability or health problems. For these participants, ill-health created a significant – and for some, insurmountable – barrier to work, even though most expressed a desire to return to work. Steven had been medically retired from work in his early forties, due to physical health problems. Having to leave work was injurious to his identity as a 'worker', and he expressed nothing than a wish that he was well enough to still work:

It was hard for me because as I say I've worked all my life and I've always been a very physical person, and to tell you the truth the first year as being disabled I mean, if you'd have said to me five year ago you're gonna be feeling like this now I would've put a bullet to my head then you know what I mean but er, it's just one of them things, you just get on with it and deal with it. [T1]

Despite health-related difficulties in returning to work, some participants were judged as being capable of work or work-related activity by the DWP, meaning that there was expectation that they would return to work in the medium- to long-term. The DWP's assessment of their ability to return to work was often not in concordance with the participants' own views on their capability for work. One participant had previously been in prison for a serious crime, which in addition to his health problems created a further barrier to finding work.

Maggie, Brian, Jamie, Wayne and Mary were long-term unemployed either because of previous childcare responsibilities or resolved periods of ill-health that had left lengthy gaps in their employment record, or current ill-health. Mary, in her fifties, describes her experience:

It's always been factory work, and then, I stopped working, then I had my children and I so regret not going back to work once the kids started school, cause I just didn't and I thought, if I had have done I could've been in a better position, so I'm annoyed at myself for not doing that. [T1]

Susan, Linda, Julie and Yvonne were all in work, but could either only get, or were only able to physically manage part-time work, meaning that they still relied on benefits for financial security. When asked if she would like to work more hours, Linda – working 16 hours a week as a cleaner during this research – explains that her age would make this difficult:

I don't think my body could take it. Like I say, as you're getting older things start to go, like your knees, or you pick colds up easy, stuff like that. [T2]

This introduction sets the scene of the participants' circumstances that resulted in participants needing social security: the unexpected, unplanned – and sometimes tragic – circumstances that caused a failure in their interaction with the market economy. These circumstances dictated that participants were no longer able to engage in the labour market – temporarily or permanently – in order to secure income from wage labour. However, the extent to which the system effectively provided security was variable.

The subsequent sections of this chapter will examine in more detail participants' experiences of key elements of 'welfare reform'. It will look at how each of these elements impinged upon the effectiveness of this safety net, whilst exploring the dynamic interactions between the extant and changing system of social security and participants' experiences of (in)security. It will set out the barriers to work that participants faced and explore how these barriers were reconciled with a system that held paid work – and active demonstration of the motivation towards this – as the feted outcome. It will also look at participants' experiences of sickness and disability benefits and how changes to this aspect of social security both fitted in with the 'work' narrative, and how they impinged upon participants' feelings of security.

4.2 Barriers to work

At the first interview, seven of the nineteen participants were claiming Jobseeker's Allowance (JSA) and actively looking for work, and thus were expected to attend fortnightly appointments with the Jobcentre or Work Programme. Of these seven, one participant worked part-time but was still able to claim JSA – and thus was bound by its conditions – because they worked only eight hours a week. Another of the seven found work between the first and second interviews. Two of the nineteen participants had children aged under four years and so were claiming Income Support (in addition to Child Benefit and Child Tax Credit). This meant that they did not have to actively look for work but instead were required to attend relatively infrequent (approximately two to four times a year) 'work-focused' interviews at the Jobcentre, designed to prepare them for looking for work once their youngest children turned five years old. Three participants were in the work-related activity (WRA) group of Employment and Support Allowance (ESA) and so had to attend work-focused interviews

with the Jobcentre; the three other participants in receipt of ESA were in the support group and so had no work requirements. Thinking of conditionality in scalar terms, those in receipt of Jobseekers Allowance were subject to the greatest level, whilst those in the support group were subject to the least; those in the WRA group of ESA were placed somewhere in-between these two extremes. Of the remaining four participants, three were in work part-time and one was in receipt of a small private pension and so, although in receipt of Housing Benefit, had no work requirements.

Participants all had prior experience of paid work. All saw value in work, whether in terms of the potential financial gains compared to benefits, or in terms of intrinsic reward linked to independence, a sense of purpose, social aspects and – as Susan puts it – being “*like everybody else*”. Shirley, who was in receipt of Employment and Support Allowance because of mental health problems, explains how being back at work – if she were able – would make her feel:

I would love it cause it's normality isn't it? This is harder sitting here [at home], thinking the same thoughts every day, not getting anywhere, than actually going out doing a full-time [job]. And I would love it, socialising, your wage coming in at the end of every week. Like a little bit of something going on. [T3]

Yet in this section are also examples of jobseekers' apparent 'choosiness', a term used by Dunn (2013) to describe jobseekers' apparent unwillingness to undertake certain forms of work that are “unattractive”. Drawing on interviews with Jobcentre workers, Dunn has argued that the regime of punitive conditionality is necessitated because many jobseekers simply do not want to work or are highly selective about the kinds of work they are willing to do. In this way, the work ethic is undermined by the supposed security that benefits offers; Dunn's position reflects that of the mainstream public and political consensus (NatCen Social Research, 2015; NatCen Social Research, 2016; Geiger, 2018). However Patrick (2017b) – in her research on the impacts of welfare reform immediately post-2010 – argues that it is unhelpful to think of choosiness as a homogenous manifestation in terms of orientation to job-seeking. Instead, choosiness is better thought of as one of many possible responses to work that is available in the labour market, and a response that potentially has positive

value in that it allows jobseekers to enact agency by refusing 'bad' work, or work that is unsuitable for their circumstances or capabilities. Such bad or unattractive work might be that which is physically demanding, of a precarious nature – such as temporary or zero-hours jobs – or low-paid and low-reward yet high effort. Such work is often characteristic of those stuck in the 'low-pay, no-pay' cycle of moving between work and benefits (Shildrick *et al.*, 2012). Motivations of 'choosiness' in the present study were primarily centred on perceptions of diminished capabilities linked to age and health, although there were some active rejections of work deemed to be unattractive. However, in one case, such 'choosiness' resulted in a more favourable employment outcome than might otherwise have occurred.

This section will look at the barriers to work that participants faced. As well as examining the barriers of childcare, age and ill-health, it will also explore whether the alleged security of the benefits system presented a barrier to work and whether 'activation' was warranted, either because participants were electing for such security or were exhibiting 'choosiness' over the kinds of work they were willing to do.

4.2.1 Childcare

For four participants, the demands of caring for their children presented barriers to work, yet all expressed the desire to return to work for the purpose of improving their financial security and being a good role model for their children. The extent to which parenting acted as a barrier to work was variable and depended on the participants' individual and family circumstances. Three of the participants had full-time custody of their multiple children; the remaining participant had part-time custody of his sole child. A further fifth participant also had part-time custody of his child, but his disabilities rendered him exempt from work requirements.

Activation policies have been gradually extended to incorporate parents of ever-younger children. For example, until 2008 lone parents did not have to be actively looking for work until their youngest child reached 16 years of age, but since then this age threshold has gradually been lowered to 12, 10, 7 and 5 in 2008, 2009, 2010 and 2012 respectively (Millar and Sainsbury, 2018b). Prior to 2008, lone parents still had to attend work focused interviews, a policy first

introduced in 2001 for parents of children aged over thirteen years, and then in 2003 extended to parents of children any age (Dwyer, 2004). These policy changes have taken place despite evidence which shows complex tensions between parents' desires to work and their desires to enact their roles as carers for their children; often parents do want to work, but feel that this impinges upon the perceived quality of the parenting that they are able to offer to their children (Knijn *et al.*, 2007; Rafferty and Wiggan, 2011). Jamie's conflicted orientation to work is a good example of this difficult choice that parents may have to make. Although Jamie's part-time custody of his daughter would technically allow him to work on certain, set days of the week, he stated that he could not find any jobs that would permit this; the kinds of routine jobs that he was qualified to do demanded flexibility:

It's a catch-22. I can work, obviously, I know I can work, but at the same time I wanna be able to take my daughter to school and collect her from school [T1]

The importance of informal care – such as that provided by grandparents – for supporting lone parents to return to, and remain in, work, is well-established and is an important factor in reconciling these tensions between work and parenting (Wheelock and Jones, 2002; Gray, 2005). Recent research conducted in the same locality as the present research emphasises the importance of family in the provision of informal childcare (Griffith *et al.*, 2019). For example Lisa had family living close by and was confident that when she wanted to return to work informal family support would facilitate this. However, two of the participants had no immediate family nearby able to help with informal childcare, adding an additional layer of complexity in their decision-making around returning to work and the kinds of work they could accept. Roxanne, a lone parent of three children, outlines the practical difficulties she would face, with one child currently in nursery and her other two children in school, but both at different sites about two miles apart:

I would be worse off [financially] if I worked now because one of them's two days [at nursery] 9:30 'til 2:30 and the other two's obviously in normal school times but it's to find a job around them times, cause I wouldn't be able to get to work until about 9:30, 10 o'

clock ... she goes in at 9:30 so I'd have to put them in breakfast clubs, after school clubs ... And then travel costs and trying to find a job that would fit around two different school times as well, and getting to two different schools and then getting a job and – it's impossible, I don't know what I'm meant to do. [T1]

Roxanne had no immediate family living nearby who could effectively fill in the gaps of childcare, such as taking children to or from school. She was cautiously optimistic about the 30-hours a week free childcare that she would be eligible for when her youngest child turned 3 years old, acknowledging that any benefits of that policy would be firmly contingent on whether she would be able to find a suitable job in the first place.

Mike, a single parent to three children (all aged over 8 years), was in a similar situation to Roxanne. For personal reasons, Mike had moved to Newcastle from another region of the UK a few years ago, but this meant that Mike had no family living locally to help with childcare, a fact that he was cognisant of:

The trouble is you see, a lot of the people up here, from the area, they got like extended family all over the place, know what I mean? And you need that, you need that for childcare. If you're a single parent on your own you know what I mean, you need that, and I've got nothing. [T1]

Mike lamented the availability of part-time jobs with stable hours that would fit within school hours and thus allow him to take his children to school and be there for them when they got home. Between the first and second interviews, Mike found work (discussed in section 4.3), but during this time he felt that the pressure from the Jobcentre had intensified and that they were becoming less sympathetic to his limitations whilst simultaneously pressuring him to accept any job rather than one suited to his availability and skills:

What they were saying is, instead of going after that job and being focussed on that one [one that he wanted to do], you've gotta have warehouse jobs or car wash, I said – I ain't fucking doing that, I ain't doing it. I need something that fits in, I said, I have to – I felt like I had to explain it to them. And another one I saw was a woman and I says

– have I got to explain it to you? I said, look, I've got three children really, on my own, no help, nothing, I mean, do you understand I've got three children on my own? [T2]

Mike's unwillingness again might be interpreted as 'choosiness'. Yet Mike clearly was not lacking in motivation to work and arguably was not in need of compulsion to work, rather he needed a job that would fit with the constraints that being a single-parent – with no informal support – presented.

Roxanne and Lisa both had young children aged under five years and so were still in receipt of Income Support but with the expectation that they would attend work-focused interviews. Roxanne explained that the Jobcentre were dismissive of her requests for help to be more work-ready when her youngest child turned five years old, a desire that was becoming more desperate because Roxanne's benefits had been cut because of the Benefit Cap:

I mean they know my situation, she just said "oh I'll sign you off", I says no I want to work, they weren't even bothered about trying to get us back into work. [T2]

However, Lisa, a lone parent of two young children aged under five years old, did feel that the Jobcentre's expectations were changing. Whilst not pressured to find a job at that particular time, she felt that they were "*knuckling down on people*" because, as Lisa saw it – echoing 'welfare reform' discourse around the two-child limit for Child Tax Credit – some parents "*expect to have kids and then never work again, which is not fair*" [T1]. Lisa's experience of the Jobcentre contrasts with Roxanne's in that she perceived greater pressure to move into work. Mike's experience – with both the Work Programme and the Jobcentre – was materially different because he had no children under the age of five, thus was subject to full work requirements. Yet his experience also contrasts with that of Jamie's, who described less pressure to find work than Mike did. These different experiences demonstrate the ways in which participants experienced inconsistency in their interactions with agencies operating on behalf of the state. It suggests that different advisors took different approaches or were more willing to use discretion with certain claimants. This phenomenon will be discussed further in the next section on age and ill-health.

4.2.2 Age & ill-health

The barriers of age and ill-health will be discussed together, given that they cannot easily be dissociated for the present sample: six of the seven participants claiming JSA at the first interview were aged over 50 years and so, by virtue of their respective ages, identified some degree of health-related limitations (Public Health England, 2018). An examination of age and ill-health as barriers also shows that there are overlaps in the underlying factors, which were perceived to be centred on diminished physical and mental capabilities, and discrimination from employers.

Five of the six participants opined that employers discriminated in favour of younger jobseekers, especially given that most were applying for routine or semi-routine job types where they felt that speed and efficiency were likely to be valued over experience. Evidence suggests that long-term unemployment in older jobseekers is a particular issue (Mayhew *et al.*, 2008), with Age UK (2016) estimating that over 40% of people aged over 50 who are unemployed have been so for over a year. Further, Wood *et al.* (2008) argue that, although age discrimination is technically illegal, its practice is still deeply embedded in British workplaces and may present a significant barrier for older jobseekers trying to re-enter the labour market (Mayhew *et al.*, 2008). Taken together, it can be surmised that participants' ages did have real potential to be substantive structural barriers to returning to work and that supply-side measures, without concurrent demand side measures, would not be as effective as hoped for. Participants also identified specific ways in which their health presented barriers both to re-entering work and to the kinds of work that feasibly be undertaken. These conditions were varied but included: musculoskeletal and mobility problems; Chronic Obstructive Pulmonary Disease (COPD) and asthma; mental health problems; and an autoimmune condition.

Mary, aged over 50, was looking for work at both the first and second interviews, having been out of work for many years while she raised her two children. Between the first and second interviews, Mary's hopes of returning to work had diminished and she felt that returning to work before retirement was an unlikely prospect. Mary had applied for many jobs but with no success, positing that her age, time away from the labour market, and declared health conditions all

amounted to significant barriers. To improve her chances of finding work, Mary had availed herself of various opportunities to extend and strengthen her skills through both the Jobcentre and Work Programme, but none of these had resulted in Mary finding work:

You did computer work, numeracy, literacy, working on your own, working in a team, you know how you do all these things, you know, how much do you contribute in a team. And I really enjoyed that, but as I say it didn't get [me] anywhere. [T1]

Depending on the reader's ideological lens, what Mary says next could be interpreted as her being 'choosy' about the types of work she is willing to undertake. Yet the need for Mary's discretion is arguably because the benefits system would likely deny her access to (then) better-paid sickness benefits (Employment and Support Allowance at approximately £103 a week, at the time of the research taking place), thus making her reliant on Jobseekers' Allowance (approximately £73 a week) for financial security, no matter how unrealistic the prospect of Mary returning to work may be:

Now my mobility's limited I have to have jobs where I can sit down, so like call centre, maybe like admin work, something like that, on the telephones and things. But, er, my age would go against me as well. They shouldn't discriminate but they do. [T1]

Brian, aged over 50, was in a situation not dissimilar from Mary's. He had also continued to look for work between the first and second interviews, but did not find work. Brian had been out of work for several years because of mental health problems and had previously been on Employment and Support Allowance. However, he was rejected for a renewal of his claim following a Work Capability Assessment and subsequent appeal. Brian also had considerable physical health problems including asthma, COPD and diabetes, all of which demanded frequent medical appointments that Brian felt employers took into consideration – to his detriment – when considering him for jobs. As with Mary, Brian had to realistically discount some types of work because of the restrictions caused by his poor health. In Brian's case, it was employers who expressed choosiness

when they explicitly discriminated against him, telling him that they would not employ him because of his age and health:

I went for this job right ... I had all the experience, they said "oh brilliant, you've got the job, you've got all the experience", you know, then it feels to me like discrimination cause they said "we're going for somebody younger, with better health, because of your age and health issues we don't think we can offer you the job at this present time". [T2]

Wayne, aged over 50, was perhaps more explicitly 'choosy' about the kinds of jobs he was willing to do. Wayne had previously been on Incapacity Benefit for several years before being reassessed for Employment and Support Allowance, at which point he was rejected and moved to JSA. Perhaps surprisingly, Wayne was positive about this, perceiving that he had been "*in a rut*" on Incapacity Benefit and that he had little motivation to find work because of the "*safety zone*" [T1] he felt it provided him with. Yet since being moved to Jobseekers Allowance, Wayne had not been able to find work. He described how, at his first appointment at the Jobcentre, his advisor told him to "*forget about everything you've learned in the past because it's all irrelevant now*" [T1], which immediately disheartened him about his move back into the workplace. Yet Wayne managed to retain some agency in the process by drawing upon his own ideas about what kinds of jobs people of certain ages should and should not be doing:

They [the Jobcentre] say, "go and work as a...", what do they call it, conveyor-belt type thing, "go work as a squad worker, part of a team, production line", sort of thing, "go work at McDonalds, KFC". I says no, that's a young person's game that. [T1]

Wayne's conception of certain kinds of jobs being inappropriate for older workers reflects research conducted by Lindsay and McQuaid (2004), who found that older male jobseekers were "particularly reluctant to consider service jobs in sectors such as retail and hospitality", positing that rejection of such types of work may be rooted in ideas of the gendered nature of such work combined with previous experience of working in 'traditional' sectors, such as manufacturing and unskilled manual work.

For those participants in the work-related activity group of Employment and Support Allowance, much less pressure was placed upon them compared to Jobseekers' Allowance; there appeared to be greater consideration of how their health and disabilities limited their capabilities for work. For example, Trevor, aged over 50, had multiple health problems – both physical and mental – and was also in receipt of Personal Independence Payment. He was expected to make steps to move back to work, although his job coach was understanding of his situation:

My work coach at DWP hasn't really pushed us cause she knows that it's gotta be the right job for me or I'll end up back on benefits within a couple of weeks. [T1]

Shirley, aged over 40, had to visit the Jobcentre every six months for an appointment with an advisor. On occasion, she had had to postpone appointments when her anxiety had left her fearful of leaving the house, but at those times her advisor did not threaten punishment and instead offered to reschedule the appointment. She explained that her advisor was sympathetic to her situation and did not put undue pressure on her for her to return to work:

They just ask how I'm doing basically, what they think I'm capable of, what I'd like to be doing and how my condition is getting, any better or worse, and then they try and focus on the things that I can do rather than the things that I can't ... luckily enough the fella that I do go and see the interview with, I've seen about three or four times now and he's absolutely lovely, he's a genuine bloke. [T1]

Proponents of 'welfare reform' may view people like Trevor and Shirley as characteristic of 'undeserving' people because of their claims stemming from limitations posed by their mental health problems (McAllister, 2018). They might therefore be seen as having less of a legitimate claim to sickness benefits, essentially choosing not to work (and choosing the security of benefits) and thus being in need of coercion by punitive measures or a reduction in benefits, such as is now the case for new Employment and Support Allowance claimants placed in the work-related activity group. Yet in both cases, it seems unlikely that such a move would help either of them into work given the significant

barriers they faced, especially when others in the study – who were arguably more able than Trevor and Shirley but still suffered with health problems – could not find work. Compounding this would be the region's weak labour market; at 0.7, the North East has the lowest job density ratio (Bambra *et al.*, 2018), and the second highest unemployment rate, of all UK regions (Office for National Statistics, 2018b). This means that those with low levels of skills and experience, and substantial barriers to work, are at a significant disadvantage.

In contrast to Shirley and Trevor, Yvonne had a different experience whilst claiming Employment and Support Allowance. Although she was in work at the time of this research, she described her experiences of having previously been referred to the Work Programme. Yvonne described having to undertake multiple courses that served to impart only basic skills, skills that she felt she already had. This echoes findings by Jordan (2017), whose research in two Work Programme centres found that "training was extremely basic, and, like all the [Work Programme] centre operations, severely limited by budget constraints. CV writing, interview practice and basic computer literacy were the primary forms of training available."

The evidence from this study also echoes work by Patrick on welfare reform in Leeds (Patrick, 2017a). In her research, people claiming Employment and Support Allowance also reported that there was a lack of support from the Jobcentre that could have gradually helped them to move closer to the labour market, but instead they are 'parked' on sickness benefits (Sissons and Barnes, 2013). In many ways this is a disservice to those whose ill-health or disabilities hold them back from the labour market temporarily, but who are desiring of and are capable of, a return to work. This is especially pertinent given that moving back into work has been shown to improve both mental and physical health of disability benefit claimants (Curnock *et al.*, 2016).

The evidence presented shows that there is a disconnect between the rhetoric of 'activating' ill and disabled claimants who are shunning work and the delivery of policy on the ground, echoing earlier discussions around the different experiences of single parents subject to welfare-to-work policies. These experiences raise questions as to what extent Jobcentre staff – who dealt with participants in the present study – were making rational decisions not to push

some claimants towards a local labour market that they knew to be weak, especially when claimants had few skills and were likely to be disadvantaged in terms of their health or childcare limitations (Jordan, 2017).

4.2.3 Perverse incentives and the 'security' of benefits

The rhetoric of 'welfare reform' has held that work is an almost guaranteed route out of poverty. Yet as many authors have noted before now, the truth of this rarely stands up to scrutiny. Research by Shildrick *et al.* (2012) on the 'low-pay, no-pay' cycle demonstrates the cyclical poverty and precarity experienced as people move between benefits and low paid work. Yet in their work, they reject the assertion by Jobcentre workers that some claimants actively choose the security of benefits to the insecurity and uncertainty that comes with moving (back) into work. Standing (2011) suggests it is entirely rational for those in poverty and on benefits to want to avoid precarious, low-paid work given the inherent administrative hurdles of (re)claiming unemployment benefits.

A brief mention of Universal Credit is needed again here. Notwithstanding arguments that Universal Credit may actually legitimise and entrench precarious work (Dean, 2012), Universal Credit ostensibly aims to make it easier to move between benefits and work by removing the cliff-edge of moving from the former to the latter, thus increasing work incentives. Much of the uncertainty that participants discuss in this section could, in theory, be assuaged by Universal Credit, in that it would permit smoother transitions. However, the ability of Universal Credit to fulfil its transformative potential of enabling these transitions remains uncertain. Early evidence suggests that moves into work remain unstable and that there is still oscillation between work and benefits (Wright *et al.*, 2018). Further, emerging evidence suggests that Universal Credit is unable to adjust monthly payments according to changing pay dates or working hours (BBC News, 2019), again undermining its *raison d'être*. This suggests that although Universal Credit might nominally have a positive impact on the kinds of situations and decision-making processes that participants describe, in practice the reality may be quite different.

In the present study, participants were aware of the insecurity engendered by a move into work and were prone to rational contemplations of this. This was made easier for participants in receipt of arguably more secure disability-related

benefits where there was less immediate pressure to move into work. For instance, Trevor, who was in receipt of Employment and Support Allowance (ESA) and Personal Independence Payment, did not want to move into a job until he was certain that he was physically capable, lest he have to leave the job and face the daunting task of reapplying for ESA:

I'm not gonna be standing on my legs all day cause what'll happen, I'll sign off benefits, take the job and within a few weeks I'll end up having to be back on the sick again; it's happened before so I'm not gonna end up repeating history. [T3]

For Trevor, his ill-health related benefits provided him with some security. By comparison, moving into work was fraught with insecurity. Notwithstanding the potential insecurity of some types of work (for example, zero hours contracts), the insecurity for Trevor was located more in the precipitous 'jump' from benefits to work, and in the possibility that the demands of work might outstrip his capabilities that were limited by his ill-health. Adding to this was the real prospect that he would only be able to find minimum wage, part-time work that would leave him financially worse off than he was at present:

I've done back to work calculations myself, using their formula they gave us and the majority of jobs I see, I think 'oh I wouldn't mind doing that', I couldn't take because I couldn't afford to live here, I would be totally wiped out. Probably couldn't afford new clothes, food or anything. [T3]

Trevor had weighed up the financial implications of returning to work, concluding that he was “*better off staying where [he is] for now*” and that even his work coach had sanctioned this view.

Shirley was also claiming Employment and Support Allowance (ESA) and was in the work-related activity group but was not eligible for Personal Independence Payment. Shirley's benefits – despite them being at a level that she struggled to get by on – offered her a degree of security. Shirley wanted to work, but was concerned that fluctuations in health caused by her illness would be incompatible with work, resulting in job loss that would necessitate a reapplication for ESA:

I'd love to get back to work, but I couldn't do it. I could go in one day and think it's great, I would do it, but if I wasn't well the next day... and then they would sanction my money and I'd have to start all over again with my claim. [T2]

Aside from this significant barrier, Shirley also understood that a part-time job at minimum wage would offer little or no financial gain compared to her current income from ESA. Shirley ultimately judged that there was greater security in her current ESA:

When I work out how much I would have to go to work for, to even just break even with the money that they're paying, would be like a full-time job and I'm not fit enough to do a full-time job. [T1]

Trevor and Shirley cases are both examples of where Universal Credit might, if it worked effectively, help them to overcome the uncertainty of moving into work by allowing them to take up part-time work and maintain some support from benefits. Of course, this is an idealised scenario that neglects the Universal Credit's 'ubiquitous conditionality' (Dwyer and Wright, 2014) that might place undue pressure on Shirley and Trevor to take unsuitable work that could impact negatively on their health. Shirley and Trevor – and indeed all participants on legacy benefits – will eventually be moved to Universal Credit anyway.

For those with greater compulsion on them to work, now or in the near future, decisions around work and what kinds of work to take, were more difficult to evaluate in the present system. Participants were aware of both the high 'effective marginal tax rates'⁵¹ of moving from benefits into work – or increasing hours – and the precariousness of available work, both of which combined in participants' reflections on the security of work or benefits. Adding to this complexity were the structural barriers to work of ill-health and childcare already discussed. For example, Jamie wanted to find work that would fit with his childcare responsibilities, but he understood that part-time work would offer

⁵¹ An effective marginal tax rate is the proportion of a rise in income (from work) that is typically lost to income tax and national insurance deductions, and tapered or stepped benefit withdrawal.

little financial gain whilst possibly restricting his ability to carry out his parental duties:

I gotta get a decent enough wage, where I can still sort of like take me daughter and collect her from school, and not be hammered by the council [in terms of a decrease in Housing Benefit or council tax support] ... that's the sort of thing I've gotta think about really, or do I just keep on struggling away here, or, better the devil you know I suppose. [T1]

Here, Jamie is expressing his preference for remaining on benefits for the present time despite it being very difficult for him to make ends meet. Even though it is a tough existence, it offers certainty that he gets at least a small income and still gets to care for his daughter.

Roxanne, also a parent, expressed similar thoughts about returning to work once her youngest child was in school. In addition to financial concerns, Roxanne also worried about how working for low-pay whilst trying to look after her children as a single parent would impact on her fragile mental health. Roxanne's concerns would not be unexpected: Dundas *et al.* (2017) found short-term impacts on lone mothers' mental health when they became exposed to work obligations as a result of having to move to JSA from Income Support when their youngest child reached the new thresholds introduced through 'welfare reform'.

I do wanna work so I'll go, I'll stay on job seekers when they put us on it, and I'll go to the courses and that cause I do wanna work, but I just worry that when I do I hope it's not going to affect me like, mentally, because of the fact that I'm working for nothing then worrying about my kids and childcare and can I afford it, can I get there and can I live and can I get by, can I pay this. And it does proper stress us and panic us. [T1]

Another of the parents in the sample, Mike, took a different view of how to navigate the transition between work and benefits. At the first interview – when he was not in work – he explained that he would be quite willing to not declare all his earnings so that he could be in a better financial position:

*All I would do, I'm earning £50 a week lis what he would declare].
That's all I'm earning, know what I mean, you know, I don't care how
many jobs I'm doing out there, know what I mean, because you know,
no one's really gonna be watching me. [T1]*

Mike explained how, in order to benefit from the system of social security, a person had to know how it worked and to use this knowledge to their advantage. At his second interview, Mike had found part-time work. In this interview, Mike intimated that his employer gave him a fixed number of official hours each week that went 'through the books', but that he then worked additional hours cash-in-hand that were not declared so that Mike could keep more of his wages without losing some of his benefit:

*Officially I've got that many hours, the place where I work, he's alright
with that, know what I mean. I mean I don't get that, but that's what
it's down as. So, that's what I do, I'm on Working Tax Credits, erm, I
get Child Tax Credits, I get full Housing Benefit apart from the
Bedroom Tax. [T2]*

The alternative of Mike declaring all his hours worked would see him very little better off, because his benefits would reduce accordingly. Mike acknowledged that what he was doing was wrong but was desperate to increase his financial security after many years of being reliant solely on benefits and struggling to get by. The new situation that he found himself in permitted him to meet such needs, a factor identified as a strong explanation for why benefits claimants commit relatively minor frauds such as this (Tunley, 2011). Arguably, if the withdrawal rate of his Working Tax Credits were lower and Mike got to keep a greater proportion of money earned from working additional hours, he might have declared them. Mike also explained that he had considered moving from legacy benefits to Universal Credit, in the thought that he could be better off. But, having completed a 'better off calculation', Mike discovered that he would be worse off because of the different in-work allowances and taper rates in Universal Credit. This would likely be the same for the other single parents in the research also, as this particular group are known to be at a disadvantage in Universal Credit (Brewer and De Agostini, 2015; Brewer *et al.*, 2019).

For those not in work but looking for work, and without childcare responsibilities, the marginal gains from work were a major consideration in respect of the kinds of work participants were willing to take. Maggie was looking for work and claiming JSA at both the first and second interviews but could only find part-time work or zero-hours contracts, neither of which offered the security she wanted from work:

[Interview notes] She said that even when jobs were available, they were nearly always zero hours contracts, short-term or temporary work and that there's never any full-time jobs apart from if one occasionally came up in a factory. She said that these kind of jobs just didn't work with benefits because it'd mean no security of income, coming on and off benefits. She didn't think a part-time job would pay enough for it to be worthwhile, not with having to buy a bus pass etc., and particularly if she still had to pay the Bedroom Tax. [T1]

As Maggie points out, many of the jobs available to participants were part-time only which, if minimum wage, offered little material gain once travel costs were accounted for. Other benefits, such as automatic free prescriptions, were also affected and, given that most participants had health conditions, this was seen as a disincentive though the NHS' low-income scheme might have been able to lessen this impact for some. Participants were aware of this 'cliff-edge' which was challenging to navigate which Universal Credit would, in theory, lessen the impact of. Susan, who worked part-time but less than 16 hours a week and so was still able to claim JSA while she sought more hours, highlights this:

[The Jobcentre] want you to put in for jobs for like 8 hours, 9 hours which is no good but if I put in for a job for 16 hours I get no help and I've got 10 lots of medication to pay for if I get a 16 hour job, erm, I've got, 10 lots of, which I'm on for life and er, says, I told them, I says I need a job at least 30 hours but they say no, if you get a job for 16 hours, doesn't matter if you're one penny more than what you get off the Jobcentre you've got to put in for it. [T1]

There was security in remaining in her low-hours, low-pay job and receiving JSA compared to moving into a 16-hour job where there may be no financial benefit.

In this context, undertaking informal work was sometimes an attractive option; two participants admitted doing “*fiddle work*” in the past, as they called it – working whilst still claiming benefits. They did this because the work in the formal labour market that was available was of an insecure and temporary nature. Ultimately, this was a question of security and risk: there was a risk of being caught and being punished for benefit fraud, yet the threat to their security from stopping and restarting a claim was a greater risk.

Even for those in work, an increase in hours (and thus pay) was not always the positive event that may be imagined: additional pay usually meant a correspondent reduction in Housing Benefit, effectively cancelling out any substantive financial gain. Linda worked part-time as a cleaner at both the first and second interviews but was not hopeful of benefiting from a wage increase:

If you get a rise, whether is 50 pence, 2 pence whatever, I've gotta put my wage slips into the council and then that's deducted off my Housing Benefit, so I get less Housing Benefit. [T1]

Yvonne, who had previously been on Employment and Support Allowance before moving into work, also described the difficult “*leap*” from benefits into part-time work that meant accepting a big threat to personal security but without little material gain:

That leap is quite a big leap if you haven't got young children, it is a big leap because, free prescriptions go, there's so many things, you pay more Housing Benefit, you pay more of your rent you get less Housing Benefit, you pay more council tax. [T1]

At the first interview, Yvonne was working 16 hours but wanted to have more guaranteed hours. Her employer – a retailer – sometimes offered extra hours but would not formalise these, resulting in a fluctuating income. Yvonne was struggling to find other retail jobs that would offer a contract of greater than 16 hours. She explained how combining two jobs would not be possible, because her shifts varied from week to week and her employer expected her to be flexible. However, between the first and second interviews, Yvonne's hours did increase, providing her with a slightly increased income.

As is clear here, work was not the panacea to poverty that many have asserted. Specifically, part-time work at minimum wage offered little material gain compared to out-of-work benefits such as JSA and ESA. Benefits thus did offer security, despite them being contingent on the correct behaviour of claimants. But in comparison to a labour market that was characterised as being even less secure, the reluctance of participants to make the “*leap*” was a rational one; remaining on benefits could often be – in the short-term at least – a safer option. Overcoming this barrier was not impossible, however, as was evident. In theory, Universal Credit should eradicate such precipitous transitions from benefits to work (Timmins, 2016).

It is important though to contextualise these ‘rational’ choices so described here that might be interpreted as participants being choosy about work or simply not wanting to work. Taking a critical view, it could be argued that the supply-side measures that welfare reform brought about, and that participants were subject to, were needed in order to compel participants more strongly to move towards work. Arguably, if the local labour market had been strong and there were plentiful job opportunities for people – particularly low-skill jobs – then such supply-side measures might have been more effective. Yet the reality was that the labour market was weak (Bambra *et al.*, 2018) and so participants had to make decisions based on this. In this context, the poor marginal gains that were expected from work, combined with other barriers (such as ill-health and childcare responsibilities) and the lack of suitable, stable jobs for participants, not wanting to disrupt the relatively fragile security that benefits offered was more understandable. Arguably, in such a context, supply-side measures can only be expected to have limited success; demand-side measures would possibly be more effective in comparison. Even if all participants were moved to Universal Credit at the time of this research, the labour market context would not be changed. In this scenario, it is possible to speculate that it might engender a greater sense of ‘safety’ to take up work through a negation of the need to reclaim benefits if this venture were to fail. But even if this were to transpire, participants still might not find secure and sustainable work and would then have to navigate the precariousness of the ‘low-pay, no-pay’ cycle.

4.3 Activation – the role of the Jobcentre and Work Programme

As already discussed, two of the central planks of 'welfare reform' are the mutually reinforcing policies of 'activation' and 'conditionality'. Both underpin the overarching policy goal of ending supposed welfare dependency. In practice, it was the Jobcentre or Work Programme advisors who translated and implemented these policies, for example by applying or threatening to apply sanctions to participants' benefits. Whilst age, illness and the necessity to care for children were barriers that were not ones that could be easily overcome with Jobcentre support, participants' perceived deficits in their skills could be. Indeed, one promise of 'welfare reform' was that a 'world-class' package of support would be given to jobseekers, by the Jobcentre and Work Programme, to help them into work (Patrick, 2017a). Yet participants described a different system that consisted of tokenistic and generic support, with only the occasional offer of support and opportunities that participants actually desired or needed. This reflected findings from research by Wright (2016) on jobseekers' interactions with the Jobcentre. She found that "advice was experienced as a standardised empty bureaucratic process without relevance to particular circumstances, involving hollow promises or obligatory training that turned out to be meaningless".

Further, participants' accounts of welfare-to-work were suggestive of inconsistencies in their treatment at the hands of Jobcentre staff. This was in terms of both interpersonal interactions and policy implementation. It appeared that Jobcentre or Work Programme advisors were able to – and indeed did – use discretion, aligning with other evidence that suggests the phenomena is widespread. Wright (2003), in drawing on Lipsky's (2010) theory of street-level bureaucracy, has previously argued that the application of discretion is central to understanding how policy is transformed between design, inception and implementation. In her empirical research in Jobcentres, Wright (*ibid.*) demonstrated that activation policy was recreated and adapted by Jobcentre advisors, both in response to practical aspects of their roles and organisational context, but also in terms of differential moral and emotional orientations to people and policy. In later work, Grant (2013) asserts that although the opportunities for advisor discretion have been reduced through 'welfare reform', it still forms an important part of advisors' roles. Further, Fletcher (2011) argues

that the 'space' that is created by inadequate training of staff is filled through personal interpretation of policy. This may help to explain why, in the present study and in other research also, marked variations in policy implementation have been reported. For example, the National Audit Office's (2016) investigation into benefit sanctions found that there were profound and unexplained variations in both temporal and spatial applications of sanctions by Jobcentres, indicative of policy being implemented neither uniformly nor consistently.

In the present study there was evidence to suggest that some advisors' interpretations of policy and enactments of the advisor role were more sympathetic to jobseekers, whilst others were emboldened to use it as a vehicle for moral discipline. The ways in which 'activation' and 'conditionality' were implemented on-the-ground, the discretion afforded by advisors, and the impacts of both on participants will be presented in the next section.

4.3.1 Threat of sanction

Participants described having little agency in the process of deciding on the kinds of training to undertake; it soon became clear to participants that a suggestion of a particular course by an advisor was not an invitation to be accepted or declined, but an instruction that could not be refused. Thus, participants learned to be taciturn in their interactions with the Jobcentre lest they were 'asked' to attend training that was often judged to be of little merit or value.

Participants described the threat of sanction being frequently invoked by Jobcentre staff when they were judged to have not sufficiently met their responsibilities as 'jobseeker'. These warnings were usually dispensed for transgressions centred on behaviours and actions that positioned them as being misaligned with their job-seeking responsibilities; these were primarily centred on missed appointments (even where there were good reasons for these) and being judged to be less committed to seeking work than the Jobcentre expected of them.

Susan, aged over 50, had been sanctioned in the past for missing an appointment when on a course. Here, Susan outlines the many reasons that Jobcentre staff use to invoke the threat of sanction:

If you're late, you're sanctioned, if you miss an appointment, you're sanctioned, you know, every little thing, you get: oh, it'll be a sanction. Sanction, that's the main thing that comes out of their mouth. [T1]

Susan felt as though the pressure from the Jobcentre had intensified over time, describing how “*they're more on your back, constantly*” [T1]. Maggie's experience echoed Susan's, as interview notes show:

She just now had to do more job search and show it in different ways. So whereas she might have once just told them how many CVs she had sent off in a week, she now had to log how many hours of job search she had been doing. She said she suspected they keep an eye on you to check that you are doing what you are say you are doing. [T1]

'Dread' was a term commonly used by participants in respect of their feelings towards Jobcentre appointments, rooted in fear of the threat of sanction and in their potential treatment by Jobcentre – and in some cases, Work Programme – staff. Such negative emotional responses to the expanded sanctions regime have also been reported in other recent research (Barnes *et al.*, 2016; Mattheys *et al.*, 2018; Stewart and Wright, 2018a), so it is of little surprise that participants in the present study felt that it impacted upon their mental health. Research into the mental health impacts of conditionality and sanctions in the USA – where both of these have been more widely used for much longer than in the UK – suggests a causative link between increased conditionality and work requirements and worsening mental health (Davis, 2018).

Other participants also described the use of sanction threats to correct their supposed inability to uphold their responsibilities as claimant. Yet rather than changing participants' behaviour or having any substantive effect on their attachment to, or distance from, the labour market, the data suggest it undermined the relationship between the participant and the Jobcentre. This reflects the findings of a large-scale qualitative research project – conducted over five years – that sought to better understand the impacts of conditionality (Welfare Conditionality Project, 2019). The research concluded that sanctions were largely ineffective in moving people into sustained work or at increasing

motivation to find work (Stewart and Wright, 2018a). Quantitative research also supports the view that the threat and use of sanctions is largely ineffective in moving Jobseekers Allowance claimants back into sustainable work (Taulbut *et al.*, 2018).

For Susan, the threat of sanction and the pressure from the Jobcentre made her apprehensive of her visits there:

You dread when the day comes round for going to the Jobcentre, it can make you feel physically sick, you know, going into the Jobcentre.

[T1]

Mary had been sanctioned in the past for not recording enough evidence of job search in her “book”. At the time, she describes how “*absolutely devastated*” [T1] she was. Mary – aged in her 50s – felt that the use of threat of sanctions was punitive in nature, comparing it to corporal punishment that was once meted out in British schools. Not only does Mary’s account suggest she feels patronised by her treatment, but that her behaviour is being observed and judged to need correction:

If you don't do this it's teaching you a lesson; if you don't do this, this is what happens to you so therefore it's like a constant battle the whole time ... cause you feel as though you're back at school – don't do this or you'll get the strap. [T1]

Wayne was accused of “*not looking hard enough*” by the Jobcentre and was told that if “*it [didn't] improve, [he] will maybe be sanctioned*”; Wayne described this as “*disheartening*” rather than empowering; “*where's the incentive?*” [T1], he asked. Again, fear of the Jobcentre was present: Wayne had missed his last appointment because of illness and so was “*dreading*” going in in case they informed him he “*[hadn't] done enough*”. Wayne went on to explain more about how his Jobcentre appointments make him feel:

You always get the feeling, you know, it's gonna go bad when you go to the meeting ... what you say, it's not gonna be good enough, and that's the feeling you get and, I suppose you shouldn't, you can only do what you can, but... [trails off] [T1]

Wayne had past experiences of anxiety and depression and recognised that his interactions with the Jobcentre had the potential to trigger these. However, he explained that he “*refused*” to allow the Jobcentre to rob him of his mental health and so explained that he had to just “*take it on the chin*” [T1].

Brian talked in both his first and second interviews about threats of sanction, firstly due to missed JCP meetings because of health appointments and secondly because of attending his brother-in-law's funeral. In the first instance, Brian presented the JCP with evidence of his medical appointments which had resulted in less time to job search:

I took all the letters in and told them but they said, you haven't met your criteria, you're like two jobs or like a couple of hours short, so we will stop your money ... they didn't stop it in the end because she said, I'll put it through to the manager and the decision maker and they decide whether they're going to sanction you or not, but they didn't in the end. But it's still stressful going through that process thinking that I was [going to be sanctioned]. [T1]

Brian described how the decision about whether to sanction him was not made by the Jobcentre for around two weeks. During this time, he said that his mental health suffered. The second instance of being threatened with sanction prompted the same feelings.

For Mike, aged over 50, the threat of sanctions “*pisses [him] off*” because he felt it signified a desensitisation of Jobcentre staff to claimants' experiences, no longer seeing their shared humanity but seeing claimants as numbers to be processed.

Mike explains how:

It's just the way they talk to you, it's really weird, it's just how they... you're thinking 'you're taking the piss out of me ain't you?'. They're just talking down to you basically, that's what it is. You're worth nothing, we have to give you money, know what I mean, we've gotta give you money. [T2]

4.3.2 Keeping the Jobcentre happy – managing relationships

Not all participants had universally negative experiences of the Jobcentre or Work Programme. Depictions of Jobcentre and Work Programme staff

suggested not all staff had embodied the 'welfare reform' policy and discourse equally. Primarily it appeared to be the unpredictability and inconsistency of the attitude of staff appeared that fuelled participants' apprehension about attending their appointments; Wayne commented that *"some of them [advisors] are nice, and some of them are real pigs" [T1]*, while Jamie also stated that how he felt he was treated *"depends on the advisor you see" [T1]*. The use of patronising language irked participants, especially when this came from Jobcentre advisors who were younger than they were, as Brian explains:

She was talking to me as if like, as I was some sort of child and felt so sort of, downgraded, know what I mean? The way she was talking to me. [T2]

Susan had experienced this also, but also said that on occasion she had had *"some really good, understanding ones" [T1]*. Similarly, Mary thought that her advisors were sometimes nice, but that sometimes they patronised her. Maggie described her usual advisor as being understanding, but that on the occasion that she has had a different, younger advisor they had a propensity to be 'arsey' with her, as she described it.

Given that most participants attended the same Jobcentre, the evidence demonstrates the quite different ways that policy is enacted on the frontline. Casey (2018) suggests that, in such settings, differential treatment might relate to unconscious biases held by the advisors vis-à-vis each jobseeker and the extent to which advisors have internalised dominant discourses about benefits claimants.

Superficial acquiescence to the demands of the Jobcentre (and Work Programme) was learned as a strategy to avoid punishment, though this seeded the beginnings of a different manifestation of agency, one where participants learned how to appease the Jobcentre. This could be described as one of Lister's forms of agency she identifies in people in poverty: that of 'getting back at' the structure that constrains them (Lister, 2004). Evidence from the present research showed that participants learned how to manage their relationships with the state in order to carve out and maintain a modicum of security within the supposed system of social 'security'. Thus, the focus of participants' agency

was effectively shifted, from agentic jobseekers – which policy was trying to engineer – to agentic people learning to manage their relationships with the Jobcentre in order to evade punishment.

Participants learned how to appease the Jobcentre to avoid sanction. For example, Jamie describes himself as being “good as gold” for the Jobcentre and that he does what he “needs to do” [T2] to avoid being sanctioned, while Trevor talks about how “to work the system” and play it to “[his] advantage” [T1]. For Susan, demonstrating compliance took the form of applying for jobs that were not realistic for her capabilities, or applying for jobs that she had already applied for:

All you're seeing is the same jobs you've already put in for and haven't gotten, you know, and they say 'well, you'll have to move further' – how far do they want you to travel? [T1]

At Mary's second interview, she remained fearful of being sanctioned again; she described how the threat of sanction was frequently implied in her interactions with Jobcentre staff. So much so, that she felt compelled to apply for jobs where there was little chance of success of her being able to physically do them. She recounted a dialogue with a specific member of JCP staff, where they had attempted to assuage her fears of being sanctioned. In this interaction, the member of staff appeared to be showing some understanding as to Mary's limitations for work, but the seeds of fear had already been sown and Mary evidently no longer felt trusting of Jobcentre advisors:

I've just been applying for anything cause that's the way the Jobcentre's are. I'm frightened that if I don't apply for this, that and the other, they'll sanction my benefit. It's all down to money the whole time, as I explained to my advisor, she says “you know, I've been looking at your jobs here and you're applying for these jobs and I don't think you're in the right mind-set to do these jobs, not fit enough”, you know like shop work and stuff, she says “you're not fit enough cause you can hardly walk”, but I says I know, I'm frightened, she says “well never be frightened, put down what you can, it's not

good you applying for jobs when you know you aren't capable of doing them" [T2]

Mary found the process of looking for jobs "stressful" when there was little prospect of her finding something suitable. But she knew that she had to do enough to "keep the Jobcentre happy" and that if she did not she would "suffer the consequence" [T1]. As in Mary's example above, Jobcentre advisors' good intentions to build trust with claimants may be undermined by past experiences that have instilled fear. Richard explained his strategy for interacting with the Jobcentre when he was claiming JSA in the recent past:

Well it was hard trying to apply for jobs so, with there being no jobs available I just had to basically make them up, otherwise I wouldn't have got my money, cause there was nothing else I could do, due to er, what I can actually do myself. [T1]

Richard's comment highlights the evident tensions in reconciling the demands of the Jobcentre with structural unemployment resulting from a weak local labour market. As Lindsay and Houston (2011) have pointed out, the focus on activation in 'welfare reform' rests on a crucial mismatch between evidence and policy, insomuch that the policy response focuses almost entirely on improving labour supply while ignoring demand (or lack thereof) in economically depressed areas. Richard's account also highlights one aspect of how participants grappled with the insecurity that is designed into the process of activation policies. He understands that his financial security is contingent on playing the role of a good jobseeker, therefore he falsifies information in order to assuage the Jobcentre. Yet in doing this, he further invites the prospect of sanction by failing to uphold his claimant commitment (of searching and applying for a specified number of jobs each week). Learning how to ostensibly meet the demands of the Jobcentre was something that other participants described too. For example, Wayne knew what counted towards the number of hours' job search that he needed to evidence for each Jobcentre visit:

I would say you've gotta apply for at least 4 a day but you can account your time, I mean, this course I'm doing, it's 2.5 hours and I take my travel time into consideration so I'll say, right it'll only take

about half an hour but I count an hour in case of bus delays and things like that, so that's four and a half hours out of today's job search I can account for on my week. Now I see my advisor on Friday and I count in my interview time with him which is half an hour, and my travel time, and half an hour each time so I take that into account as well. And I say, right, anybody who is looking for work could be, if you're traveling into town to visit an agency, which most are online now anyway, you see you've gotta take into consideration that time and that's not so bad. But if you've had to sit for 35 hours a week looking for work you would drive yourself mad because it just doesn't, it's not there. [T1]

In Wayne's case, not only was he enacting this strategy in order to evidence his compliance, but also because – like Richard – he felt there was a dearth of suitable job vacancies locally. Whilst Wayne generally seemed happy to undertake training courses, other participants were less so. Participants expressed dissatisfaction at a perceived lack of control in deciding which courses they wanted to do and that would be of benefit to them. Yvonne had previously been on the Work Programme before getting her current job. She described how she became “*sick of going on courses*” and that they were “*a joke*” [T1] because they were pitched at a very basic level. Brian disliked being asked to attend multiple courses because of the cost of travelling, depleting vital money that he needed for attending medical appointments.

The Jobcentre were characterised as holding all the power in its relationship with participants, leaving participants feeling demoralised and lacking in any control over their situation. Brian sums up these feelings when he says:

You've got no control over your life or your money or what you do because it's as if your life is in somebody else's hands. [T2]

Mike had learned how to resist the control of the Jobcentre by going about his Jobcentre visits in a perfunctory way. Even though Mike might have benefited from courses the Jobcentre could offer, he refrained from suggesting them because he felt it robbed him of his agency:

You do feel pressured to do the courses, know what I mean ... to tell you the truth you don't suggest them, you just go down, do your job search, go down, sign on, and piss off, that's all you do, know what I mean, right. [T1]

The idea of control (or lack thereof) extended also to participants' determination of the kinds of jobs they wanted to do. Yvonne, who was in work at the time of the research but who had previously been referred to the Work Programme, describes how she desired to find a job in horticulture but that her advisor had dismissed this idea:

I'd gone back to [Work Programme provider] and I'd said I'm thinking of doing horticulture, "well there's no jobs in horticulture, there's only B&Q", I said well what about the council and all the parks and gardens, "well that's seasonal", you know, they'd already decided where they wanted to put me. [T1]

Similarly, Wayne had experience working in IT and wanted to update his skills in order to try and find work in this sector. However, on broaching this with the Jobcentre he was told that he could not do any more courses and that he needed "to find work" [T1]. Wayne reflected that the Jobcentre had no concern for individuals' work goals, only that claimants moved into work – any work – as fast as possible, to the detriment of their longer-term job security. Yet evidence suggests that a pressured return to work, such as that imposed by the threat of sanction, is liable to be counterproductive: work may be gained in the short-term but this is unlikely to be sustained (National Audit Office, 2016).

Mike's experience at the Work Programme echoed Yvonne and Wayne's. Having been told to apply for a job in a car wash – despite it not fitting around his childcare responsibilities – Mike resisted against their attempts to push him into unsuitable work:

They called me in once like and I had an appointment and they says er "there's a job in the car wash", I says look I'll tell you what, just, take me off the money, take me off Jobseeker's because they were in control, if you don't go or do a job and all that kind of stuff; I says,

take it, I'll go and fucking sell drugs or something, you know what I mean. [T2]

Mike's advisor relented and agreed to assist him in finding work that he had previous experience in, in the automotive industry. In the event, Mike found work in this area, moving into a part-time role that fitted with childcare. Had Mike not rebelled against their attempts to control his journey back into work, it is questionable whether he would have found a job doing something that he enjoyed, was skilled at and offered the flexibility, stability and financial reward that he needed.

The evidence presented in this section demonstrates the ways in which a policy of activation-at-all-costs appeared to be largely ineffective in moving people – with barriers – into work. This reflects findings from other research that has sought to establish whether increased conditionality and sanctions are effective at increasing flows from benefits to work (National Audit Office, 2016; Stewart and Wright, 2018a; Taulbut *et al.*, 2018).

The evidence also suggests that activation policies were responsible for the genesis of a schism in the reciprocal trust between the Jobcentre (or Work Programme) and the claimant. The threat of sanction and the unpredictable nature of treatment by Jobcentre staff effectively made participants fear the system instead of trusting in it. Rather than being a supportive service that helped participants to overcome their barriers to work, these descriptions painted a picture of an institution primarily paternalistic in nature, designed for scrutiny and correction of 'wrong' behaviours. This led participants to attempt to withdraw from its putative support as opposed to viewing it as a beneficial means through which to improve skills and move into suitable employment. The threat of punitive measures also acted counter to the goal of instilling agency that has been purported to be lacking in benefits claimants (at least in terms of job-seeking behaviours). There was evidence of a diminution of autonomy in terms of participants' roles as 'jobseeker'; participants often felt that things were done 'to them', and that they possessed little control in this process, something that Wright (2016) argues undermines the ability to be 'activated'. There were stark imbalances in power relationships between participants and either the Jobcentre or Work Programme. Essentially, it was felt that control over much of

their present life situation was ceded to these organisations and that their role as Jobseeker was performative, in the sense that they had to learn the rules of engagement if they were to wrest back at least a small amount of control.

Participants were increasingly bearing the brunt of a supply-side focus that neglected to consider the structural factors acting against them in terms of moving into work. Participants were punished – or threatened with punishment – for things largely outside of their control, for example the paucity of stable jobs willing to accept people with physical and mental health problems or needing flexibility in relation to childcare. Even if it was a fair expectation that participants could, with support, move into work, the marginal gains from doing so did not make appealing incentives, as already described.

4.4 Bodies in, bodies out': Sickness, disability and 'welfare reform'

This section of the results will explore the ways in which sickness and disability benefits were experienced within the context of 'welfare reform'. Insecurity and uncertainty were inherent in both the expected reassessments that participants would inevitably face, and in the assessments themselves. Given the financial importance of sickness and disability benefits for those already in receipt of them, the possibility that these benefits may be reduced or withdrawn posed a significant threat to participants' lives and wellbeing. Because of this, the assessments were a particularly difficult process to navigate. Aside from the prospect that a negative outcome could result in loss of benefits, assessments also entailed an intense scrutiny of the legitimacy of a person's ill-health or disability. For those already in receipt of sickness and disability benefits and being reassessed for eligibility, the stakes were higher than for those who were not and were making a new claim, because a rejected claim at reassessment would inevitably mean a significant drop in income, even if a subsequent appeal was launched and won. The difficult process of claiming and assessment could be enough to deter participants making new claims, echoing the poor law concept of lesser eligibility.

At the time of the first interview, six participants were in receipt of sickness and disability benefits. Four were in receipt of either Disability Living Allowance or Personal Independence Payment, in addition to Employment and Support Allowance (ESA); of these, three of the four were in the support group of ESA

meaning that they were not expected to make steps towards returning to work. A fifth participant was in receipt of ESA only and a sixth was in receipt of a premium in Universal Credit (termed 'limited capability for work') that is the equivalent of ESA. Both latter participants were expected to eventually return to work. Prior to this research, three other participants had also been in receipt of ESA or Incapacity Benefit. Of these three, one had found work and the other two had been moved to Jobseekers Allowance following a failed Work Capability Assessment. A further three participants had, prior to this research, attempted to access either ESA or PIP. Two of these were rejected at the assessment, while the third participant did not attend the assessment and therefore reverted to JSA. One more participant suffering with ill-health had contemplated applying for sickness and disability benefits but was deterred by the process. Therefore, in total, twelve participants had had experience of the process of claiming and being assessed – or reassessed – for eligibility for these benefits. Table 9 gives details of which participants had attempted to apply for, previously been in receipt of, or were already in receipt of sickness and disability benefits.

Table 9: Details of participants with illnesses and/or disabilities, showing outcomes of assessments/reassessments.

Name	Disability/illness	Benefits in receipt of (see footnote for abbreviations ⁵²)
Steven	Musculoskeletal & mental health	PIP to DLA reassessment between T1 & T2, mobility component reduced from high-rate to standard rate (lost Motability car). Appealed and higher rate reinstated. Also reassessed multiple times for ESA (support group), always passed.
Brian	Respiratory & diabetes	Previously on ESA but failed reassessment; appealed but lost. In receipt of JSA.
Laura	Mental health	Applied for PIP prior to research, failed but appealed and won. Also in receipt of ESA (support group), not yet reassessed.
Shirley	Mental health	Previously had to go to appeal after being refused ESA (work-related activity group) at reassessment. Appealed and won. Applied for PIP between T1 and T2, failed both initial assessment and lost appeal.
Alan	Musculoskeletal	Previously applied for ESA but failed the assessment; did not appeal. In receipt of private pension.
Peter	Cancer, musculoskeletal & mental health	Waiting for DLA to PIP reassessment. Previously successfully reassessed for ESA (support group).
Susan	Immune system disorder	Previously applied for PIP but failed the assessment; did not appeal. In receipt of JSA.
Jamie	Mental health	Previously applied for ESA but did not attend the assessment. In receipt of JSA.

⁵² DLA – Disability Living Allowance; ESA – Employment and Support Allowance; IB – incapacity benefit; JSA – Jobseeker’s Allowance; MR – mandatory reconsideration; PIP – Personal Independence Payment; DLA

Name	Disability/illness	Benefits in receipt of (see footnote for abbreviations ⁵²)
Mary	Musculoskeletal	Was considering applying for ESA and/or PIP but apprehensive of changing benefits. In receipt of JSA.
Yvonne	Mental health	Previously on ESA (work-related activity group), initially rejected but won at appeal. Since moved from ESA into work.
Richard	Gastrointestinal	Applied for PIP between T1 and T2, failed the assessment; did not appeal. Still in receipt of ESA (work-related activity group).
Wayne	Mental health	Previously on IB but failed reassessment to ESA, went to MR (decision upheld) but not to appeal. In receipt of JSA.
Trevor	Musculoskeletal & mental health	Waiting for DLA to PIP reassessment. Previously had to go to appeal after being refused ESA (work-related activity group) at reassessment. Appealed and won.

4.4.1 Security under threat; no longer disabled?

Irrespective of the kind of sickness and disability benefit that participants were in receipt of, 'welfare reform' meant that there was an enduring threat of reassessment or as Garthwaite (2014) terms it, the 'fear of the brown envelope'. This reassessment could mean being found no longer eligible for their benefits which would, in turn, mean either a substantial loss of income or a protracted process of appealing the decision, with no guarantee of it being overturned. By the very nature of these 'reforms', participants therefore were made to feel insecure by the process. Being found eligible for sickness or disability benefits on one occasion was no guarantee of the same decision at a reassessment and, additional to this, was the uncertainty of the timing of reassessment. For example, Peter, who was in receipt of DLA and ESA at the first interview, explained that he was "*stressed*" at the prospect of being reassessed for PIP because he felt as though it would be "*a big upheaval, big strain on [me]*". Explaining his apprehension about this process, Peter said that:

*When I see the postman I think, is this the letter I divent [don't] want?
[T1]*

Steven, who was in receipt of DLA and ESA at the first interview, had heard about PIP but was less initially concerned about being reassessed. However, during fieldwork, Steven's DLA claim came up for transference to PIP. On his DLA claim, Steven had been in receipt of the higher rate mobility component which meant that he had been eligible for a Motability car, something that Steven greatly valued because of the independence that it gave him; without it, he was unable to get out of the house. However, on being reassessed for PIP, Steven was assessed as only being eligible for the lower rate mobility payment which meant that he would lose his Motability car. Steven was not alone in this: it has been estimated that around half of all people eligible for a Motability car under DLA have lost this entitlement as a result of reassessment to PIP (Muscular Dystrophy UK, 2017). At first, Steven was perplexed by the decision to reduce the mobility component of his award, given that his health and mobility had only deteriorated in the time he had been in receipt of DLA:

*I mean how can anything change for me personally, for the five year
I've been getting DLA to the point where I've went through two*

assessments, passed [Steven was referring here to his reassessments for ESA which he was confusing with his DLA reassessment], and now I've gone to the first assessment with a different company and fail and nothing's changed. It doesn't make sense, but never mind. [T2]

The implications of losing his Motability car were grave for Steven. His fragile personal security, threatened not only by his poor health but also his precarious financial situation, began to crumble when he considered that his whole life may be irreversibly altered if he were to lose his car:

I'll not be able to get out the house, I can't walk to the corner shop and back, erm, I'll just have to rely on friends when they finish work or my brother when he comes down in the car or. And I mean it's just crazy, I'll not be able to pick my bloody bairn up, I mean, she normally stays with us often at the minute. I mean if I didn't have the car now, how would I get up there and back? [T2]

Steven also feared it would greatly impact on his mental health because having the car provided a much-needed way to obtain relief from his physical and mental health problems:

There's many a time, I mean I'm a really bad sleeper for the most part with my back and what have you, I mean I'm always up two, three in the morning and I'm thinking, bollocks to the telly I'll take a drive out to the coast, half an hour out there, have the windows open as long it's not peeing it down or nowt you know, just look at the surf, come back and I feel, well I wouldn't say like a new person but I feel better mentally wise, you know. But having to be stuck in the house basically cause I haven't got the freedom of the car, erm, well it will it'll exacerbate my depression and that'll bring on the PTSD. [T2]

Steven appealed, supported by Newcastle City Council's welfare rights team, and the decision to appeal him the lower-rate mobility component of PIP was overturned. However, in the meantime, he had to give back his car and use his only savings that he had to buy a second-hand replacement car. Despite the outcome, the process of going through the reassessment and subsequent

appeal was particularly stressful for Steven, something noted in the government's own research (Gray, 2014; Gray, 2016).

Participants felt that control over their life circumstances were ceded to someone else – an anonymous decision maker – and that the value of their lives and the veracity of the impacts of their illnesses and disabilities were being judged, as Laura explains:

I was like, I'm coming here [to the functional assessment] so you can all look at us and judge us and decide whether or not I decide to, whether I'm worth living or not or having a payment and its fucking horrible. [T1]

Shirley had been through multiple assessments for ESA, each time being awarded the benefit. Nevertheless, she was persistently apprehensive about them because of the fear of losing her benefits which she would be “devastated” about:

They're very very stressing, the night before you can't sleep because, you're trying to think of the questions so you've got the answer so you've got the answers, so you don't lose benefits because if you've got nothing to live on obviously. [T1]

Further, Shirley felt that there was a pervasive atmosphere of mistrust engendered in the work capability assessments:

They're awful you know, because when you go to these medicals they make you feel as if you're asking for money that you shouldn't be getting. But at [work capability assessment] meetings if you see different people I mean they can make you feel as if you're doing something wrong from the first glance at you, to coming out the door. [T1]

Yet the extent to which participants were affected by the fear of the process of assessment (and possible appeal) did differ. The examples that follow run counter to the often dominant conception of 'inactive' social security recipients. As Wright (2016, p.238) points out, a counter model portrays social security recipients “capable of making decisions and taking action”. Lister's (2004) axes of

agency are a useful lens of interpretation for the present participants' actions, which can be seen as an active resistance against the disempowering force of the state. By equipping themselves with the knowledge to 'get back at' (ibid.) the system that potentially removes or weakens their income and agency, they can feel a little bit more in control. Acknowledging that some participants were able to do this rebuffs the idea that social security recipients are a homogenous group with identical responses to their situation.

For example, Yvonne had failed the Work Capability Assessment for ESA but had taken a particularly proactive approach to contesting this and was not as intimidated by the process as other participants had described. Similarly, Trevor approached the reassessments for ESA in a more stoic manner, feeling that equipping himself with knowledge of the process empowered him and gave him more agency:

It was stressful, but I think it was less stressful for me because I had a very good understanding of the legislation and, cause I researched it all, and I knew what was going on and I knew what to expect. But I think a lot of people who may not be as, sort of, switched on and would like be like "oh god", and scared. You know we all get scared and resist change so, erm, I just thought well just get on, it's something you've got to do and get on with it, but be as informed as possible about the process, and I found that was a help. Erm, actually learning about what I'm actually doing and going through rather than going in there in ignorance and not having a clue. [T1]

Evidence from research of the PIP assessment process suggests that those people who were able to equip themselves with a deeper knowledge of it were more likely to be successful in their claims (Barry *et al.*, 2018). This may be viewed as a positive for those with the capacity to do this, but conversely there is likely to be a significant group of people who are potentially obstructed from successfully claiming the benefit because they do not have the capacity to fully understand the process beforehand. The corollary of this is that either a more transparent process is needed, or better and more accessible support mechanisms made available for people to draw upon when claiming. In drawing out these stories of participants displaying resistance, it should be noted that

this does not necessarily imply that this should, or could, be expected of all participants. As already pointed out, social security recipients are a heterogeneous group, with different life experiences and thus different capacities to express agency in different ways. Other participants had sought help from agencies with knowledge of benefits and application processes. For example, Peter had used a support worker from MacMillan Cancer Support for benefits advice, and Shirley and Mary had sought help from their social housing provider and Citizens Advice. Even in these cases, though participants themselves were not independently taking charge of benefit claims or appeals, they were still not 'inactive' in the process or in seeking help.

4.4.2 On parade – proving illness

Applying for ESA or PIP, or being reassessed for either, was described as a difficult and unpleasant process. This stemmed from the intrusive nature of the assessments and the way in which participants felt as though they had to effectively prove their 'deservingness' in a bureaucratic and unsympathetic system. Whether for ESA or PIP, perfunctory assessments were often recounted. Although participants often found those people carrying out the assessments to be polite and professional, it was felt that the structure and design of the assessments were insufficient to capture the multi-faceted and sometimes complex ways that their illnesses affected them, an observation also made by Barr *et al.* (2015c) in critique of ESA's work capability assessment and by Allen *et al.* (2016) in critique of PIP's functional assessment.

Mary had applied for PIP and been to a functional assessment. At this assessment, she claimed that one of her ailments – a tremor that only appeared when she picked something up – had been ignored, despite her raising this with the assessor. Susan had also applied for PIP and been to an assessment, yet despite describing how bad her pain could be and giving details of the strong painkillers she needed to take to alleviate this (which had side effects), the assessor had only recorded that she was taking painkillers. Steven felt that the person who assessed him for PIP "*wasn't interested*" and that she asked the questions in a rote manner. Yet Steven was sympathetic, opining that the assessor "*was just doing [their] job like any other person*" [T2]. Trevor felt as

though the assessment was reductive and did not adequately assess how his illnesses combined to impact upon his daily life:

I was like, well hang on you're supposed to want to know how it affects my life, all you've asked is a couple of questions, you don't know how it affects my life. [T3]

Shirley had also applied for PIP on the recommendation of a benefits adviser who worked for the housing association she rented from. The adviser had forecast that without additional income, there would be a strong likelihood that Shirley would not be able to afford her rent in the long-term because of the Bedroom Tax (discussed further in section chapter five), and thus she recommended applying for PIP. Shirley applied, but failed the functional assessment and so took her application to appeal. Unfortunately for Shirley, the tribunal upheld the DWP's initial decision that she did not qualify for the benefit. Shirley found the appeal tribunal to be an intimidating and unpleasant process during which she felt uncomfortable and belittled:

What a carry on, they made us feel as though – cause I'm really not the healthiest and I wouldn't pretend to be bad because that's, erm – but I says well I cannot go out the house and things like that. What they done was they worded things a certain way and let you explain it that way but then they about-turned them to see if you would trip yourself up. One was a judge, one was a dietician and one was a doctor; professional people who know what they're talking about, there's no denying that. But I felt really awkward before I went in and they made me feel as though I was asking for something I really did not deserve. [T3]

Research on the PIP assessment process in Scotland found similar experiences to those described here (Scottish Government, 2018). There, a common theme was that assessors did not accurately record what was said about claimants' disabilities and illnesses and that assessors knew little – if anything – about their specific condition. Similarly, a UK-wide, government-commissioned review of PIP found that claimants were often unhappy with the way that information was recorded and used in the assessments (Gray, 2016). However, the review

attributed this to the supposed misunderstanding of the purpose of the assessments, that is, to assess functional capacity in relation to the criteria for PIP as opposed to a medical assessment that necessarily establishes the severity of the claimants' health or disability.

In addition to being reassessed for DLA (to PIP), Steven had also been through several reassessments for ESA. Steven, as with other participants, found the Work Capability Assessment to be a stressful and unpleasant experience in and of itself. He compared it to an "abattoir" with "bodies coming in, bodies coming out" [T1]. What Steven says here alludes to feelings of dehumanisation; that the people carrying out the assessments view claimants impersonally, as things to be processed, findings echoed in research by Warren *et al.* (2014). Steven said that he felt he was treated "like a second-class citizen", stripped of his dignity. Again, Steven used evocative language to signal the dehumanisation that he felt was part and parcel of the process of assessment:

It's how I feel like it sometimes, like gannin [going] to Crufts [a competition for dogs] you know what I mean it's er, you get your first, you get your second, you get your third and anything after that I suppose you're chucked on the bloody heap, you know? That's what I feel it's like, it's just, horrible. [T1]

In addition to perfunctory assessments, participants also described inaccuracies in, and misrepresentations of, the answers they had given. Further, some felt that information which they had considered to be important was overlooked by assessors. For example, Brian had applied for ESA because of multiple health problems including Chronic Obstructive Pulmonary Disease, yet he felt that the way his constellation of conditions affected him was not interrogated, something recognised as deficient in the current Work Capability Assessment (Baumberg *et al.*, 2015). Brian was perplexed as to why the letters of support from medical professionals were discounted and that he was asked about capabilities that were unrelated to his medical conditions:

I went to have an assessment and I thought it would be alright because I took all my hospital letters and everything like that, but to

me right erm, he said, can you walk from here to there, can you pick that up off the floor and, lift your leg, and that was it. [T1]

Alan, who had previously twice applied for ESA but both times been rejected, also described these feelings of stress and fear that flowed from a perception that the assessments begin from a place of doubt and suspicion and that it is the claimants responsibility to prove their illness and thus their deservingness:

[It's] stressful cause you divent [don't] know what you, you're frightened you'll say something wrong or whatever and you're just like, like, er, it's like, like they don't believe you, what's happened to you, they don't believe you, honestly they don't believe you at all. [T1]

Yvonne had previously been on ESA when suffering with a period of ill-health. She gave a particularly detailed account of mistakes that were made at the Work Capability Assessment, including the recording of incorrect information. In addition to overturning the decision at appeal, Yvonne also pursued a complaint against the company who conducted the Work Capability Assessment, winning compensation from them for their errors:

I said, I want to go to tribunal, which at that point then, they gave me the paperwork from the interview, the first page of the paperwork from the interview had my name incorrect, me claiming two years before I'd claimed and being admitted to a hospital. I have never ever been admitted to [hospital], and I had said that it did appear that this doctor wasn't taking the information off me properly [at the work capability assessment]. So, six months arguing with the Department of Work and Pensions on the phone, and in writing, that the medical wasn't fit for purpose, 'til someone with a brain in there, or half a brain cell agreed and said you can go for another medical. But they had to give me all the money backdated because – I got a nice big lump sum. [T1]

Feelings of having to prove and justify one's illness also emerged from participants' narratives. For example, Shirley recounts her assessments for ESA during which she feels that there is pressure to convince the assessor that she is unwell despite there being medical evidence in respect of this:

Well it makes you explain the same things you've had to write down three or four times and it makes you feel as if you're... obviously it goes on doctor's records what you've been through previously and what you... but it makes you feel as if you're having to explain and explain and explain that you're really not well. [T2]

Participants' accounts both of the threat of reassessment and of the process of assessment itself strongly reflect what Garthwaite (2014) found in her study of people being reassessed from Incapacity Benefit to ESA, although that research was only carried out at one point in time. Fear, powerlessness and an impersonal and, at times, dehumanising, process of assessment were all themes in Garthwaite's research also. This linked to stress and worry for participants. Indeed, Barr *et al.* (2015b) have estimated that, at population level, sickness benefit reassessments are associated with worsening mental health, higher rates of anti-depressant prescriptions and an increase in suicide rates. All this evidence points to an assessment process for sickness and disability benefits that fails those that it is meant to provide security and protection for. Both the assessments for PIP and for ESA have come under scrutiny and criticism. For PIP assessments, inaccuracies in the recording of the functional assessment, long wait times for appeals, poor communication and lack of transparency of decision-making have been key criticisms (Gray, 2016; Kennedy *et al.*, 2018). For ESA, the arbitrariness of the points-scoring system have been criticised, as well as the length of the process, the difficulty of assessing the impact of mental health on work capability, and the lack of dignity and respect afforded by assessors (Litchfield, 2013; Warren *et al.*, 2014). Both assessments – for PIP and ESA – have seen high levels (over 60%) of decisions overturned at appeal, suggesting that the initial assessments are fundamentally flawed. Because of this, there have been calls for assessments to be transformed into a form that can better take into account how the symptoms of health conditions can combine and overlap, in addition to better ways to capture the variability of many conditions (Baumberg *et al.*, 2015; Allen *et al.*, 2016; Scottish Government, 2018).

4.5 Fearing more to come

Two participants were in receipt of Universal Credit. Though none of the remainder were transferred during this research, all were aware of Universal Credit (UC), even if the specifics of how the benefit worked were not fully understood. Participants were apprehensive about transferring to UC, having seen and heard negative information about it, whether from family or friends who had already been through the process, or in the news. Having been impacted by other aspects of 'welfare reform', the inevitable approach of UC prompted more fear and insecurity, as Mary remarks:

It actually scares me, Universal Credit, but it's going to have to happen though. [T2]

UC was experienced as yet another layer of uncertainty on top of all that had already gone before with 'welfare reform', as Julie's comment below highlights:

We've got all this new stuff coming in, what are they bringing in, you are, you're kind of worried about what next. [T1]

Of concern was the six-week waiting period⁵³, known to cause particular financial hardship for those with little or no savings (Cheetham *et al.*, 2019). Given most participants' enduring poverty, the ability to save in order to buffer against such a waiting period was practically impossible to do. Yvonne, who described herself as ordinarily being stoic towards the challenges that 'welfare reform' had presented, explained how she felt towards UC:

[I] keep dreading it because I'm just waiting one week to go to find the money's not there for them to say – oh by the way you're not getting anything for 6 weeks. [T2]

What this highlights is that, even though participants' absolute incomes might not change under Universal Credit, its mode of administration and the uncertainty around its timing and likely impacts were understandable causes of

⁵³ Universal Credit is paid monthly in arrears, unlike 'legacy' benefits which are typically paid fortnightly or weekly. At the time this research was conducted, upon inception of a claim for Universal Credit a new claimant was expected to incur a two-week 'waiting period' during which no benefits were paid. This, combined with the benefit being paid in arrears effectively meant a six-week waiting period before the first benefit payment.

anxiety for participants, especially when previous experiences of other parts of 'welfare reform' had been damaging to participants.

4.6 Summary

Data presented in this chapter has demonstrated the varying circumstances that led the participants to need social security, and considered the experiences of two key insecurity-generating aspects of 'welfare reform' – activation and conditionality, and reassessment. Participants faced multiple, sometimes overlapping, barriers to re-entering the labour market, including caring responsibilities, ill-health and disability. Further, the kinds of jobs that were available to participants – low skilled jobs offering part-time hours – meant that the marginal gains of moving into work were small. For those on sickness benefits, the known difficulties in accessing these benefits meant participants were reluctant to discontinue their claims, lest they need to reapply if work proved too difficult to maintain. Interactions with the state – whether in the context of 'activation' or reassessment – were often experienced negatively and were found difficult to negotiate, although participants learned to manage some of these interactions. Insecurity was inherent to the 'welfare reforms' discussed in this chapter; they undermined the certainty that participants' benefit claims would continue uninterrupted, and left participants feeling that their benefit claims were always contingent and in the hands of somebody else. The future change to Universal Credit – for most participants – created even more uncertainty. The next chapter will go on to examine another key aspect of 'welfare reform' and its impact on participants' security – namely, the Bedroom Tax. It will also consider the impacts of this policy on participants' financial circumstances and examine the broader question of how participant managed to 'get by' on a dwindling income.

Chapter 5: Home, poverty & debt

5.1 Introduction

The first results chapter of this thesis explored how participants experienced key aspects of social security (and its 'reform') in terms of interactions centred on welfare-to-work and sickness benefit reassessment. This chapter goes on to look at another key (and controversial) aspect of 'welfare reform' – the Bedroom Tax, introduced in 2013 – and the impacts that flowed from this policy. Multi-faceted insecurity was a key aspect of these impacts, not only in terms of housing and place, but also in terms of financial insecurity. This chapter therefore explores the direct and wider impacts of the Bedroom Tax, linking this to the salient role that stability of home and place played in participants' feelings of security and their overall wellbeing. It also expands the analysis to look at the financial impacts of not just the Bedroom Tax, but other parts of 'welfare reform' too and, inevitably, the poverty that resulted from the general inadequacy of benefits. How participants managed on low-incomes is discussed and, connecting this back to the importance of home and place, the complex yet important role of family in buffering against financial insecurity is explored.

5.2 The Bedroom Tax

Previous research has established that income losses arising from the Bedroom Tax leads to debt, hardship and a strain on family relationships (Moffatt *et al.*, 2015a; Bogue, 2019). Much of what was found as part of the present research aligns with the findings from both Moffatt *et al.* (2015a) and Bogue (2019), namely that the Bedroom Tax undermines financial security and impacts on personal security through effects on food, heating, and family and community support. The government's own research into the impacts of the Bedroom Tax supports this position too (Cambridge Centre for Housing and Planning Research and Ipsos MORI, 2015).

The Bedroom Tax affected twelve of the nineteen participants, leaving them with a shortfall in their Housing Benefit vis-à-vis their rent. Participants were able to apply to Newcastle City Council for a temporary, discretionary award of Discretionary Housing Payment (DHP) to cover all or part of this shortfall, but by their very nature these awards offered only a temporary solution, typically being

granted for between six and twelve months at a time. This left participants fearful of DHP awards coming to an end and not getting renewed.

Another option that was suggested to participants was to move home but this was often a less appealing proposition than trying to adjust to the loss of income in having to pay the Bedroom Tax (or accrual of arrears if they couldn't pay), for several reasons. Firstly this was because participants attached meaning to their homes – as places that held memories, or places where they felt relatively safe and secure – and secondly because the supposed 'spare bedrooms' that attracted the deduction in Housing Benefit were not spare at all, but provided a place for children or grandchildren – whom participants cared for part-time in a number of cases – to stay with them on some days of the week. Participants attached meaning to their locality too, given that most had spent substantial parts of their lives in the area and so had well-established networks of family and friends on whose support they were able to draw. Aside from all of these barriers already mentioned, it has been estimated that due to the dearth of smaller properties, if all households in North East England affected by the Bedroom Tax decided to move into a one-bedroom property, there would be four applicants for every property (Edwards *et al.*, 2013).

The third option for mitigating the impact was for participants to increase their incomes through moving into work or finding more work. However, as chapter four has already shown, this was not likely to be a feasible option for most, at least in the short-term. Therefore downsizing, obtaining a DHP award or adjusting to their reduced income were the only realistic options for participants, the impacts of which will be discussed further in this chapter and the next. A fourth option was to take in a lodger, though none did this. The government's own research shows the unpopularity of this last option, with estimates of only 2% of households affected doing so (Cambridge Centre for Housing and Planning Research and Ipsos MORI, 2015).

5.2.1 The importance of the 'home' – undermining security?

The Bedroom Tax, with its attendant impacts on Housing Benefit and rent payment, lends itself to an exploration of the importance of the home for participants. Most participants had lived in the area of research for all or most of their lives, and so 'place' was an important aspect of their feelings of security.

The impacts of the Bedroom Tax are therefore best understood when located in an understanding of the 'home' that goes beyond simply the physical security afforded by bricks and mortar. The home has been described as a place that gives meaning and shape to people's lives, a place where social relations are constituted and reproduced, and a place attached to a person's sense of ontological security where they can be both free from surveillance and free to enact autonomy and agency (Saunders and Williams, 1988; Saunders, 1989). The participants in this study discussed their homes in ways that demonstrated that they were suffused with meaning. For those affected by the Bedroom Tax, it posed a threat to their feelings of security and to both the emotional and financial investments they had made in their homes. The meaning of home extended beyond participants' four walls also, into the importance – for some – of place, because of family and social networks surrounding them and the familiarity with the locality and its amenities. This reflects findings from research with families in Manchester affected by the Bedroom Tax, where attachments to neighbourhoods were also found to be an important factor in why people did not want to move (Bragg *et al.*, 2015).

Table 10 gives details of participants' housing tenure, time in their homes and reasons for recent house moves, where known. Fifteen of the nineteen participants had lived in the east of Newcastle for a substantial part of their lives, and so described strong ties to the area in terms of family networks as well as familiarity with amenities and services. Ten participants had lived in their current home (at the time of the first interview) at least five years.

It is worth noting here that tenants of Your Homes Newcastle (YHN) often made no distinction between this organisation and the local authority (Newcastle City Council). This is most likely because YHN is the Arm's Length Management Organisation (ALMO) who looks after the council's housing stock on their behalf and, for this reason, are closely integrated with the council. Those whose tenancies were with other social housing providers did not appear to confuse these with the local authority.

Table 10: Participants' housing tenure, time in home, reason for last move (if moved in the last 5 years) and Bedroom Tax (BTx) and Discretionary Housing Payment (DHP) status

Participant	Tenure	Time in home	BTx	DHP T1	DHP T2	Reason for last move (if moved in last 5 years)
Steven	Social	<5 years	Y	N	N	Unsuitable for disability, plus Bedroom Tax
Mike	Social	≥5 years	Y	Y	N	
Roxanne	Social	<5 years	N	N	N	Private to social, split with abusive partner and couldn't afford rent top-up, plus poor-quality housing
Brian	Social	≥5 years	N	N	N	
Lisa	Private	<5 years	N	N	N/A	Problems with damp in the last home
Maggie	Social	≥5 years	Y	N	N	
Laura	Social	≥5 years	Y	N	N/A	
Shirley	Social	≥5 years	Y	Y	N	
Alan	Social	≥5 years	Y	Y	N/A	
Peter	Social	<5 years	N	N	N	Unsuitable for disability, plus Bedroom Tax
Linda	Social	≥5 years	Y	Y	N	
Susan	Social	≥5 years	Y	Y	N/A	
Jamie	Social	<5 years	Y	Y	Y	Staying temporarily with a family member; needed own home for childcare
Mary	Social	≥5 years	Y	Y	Y	
Yvonne	Social	≥5 years	Y	Y	N	
Richard	Social	<5 years	N	N	N	Problems with damp in the last home
Julie	Social	≥5 years	Y	N	N/A	
Wayne	Private	<5 years	N	N	N/A	Reason not disclosed
Trevor	Social	<5 years	N	N	N	Licence to tenancy ⁵⁴

⁵⁴ This refers to a change of tenure. A license is a type of tenancy agreement used for temporary or shared accommodation (for example, for those leaving prison, care or who have previously been homeless); it offers less legal protection from eviction.

Whether participants had lived in their home a short time or a long time, meaningful attachments were evident. For participants who had lived in their homes a relatively short time, the new home represented an improvement on their previous domestic situation. For two participants, their new homes were more suited to their disabilities, granting them a better quality of life and independence than they had previously enjoyed. For these two participants, their house moves also negated the Bedroom Tax in whole or in part, as Peter describes:

What it was, I had the Bedroom Tax, I was getting charged £17 a week and I couldn't afford it and I couldn't get up the stairs and I was having to sleep on the settee ... plus I had cancer last year and it made us weak and I was bugged, and er, said, just well, house here, it's two bedrooms but it's got a stair-lift in so handier for the stairs. I says, well, I can't afford the Bedroom Tax and so what they've [Your Homes Newcastle] done was classed [the second bedroom] as a spare dining room. [T1]

Peter's experience shows that it is possible for local authorities – and their arms-length housing management companies, like Your Homes Newcastle – to exercise ingenuity within the parameters of the Bedroom Tax policy. However, there is no good evidence on the extent to which housing authorities have used reclassification as a method to ameliorate the impacts of the Bedroom Tax. One example of an attempt to mitigate against the impacts of the Bedroom Tax comes from Your Homes Newcastle who, in partnership with the council, used targeted benefits and budgeting advice and a pilot programme to get residents into training, with the aim of improving job prospects (Moffatt *et al.*, 2015b).

Three other participants – two with children and one without – had moved to better quality housing while a third – also with children – had moved from a family member's spare room into their own home, granting them independence for them and their child. One other participant, who had previously been homeless, had moved from a licence to a tenancy with all the additional legal protections from eviction that this afforded them.

For the participants affected by the Bedroom Tax, there were continued suggestions from Newcastle City Council and Your Homes Newcastle that they should consider moving to a smaller home, aligning with the stated aim of the policy to release larger properties for families by encouraging smaller households to downsize accordingly. Despite this pressure, participants were resistant to moving; indeed, no participants moved during the research because of the Bedroom Tax. The government's own research suggests only around one in ten people affected by the Bedroom Tax actually move home (Cambridge Centre for Housing and Planning Research and Ipsos MORI, 2015).

At over fifty years, Maggie had lived in her house the longest of all the participants and so had strong attachments to the house where she had spent all her life. Notes from Maggie's interview describe how:

'[Maggie] had lived in the house all of her life and her family had lived in it before her. She said that she had many memories in the house and that all her friends and family lived nearby and that she had good neighbours who she got on with. She said that she thought the council failed to see this. She told me of her horror when the council had suggested to her she take in a lodger to help pay the Bedroom Tax.' [T1]

Shirley had moved into her current home after fleeing an abusive relationship and so for her, her home was a place where she felt safe. At the first interview she explained that she *"[knew] her neighbours really well"* and that they knew what she'd *"been through"* and that if she were to move, she would feel *"out of [her] comfort zone"*. At a subsequent interview, Shirley said that the pressure from Your Homes Newcastle to move had continued, with a person at the housing office telling her that:

In reality with your income that you've got coming in and what you've got going out, doesn't match up to the way that you can afford to keep this house. And I says "I'm not moving" and she says, "well it's gonna be hard for you". [T3]

Because of this, the housing officer had suggested that Shirley attempt to apply for Personal Independence Payment (PIP) to provide additional income with

which to buttress her housing security. Shirley applied, and was rejected, for PIP despite going to appeal (as discussed in chapter four). Similarly, Linda recounts a conversation that she had had with a member of staff at Your Homes Newcastle:

They said that I had to think about moving, that they would give me – what was it – £500 or something – but they don't actually give you the money, they get you carpets and stuff like that. I just said, 'I don't want to move', 'well you know Linda you'll have to think about it you know', and I said I'd rather struggle here than move, I said 'I don't want to move'. [T1]

Linda explained that she felt “quite settled” in her home, it being close to her family and within a short walk of a bus stop, allowing her to get to work easily. Linda explained how she had already swapped – with her daughter – from a larger house to her present house a few years previously and so did not want the upheaval of having to move again.

Yvonne felt that it was unfair that people had taken out tenancies based on them being long-term and secure, only for the Bedroom Tax to undermine this:

I don't think it's fair that years and years ago when you managed to get your council house⁵⁵ and it became your family home and you've grown old there, that you should have to make the decision to downsize, get rid of all your stuff and cram it into a little flat. [T2]

Mary had also been asked to consider downsizing by the council despite living in her home for close to two decades and being proximate to her family. At the first interview, Mary said that she was considering it, but was not happy about it:

I don't want to go, I'm happy here, I'm comfortable here and I don't want to go but, if the crunch comes where I have to then I have to. I mean, some people say it's just bricks and mortar but it's my home though. It's not much but it's mine. [T1]

⁵⁵ The term 'council house' colloquially refers to social housing, usually that which is now managed by 'Arms Length Management Organisations' (ALMO) on behalf of local authorities

At the second interview, Mary was becoming more resigned to the idea of moving because the burden of the Bedroom Tax was becoming too much. Compounding this were her physical health problems which were making it increasingly difficult to get up and down the stairs. Mary conceded that she would most likely have to accept a one-bedroom property to avoid paying the Bedroom Tax, even though two bedrooms would mean the "*grandkids ... they can come and stay*". What Mary says here emphasises the important role that supposedly 'spare' bedrooms can play in supporting wider family relationships.

Participants struggled to make sense of the rules around what counted as a legitimate claim to a certain number of bedrooms. Definitions of eligibility for a particular number of bedrooms were too narrow to account for the complexities of the participants' lives, particularly for parents with shared custody of children or who performed substantial caring for grandchildren and other relatives. For example Maggie, who lived alone and was classed as having two 'spare' bedrooms, explained that *'she sometimes looks after her great niece and that she liked to have a spare room for that, but again, the council didn't see that as a legitimate concern when they were asking her to move'* [interview notes, T1]. Further to this, Maggie was settled in the area, explaining that *'all of her friends and family lived nearby, and that she has good neighbours who she gets on with'* [interview notes, T1]. Maggie went on to explain that she felt that the Bedroom Tax policy failed to take the importance of these community networks into account.

Mike, Steven and Jamie were all in similar situations whereby they had shared custody with the other parent of their respective children but were told that activity did not warrant their spare bedroom being exempt. Steven was told by the council that he had "*given up [his] right to claim DHP [Discretionary Housing Payment]'*" [T1] for the 'spare' bedroom because he was only – technically – eligible for a one bedroom flat but had asked for a two bedroom flat so that his daughter could stay. Despite his Housing Benefit claim attracting the Bedroom Tax deduction, Steven wanted to remain in the area because his brother lived close by. Steven's brother provided support for him with domestic tasks that he was unable to perform himself, because of his disabilities. Thus, for Steven, being in proximity to his family was essential for his health and wellbeing.

Similar to Steven, Mike explained how he was “*not allowed*” a four-bedroom house because the council and Your Homes Newcastle do not “*consider that I have the little one [child] three and a half days*” [T1]. This meant that this child, for whom he cared for part-time, had to share a bedroom with one of their two other siblings who Mike had full-time custody of. Another parent, Jamie, explained how he'd had to prove to Your Homes Newcastle that he should be allowed a two-bedroom house so that he could have part-time custody of his daughter. This exposition led to Your Homes Newcastle relenting and allowing Jamie a second bedroom, yet this bedroom was still classed as 'spare', meaning that he incurred the Bedroom Tax:

There's a county court judgement in place so I had to – I haven't [don't] know if I'm supposed to like cause – I had to give the council a copy of that, just to say basically, well, I have my daughter the second half of the week, just so I could get the extra bedroom for her. [T1]

As mentioned, part-time childcare of grandchildren was another reason for other participants being reluctant to consider downsizing. Julie explained that her daughter would struggle to work if she could not support with childcare that the 'spare' bedroom facilitated:

One bedroom's my granddaughter's cause I keep her three times a week, sometimes four, so my daughter can go to work ... I'm the only family she's got so that's why. I've got to keep her so my daughter can work and I mentioned that to the council, saying there's a bedroom occupied and it didn't, it doesn't matter. [T1]

Although participants did express desires to remain in their homes, this did not mean that they had not reflected on the possibility and practicalities of moving, knowing that it could save them money. However, a significant barrier to this being a realistic possibility was the lack of suitable smaller properties in the area – particularly one-bedroom properties for those participants living alone and thus only 'eligible' for one bedroom. Susan shared her thoughts on downsizing, after previously saying that she would want to stay in the area because her nearby family were able to help her when she is “*ill and cannot do nowt [nothing]*”. Emphasising this, Susan explained how:

I don't want to move, cause when I'm ill my sister comes and looks after [me] which is, she's just down the street and, course when I'm ill and I cannot not do nowt but, as I say I've got my sisters just down the street so I'd have to stay in the area anyway, you know what I mean?

[T1]

Susan, like others, was left with a difficult decision: either remain in her home and pay the shortfall and incur the subsequent effects of this, or save money but be forced into a "prison cell" of a home and be wrenched away from important family support networks that helped offset the impacts of her health conditions. Describing the kinds of accommodation available, Susan explained:

There's nothing around our way to downsize, apart from going into sheltered accommodation and I went to look at them, I mean I can't go out in the summer because of the hayfever, you know, so I like the sunlight coming through the house, but they were like little prison cells. [T1]

Mary said that the only one-bedroom flats available in the area, that she knew of, were in the "tower blocks" but that "you're not allowed pets" [T3]. This made this option untenable, given that Mary had a pet dog that she was devoted to. Maggie was similarly dismissive about the idea of moving into a one bedroom flat in the high-rise tower blocks; she explained that whilst they had once been desirable places to live, they were now run down and were rumoured to be earmarked for demolition in the near future. Turkington *et al.* (2004) contend that "public sector high-rise includes some of the most stigmatised housing in British society." Shirley reinforces the high-rise flats' stigmatised image, describing them as places "with a load of junkies" [T3]. She goes on to say that she "[doesn't] wanna be stuck in a one bedroom flat in the high-rise flats". Importantly for Shirley, her nearby family were an important source of support, mitigating some of the impacts of her situation on both her physical and mental health. Describing her feelings towards the nearness of her father, she explained how she "lovels] the fact he lives close by". Shirley's family provided her with food during times when she was particularly struggling with money, support that was facilitated by their proximity and that would be undermined if she were to move further away.

Julie conceded that she did not need three bedrooms and so was considering moving to avoid incurring the Bedroom Tax.

I need that [garden] anyway, you know, I'm only 40-odd, I'm not 70 yet, I don't wanna.... I still like my garden, why should we just be bunged anywhere, here you go, you go in there and that's your life. You know? It's wrong. [T1]

As Julie describes in the quote above, she had spent the past year trying to find another Your Homes Newcastle tenant to swap with, but with no luck, and that this process had “*battered [her] head*” (meaning that it had caused her stress). As with Mary and Susan, the thought of going into a flat did not appeal to her. Julie rebuffed this idea, seeing flats as for older people, not someone of her age.

5.2.2 The impact of the Bedroom Tax and the relief of Discretionary Housing Payment

The pecuniary deduction in Housing Benefit as a result of the Bedroom Tax was invariably seen as negative. Depending on how many 'spare' bedrooms participants were deemed to have, their Housing Benefit was reduced by either 14% for one bedroom or 25% for two bedrooms. In practice, participants described this as equating to approximately £10 to £20 per week deducted from their Housing Benefit, which they then had to attempt to pay towards their rent from their remaining benefits. This in turn reduced the money that participants had to spend on other things such as food and fuel, or in some cases participants did not pay the shortfall and got into arrears with their rent. This inevitably caused stress and anxiety for participants. Discretionary Housing Payment (DHP) offered a welcome relief to participants who were liable to pay the Bedroom Tax, even though these were time-limited (typically being awarded for between six and twelve months) and did not always cover the full shortfall. For example, a person classed as having two spare bedrooms – and thus incurring a Housing Benefit deduction of 25% – might only be awarded DHP to cover the shortfall of 14% for one bedroom. Most participants learned about the existence of DHP through official channels – for example Newcastle City Council or Your Homes Newcastle – although this communication was reactionary; participants described either only finding out about DHP upon contacting official channels about their rent or getting in touch after receiving

letters about rent arrears. Other research suggests that between a third and a half of social housing tenants are not aware of DHP (Cambridge Centre for Housing and Planning Research and Ipsos MORI, 2015); earlier research on the Bedroom Tax in Newcastle upon Tyne also suggests that DHP was often not known about before contact with either the council or Your Homes Newcastle (Moffatt *et al.*, 2015b). Only one participant who was affected by the Bedroom Tax was not able to get an award of DHP at either of the two time points, although three other participants lost their award between the first and second time point. This emphasises its discretionary nature, which will be discussed further in this section.

Peter had recently moved to a new house better suited for his disability. In his present house, he did not incur the Bedroom Tax but had been liable for it in his previous one. He described only finding out about DHP after going to see the council about persistent arrears letters they had been sending. He was then granted several DHP awards but in-between these running out and him having to apply for another one, he had to try and make up the shortfall. For Peter, attempting to pay his shortfall in rent had caused his fragile mental health to deteriorate. He also felt that it had impacted on his recovery from cancer through limiting his ability to buy food, heat his house, and indirectly through stress. After he moved, the cessation of the Bedroom Tax provided relief for Peter:

I was under a lot of stress like, trying to find the money and that, I was just, when you were getting bills after bills, soon as you missed a week they were shit hot, they were on your case, hounding you for it and I had to tell them I haven't got it ... [they were sending] threatening letters to take you to court and things like that which all amounted – but I got mental health issues anyway and the slightest thing sets us off and I was getting deeper and deeper into worries and depression and that, but since I've moved here it's been a lot easier like, it's a big help, massive help not paying it [Bedroom Tax]. [T1]

Peter goes on to describe the effect of its temporary nature, explaining that it “ran out and [he] had to start paying again, and I was getting behind with it ... it's not a great deal of money but it is when you haven't got it, you know what I mean,

it starts off the circle off when you're borrowing things like that, and, before you know it you're up in debt again". [T1]

In addition to the impacts on Peter's mental health, his physical health was also affected by the reduction in his income. These impacts centred on his inability to buy the right foods to aid his cancer recovery and limitations on heating his house. Explaining how a cold house affected one aspect of his physical health, Peter says:

Cold weather sets us off in a morning like, I cannot walk, takes us all day to warm then it eases a bit, but now I can afford to put the heating on ... then I'm alright, but when I was paying the extra money I couldn't do that. [T1]

Susan had also struggled to cope with the reduction in her Housing Benefit but getting into arrears with her rent was a not an option for her because, as she put it at the first interview: *"I don't like debt, it makes us feel ill, even owing 10p makes us feel ill" [T1]*. Therefore, Susan struggled to make ends meet, describing it as being *"very, very hard"* and having only *"£5 a week to live on"* once she'd paid all her fixed outgoings. As with Peter, Susan had only found out about DHP serendipitously: *"the Jobcentre tell you nothing, it was a girl down the road, she had put it for it when her family moved out and, er, she was struggling and she had put in for it, you know, and she told us about it" [T1]*. Susan also reinforces the temporary nature of DHP, saying that she *"can put in for it again but it doesn't say [she's] going to get it"* and that after her present award runs out, she hasn't *"a clue how [she's] going to pay it" [T1]*. Susan described particularly pernicious effects in respect of her diet (discussed further in chapter six). Effects on diet were echoed in Maggie's interview. When asked what the implications would be if she no longer had to pay the Bedroom Tax, she explained how she would be able eat better and have the heating on more; the Bedroom Tax meant that, for Maggie, meeting these basic needs proved challenging.

Mary also described similar financial impacts, struggling to get by even with the support of a partial DHP award: *"by the time I pay everything that's left, out, I'm left with about £22 [a fortnight] and that's for food" [T1]*. The specific effects of this on the way that people were able to eat will be discussed further in chapter six. In

addition, Mary felt that having a cold house affected her joints. Given her mobility was limited, Mary described how a lack of money resulted in her often feeling isolated:

It's not doing my health any good, you know, I mean I don't walk very far so therefore, could I get a taxi? And you think, well no, so I'm stuck in here. I mean obviously I have to go out to the Jobcentre so I can manage to get the bus and back. I only go out once a week, once a fortnight I should say, not once a week. [T1]

Mary explains that she is already onto her second DHP award and that she expects to get a third one. At the second interview this third award was about to expire, but Mary could not put the forms in just yet, leaving the possibility of a fourth award a precarious unknown. Experiences like these demonstrate how multi-layered insecurity is inherent to the Bedroom Tax. Not only was the granting of DHP an uncertainty, but participants had to wait until their existing award was almost at an end before applying for it again. Nonetheless, getting DHP was a relief for those who were awarded it, despite the actual amounts being small. Linda describes the difference that getting DHP makes:

It makes a big difference £11 a week ... £11 a week, that's £44 a month, big difference. Means you can actually sit here and think, well I can pay my payments and I've got a bit left for food, get me passed. [T1]

Mike described how he experienced relentless stress in trying to cope on his small income, a situation made only worse by having to pay the Bedroom Tax. For Mike, being granted an award of DHP was a welcome relief, saying that *"it was only £40 a month but £40 a month is £40 a month, know what I mean ... it's hard with it and it's even harder without it"* [T1].

Shirley explained how she was *"quite good at the minute because they're helping with the bedroom, the DHP"* [T1], meaning that she was avoiding getting into further arrears with her rent. At Shirley's second interview, she describes how she's now having to pay the Bedroom Tax because she has had her *"three lots"* of DHP, meaning that she now pays approximately £12 a week towards her rent. She describes how she must be *"dead strict with herself"* to make sure that the shortfall is paid to avoid getting into arrears, eating *"cheap meals"* and ensuring

the lights are always turned off when she leaves a room. Shirley was also lucky that her parents were able to give her food and loan her money.

For others who could not get DHP or could only get partial awards, or who had awards and then lost them, rent arrears were an unfortunate outcome of the Bedroom Tax. Julie describes how she coped with it:

I went into debt, arrears, didn't I. £500 with the rent and that went on and on and I got sick of them writing to us, erm you just, nothing you can do. [T1]

Another participant, Laura, said that she told Your Homes Newcastle that she could only afford to pay them £20 a week towards it (less than the shortfall) and so accrued arrears on her rent account until they "*threatened us with eviction*" [T1]. Jamie also described similar experiences: "*I was keeping on getting harassed off the council [for the arrears]*". Jamie was getting DHP at both the first and second interviews, having recently applied for, and being granted, another award just a week before the last one was due to finish. However, Jamie appeared to be less anxious about this than other participants were:

I wasn't worrying at the time because I thought, well, at the end of the day if they say 'yes' or 'no', it's got nothing to do with me ... if they said, 'right you've gotta pay the extra', well I would have to pay the extra, you know. [T2]

Jamie's experience demonstrates that the temporary nature of DHP did not cause anxiety for all participants equally. For most though, it was evident that the looming spectre of the end of each award's end posed a threat – there was uncertainty as to how they would cope with once again attempting to pay the shortfall. Therefore, whilst DHP did bolster personal security for participants by easing the financial burden of paying the Bedroom Tax, DHP effectively created an additional dimension of insecurity to be contended with; participants knew they could get some relief but that this was only temporary.

These experiences of the Bedroom Tax underscore its potential to disrupt participants' domestic and personal security, through several different mechanisms. If participants had to pay the Bedroom Tax then this reduced money available to spend on other essentials, such as food and utilities

(discussed further in chapter six). This payment could be offset by DHP, although these awards were, by their very nature of being temporary and discretionary, insecure. The pressure to downsize – both from Your Homes Newcastle in addition to the financial pressure – invited deeper insecurities about participants' longer-term housing status. The next part of this chapter will proceed to a more in-depth exploration of the implications of participants having less money to spend as a result of the Bedroom Tax and other changes that were part of 'welfare reform' and how family played a role in buffering against these financial (and emotional) impacts.

5.3 My brother is not my keeper – family reliance

Inevitably, the impact of the Bedroom Tax and other welfare 'reforms' meant that participants' financial circumstances were often severely constrained. Poverty was an inevitability, the impacts of and strategies for getting by are discussed further in this chapter and the next chapter. Family played an important role in mitigating some of the hardship that participants experienced. This was both in terms of being able to provide some financial support, but also emotional support too; the role of this support underscores the importance of 'place' in participants' strategies for defending against insecurity.

Yet there was complexity in participants' relationships with their family and networks of support. Whilst the potential for support to be drawn upon was appreciated amongst those who used it and offered a form of security, there was also a reluctance to overburden these networks of support. Participants were thus implicitly making difficult and complicated evaluations of how, when and to what extent to draw upon social support networks. What participants described speaks to Bauman's idea of 'am I my brother's keeper?' (Bauman, 2001). In his analysis, neoliberal processes of individualisation have undermined solidarity within social networks and wider society, to the extent that dependency on others has become suffused with shame and stigma. Participants' descriptions of the support aspects of their relationships showed this; they expressed discomfort at having to draw upon others' support and a desire to be responsible, independent people. In this way, it can be argued that participants had likely internalised narratives of individual responsibility and – as Peacock *et al.* (2014a) terms it – 'no legitimate dependency'. In their work,

Peacock *et al.* (2014a, p.175) argue that dependency is something to be abhorred and disassociated with; as the authors put it: "*neo-liberal discourses thus cohere around a valuing of the self-regulating, self-surveillant and autonomous self, where those who are not equal to this task face both strain and fears that others will judge them as insufficiently responsible.*"

Steven had had his Disability Living Allowance claim reassessed between the first and second interviews, being told that he was no longer eligible for the higher premium in Personal Independence Payment. A big implication of this decision was that he would be compelled to give up his Motability car and instead rely on family for transport (as discussed in chapter four). Already Stephen's brother acted as a part-time carer for him, helping with household chores and shopping; Stephen used his own car for trips to medical appointments, small shopping trips, to pick up his child whom he looked after part-time, and sometimes just to get out of the house when he was suffering with his mental health. Stephen knew that without his car, he would need to ask for more help from his brother, something that deeply troubled him:

I mean he's [Stephen's brother] got his own family, he's got his own bloody bills to pay, you know, obviously if I haven't got my car and he's gotta take me to doctors, hospitals, whatever, it's wear and tear on his car, it's petrol etc etc, his time, and for me personally he does too much for us, you know, fucking hell, I'm starting to cry here [participant gets upset]. [T2]

Jamie, who was on Jobseeker's Allowance, described frequently having to borrow money from his family, to the point where it had become a vicious circle of borrowing and repaying. Like Steven, he did not particularly enjoy having to do this, as he explains:

I feel guilty, you know, keep on gannin [going] to my mam and dad for handouts all the time, but parents being parents they diven't [don't] seem to... [mind]. [T1]

Both Steven and Jamie, although having different circumstances, share the same emotion at having to rely – at least in part – on family. They feel "guilty" about this reliance, despite it being their immediate family. This goes some way

to demonstrating the power of internalised narratives around 'dependency', such that perceptions of needing to depend on others invoked such discomfort and negative self-reflection. Participants' families were described as having limited resources themselves, adding to the guilt that was felt in having to ask for support.

Pride was another aspect of participants' emotions that had the potential to become marred through dependency, as Peter explained. He described urgently needing new glasses (his eyesight had been damaged by cancer treatment) but being reluctant to ask family to loan him the money to pay for them, despite him claiming that they could and would do it. When asked what was stopping him, Peter explained that *"it's a pride thing, you know"* [T3]. The corollary of these powerful feelings centred on *"pride"* was that there was shame in having to forego these and ask for help; it had implications for participants' sense of self-worth.

Susan's experiences also spoke to notions of pride, shame and guilt at the possibility of being dependant. Having had to pay the Bedroom Tax, Susan had been through a time when she was particularly struggling financially, yet the thought of having to ask her family for help aroused shame in her:

I didn't like to tell them everything that was happening, you know, and I didn't wanna borrow off my son, cause he would feel horrible if he knew I couldn't cope. [T1]

Susan went on to draw on the familiar narratives of individual responsibility upheld by notions of citizenship attached to work. This was despite Susan actually being in part-time work of three and a half hours a week, meaning she was still able to claim Jobseeker's Allowance and was indeed looking a job with more hours, with no luck:

I should be able to [support myself financially], you know, why can't I just get a job and do it? That's all I wanna do, all I wanna do is work and provide for myself like everybody else wants to do, you know? [T1]

Mary expressed similar thoughts to Susan, speaking of the degradation that would arise from asking her son for financial help. This was despite Mary

describing being in particularly dire circumstances, often having to go without gas to heat the house because of how the Bedroom Tax was impacting her financial situation.

Well, I've never actually asked them [her son and his partner] to [lend me money]. See they're in a better position than me because they're both working but, they're in a better position. But I still wouldn't ask them. You know, "mam if you need any help you've just gotta say". Yes I know, but, he says "well why don't you just ask?" I says "cause you don't know what it's like, having to degrade yourself to ask your own son if he can buy you this?" He says "well, I'm your son, if you can't ask anybody else you can ask me", but I still don't. [T1]

The evidence from participants clearly demonstrates that the presence of family did not guarantee protection against the worst aspects of deprivation and hardship, even if it did offer a less tangible form of security: that of emotional support and simply *knowing* that there was support there, even if this was not always drawn upon. Mike's experience, of having no family living locally, offers this important counterview:

The thing is there's nothing, there's no one, to pick the kids up from school, erm, if I got stuck there's no one really I can go to and say can you borrow [lend] me a tenner, nothing. Know what I mean? [T1]

Participants' experiences also demonstrate the power of shame that flowed from a pervasive discourse around individual responsibility and, further, the 'privatisation of misfortune' (Bauman, 1994). Brian, who was struggling to get by on Jobseekers' Allowance while suffering with poor health, also wanted to guard against dependency. He described having a large family present in the area of the fieldwork and, although he maintained good relationships with them, was still reluctant to reveal the full extent of his situation to them:

Then you'll get people saying "oh do you want a tenner" and I don't want to be like that, cause I want to look after myself, know what I mean? And I don't like being beholden to anybody, cause I got someone done that before right, and then they came back a few months later and said "oh I can remember when I done this for you

and done" and I said, "why bring that up, if you didn't wanna do that at the time?" I do things cause I want to do them not because I want to go back and tell people or belittle people. [T3]

Brian's testimony here also introduces the ideas of control and self-determination into the complex mesh of feelings and emotions that flowed from dependency. Having to borrow money from family served to fracture feelings of control. There was a difficult trade-off evident then: on the one hand, struggling by without asking for help was difficult to do and meant having to go sometimes go without; on the other hand, asking for help meant that feelings of control over one's life were undermined. To add further complexity to this, asking for help was not necessarily straightforward, inasmuch that it had the potential to cause tensions in family relationships. Peter explained how the cycle of borrowing from family had sometimes caused rifts to develop, which in turn affected his mental health:

Sometimes when I couldn't pay them [family members] back, they weren't happy, and they had to wait, and I had to miss paying the Bedroom Tax just to pay them back and I was getting a phone call off them saying "why haven't you paid this week?" So it was just like a circle, and it gets you down. [T1]

Jamie also described how borrowing from family could cause tensions to develop. The trade-off between asking but risking discord, or not asking but going without, is also evident in Jamie's account. In making sense of it, he falls back on an individualising narrative, although he does not sound fully committed to it:

I'm quite lucky in a sense because I've got a good mam and dad, but I'm always, I've always gotta borrow off them. So even like now I'm due at the Jobcentre tomorrow, Friday, but I won't get my giro [benefits money] until next Wednesday, but I already owe my mam and dad like £60, that's £60 out of £140 so come next Wednesday I'm gonna owe them a lot more by then so you'll be looking at ... it puts a strain on my relationship with my mam and dad, I hate asking them. Like I say, when I went cold for 3 days and never had a bath, that's

what I'd rather do than go asking them for more money. Cause at the end of the day I have to stand on my own two feet I suppose. [T2]

Lisa, a single mother to young children, also reported the need to borrow money from family. Having recently moved home to escape damp problems that were affecting her child's health, her Housing Benefit no longer fully covered her rent, leaving her to pay the shortfall. Her mother helped her to pay this shortfall, something that Lisa felt uncomfortable about, as the quote below demonstrates. It is interesting to note both Lisa and Jamie's references to 'standing on their own feet', further suggestive of an internalised narrative of responsibility, self-sufficiency and a disavowal of dependency:

But then like, plus, when I do that, that's still not enough to pay my top-up, my mam like gives us a bit towards it, but then really I shouldn't have to rely on my mam, like on my own feet now, I've got like my own family sort of thing, but obviously that's the only way. [T1]

Like Lisa and Jamie, Shirley often had to borrow money from her family. Sometimes, her daughter gave her small amounts of money with no expectations of repayment, but Shirley did not like to ask her outright, feeling that this unnecessarily burdened her daughter with her mother's financial problems. If Shirley was struggling, she described how she would usually ask one of her parents, both of whom lived nearby, but that this caused some tensions to develop:

I lend [borrow] off my mam and dad a little bit and when I do get paid I do try and give them the odd tenner back but I never pay the full amount that I lend [borrow] off them. And they get a dig in every now and again, "you still owe me £10, £20" and then they look, and, it's not like a dig dig, but you know. [T2]

Yet not all participants' experiences were the same, with some participants' family relationships seemingly less tinged by discord at having to employ informal lending practices. It was unclear why this was the case, although it can be postulated that the complex dynamics of family relationships might offer a partial explanation for this. It was suggested by some participants that their respective families also lived in poverty and therefore there was limited financial

capacity to loan money. This reflects what Moffatt *et al.* (2015b) found in their earlier study of the Bedroom Tax, where it was also noted that the impacts of 'welfare reform' were negatively affecting participants' families, to the detriment of their abilities to offer support. Linda's explanation of why her family did not mind lending her money suggests that notions of responsibility were also perhaps a reason for this. Interpreting what Linda says, responsibility was linked to the frequency of requests to borrow money and the nature of what the request arose from, with frivolity out of the question:

They know I only ask if I really really really need to, I won't borrow money just willy nilly, it's for a reason, for a purpose, not so I can just go out and spend it sort of thing, there's always a reason why I borrow money. [T2]

The ability to repay debts promptly was a reason given by Julie for her family not minding lending her money:

No no he's fine [OK with lending her money], I mean he gets it back once I'm paid again and sometimes I think, I've just gotta ask you again, it's a circle isn't it, but he's fine. [T1]

Both Linda and Julie's experiences were the exception rather than the norm. For the other participants, it was apparent that tensions often arose from a necessity to borrow money or rely on family members in other ways. As has been demonstrated, this meant that asking for help from family – in particular, financial help – was often done as a last resort. Participants therefore had various strategies for 'getting by' with what little means they had. The next part of this chapter will expand upon this, examining these strategies and exploring further some of the impacts on health and wellbeing.

5.4 Getting by on benefits

As Patrick (2017b) demonstrated in her research with people affected by the earlier years of 'welfare reform', 'getting by' (Lister, 2004) on benefits is something that occupies a great deal of people's time and effort, sitting squarely in contrast with the dominant narrative of people on benefits being passive and indolent. This was no different for participants in the present research, who often spoke at length about the difficulties they faced in reconciling their low-income

with the cost of the necessities of life, such as food, fuel and utilities. This section gives an overview of strategies to get by, while chapter 6 goes into further detail in respect of food and social exclusion.

Table 11 shows estimates of participants' weekly household incomes along with estimates of the income per household member, compared against consensual minimum income standards for the respective household type (Davis *et al.*, 2016). This shows that all except two households were well below these minimum levels. The two participants – Peter and Trevor – whose incomes were above the minimum were, however, disabled and therefore bore extra costs relating to their respective illnesses, costs that would arguably push them below these minimum income levels. Fourteen of the nineteen participants' households had approximated per-person weekly incomes of between £49 and £102. It is worth noting that none of those participants who were in work at the time of the first interview (Linda, Susan, Yvonne and Julie) had incomes that were above the minimum income standard levels. Within these tight budgets, participants had to do their best to make ends meet. For the most part, this was possible, although participants were often severely restricted in their abilities to meet anything other than very basic needs. Even then, this was not always possible, with some participants having to obtain credit or get into debt with utilities providers or housing providers.

Table 11: Table showing approximate maximum household incomes for participants at the time of the first interview, based on contemporaneous benefit rates and are rounded to the nearest pound.^a

Participant	Adults	Child ^b	Approx. income, after housing costs ^c	Approx. income per household member ^d	Recommended minimum income for family type, after housing costs ^e
Steven	1	1	£135 + car	£90	£222 ^f
Mike	1	3	£212	£61	£426
Roxanne	1	3	£292	£73	£481
Brian	1	0	£73	£73	£199
Lisa	1	2	£200	£67	£372
Maggie	1	0	£50	£50	£198
Laura	1	0	£168	£168	£198
Shirley	1	0	£102	£102	£198
Alan	1	0	£86	£86	£198
Peter	1	0	£229	£229	£198
Linda	1	0	£77	£77	£198
Susan	1	0	£78	£78	£198
Jamie	1	1	£73	£49	£222
Mary	2 ^g	0	£146	£73	£330
Yvonne	2 ^h	0	£170	£170	£198
Richard	1	0	£102	£102	£198
Julie	2	0	£118	£59	£330
Wayne	2 ⁱ	0	£73	£73	£198
Trevor	1	0	£241	£241	£198

^a Some participants had deductions in their benefits either for debt repayments (i.e. for water), tax credit overpayments or for social fund loan repayments. These are not reflected here, therefore these figures give an indication of the *maximum* income that would have been available to participants based on the information they gave.

^b The respective children of Steven and Jamie only lived with them part-time. One of Mike's three children lived with them part-time.

^c Figures in this column are reduced accordingly if participants had to pay towards their rent because their Housing Benefit did not cover all of it. This would either have been because of the

Bedroom Tax or because of a difference between the Local Housing Allowance and actual rent. However, any temporary awards of Discretionary Housing Payment are reflected in the figures.

^d This is a simple calculation of the total income divided by the number of people in the household. It does not account for the different needs of people in the household. Where participants had a child living with them only part-time, a factor of 0.5 was used in the calculation rather than 1.

^e For those households with part-time custody of children, the additional income needed for this was calculated as 50% of the difference between the relevant household sizes.

^f Motoring costs from the minimum incomes data were disregarded from this amount owing to Steven's Motability car paid for as part of his DLA claim.

^g This reduced to 1 at T2; Mary's adult child moved out between T1 and T2.

^h Yvonne's and Wayne's figures are calculated based on their own income only, as there was insufficient data collected about the financial status of their non-dependent family members who lived with them.

ⁱ See footnote 58

5.4.1 “Robbing Peter to pay Paul”

Being thrifty and exercising caution underpinned participants' budgeting strategies. Cutting down on food and domestic fuel spend were commonly reported, if not particularly welcome, ways of adjusting the budget to accommodate other expenditure. In some cases, this was a short-term strategy, employed to permit increased spending on unexpected outgoings such as higher than usual bills, or costs associated with moving home. In other cases, this appeared to be a longer-term adjustment that could arguably have been a result of many benefits no longer being uprated in line with inflation, although the opaque nature of this real-terms deduction was difficult for participants to locate specifically.

For those liable for it, paying of the Bedroom Tax was a particularly troublesome, and noticeable, deduction from participants' incomes that could not often be easily accommodated. “Robbing Peter to pay Paul” was a common refrain that participants utilised to describe how they managed their money, a clichéd term but which nonetheless served as an accurate assessment of how participants did manage to make ends meet. Prompted by a photo that he took as part of the photo elicitation task, Mike gave an insight into his own process for assessing the priority of demands on his budget, whilst also shedding light onto the attendant personal effects of doing this:

What can wait is debatable, what can wait is credit cards, unsecured loans, they can wait. Rent and all that kind of stuff, like I've already said, that has to be paid, so you have to do them first. So yeah you just can't pay them. If I won the lottery, believe me, I'd pay them off. What it is is, I want my credit history to be good, but at the minute it's not possible and you have to chuck your pride out the window and just concentrate on what's important. [T3]

Yvonne, in part-time work but who – in the recent past – had been particularly struggling to get by because of the Bedroom Tax, described a similar strategy to that of Mike's. Having to incur debts with some creditors was deemed to be an inevitable part of managing on a low-income, although participants often knew

which debts ought to take priority in light of the more serious consequences of non-payment, such as rent and council tax:

You've gotta make a decision of, who you pay, and because my gas is card and key that gets done erm, so the TV license I let that slide [does not pay it]. Well, they're on my case and I thought well, I'll pay it at the end of the month, "but you're supposed to pay it weekly". [T1]

Overall, participants were adept at managing their budgets well, given their constrained financial circumstances. As has been mentioned in the previous chapter, there was a tendency for those participants in receipt of Disability Living Allowance or Personal Independence Payment to fare slightly better than those in receipt of other benefits. This was simply due to the extra money that these benefits provided – on top of other means tested benefits – although inevitably some of this extra was utilised in order to meet the extra costs of illness and disability. For Steven, who suffered with mental and physical health problems, this meant that he could apportion a small amount each month for savings, something that few other participants had the luxury of:

I always believe in contingency plans so I always keep a bit of money aside, you know. [T2]

For most others, managing the budget was a difficult and thankless task borne out of necessity. Participants often knew their budgets in great detail, recounting to the pound how much they had to spend each month, how much particular items cost in which shops, and which costs had increased of late. Possible spending decisions were often weighed against one another, with compromise being an inevitable outcome. For example, Susan outlined her strategy for when she goes grocery shopping:

I go with how much I've got to spend and then I have to work out in my head, you know, how much is it gonna come to? What can I afford? Do I really need this? If I need something else, you know, what [do] I need most? [T1]

Linda, working part-time but still struggling on an income on-par with Jobseekers Allowance, explained how it felt to her to budget on her low-income – in the next quote, Linda alludes to the minimal capacity for error there was in budgeting, something that applied to most of the participants.

I manage to eke it out, my money, every week, that's like, really compressing your budget down to practically nowt [nothing] but I do manage it. [T2]

As already suggested, participants displayed a remarkable amount of self-control in containing their spending within very tight parameters. This poses a challenge to the common stereotype of people on benefits characterised by feckless, wasteful and irresponsible behaviours. As Shirley attests to here, good budgeting could act as a partial bulwark against insecurity, providing at least a small sense of control over what were otherwise lives lived without much opportunity to exercise agency:

You've gotta really pull your belt in, erm, work out your payments, fortnightly and as soon as you get money in what you've gotta pay out straight away because obviously if you fall behind you've got [no roof] over your heads, erm just sort of keep a tight rein of yourself. [T1]

This exercising of agency is further demonstrated in other small changes that participants sometimes made in order to reduce outgoings. Linda, Julie and Maggie had all had water meters installed so that they were only were charged for what they used, rather than paying fixed water rates. Participants utilised special offers to their advantage when finances permitted – for example on washing powder or other relatively expensive household and toiletry products – in recognition that this made good budgetary sense by saving money in the long run. Within this discourse of responsible budgeting and planning, there was acknowledgement that an inevitable outcome was that participants were often shorn of any 'luxuries'. Tones of virtuousness sometimes crept into participants' accounts of their self-control, possibly to defend against the reality that they were in fact denied and excluded from such luxuries; if such exclusion was perceived as personal choice rather than enforced, perhaps it was easier to

bear. A quote from Brian provides an example of this, which usually involved a disavowal of drinking and 'going out':

The main thing to me right I don't, I'm not worried about like going out and drinking and things like that because now I know that I can't afford to do that so, to me like every time I got my money all my bills, everything was paid, done my shopping, made sure I got a roof over my head, food in the cupboard and anything I've got after that was, like a bonus. [T1]

Planning ahead was often attempted, but not always possible. Maggie, unemployed and paying the Bedroom Tax, explained that she liked to think ahead and therefore did her best to put away small amounts of money each fortnight to guard against any unexpected bills or other outgoings. Lisa, an out-of-work single-parent of young children, explained how she used Park – a Christmas savings scheme – to save money for Christmas:

My nana [grandmother] does the Park hamper, you know the vouchers, so in January I always do like, it's got, so it helps for Christmas cause Christmas sometimes is a bit hard cause I've got the two of them [children], and obviously like he's older so he's asking for stuff so I do them vouchers through the year. [T1]

Whilst participants were sometimes able to plan ahead and put small amounts of money aside, either for a specified purpose or as contingency for unexpected outgoings, sometimes this was not possible. Therefore, obtaining credit was sometimes an inevitable means of bridging the gap between income and outgoings.

5.4.2 Debt – curse and cure

There were a range of experiences of debt, ranging from one participant who had used credit cards for regular outgoings and bills, to other participants who firmly rejected the possibility of debt and would not even entertain the possibility of using formal credit. Debt was very rarely accrued for 'extravagant' items, rather for basic expenses such as rent and utilities, a fact which speaks to participants' austere lives.

Mike, a single parent of school-age children, spoke of how he had accrued large credit card debts to cover normal living costs, after the Bedroom Tax had started to reduce his Housing Benefit. He admitted that it was an unsustainable way of managing on a low-income, but one that arguably permitted him to maintain the standard of living he and his children had become accustomed to:

I got about 12 grand [thousand] worth of credit card debt which I had to, I had to give, give them all up, know what I mean, because like I say I was coping, I was coping, you know, tell you what, in answer to your question, how did I cope, when the Bedroom Tax and everything first come in, what I done was, credit cards. [T1]

Mike had also accrued debt with his social housing provider in the past, although had negotiated with them at these times of significant cash-flow restriction. Mike was lucky inasmuch that his social housing provider was understanding and allowed the debt to be repaid in an affordable way, showing that flexibility and discretion could, and was, sometimes used with their tenants:

A couple of times I've been really stuck for money and I've called them and say, "can I borrow some of the money that I would've paid for rent?" So they say, "I'll tell you what, this month just pay us half", know what I mean, "and then you can pay the other half for that particular month over four months." [T2]

In terms of rent debt, Julie had had a more negative experience with her social housing provider (different to Mike's), referring to "belittling" treatment by them. They had suggested that she "cut back on spending", something which Julie was aghast at, and offended at the suggestion that she did not how to budget, was spending frivolously, or both:

You know, I don't know what they mean, you can only spend... you've gotta spend what you have to spend on food, I says I don't go out socialising, everything goes on food or bills, what do you expect us to cut back on? And it's quite annoying, you know, I thought, you know, do they want people just to sit with no lights on? Howay [come on]. [T1]

Linda also recounted a negative experience with rent debt, occurring at a time when her part-time hours had been involuntarily reduced. In the time that it took to adjust her Housing Benefit claim, Linda accrued some arrears on her rent account but, in her opinion, she felt that her housing provider was not as understanding as she would have liked them to be at that time:

[They] phoned us and said, "you've got this arrears and you need to pay it, and you need to pay £10 a week." And to be honest I never get riled or upset, but I must have been really low and I said, "oh well I'll tell you what, I'll just throw myself off Byker bridge." [T1]

Although not all participants admitted to being in debt at the time of the research, others did say that they had been in the past, underlining the persistent and cyclical poverty that were characteristic of participants' lived experience. Some were still paying off debts incurred a long time ago, as Linda explained:

I'm not so bad now because I'm on par with my gas and electric blah blah blah. Debts I had from when [my daughter] was at school, I pay them every month. I mean she's 26 now, you're talking about when she was 16. There's one of them chasing us at the minute and keeps sending us threatening letters and that. [T1]

Participants' recent debts tended to be for replacement furniture and other household goods. As an example of what participants had incurred recent debts for, Julie explained that she had purchased a cooker on finance from Argos (a catalogue department store), going on to explain how she was struggling to repay the balance in the interest-free window:

It's due in December, and that's when they add the interest so I've got 'til the 2nd of December to pay £366, otherwise they add the interest. [T1]

Roxanne, a single parent with young children, had used Brighthouse – a rent-to-own shop with very high interest rates⁵⁶ – to purchase a television and a sofa when she had moved into her current home, being unable to afford to purchase these items outright. She understood that she was paying back far more than the real value of the items but had not conceived of another option to purchase them. Roxanne felt despair at the cycle of debt she felt she was in, explaining more about it in this quote:

I've obviously had budgeting loans with their birthdays and stuff cause I can't afford... my telly's broke there's a big streak down that, my table's falling apart, the legs have broke, my fridge is broke and I can't afford to buy stuff, so I ended up getting, like my setees are from Brighthouse so that's money I have to pay out [every] week, when my telly breaks I'm gonna end up getting another telly off Brighthouse and that's more debt I'll be in already. [T2]

Yet Lisa, another single parent with young children, had managed to avoid formal credit. Although she knew of shops like high-interest, rent-to-own shops like Brighthouse, to her they were an imprudent option. She signals that only in desperation would she choose an option such as credit, an interesting choice of language that also gives a clue as to how people affected by poverty can, in emergency situations, enter into a spiral of debt by being forced to choose high-interest lenders or retailers:

Sometimes I was tempted to like, but I thought no, cause, what you pay there [Brighthouse], I think you pay double what you would just buy it in the shops, know what I mean sort of thing, so like if I want something I'll like, try and save it up and just get it when I can, but like if I'm desperate, like me nana [grandmother] will like lend us it and

⁵⁶ For example, Brighthouse currently have an APR of 69.9% on most items. A television with a normal retail value of £651 (with delivery and installation) can be purchased at a cost of £8.30 per week for 156 weeks, for a total amount repayable of £1295, double its original cost.

BRIGHTHOUSE (2018) *Televisions*. Available at: <https://www.brighthouse.co.uk/price-promise/tvs> (Accessed: 11th May).

then I'll have, but I'll have to like pay her back when I get paid every Friday, in one lump like. If I don't need it desperate but I want it I'll save up, but if I need it, like just say if the telly was to break – touch wood – like my nana would be there. [T1]

Understanding why some participants did choose credit while others firmly rejected it, is difficult. While on the surface, the presence (or absence) of family support – for example Lisa explained that she was able to borrow from her grandmother, whereas Roxanne did not have this kind of support living locally – offers a simple explanation, this probably fails to consider the complex idiosyncrasies of the individual participants. There is also the possibility that feelings of shame flowed from having to ask for help from family, as previously discussed in this chapter, pushing some people towards formal credit. Different people likely have different orientations to credit and debt, possess differences in their compulsion to buy material things, and have different value frameworks for making judgements about spending priorities. Poverty in the present study did not guarantee that participants would get into debt, yet the easy access to high-interest credit, a lack of spare money to be able to create a small financial 'cushion' as an alternative, and a reluctance to be dependent on family all meant that debt was sometimes inevitable. Participants' stories showed how easily this could happen, in cases where they were driven by necessity and had no other viable option, such as access to mainstream credit or credit unions.

5.4.3 "Sometimes it's depressing" – poverty, debt and health

Despite diligent budgeting, planning ahead and cutting back, Maggie acknowledged that she still dreaded bills coming through her letterbox. Participants frequently spoke of the stressful nature of attempting to get-by on a low-income. Linda commented that she was "*managing to keep the wolf at the door*" [T1], indicative of the underlying fear and insecurity that participants often experienced, linked to poverty. It was evident that, in the back of participants' minds, there was a near-constant sense of anxiety that stemmed from the fear of an unexpected bill or other outgoing, as Peter alludes to:

Living this way, it's hard, not knowing where your next pound is coming from or your next meal. [T2]

Subjective feelings of financial stress have been associated with most aspects of health, including mental health. In recent research conducted in Northern Ireland, French and McKillop (2017) suggest that poorer diets and increased consumption of alcohol and cigarettes mediate between financial stress and health outcomes; although the former is demonstrated in the present study, there were insufficient data to make a judgement on the latter. In the present research, it was evident that the effects on mental health flowed from experiences of financial insecurity in and of themselves. Stress, anxiety, depression and unhappiness were all mentioned by participants, linked to a lack of money and difficulties in making ends meet. These emotions and states of mental health were also bound up with the way that participants felt that their lives were restricted – more of which will be discussed in chapter six. As one participant (Alan) commented, *“it upsets you, you cannot do what you wanna do” [T1]*.

Roxanne, who was a single mum to three young children (all aged under 10 years), talked about how she had experienced bouts of feeling *“depressed all the time”* and that she desired that *“things could be different” [T1]*. By different, she meant having more money; Roxanne explained how she wished she could win a small amount of money, *“just enough just to pay my debts off so I could start afresh”*. Roxanne's situation worsened between the first and second interview because of the Benefit Cap, which reduced her housing benefit beneath that sufficient to cover her full rent. This meant that she had to pay £25 a week towards her rent out of her remaining income, something which caused her a great deal of stress and worry because she was already struggling to make ends meet. Explaining her reaction when she found out she was going to be affected by the Benefit Cap, Roxanne said that:

I was crying. Because I've got so much going on in my life and I'm in so much debt and there's just so much going on ... I was like, god what am I going to do?

Roxanne explained that the council had offered to pay 70% of the shortfall, but only temporarily, leaving Roxanne feeling very uncertain as to what the future held for her and her children, and unhappy about circumstances that she felt “*stuck*” in and unable to change.

Maggie, who was claiming Jobseekers Allowance and paying the Bedroom Tax, also admitted that she did not feel happy at the present time, reflecting that having a small amount of extra income would help to lift this malaise. For Maggie, not being able to buy the food that she wanted to eat, and that she enjoyed, got her down; she also felt her constant tiredness was caused by the stress she was experiencing.

Sometimes participants attempted to lessen their negative emotions by making comparisons of their situation to that of others who they perceived were doing worse. This centred on conceptualisations of poverty, with participants drawing on ideas of relative versus absolute poverty. For example, in the quote below Jamie discusses his low mood, but tries to rebuff his justification for this by arguing that somehow his experience of poverty is not as deserving as others' experience of poverty:

Sometimes it can be depressing, but then other times I think, well, you know there's people in Africa living in huts, they can't even get fresh drinking water, there's always somebody... I try to think, well less about myself I suppose, I always try to think well, there's always somebody, somewhere else worse off, you know. Makes me feel better. I know it doesn't seem very nice but that's the way I look at it.
[T2]

Suffering of others was used as a yardstick against which participants compared their own suffering and served to make participants feel something akin to guilt that they should feel negatively about their situation.

Participants recognised that their material circumstances had tangible associations with their mental health and wellbeing but were not necessarily avaricious in their expectations of what could relieve the discomfort that came from living in financially precarious conditions. It is, however, acknowledged that

pathways between material circumstances and mental health were inevitably complex and contextually bound, and that for some participants there were interactions between their material circumstances and existing mental health vulnerabilities (Bridges and Disney, 2010). Shirley's testimony is an example of this, as she describes how her existing mental health problems are exacerbated by her material circumstances:

I'd like to go and see someone because you need someone to talk to and I can't afford the bus fare to go and get there, erm so I end up locking myself in and that makes the condition [her anxiety] worse because I think sometimes if you've got mental health [problems] as well I think if you've got too much time to think it can be too, it can be worse. [T1]

Being in debt added to participants' worry and stress. Debt repayments added to participants' already strained budgets, while the prospect of the consequences of late payments created anxiety, as Peter described:

Because of it [the Bedroom Tax] we've had to get loans out in the past and now we're paying the loans off we can't afford to, we've gotta subsidise something else to pay this loan otherwise you end up with people at your door, you know, bailiffs for not paying then they take your stuff away and you're starting from square one then nobody's gonna loan you cause you're blacklisted. [T3]

Roxanne had come to perceive that there was no way to escape the debts she had accumulated. This led to her feeling hopeless and despondent, less and less able to visualise an escape from, or reversal of, the situation:

I was gonna try and like, sort my life out but now I feel like it's pulling us even further back, and what's the point? What's the point trying to sort myself out when I cannot afford to sort them out now, so now I can't even try and sort out my other debts cause I'm in debt with someone else now, before I've even started. [T2]

Some participants had adopted a more philosophical approach to coping with debt, although had often still experienced serious assaults to their wellbeing because of it. Laura, who was in receipt of Personal Independence Payment (PIP) and Employment and Support Allowance, described how her mental health had previously been badly affected both by the process of being rejected for – and subsequently appealing (successfully) – her PIP claim, in addition to struggling to get by (and getting into debt) while affected by the Bedroom Tax and having to rely on Employment and Support Allowance. Since then, Laura had reframed the way she viewed debt, helping to ease the burden of it on her mental health. However, this was preceded by a nadir of her wellbeing where suicide ideation had occurred:

They're [the creditors] not stressing over it, they'll get it back or they'll not. If I die they won't get it, they're not gonna push me to the point where I die. I [was going to] kill myself with the stress, that's the whole top and bottom of it. Why should I kill myself for these people? Who are these people to kill myself over? They're nobody. [T1]

There were examples of other participants seeming more inured to debt, better equipped to take in it their stride and with a lower propensity for it to emotionally overwhelm them. For example, Jamie rationalised the situation by claiming “*[the banks] have got more money than me*”, while Richard said:

I know I've gotta pay them sooner or later but, it's just when I get round to doing it really. [T1]

For others, recurrent debt meant they had effectively learned what their rights were, in respect of debt, and what the limits of creditors' powers were. They also learned to recognise the tactics of intimidation that creditors used, but also that much of their armoury lay in just that – intimidation, that could not sometimes be backed up with enforcement. In these cases, participants therefore became less intimidated by threatening phone calls and letters and more confident in dealing with creditors, as Mike explained:

It's just tactics [threatening county court judgements]. It's meant to come back to you, blow your brains out and then all of a sudden you

start paying them instead of what's it, but it don't work with me you see, at the end of the day I can't pay you. The thing is, the police aren't gonna come to the door and say you've gotta pay it, ain't gonna happen, it's a civil matter. So as far as I'm concerned they can do whatever they like. [T3]

Despite this, the evidence still suggested that getting by on a low-income was difficult, mentally taxing, and a source of mental health problems. Whilst some participants did appear to have developed a certain level of resilience to their circumstances, there was nonetheless a universal recognition that a higher income would make life easier and improve wellbeing.

5.5 Summary

This chapter has explored the longer-term impacts of the Bedroom Tax and begun to look at the wider implications of cuts to people's incomes as a result of 'welfare reform', in the context of the already existing low benefit levels that social security provides. It has demonstrated the importance of the home in maintaining participants' sense of ontological security and how the Bedroom Tax – and the pressure to move that came with this – threatened this security. This chapter has also explored participants' strategies for 'getting by' on a low-income, showing that this was a difficult and thankless task. There was evidence that these experiences often impacted on mental health via anxiety, stress and depression, especially when debt was incurred. The importance of place was also emphasised, particularly for those with family living nearby. Yet, having to draw on family for support – particularly financial support – was problematic, often causing tensions and arousing feelings of shame. The next chapter will attempt to extend these understandings of the implications of poverty caused by the inadequacy of benefits. It will look at this through the lens of social exclusion, exploring experiences of food insecurity and consumer exclusion, and the implications of both.

Chapter 6: Social exclusion – food and the excluded consumer

6.1 Introduction

This chapter will present data on some of the more tangible outcomes that stemmed from participants' poverty, drawing upon the concepts of insecurity and social exclusion. It will focus on food (in)security and wider participation in (consumer) society, and the negative emotions that arose from a curtailed ability to fully realise either of these. Both aspects of exclusion were characterised by similar and overlapping experiences for the participants, for example: having to make unwelcome compromises; not having certain needs met; having to do things that were perceived as setting them apart from mainstream society; and, having to cope with uncertainty and insecurity. Such things that were necessitated by their experiences of poverty – such as going to a foodbank or buying clothes from a charity shop – gave rise to feelings of inadequacy, dissatisfaction and shame. The chapter will first discuss food security and then go on to explore the insecurity experienced in other parts of participants' lives, centred on their inability to participate in society in ways that many others might take for granted.

6.2 Heating or eating – negotiating food in a constrained budget

Participants' constrained incomes led to fluctuating renegotiation of food spending within the milieu of household consumables and other necessary expenditures, such as utilities and debt payments. Food spend has been identified as a particularly elastic item in a constrained budget; where other outgoings are fixed or relatively stable – for example rent and utility bills – spending on food can be adjusted around these, resulting in fluctuations and inadequacies in both diet quantity and quality (Riches, 1997; Dowler, 2002). Managing the budget to permit purchase of an acceptable diet was no easy task for participants. In the seven years between 2007 and 2014, low income households in the UK reduced purchases of fresh meat, fresh and processed fruit and soft drinks by 17%, 11% and 10% respectively (Department for Environment Food and Rural Affairs, 2016). Whilst on average households traded down to cheaper products in order to save money, this was reported much less in low income households, possibly because many were already

buying the cheapest products to begin with (ibid.). This was partly reflected in the strategies that participants discussed here.

In the present study, there were many examples of participants having to compromise and make trade-offs, both between food and other items of expenditure, and within the food budget itself. Making a difficult choice between 'heating or eating' was common, reflecting existing evidence of this stark choice facing many low-income households (Lambie-Mumford *et al.*, 2016). Research demonstrating associations between utility debt and an inability to afford to eat meat every second day, an indicator of food insecurity, highlights the interrelatedness of these two pernicious problems (ibid.). The full impacts of fuel poverty are elucidated further in section 6.3.1.

Yvonne, who worked part-time and was in receipt of Working Tax Credit to top-up her income, outlines the decisions she made about allocating expenditure within a limited budget. Her description emphasises the way that food is viewed almost as something supplementary, with other outgoings given greater priority:

It's them decisions of who do you not pay, who do you pay and it's the robbing Peter to pay Paul when you're juggling, that's the hardest bit when you've got to juggle your money. And you've still got to eat. And you've still got to get to work. [T1]

Julie also worked part-time, yet still struggled to balance all her necessary outgoings which included the need for her bus pass payments which allowed her to get to work. She had also been impacted by the Bedroom Tax, which made things particularly difficult:

I mean, you can only eat what you eat ... you can't live off £10 a week it's not enough, you know you've got to have... so you've just gotta either not buy anything, you know, I mean and then my bus fare, like my bus pass was coming out at the time as well, straight out my wages, that was when I was on days and that was 60-odd something a month, but I needed that, and it's just well, other things. I thought well I cannot this, I can't that, but you just couldn't go out, you

couldn't have the food like, clothes and stuff, obviously your bills are your bills you've gotta pay. [T1]

For some participants, there were specific tensions between heating the home and eating, or eating well, at least. Peter, who had been impacted by the Bedroom Tax, highlights how competing expenditures put pressures on the overall budget, and on food:

When I was paying the Bedroom Tax, I know it's not a great deal of money but that money helps me to, have everything I need to eat, you know? But if I was paying that, and I couldn't afford, I'd have to either leave out that or the gas or something ... well last year it was cold, in the winter, and I couldn't put the gas or nowt, I was sitting with maybe a coat on or something in the house, two jumpers on and a coat. [T1]

Lisa, a single-parent of two children, had similar experiences of 'heating or eating'. Lisa's interview was conducted in the winter, at a time when the weather had been particularly cold. She explained the pressure this placed on her tight budget which had to incorporate top-ups of staple food items for her and her children:

With it being colder lately I've been putting more gas and electric on so that, do you know what I mean, I'm left with about £9 and I have to use that for bread, milk and things through the week. [T1]

Similarly, Jamie – a single dad who looked after his young child part-time – found that it could be difficult to reconcile competing demands on his income, which had been reduced because of the Bedroom Tax. Installation of prepayment meters for gas and electric had further served to reduce his income because of their higher cost compared to standard billing (Competition and Markets Authority, 2016). These prepayment meters had been installed because of debts on his fuel accounts. This led to difficult decisions around heating his home and using his oven to make food, which sometimes proved too expensive:

I start flapping because my cooker is electric, so I'm thinking in the back of my head, oh no that's, my electric is gonna run out, you know?

That's been one of the worst things since they put them [a pre-payment meter] in, I'm constantly thinking "can I have the heating on for half an hour", "how much hot water can I put in the bath", it's ridiculous man, you know what I mean? [T2]

Another example comes from Yvonne, whose income dropped substantially when her 18-year old daughter left school, despite her daughter being enrolled to start in higher education two months later; child benefit and Child Tax Credits ceased, and a £15 a week 'non-dependent deduction' was taken from her Housing Benefit. Yvonne describes how she would go without food to ensure her daughter still ate:

Some days, when I was waiting for the discretionary housing payment, I would only have one meal a day because basically, cause I'm a mother ... she's got to eat before me. Obviously, washing's got to be done, there's certain things that, you start in order and I think, when you get to about five on the list, I just don't care. [T1]

The next quote, from Brian, presents a different aspect of the problem of distributing limited household resources, and one that may be viewed as contentious. This is because it reflects a popular narrative that positions people living in poverty as making poor decisions that serve to worsen their material circumstances. Such narratives are often espoused or discussed in media, for example see articles in The Telegraph (2014a; 2014b) and the Huffington Post (2015; 2017). Here, Brian talks about his decision to prioritise tobacco over food at a time before he succeeded in stopping smoking:

I spent more on food cause I've had a little bit extra to spare, but sometimes, like when I was smoking I'd run out of something to eat but I would've gone and bought baccy instead of something to eat, that's how I was at the time. But now I don't bother about that now, if I need something, I need something fresh I can go and buy it. [T3]

This example demonstrates the unfortunate reality of some people living in poverty, whereby addictive behaviours such as smoking can displace food (Belvin *et al.*, 2015). Blue *et al.* (2016) argue that smoking is a complex social

practice that often competes for people's resources, sometimes coming into conflict with other important practices, such as food, while (Tirado, 2014) asserts that smoking is a way for people living in poverty to obtain a small amount of pleasure in otherwise austere lives. In Brian's case, stopping smoking allowed him to spend more money on food. Shirley also discussed smoking in the context of apportioning her budget, stating that she enjoyed smoking and that it was one of few pleasures in life she was able to enjoy. She was philosophical in her rationalisation of this, arguing that most people have habits of some description:

Everybody's got to have a little bit of summat [something], some people like drink, some people like sex, some people like dancing, some people like smoking. [T1]

Yvonne – who was in part-time work and slightly better off than some other participants in the research – also reflected on the reconciliation between her desire to smoke and also eat well reflecting that, at the present time, her financial situation permitted both. However, she opined that if her income were to drop, she might either “*stop smoking or wouldn't just eat and still smoke*”

6.2.1 “Porridge today or a proper meal” – unwelcome compromises

Compromise and trade-offs both between competing expenditures, and between types of food, were very common across the sample of participants. Such themes are reflected in other research exploring how people manage food on a low income. For example, Nielsen *et al.* (2015) describe the compromises that low-income households have to make on the taste, quality and ethicality of food, while Goode (2012) describes the sometimes difficult dilemmas that can be involved when trying to maintain a subjective good quality diet on minimal resources. Participants in the present study attempted to achieve a subjectively acceptable diet but often struggled to do so because of their financial circumstances, meaning compromises had to be made between eating healthily, eating cheaply and eating culturally acceptable foods. Participants employed various strategies and compromises to strike a balance between these competing aims.

Cutting out certain foods that either participants enjoyed for their own sake, or because they wanted to eat them as part of a healthy diet, was a common occurrence. Typically, fruit, vegetables, fresh meat and fish were some of the first items to be displaced from the diet when income was constrained. This reflects findings from Griffith *et al.* (2015), who found that during the recession, consumption of meat, vegetables and whole grains all declined as incomes failed to keep pace with rising food prices. For example, Linda discusses what she will do when her current Discretionary Housing Payment award (to offset the Bedroom Tax) expires:

I'll probably have to start cutting back on me food again like me fruit. It just depends on the price of fruit. Cut down on everything again. [T1]

For one participant in particular, not having sufficient money for food had a direct impact on health. Peter was in remission from a type of cancer that left him in need of a specialised diet and at high risk of malnutrition. He described needing to eat high-fat, soft foods such as yoghurt, and needing to buy large quantities of milk for porridge and to reconstitute special milkshakes that had been prescribed by his doctor. He explained that it was difficult to afford all the foods that he needed, and that at the time he was paying the Bedroom Tax this only made this situation worse:

[yoghurts], they're expensive, like I say when I was paying the Bedroom Tax, I know it's not a great deal of money but that money helps me to, have everything what I need to eat, ya kna [know]? But if I was paying that, and I couldn't afford, I'd have to either leave out that, or the gas or something or... [T1]

Peter took to opportunity to take photos of the special foods that he needed to consume, speaking about the additional cost of these. For example, he said that on average he would eat “*four yoghurts a day*”, them being soft food that is high in fat and protein. Additionally, he needed large quantities of milk to make up his milkshakes:



Figure 2: Peter, photo 3 and photo 5 – high-protein foods

Peter felt that another “£30 or £40 a week” would make all the difference in terms of being able to afford enough food, and the right foods. As he puts it:

It's not a huge amount, it'd make a big difference even just to having porridge today or a proper meal. [T3]

Richard also had serious health problems that required therapeutic considerations of food. He suffered with a long-term condition affecting his gut and digestion, but in the recent past had struggled to afford enough food. This

was at a time when he had been required to switch to Universal Credit and before his claim for the 'limited capability for work' element began which then increased his income slightly (equivalent to Employment and Support Allowance):

I was always going without [lunch], cause I was only on two meals a day like, but I had to have sausage sandwiches every day for my breakfast, go without dinner and just have my [evening meal], but there was times where I had that little bit more money when I did have the dinners on the odd occasions. [T1]

Brian was another participant who linked his inability to eat healthy food with his health. After moving from Employment and Support Allowance to Jobseekers' Allowance, his income had reduced by around £30 a week, meaning that he needed to cut back on food, despite having numerous health problems including chronic respiratory disease and diabetes:

I wouldn't say that I eat well er, when I go, I have my diabetes checks and all that and they said that I should eat a little bit more like fresh fruit and vegetables and things like which I try to do as best I can on the budget that I've got and it's a bit hard. [T1]

Julie's experience echoed that of Brian and other participants' and reflects what Lister (2004) describes as the work that 'getting by' on benefits can entail. Julie worked part-time but had also been affected by the Bedroom Tax and was supporting her partner who was not currently working. Whilst some people might take pleasure from shopping around for bargains in the manner that Julie describes, the fact that it is a necessity rather than a choice appears to reframe this activity into an altogether more negative one.

You just find like cheaper vegetables, cheaper fruit, different shops, so you're going to like 5 different shops to get, who's got the best, sort of thing, it's just ridiculous. [T1]

Participants described making-do on relatively plain foods and adopting an eating pattern that satiated hunger first and foremost. Faced with the potential

for hunger, this strategy made sense. Mary, who had been affected by the Bedroom Tax, described choosing cheap foods – *“the likes of smart price stuff” [T3]* - that would stop her from going hungry. The kinds of meals she said were typically included frozen chips with a cheap, processed meat. But as Mary puts it, *“it’s] not as if I’m actually starving” [T3]*. Shirley also described a bland diet, consisting of few pleasurable *“luxuries, like the biscuits with your cup of tea” [T1]* and with a focus on cooking food *“to fill your belly up” [T1]*, by eating things such as pasta, potatoes, soup and noodles.

Susan, who had previously been paying the Bedroom Tax, described what her diet was like at that time, which was not dissimilar to Mary and Shirley’s. She reflected that it impacted on her health because, as she put it, *“eating a load of bread just kills my stomach, it bloats us and makes us feel sick”*. Further, Susan felt that she was restricted from eating in a healthy way because of her limited budget:

I think the only thing I buy is mushrooms and the odd pepper if, that’s now, mushrooms and pepper to make and, get some mince, and make, my sister’ll say – you need to get the 5% mince, 5% fat mince – and I say, well you can afford that but I can’t. Sometimes if I’m so desperate I’ll get the, er, pork mince which is only a pound and use that, then I mean, it’s only a little bit like that, but I can make two meals out of that, you know. And ... you end up filling yourself up with pasta, just to fill you, to stop you feeling hungry. [T1]

In their research with foodbank users elsewhere in Northeast England, Garthwaite *et al.* (2015) emphasise that recipients were well aware of the nutritional insufficiencies of their diets, yet felt compelled to eschew healthier food in favour of cheap, filling foods because their finances did not permit otherwise. Participants in the present study also talked about not being able to buy fruit and vegetables as often as they liked and prioritising cheap, filling foods such as bread, pasta and biscuits over healthier food. This is highlighted in notes taken from an interview with Maggie, who was unemployed and looking for work:

Maggie said that she loves to cook, and used to cook much more, for example shepherd's pies, but that she can't do this anymore because she can't afford the ingredients to make fresh meals from scratch and she can't afford to have the gas on for cooking for long periods. She said that she doesn't eat the way that she would like to (or that way that she used to). Mostly she will now just eat pasta because she can buy big bags of it cheap from the supermarket. She will then cook a big pan of pasta and the leftovers will keep in the fridge for a few days after. She will just mix pasta with tomatoes for example, which are only £1 for 4 tins from a discount food shop. [T1]

Jamie, a single dad who looked after his daughter part-time, had also been affected by the Bedroom Tax and, like others, described a monotonous diet lacking in variety and nutritious foods; he described staving off hunger by eating "cheap biscuits". To ensure he could feed his daughter adequately when she stayed with him, he would put money aside to look after her. Because of this, his usual diet was bland and lacking nutritious foods, although he would provide healthier food and meals when his daughter stayed with him:

So as long as I've got food in for my daughter coming here I'm not really that bothered about myself, I'll just have noodles and cheese on toast, which I live off, I should be a student shouldn't I? [T1]

Feeding children added an extra layer of complexity in trying to balance food with other expenditures. Jamie described eating "junk food" when his daughter was not there so that he could try and give her fresh fruit and vegetables, which she enjoyed eating and which he wanted to encourage. Lisa, a single mother of two young children, explained that her main priority after receiving her benefits was to buy enough food in to last until her next payment and "as long as they're alright I'm not really fussed" [T1].

Roxanne, a single mother of three children who was currently not in work, describes her frustration at not being able to feed her children in a way that she perceives to be good for them and feeling forced to buy cheaper, processed

food instead of more expensive fresh food. It is interesting to note that Roxanne – like many other participants – knew the prices for specific foods in great detail:

I just can't feed them how I want to feed them, like I would prefer to get them, get fresh food and eat a meal every day because I love cooking. I love making dinners and like bolognese's and shepherd's pie, everything, I love cooking but to go out and buy fresh meat it... everything I buy is processed because like a box of fish fingers is £1, but then a thing of mince is £3 and that only does you one meal, but then you've got your mince, your jar that's like sauce and then whatever you've got with it so then, potatoes and all that, so it's like, it costs a lot more to make a fresh meal than it does to buy frozen chips for £1 and bag of chicken nuggets or fish fingers for £1 and that'll do them for a couple of days, but then they're having processed food. [T1]

Participants also described changing dietary patterns over the short- and medium-term, mirroring depletion of income at the end of each benefit cycle or adjusting to other deductions such as the Bedroom Tax. Reflecting what Nielsen *et al.* (2015) term 'the taste of the end of the month', Mary described how her diet quality deteriorated towards the end of the fortnightly period of her benefit payments, explaining how she would often just eat "crackers, cracker biscuits, and a couple of pot noodles" [T3]. Mary chose to show what food she had left at the end of the fortnightly benefit cycle in the photo elicitation task that she took part in:

That's what was in my cupboard with was a bit boring there like, but that's the reason behind that obviously just to show that I cannot manage a lot, but I wouldn't starve either. I've started to buy these smart price stuff. That's in the fridge, that's just pop and it should be food. [T3]

Mary explained that she bought pop because she enjoyed drinking it; she was trying to obtain a small amount of pleasure from her diet with what little money she had available.



Figure 3: Mary, photos 6 and 9 - cupboard and fridge

Shirley had also chosen to photograph the contents of her fridge to show the difficulty that she had with affording to buy enough food, but unfortunately these photographs did not develop. Nevertheless, she explained what she had been keen to show:

I took a picture of my fridge when that was bare and the cupboards were terrible in there as well ... very little, just sauces. I'd probably be alright if you could live off sauces and macaroni pasta and that. [T3]

Yet Shirley, like others, insisted that she would not go hungry. In Shirley's case, hunger was averted through a combination of being able to draw on support

from nearby family and making use of cheap, filling foods. These strategies were common across the sample of participants.

When participants were asked what foods they would like to incorporate into their diets to break the monotony, they usually expressed a desire for more meat-based meals as this example from Mary shows:

Nice T-bone steak, nice bit of, you know, pork chops and just do dinners [meat and vegetables] every night rather than having sandwiches or ready meals, you know all well and good but, they serve their purpose, you get sick of them. [T1]

Here, Mary uses the term 'dinner' to refer to a typical British dish consisting of a piece of meat – often beef, lamb or pork – with potatoes and vegetables. Lamenting the inability to no longer eat such meals, which are arguably bound up with identities of Britishness (Mitchell, 1999), was a common complaint from participants. Caplan (2013) argues that food means more to people than simply the alleviation of hunger or achievement of nutritional goals – it has symbolic value that serves to mark out cultural identities and social rituals. Shirley talks about her desire for good quality meat, explaining how she covets the joints of meat she sees in the newly-opened discount supermarket that has opened nearby:

I've been in twice, it's great, it is lovely, I mean the food is like luxury foods, it's good quality for the price, it's fantastic. But the steaks and that are, when you're on basics you can't afford the... so you're looking at these big joints of meat and thinking, oh my god I could eat it raw, you know what I mean? And then you're taking home a pound of mince, economy bag but, I think you live by your means anyway. [T3]

Maggie, whose income was reduced by the Bedroom Tax, had experienced the same as Mary and Shirley, feeling largely excluded from being able to have a meat-based diet:

[Interview notes] She talked about no longer have any spare cash at all. For example, she used to be able to afford to make a Sunday

dinner once a week, and loved to do this, but she can't anymore because she can't afford the meat to make one. She said that she very rarely buys meat nowadays, because it's too expensive. [T1]

Susan said that she did not “do dinners anymore” but that her sister, who lived locally, instead invited her to share ‘dinners’ with her family. Jamie also reported going to his parents’ house for dinner “every Sunday” [T1]. Richard, who had recently moved home because of problems with leaking and damp in his old home, said that would not be able to make ‘dinners’ in the short-term because of his constrained budget but that he used to “make Sunday dinners quite a bit at the old place” [T1]. Lisa, who had also had to move home because of problems with damp in her old home, was now having to pay a top-up to her rent, which would similarly mean that she could no longer afford to make dinners:

I used to like doing my dinners but obviously like since I, I've moved here there's been more rent we just go to me ma's every Sunday for wor [our] dinner, cause I used to make one at home for like just us, but like me mam gives us wor [our] like that now. [T1]

This often left participants feeling as though they could not achieve what, to them, was an ideal type of diet consisting of fresh, home cooked food typically based around meat. It is perhaps worth highlighting here that participants’ expectations of eating a meat-based diet strongly aligned with dietary norms in the UK. Indeed, a meat-based diet is by far the dominant pattern of eating in the UK; only 3% of people in the UK identify as vegetarian or vegan (Food Standards Agency, 2017). In this way, the aspirations of participants in this study were little different to most of the population.

6.2.2 “Keep a tight rein” – buying food on a low income

Participants had to adopt strategies to permit them to eke out a partially acceptable diet with minimal means. This again relates to Lister’s (2004) concept of the “work” that is involved in getting by when living in poverty. Participants reported visiting multiple shops to find the best prices for the things they wanted to buy, looking for cheaper versions of products, omitting products when the price was unfavourable or visiting supermarkets later in the evening

when reduced food could often be found, reflecting strategies described in similar research from Denmark (Nielsen *et al.*, 2015) and the UK (Dowler and Lambie-Mumford, 2015). Thus, whilst participants could often deftly manage their budgets in order to buy enough food to prevent hunger, it required time, forethought, planning and mobility.

Participants all lived in an urban area where supermarkets were within easy reach, either on foot or by a short bus journey; only three participants had cars. The choice of shop was primarily driven by price and the availability of deals and offers, although the parameters of choice were set by the physical selection of supermarkets that were in or near to the locality of the research. Shopping around was commonly reported, facilitated by a good working knowledge of the prices of certain items in certain shops. For example, Alan, 59 years old and unemployed but living on an occupational pension, describes the places that he visits to find the best prices for the food he wants to buy:

I go to the High Street, I do a bit in Morrisons [large supermarket] sometimes, if I come into town I go to the Tescos [mid-size supermarket], cause that's – you don't go mad – but, if you go for all the better buy [cheapest range] stuff, in Morrisons, you can work it [your money] out. Don't buy the, don't go paying a pound for the ... like Ross's beetroot at Heron [discount food shop] is a quid, and if you want a salad you go to the market, and search around the market and if, if stuffs too dear for fruit, for er, salad stuff you go to Tescos.
[T1]

Lisa, a single mother of two young children, described a similar strategy to Alan, but also had the added dimension of needing to buy specific brands of certain foods to accommodate her children's preferences. Further, Lisa explained that she would go online to check supermarkets' deals before going shopping:

I go to Iceland [frozen food shop] or like Asda [large supermarket] or something, sometimes I go to Heron [discount food shop], just depends. I try and look for when they've got like the deals and offers

on really, like for their nuggets and things. Cause they'll only eat Birds Eye [brand] nuggets, he's dead fussy so, I have to get them. [T1]

Participants were generally satisfied with the supermarkets and shops that they had access to, despite most needing to make short journeys by car or bus in order to fulfil a typical 'big' (weekly or fortnightly) shop. While it was recognised that there was good access to commercial bus services for all participants, at around £4 for a return journey to a nearby supermarket and shopping area, cost could be prohibitive. A positive feature of the local neighbourhood – that participants valued – was the provision of a free bus service that ran to a nearby shopping park that contained a major supermarket, in addition to some smaller discount shops. It provided a means to access shops for free, thus allowing more money to be retained for spend on food, as well as providing an opportunity to reduce isolation by permitting participants to go out of the house. For example, Mary explained how it was “*a great thing*”, facilitating her meeting a friend at the supermarket “*just for a cup of coffee*”, picking her up and dropping her off at the “*bottom of the street*” [T1]. Shirley also described how useful it was to her, choosing to photograph the bus because of its importance in her life.

It's a little bit like, like a lifeline really cause it's out and about it's socialising and it's like, you're getting your bargains [at the shops] [T3]

Yet Shirley also expressed concern that there was a rumour of its cancellation, primarily because of a new discount supermarket opening in the area rendering its provision unnecessary.



Figure 4: Shirley, photo 5 - free shopping bus

Brian also chose to photograph the free bus service, explaining that it was important to him for accessing food. His health problems meant that he was unable to carry large amounts of shopping, thus the bus aided him in doing smaller, more frequent shops:

I took that one cause it helps me, helps me a lot because the nearest shop that I could go to – well I've got a local shop but not like a supermarket – I'd have to walk all the way round the corner and pay, get on the bus and go all the way to Morrisons, whereas with that I can just go, get my shopping, jump on the bus and come back again. It's sort of really helped me out you know. [T3]



Figure 5: Brian, photo 10 - waiting for the free shopping bus

Although the free bus service helped to increase the proportion of participants' disposable income available for spending on food, food budgets were still constrained and there remained a need to devise strategies to ensure that the budget was adhered to. Within these constraints, participants did still attempt to satisfy preferences for particular foods or particular shops. However, the extent to which participants could achieve this was curtailed. Here, Linda talks about her shopping strategies and preferences:

It's mainly Morrison's where I go because their fruit and veg and their cooked meats are nicer, they're better quality than Asda but I shop all over. Sometimes I pop into Tesco from time to time to have a look and see what they've got on offer. Pound shops. And if I need clothes I go to the charity shops. [T1]

In-store, participants had to adopt strategies to help them stay within limited budgets. For example, Shirley described how, when she went shopping, she would “keep a tight rein of [herself]”, avoid “luxuries” [T1] and opt for supermarket own-brands. Shopping with a list and a fixed budget was one strategy that participants described, as Susan illuminates:

I go with how much [money] I've got to spend and then I have to work out in my head, you know, how much is it gonna come to? What can I

afford? Do I really need this? If I need something else, you know, what I need most of. [T1]

In contrast, another strategy entailed a different approach to shopping, one that was more opportunistic and flexible, incorporating buying some things in bulk. Linda, who worked part-time but took home little more than £70 a week, gave an example of this:

I've never actually worked it [shopping budget] out, cause I might see something there that's cheap and I might see something there that's cheap, so I dot around all over so I couldn't really say. But there's never a lot left out my wages anyway to shop, so you just either buy – I think I said last time – I buy a bag of porridge so it's lasts for ages. So if you buy that one week that lasts you for a while, do you know what I mean, it levels the shopping out. [T2]

Yvonne described a similar strategy, visiting supermarkets in the evening to attempt to find short-dated fresh foods at reduced prices:

I will buy stuff that's reduced and freeze it, you know if I'm on my way home from work, on a night, I'll call into Morrisons. [T1]

Participants often knew the prices of specific foods and were sensitive to price changes, which could not always be absorbed into the food budget. An example of this comes from Yvonne:

Cost of living, butter's gone up – 51p for half a pound of butter, and that's the cheap stuff, that's Morrison's savers – and milk, that's gone up, it doesn't go up a couple of pence, it jumps up 10p. Erm, bread, I mean Morrisons are keeping their Warburtons at a £1 a loaf, but it's short-dated; you'll go into Morrisons now and you'll be lucky if you can get 4 days on a loaf of bread. Well me and [daughter] can't go through a loaf of bread in 4 days and she won't eat Morrisons 50p bread. I tend to go to Heron [discount food shop] and buy Kingsmill [bread brand], she whinges and moans but she does eat it if she wants a sandwich. [T1]

6.2.3 Food crisis

Despite their best attempts at managing to buy enough food on a low income, participants described times when it was not possible to do so, as Peter outlines:

Say if I've got like £20 this week, but the stuff that I need maybes come to £40 so I have to do without, I cannot afford all of it, so he [son] goes bargain hunting for us, uses a voucher [coupon] here and a voucher there, cause he's not proud or owt [anything] like that. [T1]

Sometimes things occurred that meant participants had to seek out food aid. Despite the high-profile explosion of Trussell Trust foodbanks across the UK, evidence suggests that foodbanks are used by only a very small proportion – less than 2% – of the general population (Garratt, 2017). Similarly, most households who experience food insecurity will not resort to using a foodbank, and for many of those who do, it is a last resort (Loopstra and Tarasuk, 2012; Purdam *et al.*, 2015; Tait, 2015). The present findings support this; twelve of the nineteen participants had not received food aid, seven had. Those participants who had not received food aid were nonetheless aware of its existence, and some had contemplated that they might, at some point, be compelled to draw upon it. Yet this was an unfavourable choice, suffused with shame and stigma. Even though most of the participants had not received food aid, many described crises of being unable to afford sufficient food but had not utilised food aid, either because they were not sure how to access a foodbank (a voucher obtained from a professional such as a doctor or social worker) or they had other sources of support that they could draw upon, as Shirley, a 48-year old currently not in work due to ill-health, describes:

Normally I'm pretty good, I mean it's not very often I've gotta go my mam and dad's for a loan or for, lend of [borrow] a little bit of food, but, I mean it does happen. But like when I go they know I'm, like, really struggling and they'll give us like a little carrier bag [of food] to last us 2 or 3 days. [T1]

Another participant, Julie – who worked part-time but had to pay the Bedroom Tax and was struggling to get by – had not been to a food bank but considered that the need to use one could be negated by the family support she had nearby:

If I really had to [got to a food bank] I would, I would have to. But obviously if you've got family that you know you can lend [borrow] off you don't have to, but if I didn't have any of that and I had nothing, I would have to. [T1]

Maggie, unemployed and also struggling with Bedroom Tax, had not used a food bank, also having nearby family who she could draw upon for support. Maggie felt that things had changed in the years prior to this research, so much so that when sanctioned a few years ago, she had no recourse to seek out food aid as the benefits she received at that time were sufficient to allow a small amount of 'slack':

[Interview notes] I asked her about the time when she was sanctioned and how she coped. She said that just had to, but that it was a while back, before the current changes, and so had a bit more spare money then so she would have a little of bit of slack and spare food in the cupboards. At that time, she had enough money to have a stock of food in the cupboards. [T1]

Brian, who had been struggling since moving from Employment and Support Allowance to Jobseeker's Allowance – a benefit change that resulted in a £29 a week drop in income – had, like others, contemplated the notion that they may need to use a food bank. Like Julie, Brian's thoughts on this were bound up with ideas around stigma, but he also implicitly links it the concepts of deservingness and personal responsibility, by implying that those who have not worked for what they get are "scroungers":

Well I'd feel like I was low, I'd feel like I was just a scrounger that's, I don't know cause I bought everything that I've had, I've always had to get myself, I've always had to earn myself so when you go and like to other people it just don't, but, I know it's a good thing but er, I think a

lot of people would rather not do that, but if you've got to do it you've got to do it haven't you? [T1]

What both Brian and Julie say above implies a reticence in respect of using a food bank, linked to stigma and the idea that food banks are a negative thing, something that is seen as a last resort. Such stigma was a factor in other participants' consideration of accessing food aid, similar to findings in other research in foodbanks (Garthwaite *et al.*, 2015; Purdam *et al.*, 2015). Feelings of stigma appeared to flow from the perceived degradation of needing to draw upon charitable sources for something as basic as food. Peter described his experience of using the food bank as a “*degrading*” experience, even though he felt that he was treated well when he was there. Attesting to the stigma attached to food banks, Peter described how he expected to see “*druggies, alcoholics, you know, people who don't want to work*”. However, he was surprised to find “*poor people there, middle class, upper class there, all in the same boat, struggling*”.

Whilst having family close by appeared to act as a buffer for many participants, for some, the shame of having to ask family was worse than the shame of having to go to a foodbank. Mary and looking for work, had described the shame she would have felt in asking her son for help. She therefore went to a foodbank and, despite her perceiving this as being the lesser of two evils, still describes it as an unpleasant experience:

You're degraded because you're stooping that low. I mean, obviously they're there to help but, I didn't wanna do that but I thought it's either that or we don't eat. [T1]

Susan had also been struggling to afford food because of paying the Bedroom Tax, yet like Shirley and Julie, had family nearby who could support her if needed. Yet for Susan, the idea of asking family for support was not so simple; there was stigma in using a food bank but also stigma in asking family for help:

You don't want your family to know how hard up you are and you know, but I do, don't get us wrong, I do have a sister who, if she found out I was so bad, she would buy us something, some food, you know,

erm, my sister, well I'm saying – a sister – I've got, all my sisters would do that, but you know, I diven't [don't] want them taking care of us that way, you know what I mean? [T1]

What both Mary and Susan say here demonstrates that the relationship between social support and food aid is not straightforward. The dynamics and nuances of family relationships appear to subtly influence the paths that are taken in navigating food insecurity.

Some politicians and media outlets have attempted to promulgate harmful narratives of food banks and their users, suggesting that their rise is linked to avaricious people who simply see them as a free good (Williams, 2013; The Telegraph, 2014a; The Telegraph, 2014b; Nelson, 2015; McAuley, 2017). This view assumes that users of food bank users make a utilitarian choice to access such free food as part of their regular food acquisition to permit spending on other items in the budget. Such a view ignores the evidence that food bank use is usually a shameful and humiliating experience that is a last resort, not one of people's choosing (Purdam *et al.*, 2015; Garthwaite, 2016). Reflecting this, food bank use was not entrenched amongst the sample of participants and did not appear to simply be an extension of their regular food acquisition habits. Whilst seven out of the nineteen participants had received food aid, such use was prompted by various kinds of crises that manifested for participants including delays in benefit payments, a house move, and insufficient money from benefits, for example because of the Bedroom Tax. For Linda, a 61-year old who worked part-time, losing hours at work had meant she had had to use a foodbank:

I've got to this age, what's it coming to when I've gotta gan [go] to the foodbank? Because I've lost 4 hours at work and my money's dropped. Gotta go to a foodbank and you think, in this day and age? How degrading. It is. Very degrading. [T1]

Roxanne explained her reasons for needing food aid, linked to a relationship breakdown and subsequent house move. In her case, she was given food aid by her social housing provider, in addition to being given a food bank voucher and fuel vouchers:

When benefits changed [because of house move and relationship breakdown] I've had to have loads [of food parcels] and like, if I'm in loads of debt like when I first moved in here we were having to pay the landlord and try to buy carpets and trying to like get the house sorted for them [the children] and stuff like that, I had to get, they [social housing provider] got us a Asda delivery and then there's a food bank in Byker and then I had one, I had another delivery as well and I've had electric and gas vouchers as well where they've [social housing provider] sent us a letter and I've taken it into the shop and then they given us gas and electric to help us as well. [T1]

6.3 Social exclusion

This section will further examine the ways in which participants in the present study experienced poverty, using a lens of social exclusion and human needs. This centred on several different domains of experience, all which linked to living on a low-income. Their experiences were characterised both by exclusion from social participation, as well as the inability to possess the kinds of material *things* that were perceived to be commonplace for most others in society; considerable overlap between these experiences were not uncommon. Such *things* included not just physical items, such as clothes, household goods or electronics, but other things such as holidays, days out, social events and – importantly – a warm home, which will be discussed first in this section.

6.3.1 Fuel poverty

Fuel poverty is recognised as a distinct problem for people living on low-incomes, stemming from the relative high costs of energy for low-income households. Hills (2012) has shown that low-income households often contend with additional costs to keep warm that are largely outside of their control, such as the higher costs of prepayment meter tariffs and poorly insulated housing. Fuel poverty necessarily leads to the inability to adequately heat the home, which has significant and wide-ranging implications for health (Marmot Review Team, 2011). Cardiovascular and respiratory diseases, arthritis, rheumatism and mental health problems can all be initiated or exacerbated by cold homes (Dear

and McMichael, 2011). There were many examples of participants in the present research having to go without sufficient heating, affecting both their mental and physical health.

Being cold and unable to put the heating on was seen invariably as a negative experience. Participants' attempts to counter this typically involved wearing extra clothes in the house or wrapping themselves in blankets to keep warm. Participants reported that it had impacts on both their mental and physical health, the latter particularly for those with existing health problems. For example, Peter explained how, when he was paying the Bedroom Tax and was particularly struggling, he often had to go without gas for heating the house. Aside from his recovery from cancer, Peter was also scheduled to have a knee replacement because of osteoarthritis; he explained how being in a cold house affected his mobility and the difference it made being able to put the heating on:

Cold weather sets us off in a morning like, I cannot walk, takes us all day just to warm up then it eases a bit, but now I can afford to put the heating on, well not all day, but if I can put on heating on then I'm alright. [T1]

Mary suffered with musculoskeletal problems and described impacts like those of Peter, saying that the cold "*gets right into [her] joints*". Further, she also described how it affected her mentally, saying that she got "*quite tearful about it sometimes*" [T1]. For the photo elicitation part of the research, Mary chose to take a photograph of her gas meter with no credit on, shown below. Explaining her reasoning for this, she said:

This is because, as it says, zero zero zero, because I don't have enough money to put it on and that's why the house is so cold and I just wanted to show people that. [T3]

To cope with this, Mary went on to explain that she would often go to bed at nine o'clock in the evening because it was too cold to sit in the living room and watch television. Yet Mary's upstairs was affected by damp, a problem which she also attributed to not being able to sufficiently heat the house.



Figure 6: Mary – nothing on the gas meter

Lisa, a parent of two pre-school aged children, had recently moved from a house that had also been affected by damp, an issue which she felt had been negatively impacting one of her children's health. Yet the move was a double-edge sword; although damp housing was no longer a problem, her new home's rent was not covered in full by her Housing Benefit, meaning that Lisa now had a greater financial struggle to get by than at her previous house. Lisa explained the impact that it had on one of her children:

He's had croup, bronchitis, I can't remember what the other one was called but since I've moved here he's had nothing, touch wood. [T1]

Jamie explained that it was "not nice" being in the house when it was cold, and he could not afford to have the heating on. He was nevertheless stoic about the situation, proffering that his relatively young age made it easier to bear than those who were older. He also explained how he would always attempt to keep the house warm when his child came to stay, sacrificing his own warmth when alone so that they did not have to experience it.

Roxanne was another single parent for whom the inability to adequately heat her home impacted on her children. She explained how her social housing provider had recently installed a bath – because of a skin condition of one of her children – but that a bath was her preference anyway:

And kids need a bath really, stood in that shower freezing, at Christmas as well, it was horrible. They didn't wanna go in, cause they're having to stand there freezing cold. [T2]

As Roxanne demonstrates, participants were often not always able to heat their homes to the desired temperature, prompting them to keep warm in other ways. Like other things that participants were restricted in doing – such as buying desired foods, new clothes or having a day out – they were also restricted in being able to do what many households likely take for granted, that is, heating the house sufficient to stay warm. Linda described her decision-making process for putting the heating on, explaining how she would have to first exhaust other options to keep warm:

You get to the point where you think well, is it really cold enough to put the heating on, so sometimes it's just, it sounds pathetic in this day and age but I've got a blanket there. I put my nighty and a thick dressing gown on and a blanket, and if I'm really cold, either that [electric fire] goes on for a little while, or if it's really cold I'll put the heating on. [T1]

Susan's experience was similar to Linda, explaining that she would first use a blanket to attempt to keep warm before putting the heating on, also saying that she would only put it on if she “*desperately [needed] it on*” [T1]. For Maggie, not staying in the house during the day was one way she kept her heating costs down and avoided having to sit in a cold house. She explained that most days she would go out, sometimes to community organisations, sometimes walking to the shops – although only to look around, not to buy – and sometimes to visit family. In the evenings, she explained that she used a hot water bottle, having given up using an electric blanket that she had previously enjoyed because of it using more electricity than she could afford.

Like Mary earlier, Shirley also chose to photograph her gas meter as part of the photo elicitation, citing similar reasons. She also took a photograph of snow in her back garden, but not for aesthetic reasons, as she described:

I was thinking like, god we've had a really bad winter erm, counting my little bits of coppers, working out how long I had left before I had to top-up again and then seeing the snow even worse a couple of days after and I thought, oh how do I do it, how am I gonna manage? [T3]



Figure 7: Shirley - cold weather, snow in the garden

She went on to explain that the gas meter itself became a source of fear as her money dwindled before receiving her next benefits payment. Shirley described “*watching*” the meter, prompting anxiety over whether the fuel would last. On reflection, Shirley proposed one of the worst things about living in poverty was being “*worried about your heating and your electric going off and being sat in the dark.*” She went on to explain why she felt this way:

I don't mind being lonely but with a bit of telly on in the background but if you're sat and the gas and electric runs out and you've got no money to put your gas and electric on for two days. [T3]

Here, what Shirley says is a vivid testimony to the ways in which different aspects of living in poverty all overlap and interact, whilst underlining the importance of adopting a broader, social exclusion lens to poverty analysis. The next section goes on to explore other ways in which poverty was characterised by social exclusion and insecurity.

6.3.2 “You don’t think you’re worth much” – the excluded consumer

Food and fuel poverty aside, there were two other defining features of living in poverty. These were exclusion from social participation and an inability to participate in consumer society, both of which will be explored further in this section.

Linda, who worked part-time but whose income was only just above that of someone in receipt of Jobseeker’s Allowance, complained that her financial situation threatened her social life, not only because of her lack of money to socialise but because she felt that she was no longer able to present herself in such a way that did not beget feelings of shame:

I wouldn’t say it’s life, I would just say it’s living, surviving. Cause if you can’t afford to go out with my friend for something to eat; we used to go out all the time for a drink and that but I cannot do that now, just haven’t got the money, haven’t got the clothes. If you wanna go out you’ve gotta have the clothes, so erm, in that respect it’s just survival I suppose. [T1]

Not being able to buy new clothes, and therefore being consigned to charity and second-hand shops for clothes purchases, was a common complaint that participants voiced, one that can be interpreted as being symbolic of their exclusion from mainstream society (Williams, 2002). The importance of this should not be underestimated: in a consumer society, clothing can be – and is often used – as a visible marker of a person’s economic worth which, ergo, then largely defines a person’s worth more generally (McKenzie, 2015). The clothing that people wear can thus be seen as having strong potential to be a cogent symbol of poverty and a “visible badge of shame and humiliation” (Lister, 2004). The corollary of this – evidenced in the present study – is that clothing and

material possessions more widely, and how these were acquired, had the potential to impact upon participants' wellbeing through influencing their feelings of self-worth and self-respect.

Susan, who also worked part-time but was in receipt of Jobseekers' Allowance because of her low number of weekly hours, desired to be able to buy "*some clothes that's not from a second-hand shop*" [T1]. Mary's circumstances were the same as Susan's and she too felt the same way that Susan did about being excluded from normal consumer behaviour, as she attests to here when discussing what she would like to be able to do if she had more money:

Just like, treat myself, buy new clothes, new shoes, fill the cupboards up, the freezer up, you know things like that, that's the thing I can't do.
[T1]

Mary also described how she had a mobile phone but that "*it's never got any credit on it because [the] simple fact is I can't afford to put credit on it*", meaning she had no means to communicate with family or friends unless they called her.

Maggie, who was in receipt of Jobseeker's Allowance and had to pay the Bedroom Tax, described how she had cut out all spending on clothes, instead relying on second-hand clothes donated by family members. Maggie did not appear too perturbed by this situation, opining that she did not view herself as living in poverty. In justifying this, she drew on narratives of absolute poverty, expressing her view that a "*roof over her head*" and the ability to pay her bills meant that she was not living in poverty. Yet she, like other participants who held this view also, recognised that she was excluded from certain social rituals – such as Sunday dinner – and that her life was indeed affected by poverty, as notes from Maggie's interview show:

She said, although she can pay her bills, "you're not able to get what you want", like Sunday dinners, eating what she wants to eat, having the heating on when she wants and not having to watch the electric.
[T2]

Yet Peter, who was disabled and struggling to make ends meet on his Personal Independence Payment and Employment and Support Allowance, explained that buying clothes from the second-hand shop did not bother him because *“when you come from big families, going to charity and second hand shops doesn't bother you, cause you get hand-me-downs when you're younger so you get used to it”* [T3]. Peter did, however, go on to discuss another aspect of his consumer practices, one that generated shame and discomfort for him. He explained how, occasionally, he and his partner needed to visit a pawnbroker shop to liquidate material assets in order to provide money for food. Peter photographed a visit to this shop, explaining how resorting to this made him feel *“degraded”*. He explained that, at the time of taking the photograph, he had pawned his partner's engagement ring for £21. When asked if there had been any occasions where they were not able to buy back their things, Peter explained that this has happened with his father's wedding ring and that this *“gutted”* him and made him feel *“rubbish”*.



Figure 8: Peter, photo 16 - the pawnbrokers

The shame and damaged self-worth that flowed from poverty were not just experienced by Peter; other participants were affected in different ways also.

Mike, a single parent of school-age children, reflected on the damage that years lived in poverty had inflicted upon his self-worth:

You don't think you're worth much, you think you're, you just honestly think no-one wants to know you and your confidence goes through the floor, and I mean now, I tell you what, I can't even really go to a wine bar. If I go to a wine bar, cause I haven't done it for so long, I feel like a fish out of water. [T3]

Mike alluded to a vicious circle of decreasing confidence generated by, and then reinforcing, a desire to withdraw from social participation. At the second interview, Mike explained how joining a local sports group had markedly improved his confidence, but that years of living in poverty had left scars on his psyche that could not be easily removed, as he goes on to describe here:

We [sports team] went for a meal, all sat round, but when they went to a wine bar after and you had to queue up outside the door, I done that when I was flipping [younger]... and I thought, you know what, I just don't want to be here. And the wine bar was all full and I thought, I don't wanna go in. I just didn't wanna go in. And then, I haven't even got a pair of shoes that I can wear, I've got some but I don't like wearing shoes and I haven't worn them for years. And I thought I'll wear my trainers, and the doorman came and says "your trainers ain't good enough", ok mate, thank you very much, I'm gone. It was my excuse to go home. So I just went, got in the car, I felt great then cause I didn't wanna go in anyway. [T3]

Shirley, living on Employment and Support Allowance and having to pay the Bedroom Tax explained how her circumstances left her feeling "very cut off from the world" and that when she did manage to go out, she could not "afford to do the things that normal people do" [T1]. Shirley was aware that her feelings of loneliness and reticence to socialise were not solely due to her poverty, but that this interacted with her mental health in complex ways. Nevertheless, such exclusion from social participation, and the loneliness that this could engender, has potential significance for health: a systematic review of reviews by Leigh-

Hunt *et al.* (2017) argues that there is convincing evidence that all-cause mortality may be associated with social isolation and loneliness. Of course, establishing links between such things was beyond the scope of the present research, although participants were able to recognise how their current and recent circumstances had more proximate impacts on their mental health.

As Shirley attests to in her comment about “*normal people*”, participants were aware of how their poverty meant that they could not participate fully in society; it was perhaps this acute awareness that made it difficult to bear. Susan talked about how her mental health suffered in the recent past, when she was struggling to pay the Bedroom Tax, as a result of not being able to enjoy social participation. She did, like Shirley, compare herself to others who she perceived as having the resources to do what she cannot – as the quote below demonstrates. However, Susan did go on to talk about how her mental health had improved through joining a choir, demonstrating the importance of social connectedness for mitigating some of the mental health impacts of poverty.

It depresses you. Because you know, you watch everybody going out and doing this and I wasn't one for going out much anyway, not having the money to spend and that, but they'd [friends and family] come and they'd say, "aw come out, come out we'll pay for this for you we'll pay for that", you know, but you don't want people to pay for you, you wanna do it yourself, you know. And that did depress us for a bit and I did have to go on anti-depressants, for a little while but, then I sort of like thought, you know, get on with it, you've gotta just buck your ideas up and get on with it. [T1]

Nevertheless, social participation was no panacea to the ill-effects of poverty and indeed, there were negative interactions between social participation and consumer exclusion. Alan, living on a small private pension but affected by the Bedroom Tax, described his participation with a group of enthusiasts that sometimes involved trips away overnight. He recalled an occasion when he had gone away but could not afford to eat with the rest of the party which “*upset*” him:

I went away for a weekend and they were having a 3-course meal and I couldn't afford it, I had to go somewhere else. [T1]

Another participant, Brian – who was in receipt of Jobseeker's Allowance – framed his views on social exclusion using the idea of rights – being only one of two participants to explicitly think about it in this way – by saying that he felt denied “*having the human basic rights like being able to go out, like to the cinema or go out and have a couple of pints with your friends, things like that*” [T2]. Yet Brian still possessed a sense of stoicism about his situation. At the third interview, he reflected that his happiness did not depend purely on material things and that having a social support network did buffer the impacts of his poor financial circumstances to some extent:

I wouldn't say I have any luxuries or anything like that but that doesn't really bother me you know, erm, I can, I've got the freedom that even though I haven't got all them luxuries I've still got friends and people that I can talk to, like I say, people in there [community hub]⁵⁷ and I go and see family so you know, I've always got something to do, you know. [T3]

There were suggestions that Brian's attitude to his situation was a way of making sense of his circumstances and perhaps a strategy of coping with it; other participants expressed similar kinds of thoughts to albeit to a lesser extent. A frame of mind of having to 'just get on with things' could be interpreted as a way for participants to cope by not expending too much mental capacity on the reality of their situation and how much their lives were affected, as Brian discusses:

I'm keeping up, I'm all up-to-date, I'm in arrears with nothing but, the way I look at it right, as long as all my bills are paid, I know it's not a very nice way to look at it but to me, right, all these people going out

⁵⁷ The community hub that Brian attended opened three days a week. It was free to attend, allowing people to come in to use the computers to carry out job search or attend courses; users did not necessarily need a purpose for a visit, it was possible for people to attend purely on a social basis for a hot drink and a chat.

buying all these flash things, that doesn't mean nothing to me right, as long as, I don't now, but I used to when I had a good job, plenty of money, obviously I was used to them sort of things, but now you've seen the other side of the coin when you haven't got it, you've just gotta make do with it and, I just manage to get on, you know. [T2]

Nonetheless, participants recognised the transformative effect that a positive change in their financial circumstances could have. This flowed not only from the potential it had for their material and social circumstances, but also for their feelings of self-worth; the latter being contingent, in part, on the former. Susan goes on to discuss what it would mean for her to have a little bit more money:

Oh it'd be lovely just to go in [the shops] and be able to pick up anything you want, anything that takes your fancy, pick it up and put it in the shopping trolley and not have any worries about, you know, the cost of it, you know, where you're gonna have to get the money from to put it back and, out of this pot, you know. [T1]

Roxanne, a single mother of three young children, discussed how she was so desperate for more money that she often gambled, a habit that she recognised as negative but that she felt compelled to do nonetheless. Of all participants, Roxanne was the most vociferous about her exclusion from material consumption and seemed particularly sensitive to how living in poverty reflected her social status:

I don't think. I just switch off. I don't lie about it or anything with my family support worker, but raffles, I was really bad at gambling too trying to win money to help my situation, but I didn't win so then I ended up in more debt. Literally I'd be... raffle, raffle, raffle, £2, £3, £4, buying tickets for these raffles trying to win money but I just don't win, so made it even worse. I buy scratch-cards, there's two. Buying scratch-cards trying to win money. Then that's £3 that could've went on something else. [T2]

Other participants were also aware of, and had considered, how having extra money might improve their wellbeing. Linda discussed specifically how, when

she came to retirement, she would have more money to be able to have days out, something which would be facilitated by the free bus pass that she would also get at that time in addition to her state pension. She predicted that this would improve her wellbeing compared to the present time:

I pay £13.50 for my pass, see when I retire I'll have a higher income that what I have now plus I'll have a free bus pass so I can go – I'd love to go down the coast – go for a jaunt down the coast, just a walk, know what I mean. I can't do that because to get on the metro, last time I looked, I think it was about £4. So it'll probably make a different on my peace of mind. [T2]

In the following quote, Wayne discusses how he felt after being willed some money by a family member who had died. Although slightly conflicted in his account, he suggests that having a lump sum of money increased his confidence because it gave him a sense of material freedom that he had not possessed for some time:

Obviously [my] confidence went up, cause I've got money, I can afford to do this if I feel happy, and er, really you don't, you feel the same but you feel as if you feel happy. And as I say, I got my passport renewed and I went abroad with my brothers. [T1]

Wayne elaborated on this decision that he had made, reflecting that he should perhaps have used the money to learn to drive instead of going on holiday, something that might have made him more employable.

Participant: When my mother died I came into some money and I took, like a year out, and didn't claim any benefits or anything and erm, I should've done it [taken driving lessons] that year but it instead I went abroad four times.

Researcher: Well, at the time, sometimes other things take priority don't they?

Participant: Well I hadn't been abroad for years, so I renewed my passport and, it was only four days at a time, but I went to Spain three times and went to the Czech Republic to Prague. [T1]

However, after being excluded from normal practices of consumption for a number of years whilst in receipt of Incapacity Benefit, Wayne's desire to do this is perhaps understandable. Indeed, it is estimated that over four fifths of UK households take a holiday every year, either in the UK or abroad (ABTA, 2018) and 42% of respondents to the Poverty and Social Exclusion Survey were of the opinion that an annual holiday is a necessity (see table 4).

It is worth noting, however, that some participants described slightly less constraint in their capacities of material consumption – three of the four participants in receipt of Personal Independence Payment or Disability Living Allowance (DLA) seemed better equipped for at least *a small amount* of consumption and social participation, echoing what Patrick (2017b) found in her study of 'welfare reform'. As shown in table 11, the incomes of these participants were higher than other participants' and, in some cases such as Trevor, above the recommended minimum. Trevor, who had been awarded DLA for a combination of musculoskeletal and mental health problems, explained the difference that it made to his income and the positive impact of this:

When I got the ESA, Income Support whatever it was called at the time, and DLA, it was a big, like, jump in my money. Suddenly I become, not wealthy obviously, but comfortable, I could manage a lot better and I had a little bit of extra cash for little luxuries and that, you know, clean and new clothes when I needed them, you know, if something electrical broke down I could replace it pretty easily. [T1]

Trevor alludes to those kinds of things which he had been previously excluded from – “luxuries” and “clean and new clothes” – which speak to the notion of people in poverty being denied access to everyday, taken for granted items that many people view as necessities for life in modern society. Steven echoed Trevor's sentiments, in that he was just about managing to get by, but framed his

experience in terms of his relatively fortunate position compared an imagined group of other people:

I'm not destitute, I mean like I say, the odd time I get a returned direct debit. I mean the council are fine by that because it only happens once in a while, erm, as I say I've got no other standing debts apart from like gas bills, electric bills, which is no problem, it's paid every week so, my fuel card's paid every week and it's not like I'm ganning [going] about nicking stuff so [laughs], yeah, so I'm quite comfortable now actually, I cannot really put myself down in any way, shape or form because as I've said before, said on many occasions, there's a lot more people worse off than myself. [T1]

Another participant – Laura, in receipt of PIP and ESA for mental health problems – was less content with her situation and was particularly aggrieved by what she considered to be an unsatisfactory amount of money that she had to live on:

As a basic human being with standard basic human rights that [the amount of money she received in benefits] would not be enough. You get these politicians that go around making 70-odd thousand a year and they'll still claim back their expenses so if they can claim back for tea and toast why can't I? [T1]

What was consistent across the sample of participants was the recognition that money and income mattered for wellbeing. Whether participants had more or less of it relative to the sample, there was a universal consensus that lack of money impacted negatively on people's lives. Conversely, it was also recognised that having a greater income could have a positive impact.

6.3.3 Providing for children

For participants with children, there were additional pressures of providing a life for them that was not tarnished by poverty, yet this proved difficult to do. Within this, participants described strategies for shielding their children from poverty linked to the damage they felt that poverty might inflict upon them. Children are particularly vulnerable to being socially excluded because of their poverty,

especially when they bear visible markers of this (Crowley and Vulliamy, 2007; Ridge, 2011). The stigma of poverty in childhood has roots in their parents' capacity to be consumers of material goods and, to a lesser extent, the children's capacity themselves. Linked to this is the marginalisation from social activities that children can then also experience, either because their appearance leads to their social exclusion, or simply because they cannot afford to participate in social activities (Ridge, 2011).

Mike – a single parent of three children who was unemployed at the first interview but employed part-time at the second interview – was particularly vocal both about how difficult it he found it provide for his children whilst on a low-income, but also about the challenges of attempting to shield his children from this. At the first interview, he described how his low-income constrained his ability to provide all the things that he felt his children needed to live a normal life, as this quote demonstrates:

I just want them to be kids. You know, as far as I'm concerned I will deal with all the headache and the flippin', you know, I'll deal with all that. Yeah, you want an ice cream, they don't realise sometimes, they say can I have an ice cream, phew, I've only got, sometimes I've only got a fiver and I got three kids getting an ice [cream] with, so, you know, here you are, three quid, go out and get an ice cream. [T1]

He went on to explain his strategy for protecting his children not only from the worst effects of material disadvantage, but also from the effects it had on him as a parent; namely, stress and anxiety. To protect them, he often withheld pertinent information from them, as he explained here:

Oh god the kids don't know the half. The kids go, oh I need so and so, so and so. Erm, we'll wait til Friday, know what I mean? ... The kids don't know that I went to buy the shopping, the kids come in, go in the whatsit [fridge], and there's nothing there; oh, I forgot to go shopping. I ain't forgotten to go shopping, went out to get [the shopping] and no money in [the bank], but the kids don't know I got no money in there, know what I mean, you know so I've kept it away from them. Stress,

yeah, know what I mean. And tell you what, and there's nothing, there's absolutely nothing worse than thinking you can't feed your kids, there's nothing worse, you know what I mean? [T1]

However, Mike gained employment between the first and second interviews, improving his financial situation. The additional income that this provided allowed Mike to provide material items for his children that he had previously been unable to do. Further, Mike now felt more financially secure than he did before, as he describes here:

I've been able to sort of make sure the kids are probably a little bit more clothed than they used to be, really it's just for me like, it's just a safety net for me. I just like that safety net, I just like that, yeah you've got some money over there and you spend that, you know, just gives me a little bit of, I just feel a little bit safer. [T2]

Struggling to indulge children in relatively inexpensive activities – like Mike's example of buying his children ice-cream – was something that other parents also described. Lisa, a single mother to two young children under school-age, discussed how she liked to occasionally take her children swimming and to McDonalds, activities that were firmly in the realms of “treat” for her and her family. Yet this was not always easy to do; it required her to put a few pounds away in a jar in weeks where she had a little spare money:

But obviously if I take them swimming he likes to go to McDonalds cause that's like his treat thing, he's like it's there mam, I need to go and I'm like, so sometimes I've gotta wait like, build a bit of money up like in a pot and then take them eventually. [T1]

Roxanne, another single parent of three children, admitted that part of her difficulties in managing money stemmed from her desire to shield her children from the effects of poverty by providing them with material things. Despite this, she was still aware of ways that they were missing out compared to their peers, such as having the opportunity to go on holiday:

I can't manage me money very well, I'm really bad cause I just, want, I can't help it I just I want what I've never had as well, I wanna give my kids what I've never had, which is a family life with being able to give them. They've never been abroad, they've never been on holiday. [T1]

A holiday for his child was something that Steven identified as desirable, yet something that was inevitably a big cost to bear. However, his slightly better financial position compared to other parents in the research, through being in receipt of Personal Independence Payment, made this something that was achievable. Here, Steven describes how he will sacrifice spending on some things so that he can give his daughter some money to have a holiday:

The only struggle I've got at the minute is, it's the bairn's [child] birthday coming up and she wants to go for a bit of a holiday, with her friends in the next [school] vacation so I says I'll give her £500. I mean, that I can cope with cause I can gan [go] a bit less on other things and stuff like that, you know, and I do manage to pay my bills. I mean, fortunately, I suppose, with us not drinking or owt [anything] like that there's no cost going towards that. [T2]

Whilst holidays were perhaps more distant (and unachievable) goals because of their relative expense, poverty more frequently impacted on a smaller scale. For example, both Roxanne and Lisa saw how their poverty excluded their children from activities that could enrich their lives, such as swimming or climbing⁵⁸. On considering what she would do with some extra money, Lisa conjectured that she would use to have more “*family meals and family time*” [T1]. This demonstrates the ways in which everyday, taken-for-granted activities were often impossible to include in family life because of poverty.

One of Roxanne's children liked to climb – she talked about how the child liked to climb trees near where they lived – but that she did not like him doing this because of the inherent risks. She had therefore enquired about taking her child

⁵⁸ There were a number of climbing walls within a short distance of Roxanne's neighbourhood, the reason why this idea had been considered.

to a local climbing centre, but had had to re-evaluate this when she discovered its cost:

[It's] really expensive, the [climbing] kids club is only £8.50 which is not that bad but then to keep his place I would have to take him every week, but that's better than £30 [for a climbing course] but £8.50 is still £8.50, that's like milk for the week or something. [T1]

Roxanne explained how it was felt “horrible” for her that she could not give them the things they wanted, things that she felt would contribute to them having a “good future”. Similarly, Jamie felt saddened by his inability to afford little, taken-for-granted things for his child. He reflected that he could personally cope with the effects of poverty, but that when it affected his daughter, it hurt him:

It's more for my little one actually, to be honest with you, like you know when she says like, dad have you got a pound for the ice cream van, and I cannot say to her well, you know, there. It really guts us, cause I think, I'm her dad and I should be providing for her, which she doesn't understand, she's quite a good kid like that. I suppose that's the only bit that upset us really, can I have a quid for this and a quid for that and, you know, well, hang on. [T1]

Sometimes, credit was a way for parents to provide things for their children. Both Mike and Roxanne described being heavily indebted with credit cards, catalogues and hire purchase, while Jamie described regular informal lending from family. All of these provided easy, if unsustainable, ways to provide materially for their children. Roxanne had been a prolific user of BrightHouse – a high-interest company providing household goods to people on low-incomes – from where she had obtained many of the furnishings in her house in addition to gifts for her children. She was well-aware of this being a financially unsound decision, but felt she had little choice if she was to not be excluded from what was seen to be normal consumption:

Oh god, I'm probably paying about two grand for that [TV]. It's stupid but, I've always just wanted one for the kids, I wanted them to have

nice things so it's just, aww it's terrible man but, I'm gonna win the lottery one day so, I might be alright. [T1]

Making comparisons to others around them – in similar situations – could lead to envy and pressure to 'keep up'. Roxanne explained her bewilderment at how an acquaintance was able provide things for her children that she was unable to do for hers:

I don't understand cause it really gets to me as a lass, she's got two kids, she's single like me, and her kids have got everything. She's not with the dad, so she's in the same position as me, the dad works, yeah he probably gives her some but what is she doing differently? How's she getting more money than me? Like, I don't understand, like literally her bairn's [child] in Converse [brand of footwear], brand new like little Nike, all the named stuff, like her bairns got all the new Nike trainers every other month. [T1]

Lisa, a single parent of two children, felt that times of celebration – such as birthdays and Christmas – were particularly difficult and often led to feelings of unworthiness and dissatisfaction at not being able to give their children as much as they saw other children getting. A potent facilitator of these sideways comparisons was social media. For example, Lisa describes how she felt “a bit worried” at seeing photos of other people’s presents for their children on Facebook but conceded that she had “done [her] best” and that the children would still get other gifts from their extended family. Both Lisa and Roxanne’s accounts bear resemblance to certain aspects of research by Peacock *et al.* (2014a). In their research – discussed in chapter five – they showed how women on low-incomes drew strongly upon an individualising discourse that tended to make damaging comparisons not with those in more favourable socioeconomic positions, but with those most like them; unfairness was most potently felt in comparison to other people in similar social positions.

6.4 Summary

This chapter has examined social exclusion and food insecurity, demonstrating the ways that poverty permeated throughout participants’ lives, impacting on

many taken-for-granted things. It has shown how managing to eat well – both objectively and subjectively – was extremely difficult and that compromises and trade-offs were inevitable. The impacts of poverty on exclusion from mainstream consumer society were also explored, highlighting the way that these made participants feel 'different', impacting their sense of pride, self-worth and evaluations of their own success – particularly for lone parents who felt unable to provide for their children adequately. The next chapter – the discussion – will consider the findings in their entirety and discuss their implications.

Chapter 7: Discussion

7.1 Introduction

This chapter will synthesise and interpret the key findings from this research, highlighting how they contribute to the existing literature on social security, poverty, health and insecurity. The strengths and limitations of the research will also be considered, and recommendations for future research will be suggested. Finally, the policy implications of this research will be outlined.

7.2 Key contributions to the literature

- This study adds to the growing body of literature that focuses on the lived experience of social security recipients in the UK who have been affected by post-2010 'reforms' to working-age benefits.
- The empirical findings from this research explore 'welfare reform' in addition to poverty and social exclusion, health and wellbeing, and food insecurity, using a lens of insecurity.
- By taking a longitudinal approach, this research has been able to examine the temporal effects of 'welfare reform', understanding more about how it impacts people over time – for example, how people deal with pending reassessments and whether continued pressure to move into paid work is successful in inducing such transitions.
- It is, to the best of my knowledge, the first study to longitudinally examine the impacts of the Bedroom Tax using in-depth qualitative methods.
- This study provides evidence that there are complex tensions around the security-insecurity dialectic in respect of social security and work; continuity and certainty of income – no matter how low – is very important for people.
- The study makes a major contribution to the growing literature on the lived experience of food insecurity, by illuminating the relationships between low-income, benefit receipt and food insecurity. It shows that food insecurity is about much more than hunger and nutrition;

consignment to low-quality, bland and monotonous diets, and being unable to socialise via the medium of food, had implications for mental health and social connectedness.

- This thesis highlights an important, oft-neglected aspect of poverty and social exclusion, that of being excluded from participating in normal consumer society and the implications of this for participants' sense of self-worth.
- This thesis provides evidence that welfare 'reform' might impact on health – and health inequalities – through a combination of material, neo-material and psychosocial pathways.

7.3 Main findings

The main findings of this research will be outlined in reference to the research questions set forth in chapter one.

7.3.1 How do benefit recipients perceive that they have been affected by 'welfare reform', and does this change over the time of their participation in this research?

The lived experience of 'welfare reform' – and living on social security benefits more broadly – was characterised by a pervasive sense of insecurity that flowed not only from the poverty that benefits and low-paid work engendered, but also from the ever-present threat of sanction for unemployment benefits, the looming spectre of reassessments for sickness benefits, and the pressure to move home because of the 'Bedroom Tax'. 'Welfare reform' thus made participants poorer, and their continued entitlement to social security benefits more uncertain, contributing to feelings of undermined ontological security.

The following of participants over time yielded interesting insights into the temporal dynamics of how people's lives interacted with the social security system and 'welfare reform'. Of the thirteen participants who were followed up after the first interview, only three could be said to have had substantive changes to their circumstances. Two of these were negative: one was by the Benefit Cap, and the second was changed from Disability Living Allowance to Personal Independence Payment, losing part of their entitlement. Only one

participant had a positive change in their circumstances by finding work and increasing their income. That most participants' circumstances were static throughout the research is a noteworthy finding in and of itself. It demonstrates firstly that 'welfare to work' – with its activation and conditionality – does not work for everyone, particularly those with substantive barriers to work. Secondly, it highlights how some benefit claimants have had to weather multiple assaults as a result of 'welfare reform', without the means to resist or materially change their circumstances.

Participants who were subject to 'activation' for work via the Jobcentre or Work Programme sensed they were being placed under increased pressure to move into work, despite the various barriers that they faced in this regard. They noted the use of sanctions as a threat to correct supposed 'bad behaviour' and perceived a diminishment of agency in the process of job searching; the relationship between the claimant and Jobcentre was seen to be largely one-sided. Yet, rather than this being matched with increased support from the Jobcentre, participants opined that this support had lessened in effectiveness and that the role of the Jobcentre had transformed into one of primarily surveillance.

Deductions to participant's incomes, as a result of either the Bedroom Tax or changes to indexation, had made it more difficult to get-by and maintain a fragment of financial security. Participants recounted impacts on their ability to buy food – compromising on healthiness and quality of food – as well the ability to adequately heat their homes. Participants also remarked that tighter financial margins meant there were very few opportunities to achieve little more than subsistence living, with leisure pursuits out of the questions for most. The combined effects of getting by on less money – alongside the insecurity aspect of 'welfare reform' – were stress, worry and worsened mental health.

7.3.2 Do participants perceive that social security offers 'security', and how has 'welfare reform' changed this over time, if at all?

Social security did offer *some* security for participants. The continuity of income that benefits provided – despite being a relatively small amount of money – was a form of security in itself. Those on sickness and disability benefits arguably

had more security because their benefits were less likely to have conditions attached and, where conditions were attached, it was not perceived that these were stringent. However, the inevitable periodic reassessments tempered this security somewhat and, as time progressed, this 'fear of the brown envelope' increased (Garthwaite, 2014). Inevitably, achievement of security was always limited by the low monetary levels of benefits, which precluded the accrual of even small amounts of money to serve as a financial buffer, something that participants perceived had been more of a possibility in the recent past. Therefore, whilst continuity offered security on the one hand, this was countered through difficulties in 'getting by'.

For those who were subject to work requirements, the security of continued benefit receipt contrasted sharply against the possibility that moving into work would likely mean having to temporarily forego income. With participants having little or no savings, this was a serious hurdle to overcome. The main compounding factor to moving into work was the likelihood that fluctuations in participants' illnesses or caring responsibilities might mean that paid work could not be sustained, in which case, a new benefits claim would have to be instigated. For those on sickness benefits, the known difficulties in accessing these benefits meant participants were reluctant to discontinue their claims, lest they need to reapply if work proved too difficult to maintain. Furthermore, participants were aware that many jobs available to them were either part-time or of the less-secure type, such as zero-hours or temporary contracts. In the case of the former, part-time jobs often offered little marginal gain over benefits, while precarious work was insecure by its very nature and therefore difficult to reconcile with a desire for security of income. Only one participant in this study moved into work during the course of this research.

Participants' relationships with those organisations responsible for 'activating' them for work – the Jobcentre and Work Programme – prompted an intriguing dialectical tension between security and insecurity. The regime of conditionality meant that continued receipt of benefits was contingent on participants obeying the demands of the Jobcentre and not displaying the incorrect 'behaviour'. Yet

participants effectively learned how to 'manage' this interaction to avoid threats of sanction which were, of course, a great threat to security.

7.3.3 How do participants negotiate poverty caused by inadequate social security benefits and/or low wages?

Negotiating poverty was a difficult and thankless task for participants. Contrary to popular beliefs about the generosity of benefits (Natcen Social Research, 2018), participants struggled to get by on amounts that have been adjudged to be less than that needed for a minimum acceptable standard of living (Davis *et al.*, 2016). Astute budget management, coupled with strict self-discipline, formed the mainstay of participants' strategies for managing; shopping around, going without certain (often essential) items, and making compromises were common strategies reported.

Some participants got into debt in attempting to manage their finances. This financial difficulty was particularly prone to causing participants to experience worry, stress and deteriorating mental health. Those who had nearby family were sometimes able to borrow money, but this made participants feel uneasy; they had internalised narratives of dependency being a primarily negative thing. Therefore, drawing on such support affected participants' feelings of pride and self-worth. Further, it had the potential to cause tensions with family members and put a strain on familial relations.

7.3.4 What characterises the lived experience of a low-income social security recipient?

The lived experience of participants was characterised by social exclusion and insecurity. Struggling to 'get by' and make ends meet, making do with less than desired, and experiencing stress, worry and impaired mental health were all part of this lived experience. Nevertheless, most participants did have some source of enjoyment and happiness in their lives. For most, this was obtained from their relationships and (limited) social interactions, primarily with close family and friends. The presence of these acted as a comfort to participants, even if their support was not drawn on very often. Whilst participants' lives were characterised by insecurity in many ways then, the presence of nearby family was able to buffer against this, to some extent. This also underscores the

importance of place in participants' lives and wellbeing, which was partially threatened with disruption by one particular policy of 'welfare reform': the Bedroom Tax. The prospect of participants having to move – from a home that they had formed attachments to, a place in which most were embedded within social support networks, and that was important for their ontological security – was a threat to their personal security, triggering worry and stress.

Chapter six demonstrated the usefulness of social exclusion as a lens for understanding the lived experience of poverty for the participants. Centring on food insecurity and the idea of the 'excluded consumer', it showed how social exclusion extended beyond purely material concerns, highlighting the relational impacts of poverty that flowed from the inability to participate in society in ways that most citizens (who are not in poverty) were able to. The evidence presented showed that it was not just about the things that participants were able to buy or do, but that the routes of acquisition were important too.

Having to obtain things from a charity shop, second-hand shop, pawnbrokers or foodbank was not deemed socially acceptable and was injurious to participants' sense of self-worth and self-respect, leading to feelings of shame, degradation and humiliation. The cumulative effects of such experiences appeared to be detrimental to wellbeing, not least because participants were aware of how they were unable to enjoy privileges that the majority of people were perceived to enjoy, but also because of the potential to spoil participants' self-esteem and self-respect.

Participants were also aware of the ways in which their poverty marked them out as belonging to this stigmatised category; participants' identities – as 'normal' members of consumer society – were insecure. Those who were parents were also cognisant of how poverty had the potential to affect their children, though they often strove to protect them as much as they were able.

7.3.5 How might poverty, disadvantage and 'welfare reform' interact to produce effects on health and wellbeing?

The principal impact reported by participants was on mental health. As already outlined, this arose as a result of the insecurities participants faced, including

food insecurity which, in itself, had important implications for health – both mental and physical. Such insecurities – in respect of benefit continuation or financial difficulties – triggered worry, stress and anxiety which, in turn, got people 'down'. Aspects of 'welfare reform' thus presented additional burdens, on top of the poverty and social exclusion already being experienced, and both interacted with other difficulties that many participants faced such as ill-health, disability and lone parent caring responsibilities.

Another aspect of participants' experiences, with implications for other dimensions of health, was food insecurity. This was situated within participants' wider contexts of material deprivation, where scarce resources had to be stretched thinly. Trade-offs between different budgetary items – such as food and fuel – were a frequent occurrence. Being cold was also described as being damaging to participants' health, both physically and mentally. Whilst hunger was uncommon, the priority for participants was, nonetheless, satiety. This meant that cheap, filling foods – such as pasta, potatoes and bread – took precedence over more expensive foods such as fruit, vegetables and meat. The food insecurity that participants experienced was characterised by worrying about not being able to buy enough food, having to eat different foods than those desired, or having to obtain food in socially unacceptable ways; in some cases, participants had had to access a food bank too.

Participants recognised and described how their experiences – both in terms of food insecurity and wider consumer exclusion – could be damaging to their health, particularly their mental health. Whilst some participants with existing health problems recognised that their poor diet was not good for their health, the impacts for most participants were felt mainly on mental health. This largely resulted from having their choices as a consumer constrained – for example, it meant that they were consigned to eating relatively bland foods and monotonous diets, or had little opportunity to purchase other material goods or services that might provide feelings of satisfaction or wellbeing (albeit temporary), or permit a sense of inclusion within 'normal' consumer society by engaging in 'normal' activities such as socialising with family and friends.

7.4 Interpretation

This part of the discussion will reflect on how the key findings from this research relate to existing research in this area, what the implications are, and how the findings relate to the conceptual framing of insecurity outlined in chapter two.

7.4.1 *At the nexus of social policy and public health*

'Welfare reform' – and the state of austerity that putatively prompted it, did not come out of the blue. As argued in chapter 2 – the literature review – both can be located within the longer-term political and ideological project of neoliberalism, initiated in the late 1970s. How neoliberalism – and political economy more widely – impacts upon health has been explored and theorised by many since then (Doyal and Pennell, 1979; Stuckler *et al.*, 2010; cf. Schrecker and Bambra, 2015; Schrecker, 2016), parallel with growing interest in theoretical and empirical understanding of enduring global health inequalities (cf. Townsend and Davidson, 1992; Marmot, 2005; Mackenbach, 2012). The present research positions itself at the intersection of these two research areas and a third area also: the growing body of literature from qualitative research which explores how macro-political decisions – in this case, 'welfare reform' – translate to lived experience at the micro level (cf. Garthwaite, 2014; Moffatt *et al.*, 2015a; McNeill *et al.*, 2017; Mattheys *et al.*, 2018; Wright and Patrick, 2019). Whilst quantitative evidence is useful for identifying high-level trends in these areas of research, qualitative evidence provides complementarity by offering insights as to *why* certain trends, patterns and population-level outcomes might be observed.

This research has foregrounded the lived experience of people affected by 'welfare reform', attempting to make sense of this in relation to health and wellbeing using a lens of insecurity. It provides a timely and valuable development of research conducted by Patrick (2015), by examining the lived experience of 'welfare reform' at a later point in time (2016-2018) of its programme of implementation, in a different place and using a different conceptual framing of insecurity and health. It also adds to qualitative research on discrete parts of 'welfare reform', such as those examining conditionality and sanctions (Welfare Conditionality Project, 2019), changes to sickness and

disability benefits (Garthwaite, 2014; Manji, 2017), the Bedroom Tax (Moffatt *et al.*, 2015a; Bogue, 2019) and Universal Credit (Cheetham *et al.*, 2019). In particular, this research offers a detailed picture of the longer-term effects of the Bedroom Tax. Despite the varied aims, locations and temporal aspects of these different projects, the similarities of lived experience between them are remarkable. All demonstrate profoundly negative impacts of the different aspects of 'welfare reform', particularly on mental health – either directly or on other aspects of lived experience likely to influence mental health.

7.4.2 Unpicking the safety net?

Discursively, 'welfare reform' has been positioned as a moral endeavour, both in terms of reducing the cost to the taxpayer but also in terms of remoralising supposed feckless benefit claimants who are 'dependent' on the state. This view apparently sees previous governments as complicit in this, resulting in benefit claimants who have come to be coddled by the social security system, and granted an unfair amount of security in comparison to the 'hardworking majority' (Cameron, 2012). Whilst it is true that participants in this research were indeed concerned with capturing what security they could – and that social security, to an extent, did offer some security – the idea that social security recipients were granted a comfortable and easy existence is strongly challenged by the accounts presented here, and indeed other, research on 'welfare reform'.

Concerns with security and insecurity can be traced throughout the findings of this research. Reflecting on Vail's typology of security (1999a), participants' individual circumstances spoke to the need for social security to provide economic security in situations where attachments to the labour market were weakened or severed altogether. Of course, this stylised view of security assumes that economic security can, in theory, be ordinarily obtained from participation in paid labour. However, as demonstrated in chapter five, there were substantive barriers to work for many – including ill-health, disability, and caring responsibilities. Participants were rightly sceptical that work held the emancipatory potential that political rhetoric promised; indeed, those five participants who were in (or found) work during the research were clear examples that labour market participation did not protect against poverty (Limb,

2015). To further underline this point, in-work poverty in the UK has been rising year on year since the mid-1990s and, in 2016/17 when this research commenced, was at its highest ever level of 13.5%⁵⁹ (Barnard, 2018).

There are therefore strong challenges to the idea that paid work is guaranteed to provide economic security (Newman, 2011). This brings into question the rationale for the regime of conditionality, activations and sanctions in 'welfare reform', which all spring from the ideological belief that paid work should be *the* outcome that out-of-work benefits claimants are working towards. In the ground-breaking Welfare Conditionality Project (2019), researchers there robustly demonstrated that conditionality was ineffective in prompting behaviour change supposedly designed to move people from benefits into work. The idea then that that benefit claimants are a passive group, who are completely disengaged from the labour market and in need of activation, does not hold up to scrutiny (Patrick, 2017b). Further, as this research has demonstrated by examining claimants' lives through time, entrenched barriers to work remain just that, and as such, are not particularly amenable to an approach that simply seeks to expect changes in people's circumstances through applying – and increasing – pressure, and using threats of sanction.

Participants in the present research wanted to work, but wanted secure work that offered a level of remuneration that permitted a better standard of living than benefits did (Davis *et al.*, 2016). Although Dunn (2013) has suggested that many benefits claimants are 'choosy' in the jobs they are willing to apply for, and has further questioned whether people are truthful in professing their desires to work (Dunn *et al.*, 2014), Marston (2013) counters that 'choosiness' should instead be seen as the legitimate 'choice' that people should have in respect of which kinds of work they accept. Of course, this latter point is open to debate, and indeed such debates relate to the dialectic of social security and work incentives – touched upon in chapter two – and social security's capacity for decommodification. The idea of 'lesser eligibility' holds that, if people are to be

⁵⁹ Rate of working-age adults living in relative poverty after housing costs.

incentivised to work in a capitalist economic regime, then social security must always be a less attractive option than even the most undesirable job (Spicker, 2011). The British Social Attitudes survey shows that the general public tend to take a stern view of benefit claimants; a majority of respondents believe that a jobseeker should have to take a job that is minimum wage, on a short-term contract, or a job they are not interested in, and also that a job could be found easily if a person looked hard enough (NatCen Social Research, 2015; NatCen Social Research, 2016).

7.4.3 The Jobcentre, conditionality and welfare-to-work

As has been pointed out in previous research, benefit claimants' lack of work ethic, or a 'culture of worklessness', are rarely barriers to work, if not illusory altogether; rather, it is most often a combination of mismatches between jobs and skills, part-time and low quality work, precarious work, and fear of losing benefits (Newman, 2011; Patrick, 2015; Wright, 2016). However, McCollum (2012) suggests that emphasis on only structural factors ignores the complex interplay between structure and agency, and that individual factors are still important to consider when exploring movements between benefits and work (and back). McCollum (ibid.) contends that a balance between 'helping and hassling' claimants has to be struck, although evidence from the present research suggested much more of the latter than the former. Analyses of labour market trends in the UK suggest that the increased threat and use of sanctions has not led to longer-term, sustained improvements in labour market outcomes (Reeves, 2017; Taulbut *et al.*, 2018). Participants in this research evidently needed meaningful support, not coercion, and an appreciation of how work could fit with their respective barriers and limitations.

Attempts by the Jobcentre or Work Programme to improve participants' skills or confidence were generally seen to be an exercise in futility. Further, ever-present threats of sanction by the Jobcentre or Work Programme had instilled a sense of distrust and wariness into participants, who learned how to 'manage' their interactions with these organisations to deter such threats. However, this came at a detriment to building supportive relationships that might have helped to improve work prospects. The Welfare Conditionality Project (2019) noted

similar experiences in their research, which they termed 'counterproductive compliance'. As they put it, "pressure to achieve more demanding job application/work search requirements coupled with recipients' strong desire to avoid the punitive effects of a sanction resulted in people applying for jobs they had no realistic chance of getting" (Welfare Conditionality Project, 2019, p.18). That is not to say that activation policies must necessarily be designed in the way demonstrated in this research, as Dinan (2019) points out. Interventions can marry together both demand- and supply-side measures, utilising positive financial incentives as well as focusing on development of human capital, rather than adopting negative financial incentives as in 'welfare reform'.

At this point, it is worth reflecting on the continued rollout of Universal Credit (UC). Though only two participants in this research were in receipt of UC, any participants that remained in receipt of benefits would, in the longer-term, be migrated to UC. Though initially predicted to improve work incentives by removing the 'cliff-edge' transition from benefits to work (Brewer et al., 2012), changes to its work allowances and taper rates have eroded its capacity to truly incentivise moves from benefits into work (Timmins, 2016; Brewer et al., 2019). Indeed, as Brewer et al. (2019) point out, many households will be worse off under UC. Moreover, UC has been criticised for a contradiction that is inherent in its design: that is, it is claimed that it will support recipients to move towards independence from the state, while at the same time subjecting them to more surveillance and conditionality than which is present in the legacy system it replaces (Millar and Bennett, 2017). Dwyer and Wright (2014) term this 'ubiquitous conditionality', in which conditionality is intensified and extended to those in-work too.

Research has shown that approaches to activation based on conditionality and sanctions can have negative impacts on health. Analysing aggregated qualitative data from two projects investigating 'welfare reform' between 2011 and 2018, Wright and Patrick (2019) have provided strong evidence in relation to these negative effects. As in the present research, they noted impacts on mental health linked to the fear that participants felt towards their interactions with the Jobcentre. Quantitative evidence from both the UK and abroad offer further

evidence that welfare-to-work activation policies may be harmful to health with demonstrable associations with mortality, increased food bank usage and worsening mental health (Muennig *et al.*, 2013; Loopstra *et al.*, 2018; Davis, 2019). However, research by Curnock *et al.* (2016) specifically examining activation within Employment and Support Allowance (ESA) has shown that people who do move from ESA into work show improvements in health, though this does not necessarily mean that work is appropriate for everybody on this benefit. Whilst the evidence from the present research cannot make claims in respect of longer-term health, in the short-term at least, conditionality was associated with stress and anxiety, and the sense that participants had effectively ceded control of their lives to the state.

7.4.4 Change, insecurity and fear

Another aspect of 'welfare reform' that prompted insecurity for participants was the process of assessment and reassessment for sickness and disability benefits. For Personal Independence Payment (PIP), the government's own research has recognised that claimants often do not know what to expect from the face-to-face assessment, and that the overall process of claiming is not particularly easy to understand (Barry *et al.*, 2018). Yet it was not necessarily the assessment itself that participants in the present research feared – although it was a cause for some anxiety – rather it was the prospect of being found to be no longer eligible for their respective benefits. It is important to highlight that there was not a homogenous response to the threat and process of assessment or reassessment. Some participants were more active in the process than others, effectively 'getting back at' a system that they perceived as uncaring and incompetent (Lister, 2004). Yet participants' abilities to gain further understanding of the assessment process and their entitlements were severely limited by the wider impact that austerity has had on the voluntary sector (Clifford, 2017).

Roulstone (2015) contends that the administrative category of disability – first described by Stone (1984) – has, in effect, narrowed in the change from Disability Living Allowance (DLA) to PIP, resulting in previously eligible people now being excluded from these benefits. Roulstone (2015) argues that this

redrawing of parameters was also linked to concerns vis-à-vis security, such that easily accessible benefits were promoting dependency on the state and that “too many have wrongly entered the disability category” (p. 677). The government’s own data show that approximately three in ten people are denied the benefit at their DLA to PIP reassessment, though this is around one third lower than that anticipated (National Audit Office, 2014; Beatty and Fothergill, 2016; Department for Work and Pensions, 2019).

As with PIP, reassessments for Employment and Support Allowance (ESA) prompted similar fears in respect of benefit loss, aligning with Garthwaite’s (2014) idea of the “fear of the brown envelope”. Ecological research by Barr *et al.* (2015a) has shown that these assessments are associated with area-level increases in suicides, self-reported mental health problems and antidepressant prescribing. Evidence from the present research certainly supports the idea that assessment for ESA was particularly unpleasant; participants perceived that they had to ‘prove’ their deservingness to assessors who were seen to be unsympathetic. Further, participants disliked feeling they had little control in the process of assessment, necessarily engendering insecurity. Baumberg *et al.* (2015), drawing on other countries’ experiences of conducting similar assessments, suggest that better, less damaging assessments are possible. Such assessments would, for example, account for the skills of the claimant and local labour market demand in the decision-making process, as well as making Jobseeker’s Allowance a ‘safe place’ for people with ill-health, where the limitations of their illness are accounted for.

The so-called Bedroom Tax was another key ‘welfare reform’ that was generative of insecurity for participants. Crucially, the ontological security that the home provided for participants (Kinnvall, 2004) became undermined by pressure to move home. Second to this, paying the shortfall in rent – that the Bedroom Tax caused – took money away from what little participants had to begin with, resulting in financial difficulties and attendant mental health problems. Despite feeling pressured to move home, no participants did move during this research, nor had any previously done so because of the Bedroom Tax. This was primarily due to a lack of suitable properties, although participants’

emotional and social attachments both to the home and to the area were a factor in this. Whilst Discretionary Housing Payment was able to buffer against the Bedroom Tax to some extent, this was conditional and temporary and, ergo, an insecure arrangement. Importantly, the supposed 'spare' bedroom was, in fact, not spare at all; its presence permitted participants to care for children, grandchildren or other relatives. The findings in respect of this policy were remarkably similar to those of both Bogue (2019), Moffatt *et al.* (2015a) and O'Hara (2015), although the present research offers a unique temporal view of the impacts.

Overlaying all of these anxieties related to tangible policy changes – disability and sickness benefit reassessments, the Bedroom Tax and deepening conditionality – was an uneasy sense of fear that afflicted participants. Firstly, this was felt in relation to approaching changes, such as Universal Credit, where participants feared the transition leaving them with less money than before, or facing delays in receiving their benefit payments (Cheetham *et al.*, 2019). But more so, participants deep-seated anxieties spoke to the idea of a 'political economy of insecurity' discussed in chapter two (Bauman, 1994; Vail, 1999b; Orton, 2015). The cumulative effects of 'welfare reform', itself preceded by many years of change in the social security system, impressed upon participants a feeling that the 'rules of the game' were changing; participants ideated that, at some point, more changes would impact them.

7.4.5 Poverty, wellbeing and food insecurity

Even if moving was not an option, insecurity still resulted from the financial impact of the Bedroom Tax. This was on top of the already-inadequate benefit levels that participants were receiving, worsened by real-terms cuts caused by the benefits freeze. The large gap between participants' actual incomes and consensually agreed Minimum Income Standards meant that, no matter how prudent and thrifty participants were, achieving a minimum, socially acceptable standard of living was almost impossible (Davis *et al.*, 2016). Participants managed to eke out meagre lives with the little they had, coping by employing fairly mundane yet generally effective strategies included astute budgeting, cutting expenditure on certain things – such as food, clothes and fuel – and

actively managing relationships with creditors, all things described in other research with people on low-incomes (Roberts *et al.*, 2014; O'Hara, 2015; Patrick, 2015; Pemberton *et al.*, 2016).

It is perhaps of little surprise that participants found the process of 'managing' on a low-income a difficult one, prone to causing stress and anxiety. Existing literature suggests that the relationship between income and wellbeing is curvilinear, meaning that at very low levels of income, there are much more damaging effects to wellbeing than there are gains at higher levels of income (Cummins, 2000). The hypothesis for this relationship is that, at low levels of income, financial concerns begin to replace other, 'higher-order' concerns (*ibid.*), such that financial strain becomes all-consuming. Thus, income *per se* is important for meeting basic needs, and therefore also a baseline of wellbeing. Howell *et al.* (2013) argues that money *can* effectively buy happiness up to a point, once basic needs are met and, further, that rises in economic standing increase perceptions of financial security and thence life satisfaction. This finding is also supported by qualitative research too. Research with Norwegian social security recipients has demonstrated the importance of meeting basic needs for the sense of security that they both felt and wanted to feel (Kjell, 2007). However, it is not well understood how social norms of consumption play a role in the relationship between income and subjective wellbeing (Diener and Biswas-Diener, 2002), meaning that the conception of what constitutes 'basic needs' is likely to be socially subjective. Research on minimum income standards and social exclusion sheds light on such subjectively acceptable needs – as discussed in chapter two. There, it was shown that people considered things such as heating, a damp-free home, two meals a day, family visits and warm clothing as some of the essential things deemed as necessary in modern life (PSE Team, 2013). Yet many other things identified by that research (*ibid.*) were unavailable to participants, for economic reasons, such as being able to maintain a hobby, have a decorated home, have savings for unexpected outgoings, family celebrations and the ability to replace broken household items.

One crucial aspect of participants' needs that were often unable to be adequately met, was food. Participants reported being restricted in their ability to buy foods that were both nutritionally and subjectively adequate, though experiences largely transcended concerns of nutrition. Such findings are similar to those from other research on food insecurity. For example, Burns *et al.* (2013) reported that food insecure households in Australia prioritised filling foods over healthy foods, whilst also attempting to purchase desired foods and formulating strategies for eking out a meagre diet on limited resources. Similarly, McKenzie and McKay (2017) also describe a strategy of filling up on cheap foods in a study of lone mothers living in poverty. Drewnowski (2009) posits that such strategies may arise out of low-income consumers' desire to maximise the amount of energy obtained from foods in a market where energy-dense, nutrient-poor processed foods are cheaper than fresh, nutrient-dense foods. In making compromises, participants prioritised foods that filled them up at the expense of less filling foods such as fruit and vegetables.

Evidence from food insecure households in Canada, France and the UK has shown that poorer quality, and less nutritionally adequate diets are indeed commonplace (Nelson *et al.*, 2007b; Kirkpatrick and Tarasuk, 2008; Pilgrim *et al.*, 2012; Bocquier *et al.*, 2015). In the present study, this was of little surprise given participants' low household incomes, known to be one of the most important determinants of food 'choice' (Aggarwal *et al.*, 2011; Venn *et al.*, 2017). Financial constraint is known to affect food spend because, as McKenzie and McKay (2017) point out, food is an elastic part of the budget that can be restricted in response to other, relatively inflexible budgetary pressures. Scott *et al.* (2018) have established that a single adult would need to spend around £42 a week in order to have a diet that meets UK healthy diet standards. This compares to a typical £20-25 that participants in this research reported spending on food, per person per week. By way of comparison, if the single adults in this study had spent £42 a week on food, that would have equated to up to 57% of their weekly

income⁶⁰. Clearly then, participants' low incomes were a major barrier to not only eating healthily but also eating in a way that they desired.

Poor quality diets, lacking in nutritious foods – like those described in the present research – are well-recognised as being important determinants of many causes of morbidity and mortality (McCullough *et al.*, 2002; World Cancer Research Fund/American Institute for Cancer Research, 2007; Hooper *et al.*, 2012; Wang *et al.*, 2014). Further, many aspects of the UK diet are already socioeconomically patterned, with those living in less advantaged circumstances tending to consume less healthy diets (Barton *et al.*, 2015; Maguire and Monsivais, 2015). It is perhaps of little surprise then that food insecurity has been linked to a number of adverse health outcomes, including obesity (Larson and Story, 2011; Ryan-Ibarra *et al.*, 2017), increased risk of cardiovascular disease risk factors (Seligman *et al.*, 2010) and cardiovascular disease itself (Vercammen *et al.*, 2019), an increased likelihood of reporting mental illness (Siefert *et al.*, 2004; Muldoon *et al.*, 2013) and poor subjective wellbeing (Frongillo *et al.*, 2018). Participants' experiences in the present research offer some evidence in respect of the lattermost concern. Financial circumstances meant that participants had little money available to spend on food, thus having to prioritise bland, filling foods and cut back on more expensive and pleasurable foods, such as fruits and vegetables and more expensive cuts of meat. This echoes findings from other, recent research from the UK such as that by Mattheys *et al.* (2018) and Garthwaite *et al.* (2015).

Subjectivity was important; though participants managed to stave off hunger with the little money that they had, they were often unable to incorporate foods that they took pleasure from eating, for example meat, which spoke to participants' ideas of 'proper British food'. It is worth noting, however, that there is surprisingly little consensus about how a British culture of food should be characterised, although the concept of a 'proper meal' centred on roasted meat, vegetables and potatoes certainly speaks to such ideas (Willett, 1997; Mitchell,

⁶⁰ Assuming a person received £73 a week Jobseeker's Allowance, without any deductions.

1999; Dowler *et al.*, 2001; Mackereth and Milner, 2007). Whether or not a true culture of British food exists, meat still dominates as a central part of British diets (Centre for Research in Social Policy, 2018). For meat eaters then, there is a strong expectation that it should make an appearance – if not, be the central part – in people's diets, and that a diet without it could be seen as 'improper' or incomplete and serve as a way to make people feel excluded from mainstream society.

7.4.6 Falling through the net – shame and exclusion

Despite participants' best efforts at managing on their low-incomes some participants experienced debt and financial difficulties. Invariably, such debts were accrued not for extravagant or superfluous items or services, but rather for ordinary outgoings such as rent, groceries, clothes, and sometimes for replacement of household goods. Walker (2011) argues that the supplementation of benefit claimants' incomes with personal debt is an inevitable outcome of a social security system that fails to provide an adequate income to meet basic living standards, something that 'welfare reform' has exacerbated. In this way, obtaining credit to cover basic living expenses can be seen as a *de facto* part-privatisation of social security. The termination of the social fund⁶¹ is testament to this analysis; its removal means that it is now increasingly necessary for people to obtain private credit in the event of minor domestic emergencies (*ibid.*).

Although most participants had family nearby who they could, in theory, turn to for financial support, the actuality of doing so was fraught with difficulty. Borrowing from family had the propensity to strain relationships and, furthermore, it damaged participants' sense of self-worth. This links to Peacock *et al.*'s (2014b) argument that notions of personal responsibility, and dependency as something to be abhorred and disassociated with, offer explanations for how the central tenets of neoliberalism become internalised

⁶¹ This was a discretionary fund for meeting exceptional needs. For example, claimants could apply for budgeting loans, crisis loans and community care grants.

and thus inflict damage to the individual and social relations. As the authors (ibid.) put it: "neo-liberal discourses thus cohere around a valuing of the self-regulating, self-surveillant and autonomous self, where those who are not equal to this task face both strain and fears that others will judge them as insufficiently responsible." These findings also fit with Bauman's ideas of the processes of individualisation that have occurred concurrent with neoliberalism, inasmuch that Bauman argues that the fracturing of society along solidaristic lines has led to creeping individualisation and a resultant 'privatisation of misfortune' (Bauman, 1994; Bauman, 2001).

Feelings of shame and damaged self-worth were evident in the present research, linked to poverty and social exclusion. In particular, participants lamented feeling excluded from mainstream society in ways that might be regarded as trivial, but which were nonetheless hurtful - for example, buying things second-hand, an inability to participate in many social rituals, an inability for parents to provide adequately for children and, for some, the need to resort to using a food bank. In other empirical research, Chase and Walker (2013) showed how poverty had a tendency to tinge social interactions with feelings of shame, stemming from a socially-constructed economic framing of success and failure. In this way, economic failure and personal failure were deeply intertwined, and underpinned by a narrative of individualism which holds that each person is the master of their own destiny (Bauman, 2001).

Shame is considered to be a particularly potent factor in the psychological wellbeing of people experiencing poverty, flowing from both its material and relational effects (Jo, 2013). Jo (ibid.) argues that this is rooted firmly in a hegemonic view that the dominant economic regime 'naturally' sorts the population into winners and losers - where the winners, by their own hand, have economic success and the losers do not. In this system, Jo contends that "wealth becomes not only a visible signifier of a higher social status but also a source of self-pride acknowledged within the society. Poverty, on the flipside, becomes a direct source of shame in such a context which dictates that those who fall into poverty do so through their own inadequacies and deserve the opprobrium heaped upon them." This meant that, despite many participants

having family close by, feelings of social isolation either because of lack of material resources or through processes linked to shame – were common, with implications for both mortality and mental health (Holt-Lunstad *et al.*, 2015; Leigh-Hunt *et al.*, 2017).

So far, it has been argued that the empirical findings from this research point strongly towards effects on mental health flowing from the insecurity of 'welfare reform' and poverty, through pathways involving stress, worry and shame. The potential impacts of participants' wider exclusion on health are perhaps less clear. It could be argued that participants' (and their children's) status as excluded and flawed consumers – outside of mainstream consumer society – might be reflected negatively in feelings of low self-worth and self-esteem; indeed, Bauman (2004) argues that in a society ruled by material consumption, flawed consumers are people without value, possessing little social function. Hanlon and Carlisle (2009) assert that when consumption equals fulfilment, then it follows that happiness and wellbeing are rooted in that consumer culture. In qualitative research they (*ibid.*) conducted in Scotland, participants spoke of the need to define themselves through their consumption choices, spurred to do so by the powerful antagonistic emotions of pride and shame that were intimately tied to these choices.

7.4.7 Poverty, 'welfare reform' and health inequalities

Theories of health inequalities offer explanatory power for making sense of how the findings from this research - and 'welfare reform' more widely – have implications for health. One of the critical outcomes of 'welfare reform' has been to reduce benefit income, meaning that social security recipients are materially worse off. Drawing on material and neo-material understandings of health inequalities, a lower income impacts upon people's abilities to buy things that can support health. For example, it has been shown how people in this research had less money to spend on rent, had limited abilities to pay for adequate fuel and food, and were restricted in their abilities to enjoy social participation. Whilst all these things, in and of themselves, certainly have the potential to act upon health, it was on participants' mental wellbeing where the effect were *felt* more acutely. In this way, psychosocial explanations have relevance too, insomuch

that it was the emotional effects of being materially deprived that impacted participants harder, at least in the short-term.

Starting with the apparent deleterious impacts on wellbeing linked to being a flawed consumer, psychosocial theories for understanding health and health inequalities can illuminate these (Whitehead *et al.*, 2016). Through the lens of the psychosocial, it is possible to argue that the idea of the flawed and excluded consumer – anchored in the context of a society that upholds consumption as a particularly potent marker of social worth – can be seen to be synonymous with social rank: those who are excluded from consumption are inevitably of lower social worth. This is important then, because there is good evidence that health is indeed associated with position in the social hierarchy borne out through putative, complex biological pathways linked to the chronic stress that arises from low social status (Dowd *et al.*, 2009; Gustafsson *et al.*, 2011; McEwen and Gianaros, 2011; Oliveira *et al.*, 2016). Supporting this argument, both Wood *et al.* (2012) and Daly *et al.* (2014) have shown, empirically, the importance of social rank for determining health outcomes, both mental and physical. Further, Kiely *et al.* (2015), in their study of associations between mental health and social security in Australia, have demonstrated that deprivation (which they defined as, for example, inability to heat the home, skip meals, or pawn or sell things for money) can pose a greater threat to future mental health than does cash-flow problems alone – for example, a missed bill payment. They argue that, based on their analyses, exclusionary aspects of poverty are more damaging to mental health than income poverty alone and that this association may be, in part, driven by the inability of people to satisfy their needs.

The concept of insecurity, then, is particularly useful for understanding the link between the material and the psychosocial, particularly when money is the principal tenet of security in an affluent, materialistic society like that of the UK. Characterisations of insecurity as involving indignity, fear, powerlessness, the sapping of a person's self-worth and purpose and, above all else, uncertainty about day-to-day survival (Vail, 1999a; Sen, 2014), were all relevant to participants' lived experience in this research. The fear of what *might* happen was interwoven with the fear of how to 'get by' in the present time, overlaid with

the indignities that this often necessitated. As Schrecker and Bambra (2015) have put it, "insecurity gets under the skin". In the case of the present research, the material aspects of 'welfare reform' and poverty caused insecurity – both financial and ontological. This insecurity then has potential to be transformed into physiological and health-damaging effects via its emotional and psychological impacts (Schrecker and Bambra, 2015).

The different theories of how health inequalities arise can help to understand how different aspects of experiences discussed in the present research might combine to negatively impact health. Ultimately though, what must be remembered is that the overarching factor determining any impacts on health – via whichever putative pathway – can be traced to political economy. 'Welfare reform' was the result of political decisions, made by people in power, and rooted in a political-economic rubric that can best be described as neoliberalism.

It is also worth reflecting on the knowledge that many of the people who took part in this research suffered with existing health problems, both physical and mental in nature. Thus any impacts of 'welfare reform' might both interact with, or be additive to, such existing health conditions. The potential impacts of 'welfare reform' on health are important to consider, because multi-morbidity is known to be related to deprivation, particularly multi-morbidity between both physical and mental health conditions (McLean *et al.*, 2014).

7.5 Strengths and limitations

There are several methodological strengths and limitations to this research, primarily stemming from the challenges – and opportunities – that are characteristic of qualitative research. This section will begin by discussing the strengths of this research before then proceeding to reflect on the limitations.

A key strength of this research was the use of qualitative longitudinal methods, recognised as being particularly useful for capturing and understanding social change (Holland *et al.*, 2006; Thomson, 2012). Its use in the context of the present research was particularly appropriate, given that two of the principal aims of 'welfare reform' were to move people back into work, and to begin a

process of reassessing claimants' eligibility for sickness and disability benefits. Taking a longitudinal approach thus permitted a better understanding of the impacts of 'welfare reform' over time, interrogating both the 'what' and the 'why' questions. For example, what changed for participants (if anything) and why did those changes occur, or not occur? Such an understanding would not have been possible with a traditional qualitative interview approach that only collected data at one point in time. Another benefit of conducting multiple interviews with the same people was the opportunity it provided to forge a deeper relationship with each participant than might occur at only a single interview (Neale and Flowerdew, 2003; Oakley, 2015). Aside from giving the researcher the opportunity to clarify or follow-up on things discussed in earlier interviews, the trust engendered by repeat contact has been recognised as potentially empowering participants to 'open up' more about their experiences (Carduff *et al.*, 2015).

The supplementation of some of the interviews with participant-driven photo elicitation can also be seen as a strength of this research. Firstly, it permitted a disruption of the usual power imbalance between the researcher and participant, by ceding more of the control to the participants (Van Auken *et al.*, 2010; Pilcher *et al.*, 2016). It also allowed the participants to show, from their perspective, what it meant to them to live in poverty as a result of being reliant on social security. Whilst it does not necessarily claim to be any more 'truthful' than other methods, it has been suggested by Harper (2002, p.21) that photo elicitation can "jolt subjects into a new awareness of their social existence" and prompt them to reflect more deeply on a particular aspect of their lives. The photographs that participants took and the meanings that they ascribed to them certainly suggested that this was the case in the present research. On reflection, incorporation of this method earlier in the data collection process might have offered even greater insights into participants' lives, although there are certainly questions as to whether such a method is better utilised once rapport and trust has been established between the researcher and participant.

Another strength of this research was the multi-pronged approach to sampling which meant a good heterogeneity of participants. Braun and Clarke (2013, p.58)

caution against only sampling “the usual suspects” in qualitative research. In this context, only recruiting via gatekeepers – for example, through community groups – might have limited access to those already engaged with community services, who then might have represented a materially different kind of participant. Understanding ‘welfare reform’ from a breadth of different viewpoints and experiences was seen as important, which the different approaches to recruitment effectively permitted. That said, it is recognised that – even within the parameters of the sampling strategy employed – the people who were eventually interested in taking part in the research might have possessed certain characteristics, such as being more confident and willing to engage. It has to be acknowledged that this research might have attracted people with particularly negative experiences of ‘welfare reform’ wanting to vent their frustrations and, in contrast, people with more benign experiences might not have felt as compelled to take part.

This leads on to further discussion of the limitations of this research, the first of which also concerns sampling. With nineteen participants, the overall sample for the research was small (Braun and Clarke, 2013), although it is worth pointing out that multiple interviewing yielded a total of thirty-eight interviews. No claims as to the representativeness of the sample are made and, further, the findings from this research do not claim to be generalisable to all those people who have experienced ‘welfare reform’. Indeed, qualitative research very often makes no claims in this respect, instead focusing on lived experience and either generating, or relating it to, theory (Bryman, 2012; Flick, 2018). Nevertheless, it is worth highlighting that the commonality of experiences in this research are remarkably similar to those described by Wright and Patrick (2019), who aggregated data from two other, similar qualitative longitudinal research projects on ‘welfare reform’. This suggests that the experiences described in the present research are unlikely to be so unique so as not to be also found in other, similar places in the UK. Wright and Patrick’s (2019) analyses also demonstrate the additional value that can come from aggregating qualitative data on a particular topic. Although not employed in this research, there remains potential

for the dataset generated in this research to be utilised in that way in the future by another study.

Another key limitation of this research is lack of perspectives of those implementing 'welfare reform', for example the Jobcentre, Department of Work and Pensions, or organisations conducting benefit assessments. This point is made in recognition that research participants' accounts are ultimately a 'performance', in which they will seek – perhaps without being necessarily conscious of it – to portray a particular idealised image of themselves and their experiences (Garthwaite, 2013). The researcher must be cognisant of this and therefore not claim that participants' accounts are necessarily the 'truth', but only their version of the truth. Obtaining views from those organisations on the 'other side of the fence' – as outlined – might have therefore offered a counterview of how 'welfare reform' policies had been implemented and the constraints within which individual members of staff were having to work. However, obtaining organisational consent to access such views may have proved difficult, given the politically sensitive nature of the topic (Cheetham *et al.*, 2019), as well as being too time-intensive within the constraints of a PhD.

Chapter 8: Conclusion

This chapter will set out recommendations for policymakers based on the empirical findings of this research. It will also make suggestions for future research in relation to welfare 'reform'. Plans for dissemination of the present research will also be discussed and, finally, a conclusion to the thesis will be put forward. The contributions of this research to the literature will also be restated.

8.1 Policy recommendations

Recommendation One

This research found that relationships between claimants and the state were most often based on a foundation of fear, not trust. Claimants therefore did not get the level of support they often needed in order to make real steps towards moving back towards paid labour (where that was a realistic goal). As others have pointed out too, conditionality and sanctions appear ineffective in prompting 'behaviour change' or making people more likely to re-enter paid work (Taulbut *et al.*, 2018; Welfare Conditionality Project, 2019). This points to a need for a rethinking of the regime of activation, from one based on punitive coercion to one based on trust, support and meaningful activities that can help those able to work, move back into work. A personalised approach should be adopted towards expectations of claimants; the job preparation requirements placed upon claimants should fit with their capabilities and realistic capacity for work.

Recommendation Two

The Bedroom Tax should be abolished, because of the hardship that it causes and because it is ineffective in prompting residential moves to smaller properties, as this and other research has shown (Gibbons *et al.*, 2018). Deductions for 'spare' bedrooms were difficult for participants to reconcile with their very low-incomes, causing mental health problems, debt and difficulties in affording food. Further, the Bedroom Tax as it currently works is unable to account for complex and varied circumstances whereby a 'spare' room might be well-justified. It must be remembered that people's homes are places of safety

and security, and that place is important too; people are often embedded within social networks which are crucial for wellbeing.

Recommendation Three

It is clear that the monetary amounts of many benefits are insufficient to permit a socially acceptable standard of living (Davis *et al.*, 2016). Participants were consigned to poverty, leading to social exclusion, debt, difficulties in meeting basic needs and impacts on mental health. Importantly, it is also evident that achieving a nutritious diet on many benefits is extremely difficult or impossible over the longer-term (Scott *et al.*, 2018). At present, low benefit levels result in poverty, misery, shame and indignity. It is recommended that there should be serious reconsideration of benefit levels, particularly those that people might be expected to live on for extended periods of time, such as sickness and disability benefits. In addition, deductions to benefits – such as from the Bedroom Tax or Benefit Cap – should also be abolished. In recommending this, it is recognised that benefit levels interact with work incentives in complex ways, and that there are tensions between providing adequate benefits and not undermining the economic benefits of work. A stronger system of wage supplement benefits – like those originally planned for Universal Credit (Timmins, 2016) – might help to boost the marginal gains of moving into work, particularly for those only able to get, or manage, part-time work.

Recommendation Four

The previous recommendation links to this one, which relates to the crucial issue of food insecurity, also flowing from the inadequacy of benefits. There is growing momentum for this issues to be reframed as one of rights (Dowler and O'Connor, 2012; Human Rights Watch, 2018), whereby people would have a 'right to food' and the structural and political determinants of food insecurity would be recognised (Mendly-Zambo and Raphael, 2019). At present, it is argued that such a right is being undermined by the current social security system and 'welfare reform'. Under a rights-based framework, the state would take responsibility for making sure its citizens do not go hungry and, furthermore, are able to access a diet that is both nutritionally and culturally

adequate. A rights-based approach would negate the need for the stigmatising and shameful practice of food-banking because, by its very nature, charity is contingent on the goodwill of benefactors and therefore not guaranteed as a right would be. It is therefore recommended that policymakers pre-empt moves to legislate for a right-to-food by, principally, reviewing benefit levels and considering other steps that could be taken to ensure the right-to-food is upheld.

8.2 Recommendations for future research

The rollout of Universal Credit has, to some extent, taken attention away from policies such as the benefit freeze, the Bedroom Tax and disability benefit reassessments, even though all of these 'welfare reforms' are still affecting people and will continue to do so even within Universal Credit. There is a need for ongoing research into the different aspects of 'welfare reform' and their impacts, alone and in combination.

More research into the lived experience of transitioning to Universal Credit is warranted, especially given early indications of its harmful impacts on vulnerable people (Cheetham *et al.*, 2019). Of interest would be to better understand how participants manage the security-insecurity dialectic in Universal Credit. In the present research, it was recognised that the 'cliff-edge' or moving from benefits into work was difficult to overcome but, however, Universal Credit should – in theory – make transitions into work easier, as well as encouraging people to take smaller jobs to test their work capacity. The benefits of this to people who are out-of-work due to ill-health, for whom moving back into good quality work could be beneficial for health, should be explored. How such movements might work in practice though, and how this interacts with perceptions of security, is not yet understood. Further qualitative longitudinal research with people making such transitions in Universal Credit would be helpful, as well as understanding more about how 'in-work' conditionality for part-time workers affects security, given that participants potentially have the

security of work⁶² but at the same time their Universal Credit wage supplement and housing element is contingent on demonstrating efforts to find increase to full-time hours.

There also remains a gap in the evidence base in respect of disabled people applying for, or being moved on to, Personal Independence Payment. While the government's own research has explored the practical elements of being assessed (Kennedy *et al.*, 2018), and Manji (2017) has explored conditionality and hidden surveillance within disability benefits, how people cope with and make sense of ongoing reassessments is relatively unexplored, as is how these benefits interact with Universal Credit. Again, longitudinal research with recipients of these benefits would help to shed light on some of these questions. It would also be interesting to employ visual methods – such as photo elicitation used in this research – to understand more about the importance of these benefits to sick and disabled people's lives. These 'extra needs' benefits are designed to cover additional costs that this group incur compared to healthy and able-bodied people.

Another topic that also warrants further research is that of food insecurity. Although research has begun to shed light on how 'welfare reform' relates to food bank use and the experience of food bank use and food insecurity, there is a large gap in the evidence base in respect of the true extent of food insecurity in the UK and how it impacts upon diet. Though measurement of food insecurity will commence from 2020 (End Hunger UK, 2019), allowing the prevalence of food insecurity to be measured and tracked over time, more needs to be understood about the nutritional impacts of food insecurity and the implications that it might have for already-existing dietary inequalities in the UK (Maguire and Monsivais, 2015). Though quantitative dietary data has been collected from low-income populations in the UK before (Nelson *et al.*, 2007a), an update of this is sorely needed given the apparent increase of food insecurity.

⁶² Of course, this remains questionable with the proliferation less-secure types of work such as zero-hours contracts.

Linked to this is a need for better longer-term understandings of how 'welfare reform' impacts upon health. Whilst the present research, and similar qualitative research, are able to explore the lived experience of 'welfare reform' and use this to theorise about its implications for health and wellbeing, quantitative research would be able to tell us – at the population-level – how 'welfare reform' differentially impacts different aspects of health. It is recognised though, at the present time, this type of research is difficult to do without large-scale, routinely collected data that can be accessed and linked accordingly.

8.3 Dissemination of findings

The aim of disseminating the findings of this research is to provide a conduit for the sharing of participants' experiences – to both academic and non-academic audiences. Whilst it is important for the experiences of 'welfare reform' to be shared for its own sake, it is also hoped that there may be some influence on policy. Whilst unlikely to individually influence policy, this research contributes to a body of evidence on 'welfare reform' which may, cumulatively, be more likely to influence policy. Further, sharing with academic audiences aims to contribute to and further scholarship around 'welfare reform' and its impacts on people's lives, health and wellbeing.

Findings have been presented at academic conferences. Evidence from the research has also been used to contribute to parliamentary select committee inquiries: one on the Benefit Cap; one on the effectiveness of the 'welfare safety net'; and, one on food insecurity and sustainability. Summaries of the findings have been prepared for the participants and Newcastle City Council – shown in appendix C. Through collaborators at Newcastle City Council, the finding of this research will be disseminated amongst local policymakers and networks to whom this research is of interest.

8.4 Conclusion

This thesis has demonstrated how the concept of 'insecurity' can be used to better understand how 'welfare reform' – and living on social security benefits more broadly – is experienced at the micro level. Standing in contrast to the rhetoric of benefits providing a 'safety net' (Cameron, 2012), the focus on cutting

benefit spending has resulted in an erosion of the security of benefits, in a number of overlapping ways. Firstly, the receipt of social security has increasingly been made contingent, both on being able to demonstrate deservingness and on displaying the 'right' behaviour (Garthwaite, 2014; Patrick, 2015). Secondly, there has been a weakening of the capacity for social security benefits to provide an adequate income (Browne, 2015; Davis *et al.*, 2016). Thirdly, the concerted push to overhaul social security, in various different ways, renders a pervasive sense of uncertainty as to whether, and how, benefit recipients will come to be affected (Patrick, 2017b).

This thesis also provides a comprehensive account of the lived experience of recent 'welfare reform', adding to a small but growing evidence base. By combining qualitative longitudinal methods with participant-driven photo elicitation, it has showed how participants attempted to 'manage' their security. They did this through careful handling of their interactions with the state, prudent budget control and informal borrowing, though none of these strategies were straightforward or unproblematic. Those able to work expressed desires to do so, wanting good quality work that offered a living wage and would fit with caring responsibilities or health-related limitations. Yet low skill levels, ill-health and disability, caring responsibilities, structural barriers, ineffective support from the Jobcentre and the high marginal tax rates of moving into work often meant that benefits offered greater security (than work) in the short-term, particularly compared to part-time or precarious work.

However, for most participants, any ontological security that benefits offered was countered by a state of personal insecurity that resulted from living on a very low-income, far below that recommended for a decent, socially acceptable standard of living. Participants managed to 'get by' albeit with difficulty, and at great cost to their mental health. Debt and borrowing – both formal and informal – were not uncommon, sapping feelings of independence and self-worth. Social exclusion – with both material and relational effects – was the outcome of low-income. Living in cold homes and compromising on food quality were commonplace, both of which impacted health. Further, participants were often

excluded from social participation and engaging in consumer society, with attendant effects on wellbeing, dignity and self-confidence.

This thesis contributes to the emerging evidence base on 'welfare reform', adding further weight to the argument that it has negative impacts upon social security recipients – particularly in terms of mental health. It also highlights the incongruence between the rhetoric and purported policy goals of 'welfare reform' and the lived experience of those affected by it; moving into work was not that easy for most, nor was moving to a smaller home or cutting back any further on basic expenditure. Sinfield (2012) argues that "prevention of insecurity needs to be re-established as one of the basic goals for social security policy-making at the national and international level". As 'welfare reform' rolls on, now with the full rollout of Universal Credit, it is vital that policymakers attend to the research evidence highlighting the damage that 'welfare reform' is causing to many by making lives more insecure than they ought to be. Developing social security policies that protect against insecurity and social exclusion, and offer genuine help and support to claimants in a dignified and respectful way, should be of primary political concern.

Appendix A – Recruitment

A. Invitation letter to participants of previous Bedroom Tax research



[Date]

Dear [NAME]

I'm writing to you because you took part in a study about the effects of the Bedroom Tax on people living in Walker. At the end of that study, you agreed that we could get in touch again about other research that might be taking place.

I'd therefore like to tell you about some research that you might be interested in taking part in. The research aims to find out more about the effects of changes to the benefits system and how people are getting by and coping with these changes. Enclosed with this letter is an information leaflet which tells you more about the research and what it involves.

In about a week's time I will give you a call to ask whether you've had chance to look at the information leaflet and ask whether you'd like to take part. You will be able to ask me any questions that you have about the research before making up your mind. If you decide before then that you either want to take part, or don't want to take part, you can get in touch with me by telephoning or emailing me – my details are below.

Yours Sincerely,

Joel Halligan
PhD Researcher
Tel: 0191 208 7739
Email: joel.halligan@ncl.ac.uk



Institute of Health & Society
Newcastle University
The Baddiley-Clarke Building
Richardson Road
Newcastle upon Tyne
NE2 4AX

B. Invitation letter sent by Your Homes Newcastle



Institute of Health & Society
Newcastle University
The Baddiley-Clarke Building
Richardson Road
Newcastle upon Tyne
NE2 4AX



[Date]

Dear [NAME]

I'm writing to you invite you to take part in a research study about the effects of changes to the benefits system. I'm interested in finding out about how people are getting by and coping with these changes.

Your Homes Newcastle (YHN) have sent you this letter on my behalf; I don't have access to any of your details. I have asked Your Homes Newcastle to send this invitation to people who have been affected by changes to the benefit system, such as the Bedroom Tax. An information sheet telling you more about the research and what it involves is included with this letter.

If you think you would like to take part, please get in touch by telephoning or emailing the researcher, Joel Halligan (details below), or return the reply slip in the enclosed envelope (no stamp is needed). If you get in touch, I will answer any questions that you have about the research and you can then decide whether you would like to take part.

If you don't want to take part, you don't need to do anything at all – just ignore this letter. Your decision about whether to take part or not will not affect your benefits. Your Homes Newcastle will not be given details of who has taken part. If I don't hear from you, I will assume that you don't want to take part and won't contact you again.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "J. Halligan".

Joel Halligan
PhD Researcher
Tel: 0191 208 7739
Email: joel.halligan@ncl.ac.uk

C. Participant information leaflet – initial



A STUDY ABOUT BENEFIT CHANGES – INFORMATION LEAFLET ABOUT INTERVIEWS

SUMMARY

- This study is about how people are getting by after recent benefit changes
- It involves 2 interviews with a researcher, at home or in the community
- Interviews will be recorded
- It will not affect your benefit claim now or in the future
- You'll get up to £20 of shopping vouchers to say thank you for taking part
- Your identity will be kept a secret in any reports we write about this research

Thank you for your interest in this research about benefit changes. Before you decide whether or not to take part, it is important that you understand why it is being done and what it involves. This leaflet tells you more.

Please read this information sheet and discuss it with other people if you want. If you have any questions or want to talk about it first, please get in touch – my contact details are at the end.

What is this study about & what will it involve?

This research aims to understand how people have been affected by benefit changes and how people are getting by with day-to-day life. To do this, you are invited to take part in two interviews where I (Joel) will ask some questions and talk to you about your experiences of benefit changes. These two interviews will take place up to 12 months apart.

The interviews will be like a conversation – there are no right or wrong answers. If there is anything that you don't want to talk about then you can just tell me and I will move on to another topic.

Each interview will take up about an hour of your time and can take place in your home, or nearby community centre. For each interview, you will get a £10 shopping voucher to say thank you for taking part.

Why have I been asked to take part?

You have been invited to take part because it is believed that you have been affected by benefit changes in some way. You have either taken part in a study at Newcastle University before and

have said you can be contacted again, you might have been told about this study by a member of staff at an organisation such as Your Homes Newcastle or the Walker Learning Hive, or you might have received a letter from Newcastle City Council sent to you on our behalf.

Why should I take part?

By taking part you will help me to understand more about the ways in which people like you have been affected by benefit changes.

What will happen to the things I say in the interview?

Interviews will be audio-recorded using a voice recorder. After each interview, I will type up what we have both said and then delete the recording. Once it has been typed up, I will read the interview and then look at what different people have said to see if people's experiences are similar or different.

After this, I will write up the results as part of one or more reports, and may use the data in presentations. The results will also be a part of my PhD studies. The final PhD document will be available to the public.

Will my decision to take part affect my benefits?

No - your decision about whether to take part or not will not affect your benefits in any way at all. Neither the council nor the Department for Work and Pensions (DWP) will be given any details of who has taken part.

Can I change my mind about taking part in the study?

You can change your mind at any time during this study and you don't have to give a reason why.

It is possible that you might find it uncomfortable or upsetting to talk about some of the ways that you have been affected. If this happens, I will ask if you would like to stop the interview.

Will people know that I have taken part in this study?

No - anything you say will normally be confidential.

Your personal information (such as your name and address) will always be kept confidential (not shared with anyone other than the people doing the research) unless I believe that I can prevent significant harm from happening either to yourself or others by disclosing information about you.

Your name won't appear on any reports which are written. Any names or places that you mention will be changed. Some quotes from your interview may be used in the reports that I write, but your name won't be mentioned and you won't be able to be identified.

INFORMATION SHEET - INTERVIEWS V2.2

The interview data that I collect from you will be deposited with the UK Data Archive at the end of the project. This is so that other researchers may use the data in the future. Before this happens, any names or other information (such as place names) that could allow you to be identified will be removed, so that if the data are used again by other researchers, your confidentiality will be preserved.

The consent form that you sign will be kept separately from all other data and destroyed after 5 years.

What happens next?

Within the next few days I will call you to explain more about the research, and answer any questions that you have. If you then decide to take part, a date, time and place for the interview to take place will be arranged. At the interview I will ask you to sign a consent form before the interview starts.

Researcher's contact details

Mr. Joel Halligan – PhD student

Email: joel.halligan@ncl.ac.uk

Telephone: 0191 208 7739 or 07804 544831

D. Participant consent form – initial

A STUDY ABOUT BENEFIT CHANGES – CONSENT FORM (INTERVIEWS)

Please read the following statements, tick the boxes if you agree and then sign and date at the bottom where indicated:

1.	I have read the information leaflet about the study.	
2.	I have been given the opportunity to ask questions, and feel that any questions I have asked have been answered properly.	
3.	I understand that I can stop taking part at any time, and that I don't have to give a reason.	
4.	I understand that taking part won't affect my benefit claims in any way.	
5.	I agree to things I say being used as quotes in any publications from this research, as long as my identity is not revealed.	
6.	I understand that my personal details, such as my name, phone number or address, will not be revealed to anybody outside this project.	
7.	I agree to my anonymised data being stored with the UK Data Archive, where it may be used again by other researchers.	
8.	I agree that the interviews I take part in can be audio-recorded.	
9.	I voluntarily agree to take part in this study and be interviewed by the researcher named below.	
10.	I agree that I can be contacted again about taking part in a second interview. I understand that when I am contacted again I can change my mind if I no longer want to take part.	

Participant name (please print): _____

Participant signature: _____ Date: ____/____/____

Researcher name (please print): _____

Researcher signature: _____ Date: ____/____/____

E. Participant debrief form – after first interview



A STUDY ABOUT BENEFIT CHANGES – DEBRIEFING

Thank you for your contribution to this research. This leaflet tells you some more about the research that you're taking part in.

What was the research for?

This research aims to understand more about how people have been affected by changes to benefits, and how people are getting by with day-to-day life.

What happens next?

I will type up the interview, taking out any names that you've mentioned to make sure that you, and anybody that you've mentioned, cannot be identified. I will then look at different interviews to find out whether people have been affected by benefit changes in similar or different ways.

These results may then be used in my PhD and other research reports and presentations. Some things that you've said might be used as quotes in these, but you won't be able to be identified in any publications.

When will the next interview be?

I will get in touch with you again within the next 12 months to arrange the next interview. If you decide that you don't want to take part in another interview, you can contact me at any time, or just tell them me when I next get in touch.

What will happen to information I provided?

The consent form that you signed will be locked away in a secure part of the university that the general public don't have access to. The audio version of your interview will be deleted once it's been typed up.

The typed-up interview will be anonymised (this means that any names, places or other identifying information will be removed) and then stored with the UK Data Archive, where it may be used by other researchers. If it used by other researchers, your confidentiality will be preserved.

What if I have any concerns?

If taking part in this research has caused you any distress, please tell me.

If you think that you need more information or advice about benefits or about your health and wellbeing, please ask me – I may be able to give you details of who you can get in touch with for any help or advice that you might need.

Will I get a copy of the results?

Yes – I will post you a summary of the results once the research is finished.

Any questions?

If you have any questions, please contact:

Mr. Joel Halligan – PhD researcher

Email: joel.halligan@ncl.ac.uk

Tel: 0191 208 7739 or 07804 544831

F. Participant consent form – follow-up interview

ID: _____

A STUDY ABOUT BENEFIT CHANGES – CONSENT FORM

Please read the following statements, tick the boxes if you agree and then sign and date at the bottom where indicated:



1.	I have been given the opportunity to ask any more questions I have, and feel that any questions I have asked have been answered properly.	
2.	I understand that I can still stop taking part at any time, and that I don't have to give a reason.	
3.	I agree that the interview can be audio-recorded.	
4.	I voluntarily agree to continue taking part in this study and be interviewed by the researcher named below.	



Participant name (please print): _____

Participant signature: _____ Date: ____/____/____

Researcher name (please print): _____

Researcher signature: _____ Date: ____/____/____

G. Participant debrief form – after follow-up interview



A STUDY ABOUT BENEFIT CHANGES – DEBRIEFING

Thank you for your contribution to this research. This leaflet tells you some more about the research that you have taken part in.

What was the research for?

This research aimed to understand more about how people have been affected by changes to benefits, and how people are getting by with day-to-day life.

What happens next?

I will type up the final interview, taking out any names that you've mentioned to make sure that you, and anybody that you've mentioned, cannot be identified. I will then look at different interviews to find out whether people have been affected by benefit changes in similar or different ways. I will also look whether people's experiences of benefit changes are different between the first and second interview.

These results may then be used in my PhD and other research reports and presentations. Some things that you've said might be used as quotes in these.

What will happen to information I provided?

The consent form that you first signed will remain locked away in a secure part of the university that the general public don't have access to. The audio version of your interview will be deleted once it's been typed up.

The typed-up interview will be anonymised (this means that any names, places or other identifying information will be removed) and then stored with the UK Data Archive, where it may be used by other researchers. If it used by other researchers, your confidentiality will be preserved.

What if I have any concerns?

If taking part in this research has caused you any distress, please tell me.

If you think that you need more information or advice about benefits or about your health and wellbeing, please ask me – I may be able to give you details of who you can get in touch with for any help or advice that you might need.

Will I get a copy of the results?

Yes – I will post you a summary of the results once the research is finished.

Any questions?

If you have any questions, please contact:

Mr. Joel Halligan – PhD researcher

Tel: 0191 208 7739 Email: joel.halligan@ncl.ac.uk

H. Participant information leaflet – photo elicitation



A STUDY ABOUT BENEFIT CHANGES – INFORMATION LEAFLET ABOUT THE PHOTOGRAPH TASK

SUMMARY

- This study is about how people are getting by after recent benefit changes
- It involves you taking photographs for 2 weeks and then talking about these with me
- You'll get up to £30 of shopping vouchers to say thank you for taking part
- You'll have the chance for some of your photos to be used in the presentations and reports of this study (with your permission)

Thank you for your interest in this part of the research. This leaflet tells you more about what is involved. Please read this information sheet before making your mind up about whether you'd like to take part. If you have any questions or want to talk about it first, please get in touch – my contact details are at the end.

What does this part of the study involve?

This research aims to understand how people have been affected by benefit changes and how people are getting by with day-to-day life. For this part of the research, you are invited to take part in a 2-week task that would involve you taking 2-3 photographs a day. This will be followed by a meeting to discuss the photographs that you have taken.

The purpose of the photograph task is to understand more about you, your life, and the things that are important to you, and how these things might have been affected by changes to benefits. For example, people affected by benefit changes often say that they have to change how they eat because they don't have enough money to buy the food they want. If this affects you, you could take some photographs of meals that you eat during the 2-week period.

For the task, I will ask you to take around 30 photographs on a digital camera that I will loan to you. Before the task, I will meet with you to explain how to use the camera and discuss some guidelines about doing this. After the 2-week task, I will collect the camera, download the photographs and then print them off. I will then arrange a time to meet with you again, so that we can discuss the photographs that you've taken. This discussion of the photographs will be informal, like a conversation – there are no right or wrong answers.

The first meeting – where we will talk more about the task and I will ask you to consent to take part – will take about 30 minutes, the task itself will last for 2 weeks, and then the final meeting

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will last about 60-90 minutes. If you complete all parts of this task you will get £30 of shopping vouchers as a thank-you for taking part. The meetings can take place in your home, the university, or another place in the community that's best for you.

Why have I been asked to take part?

You have been invited to take part because you took part in the main part of this research, where I interviewed you about how you'd been affected by benefit changes.

Why should I take part?

By taking part you will help me to understand more about the ways in which people like you have been affected by benefit changes. You may also have the chance to show other people (researchers, policymakers, people in local government) how your life has been affected by benefit changes, by allowing some of your photographs to be used in outputs from this research.

What will happen to the photographs that I take?

I will download your photographs and print them off. When we meet to discuss the photographs, I will give you a set of the photographs to keep. At this meeting, I will discuss with you whether you would like some of them to be used in outputs from the research (for example in reports, or presentations to other researchers or people in local government).

If you decide that you would like some photographs to be used, I will keep a digital copy of those photographs and delete any other photographs that you don't want to be used.

If you decide that you don't want any photographs to be used, all of my copies of your photographs will be deleted.

What will happen to the things I say in the discussion of the photographs?

Discussions will be audio-recorded using a voice recorder. After the discussion, I will type up what we have both said and then delete the recording. Once it has been typed up, I will read what was said and then look at what different people have said to see if people's experiences are similar or different. If you like, you can read a copy of the typed up discussion before I use it.

After this, I will write up the results as part of one or more reports, and may use the data in presentations. The results will also be a part of my PhD studies. The final PhD document will be available to the public.

I. Participant consent form – photo elicitation 1

ID: _____

A STUDY ABOUT BENEFIT CHANGES – CONSENT FORM (PHOTOGRAPHS)

Please read the following statements, tick the boxes if you agree and then sign and date at the bottom where indicated:

1.	I have read the information leaflet about the study.	
2.	I have been given the opportunity to ask questions, and feel that any questions I have asked have been answered properly.	
3.	I voluntarily agree to take part in this study, by taking part in the photograph task and then discussing these with a researcher.	
4.	I understand that I can stop taking part at any time, and that I don't have to give a reason.	
5.	I understand that taking part won't affect my benefit claims in any way.	
6.	I agree for the photographs I take to be printed by the researcher so that we can discuss these.	
7.	I agree that the discussion of the photographs can be audio-recorded.	
8.	I agree to things I say being used as quotes in any publications from this research, as long as my identity is not revealed.	
9.	I understand that none of my photographs will be used without my permission, and that I retain copyright of my photographs at all times.	
10.	I agree to my anonymised data (but not photographs) being stored with the UK Data Archive, where it may be used again by other researchers.	

Participant name (please print): _____

Participant signature: _____ Date: ____/____/____

Researcher name (please print): _____

Researcher signature: _____ Date: ____/____/____

J. Participant consent form – photo elicitation 2

ID: _____

A STUDY ABOUT BENEFIT CHANGES – CONSENT FORM 2 (PHOTOGRAPHS)

Please read the following statements, tick the boxes if you agree and then sign and date at the bottom where indicated:

1.	I have been given the opportunity to ask any more questions that I have, and feel that any questions I have asked have been answered properly.	
2.	I understand that I can stop taking part at any time, and that I don't have to give a reason.	
3.	I agree to discuss the photographs I have taken with the researcher.	
4.	I agree for the discussion of the photographs to be audio-recorded.	
5.	I agree to things I say being used as quotes in any publications from this research, as long as my identity is not revealed.	
6.	I understand that none of my photographs will be used without my permission, and that I retain copyright of my photographs at all times.	
7.	I voluntarily agree to continue taking part in this study.	

Participant name (please print): _____

Participant signature: _____ Date: ____/____/____

Researcher name (please print): _____

Researcher signature: _____ Date: ____/____/____

K. Photo agreement form

ID: _____

A STUDY ABOUT BENEFIT CHANGES - AGREEMENT FORM FOR USE OF PHOTOGRAPHS IN RESEARCH OUTPUTS

I have discussed the use of my photographs with the researcher and agree for some or all of my photographs to be used (only those specified below). I understand that, while the researcher will do their best to make sure that any identifiable parts of the photographs are removed (for example by blurring or pixilation), it may still be possible for somebody who knows me to recognise things in the photograph.

I understand that the copyright for my photographs stays with me. I also understand that I am giving permission for the researcher to use them, but only in a way that I agree to, and for a fixed length of time only. I understand that I will not be credited as the author of the photograph (so that people will not know my identity).

I understand that I can withdraw permission for my photographs to be used, at any time. But, I understand that any photographs that have already been published (for example in reports or presentations) may remain in the public domain. This means that people would still be able to see them and that they can't be deleted.

The photographs that I agree can be used in research outputs are (write photo refs):

.....

.....

I agree that the photographs can be used in the following ways and the following length of time:

The PhD thesis	<input type="checkbox"/>	up to 3 years (up until 2020)	<input type="checkbox"/>
Journal articles	<input type="checkbox"/>	3-5 years (up until 2022)	<input type="checkbox"/>
Presentations	<input type="checkbox"/>	5-10 years (up to 2027)	<input type="checkbox"/>
Other reports	<input type="checkbox"/>		

L. Participant debrief form – after photo elicitation interview

A STUDY ABOUT BENEFIT CHANGES – DEBRIEFING (PHOTOGRAPH)

Thank you for your contribution to this research. This leaflet tells you some more about the research that you've taken part in.

What was the research for?

This research aims to understand more about how people have been affected by changes to benefits, and how people are getting by day-to-day.

What happens to the photographs that I took?

If you agreed for any of your photographs to be used in research outputs, a digital copy of these specific photos will be kept by the researcher. These photographs will only be used in ways that you agreed to, and for the length of time that you agreed to. Any photos that you didn't agree to be used will be deleted.

If you didn't agree for any photos to be used, all of the researcher's copies of your photographs will be deleted.

What happens to the recording of the discussion of the photographs?

I will type up the discussion, taking out any names that you've mentioned to make sure that you, and anybody that you've mentioned, cannot be identified. I will then look at what other people have said to find out whether people have been affected by benefit changes in similar or different ways.

These results may then be used in my PhD and other research reports and presentations. Some things that you've said might be used as quotes, but you won't be identified in any publications.

What will happen to other information I provided?

The consent form that you signed will be locked away in a secure part of the university that the general public don't have access to. Our discussion of the photographs will be deleted once it's been typed up.

The typed-up discussion will be anonymised (this means that any names, places or other identifying information will be removed) and then stored with the UK Data Archive, where it may be used by other researchers. It will not be possible for other researchers to know your identity.

What if I have any concerns?

If taking part in this research has caused you any distress, please tell me.

If you think that you need more information or advice about benefits or about your health and wellbeing, please ask me – I may be able to give you details of who you can get in touch with for any help or advice that you might need.

Will you let me know if any of my photographs have been used?

If you agreed for some of your photographs to be used, then I will let you know how and when they are used, and send you a copy of any reports that they are used in.

In order to protect your identity, I will not credit you as the author of the photograph, but you will still retain copyright of the photograph.

Will I get a copy of the results?

Yes – I will post you a summary of the results once the research is finished.

Any questions?

If you have any questions, please contact:

Mr. Joel Halligan – PhD researcher

Tel: 0191 208 7739 Email: joel.halligan@ncl.ac.uk

Appendix B – Data collection and analysis

M. Interview topic guide

MAIN TOPIC	SUB TOPICS	PROMPTS
HOUSEHOLD COMPOSITION <i>“Could you tell me a bit about your living situation at the moment, for example, who you live with, how long you’ve lived here?”</i>	Length of time in house/area Others who live there Any recent changes to the household composition	What year did you move in? Do you like the area? If not, why not? Has it changed since WR? Are there any major life events that frame your time there? Who lives there? Spouse, children, other family? Do you have any spare bedrooms?
WORK <i>“Could tell me about your working life? Are you in work at the moment? What kind of work have you done in the past?”</i>	Work history Current employment status Perceptions of work	When last in work? / Currently looking for work? What kind of jobs have you done in the past? Job type – full/part time, secure/insecure contract Enjoyment of work Would you need tax credits to top up their income?
BENEFIT CHANGES <i>“Can you tell me how you’ve been affected by changes to the benefits system over the last few years?”</i>	Reassessment Sanction Conditionalities	Have you moved benefit? E.g. DLA to PIP, IB to ESA If sanctioned, reasons? Experience of the process? Have there been any appeals?

	Reduction in entitlement (BTx) DHP	How easy or difficult is it to comply with conditions? Experiences of applying for DHP <ul style="list-style-type: none"> ➤ Amount ➤ Length ➤ If declined, why? ➤ How has it helped? ➤ What happens at the end of the award?
EFFECTS OF BENEFIT CHANGES <i>"How are you managing as a result of these changes to the benefits system?"</i>	Rent Bills Food Socialising	Are you in rent arrears? Are you in debt with any of their utilities? Do you have enough money to heat the home? Have you had to stop seeing friends, family?
HELP AND SUPPORT <i>"Have you looked for, or received, any help to help you get by?"</i>	Hardship loan DHP Money lenders/loan sharks NCC/YHN Citizens Advice Church	How did you find out about services they have used? What were your experiences of using such services? Have you had to borrow from anyone? E.g. family, friends, loan sharks; how does that affect relationships? Have you considered approaching YHN/NCC/CAB? Do you feel that there is support out there if it is needed?
EFFECTS ON DIET <i>"Have you had to change the places that you shop at, or the</i>	Food groups Shopping	Reductions in FV, lean meat etc.

<p><i>food that you buy, as a result of these changes?"</i></p>	<p>Cooking</p> <p>Enjoyment</p>	<p>Have you changed where they shop, i.e. to discount supermarkets?</p> <p>Do you cook 'from scratch' more, or less?</p> <p>Is it perceived to be cheaper or more expensive to cook 'from scratch'?</p> <p>Are there foods that you miss, or wish you could buy?</p> <p>Which foods do you wish you could reintroduce if they could?</p> <p>Have you any food allergies or intolerances that are more difficult to manage?</p>
<p>HEALTH AND WELLBEING</p> <p><i>"Do you feel that your health has been affected by these changes?"</i></p>	<p>Changes to physical health</p> <p>Changes to mental health</p> <p>Interactions between physical and mental health</p> <p>Complications of existing conditions</p> <p>Long-term mental health</p>	<p>Have you had more coughs/cold/minor ailments? Feeling 'run down'?</p> <p>Do you have any long-term conditions that have been affected?</p> <p>Do you exercise more, or less, than what you might have done before the cuts?</p> <p>Have you noticed that you've gained/lost weight?</p> <p>How has your mood been affected? Stress, anxiety, depression</p> <p>Do you find that you're sleeping more, or less, now?</p>

		Are there any things that you do to help you cope? I.e. smoke, eat comfort food, drink alcohol
<p>COLLATERAL EFFECTS</p> <p><i>"Do you think these changes have had impacts on others in your household/family/community?"</i></p>	<p>Effects on children in the household</p> <p>Social cohesion</p> <p>Relationship dynamics (personal, family)</p> <p>Crime in the local area</p>	<p>Have the changes impacted on your children's diets?</p> <p>Have you been limited in what you can spend, for example on clothes, or school trips, for your children?</p> <p>Have there been tensions with partners or other family members?</p> <p>Have you noticed an increase in crime in the area recently; do you think that it is related to welfare cuts?</p>
<p>STIGMA/PERCEPTIONS OF OTHERS</p> <p><i>"I'd like now to talk to you about how you think others in your community, and in society, think about people who get benefits, and how this makes you feel"</i></p>	<p>Government rationale for welfare cuts</p> <p>Media portrayals</p> <p>Things taken for granted</p>	<p>Do you think that the changes are needed because of the budget deficit/fraud/ to encourage people back into work?</p> <p>Are some people more deserving of help than others?</p> <p>Do you think the changes are fair?</p> <p>How do you think programmes such as 'Benefits Street' affect how the public view people on benefits?</p> <p>Do you think benefits cuts have affected how people interact in the community?</p> <p>Things taken for granted:</p> <ul style="list-style-type: none"> ➤ Socialising ➤ Holidays

<p>HOPES FOR THE FUTURE</p> <p><i>“What do you think will happen to the benefits system over the next 1 year/3 years/5 years?”</i></p> <p><i>“How do you think your situation will change in the next 1 years/3 years/5 years?”</i></p>	<p>Furtherers cuts to welfare</p> <p>Change to Universal Credit</p> <p>Hopes for gaining employment</p> <p>Politics/policies</p>	<p>Do you think this government will make more cuts?</p> <p>Are you worried about the change to UC?</p> <p>Do you think benefit rates will be increased or decreased?</p> <p>Do you feel like you have power to change your situation?</p>
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N. Example of early coding

PP1_T1

Click to edit

IV: Well, I mean, to be fair to the local council, I mean it's not their fault because their hands are tied by parliament but at the end of the day there should be some kind of leeway you know.

I: Yeah, yeah, there should be some understanding that you've got some...

IV: Well this is it, so I mean, ya kna', I mean I know quite a few disabled people who cannot afford to move or whatever and they're still paying the bedroom tax and then saying look, I might live by myself but I store all me wheelchairs, all sorts of stuff like that ya kna', especially your lower floor flat like myself ya kna'. And they say, wey, er, it's not a storage room, ya kna', which is the point I suppose but at the end of the day they could give 'em a bit of leeway you know what I mean, but, that's it, that's the government for you I suppose.

I: That's right. Erm, so how do you find having to pay the bedroom tax then now, because you were getting DHP before so now you're paying it, is it a big dent in your income?

Reassessment - treated like an animal

Coping with pain

Justifications for a 'spare' bedroom

Benefit claim or reassessment - exasperation

Scroungers

Unyielding policies

Frustrations with illness and disability

Feeling fortunate in adversity

Thoughts about welfare reform

Defined by disability & illness

'That's just that way it is'

The Bedroom Tax - its effects

Power and disempowerment

Coding Density

In Nodes Code At Enter node name (CTRL+Q)

O. Final coding framework (NVivo)

Name
BEDROOM TAX & HOME - Financial impact and mitigation
Bedroom Tax - impact
Bedroom tax - mitigation
Discretionary Housing Payment
Finding out about DHP
Precariousness of DHP
Refused for DHP
Paying for housing
T1 TO T2 Bedroom tax
The process of getting DHP
BEDROOM TAX & HOME - Undermining security
Bedroom tax - (re)negotiation
Bedroom tax - relocation considered
COPING WITH THREATS TO PERSONAL SECURITY
Coping - mental strategies
Coping - physical strategies
Feeling fortunate in adversity
Resourcefulness
Responding to a crisis
Strength and resilience; 'I just get on with things'
DEFENDING FINANCIAL SECURITY - Debt, curse and cure
Debt - current and spent
Debt - managing, reducing and avoiding
Debt triggers; vicious circles of debt
Family - informal lenders
Getting by - sinking
Hounded for the bills
DEFENDING FINANCIAL SECURITY - Making ends meet
Financial exclusion
Furniture packs
Getting by - afloat
Getting by - balancing act
Getting by - charting a course; active budget management

Name
Poor money management
Getting by - living to your means
Getting by - paying for vices
Getting by - thrift and caution
Getting by - treading water
Income erosion
PDPE Money & getting by
DISABILITY AND ILL-HEALTH ON BENEFITS
Disability and illness - getting help
Disability, illness and benefits - disabling impacts
Disability, illness and benefits - enabling impacts
Disability, illness and benefits - getting benefits
PDPE Disability
PDPE Health
PDPE Poverty and health
T1 TO T2 Changed benefits, changing benefits
T1 TO T2 Inertia
The 'Work Capability Assessment'
Appealing the WCA outcome
DISABILITY NARRATIVES
Disability and illness - biographical disruption and changed roles
Disability and illness - life limitations
T1 TO T2 Changing health
Disability, illness and benefits
FOOD INSECURITY
FOOD INSECURITY - Cutting out, cutting back
Cheap food, negative
Compromises - cutting out and cutting back
Compromises - eating less than ideal, finance restricting diet
Compromises - going for a cheaper option
Compromises - hypothetical trade offs
Direct effects of welfare reform on food
Feeding children
Foods that people want to eat

Name
Hunger, survival, scraping the barrel
FOOD INSECURITY - Food crisis
Food bank offerings
Food crisis aversion - safety nets
Food crisis causes
Food crisis shame
FOOD INSECURITY - JAM, Just about managing
Asda free bus
Compromises - ekeing out an (un)acceptable diet
Compromises - negotiating food within competing expenditures
Cooking to save money
Food budget planning
Food freedom
Food shopping strategies, getting value for money
Healthy start
Keeping a tight rein, avoiding the luxuries
Knowing food prices
Money spent on food
PDPE Food
FOOD WORLDS
Cooking - the types of cooking that people do
Cooking and health
Feeding pets
Food as a basic aspect of life
Food as social
Food literacy
Physical food access
Roles & food (food)
HOME AND PLACE, A FOUNDATION FOR LIFE
Disability, illness and housing
Family - real social networks
Home - combined
Home - houseproud
Home - meaning in the mortar

Name
Home - no place like home
PDPE Meaning of home and place
Stigmatised places
T1 TO T2 Domestic changes
INSECURE HEALTH - Threats to mental health
Anxiety, stress and depression - relief
Anxiety, stress and depression - triggers
Mental health - getting you down
Mental health - stress, worry, discomfort
INSECURE HEALTH - Threats to physical health
Being cold, keeping warm
Domestic dissatisfaction
Getting exercise
PDPE Threats to health
Physical health - maintained or improved
Physical health - worsened or worsening
LONELINESS & ISOLATION
Overcoming loneliness
PDPE Life pleasures
PARENTING (ON BENEFITS)
Parenting roles
PDPE Children and poverty
PDPE single parenting
Providing for children
Shielding children from poverty
Single parenting
T1 TO T2 Material change
PARTICIPANT NARRATIVES
Adversity and trauma; lived experience
Children altering the lifecourse
Hopes for the future
Life satisfaction
PDPE Changing fortunes
PDPE Unnegotiable realities of life

Name
Relationships altering the lifecourse
T1 TO T2 Aspirations maintained
Turning points, critical junctures
PLAYING THE WELFARE GAME
Learning the 'rules of the game'
Confused 'rules of the game'
Learning to 'play the game'
Making sense of the 'system'
Regulating the poor
Overpayments and backdated payments
Poverty 'porn'
POVERTY REALITIES - Consumer citizenship
Consumer 'citizenship' denied
POVERTY REALITIES - Disability & ill health
Disability, illness and poverty
Food as therapy
POVERTY REALITIES - Shame and stigma
Judgement and stigma
Poverty & disadvantage - markers & shame
Poverty & disadvantage - poverty defined
Poverty scars, disadvantage accumulated
POVERTY REALITIES - Social citizenship
Poverty & disadvantage - left out and left behind
Social and cultural participation denied
T1 TO T2 Expanding social circles
Poverty, benefits & health
PRIVATISED MISFORTUNE - Conceptualising deservingness
Deservingness and children
Deservingness and disability
Deservingness and ethnicity
Deservingness and money
Deservingness and work
PRIVATISED MISFORTUNE - Family and community
Community (dis)spirited

Name
Family - safety, support & succour
Family conflict
Not my brother's keeper; family reliance
PDPE Meaning of relationships
Searching for solidarity
Racism
PRIVATISED MISFORTUNE - Unlike the others
Deservingness - sideways comparisons
Responsible, virtuous behaviours
Tarred with the same brush
Undeserving, feckless and immoral
Rights, responsibilities and entitlements
SHIFTING SANDS
Communication about benefit changes
Making sense of the changes
Politics of welfare reform and work
Political rhetoric shaping the narrative
Universal Credit
SOCIAL INSECURITY
Frightened, fearful
Punitive control
Resisting control
Punitive control - sanction and threat of
Safety net
T1 TO T2 Benefit cap
Mitigation strategies
T1 TO T2 Wrestling back control
Your fate in somebody else's hands; no control
SOCIAL INSECURITY - DISABILITY & ILL HEALTH
SOCIAL INSECURITY - WORK AND THE JCP
Stories of others
THE 'FACE' OF SOCIAL SECURITY
Claim deterrants
Digital by default

Name
Institutionalised disrespect; treated like a second-class citizen
Interactions with the council and YHN
Interactions with the state - negative
Interactions with the state - positive
Laying yourself bare when claiming
Transport
Views of politics and politicians
WORK - Barriers to work
Getting back to work - age
Getting back to work - age & disability interacting
Getting back to work - childcare
Getting back to work - confidence
Getting back to work - disability and ill-health
Getting back to work - labour market distance
Getting back to work - skills
Getting back to work - structural
PDPE Changing skills
WORK - Transitions, welfare to work
Disability, illness and benefits - welfare to work
Financial transitions from benefits to work
Getting back to work - JCP & WP welfare to work
Getting back to work - the role of the JCP
Getting back to work - work programme support
T1 TO T2 Getting a job
Constructing a safety net
Consumer citizenship boosted
Feeling precarious
Help from JCP or WP
Independence
Interactions with benefits
Manipulating the system
Navigating anew
Overcoming obstacles
Perfect fit; accomodating

Name
Resisting the jobcentre or WP
Social psychological benefits
Trying to get employed
WORK - Unvalued work [question]
Caring, work and benefits
WORK - Work histories and (in)security
Getting back to work - defending security
Insecurity at work
T1 TO T2 Changing hours
Work and self (worth, citizenship, social)
Work and the material
Work histories
Work or welfare; security on benefits

P. Examples of theme memos

SOCIAL INSECURITY

Throughout, there is evidence of diminution of agency, of things being 'done to' people and of them having no, or little, control in the process and interactions with the JCP. To this end, participants are stunted in their ability to have an active role in shaping their routes into work. This chimes with the nods to disempowerment that are felt throughout the whole process of interacting with the benefits system. There are many references to 'they', that is, the people who make decisions about them and their claim; people separated from the lived experience of welfare reform.

To ensure participants acquiesce in this process, fear is used as a tool to modify behaviour and ensure compliance. The main tool used to instil fear is the threat of sanction, which some had experienced in the past. It seemed that these had been used more so in the past, and that now it was the threat of sanction, rather than sanction itself, that was being used more frequently. This was enough to ensure compliance, although compliance was arguably performative - participants had to fulfil the role of dutiful 'active' jobseeker. At the same time, it seemed there was also evidence of some advisers falling into the playing of roles - playing the baddie adviser but at the same time subtly acknowledging the futility of the situation for some participants.

In this sense, participants did possess agency and - in the words of Ruth Lister - were, perhaps, 'getting back at' the overly controlling, punitive state. A response to this removal of agency is countered - by some - by a more active 'playing of the game'. Participants learn the rules of what needs to be done in order to meet the requirements of the JCP, and knowingly go through the motions - knowing that they are often futile - to placate the JCP. There was good evidence of participants learning how to manage their relationships with the jobcentre, for example by not suggesting courses, being very quiescent in their interactions with them, and learning how to maximise their job search time, for example by recording all travel time to and from the job centre, training and courses etc.

There are mixed experiences of exchanges between participants and JCP staff, but there are more negative than positive examples. Participants are almost treated as 'disingenuous by default' and have to prove their worthiness and compliance. The participants' descriptions do suggest that some advisers might take pleasure in this, although I don't know how much to make of this really. If they see the JCP as 'them' - others whose job it is to control and coerce - then perhaps that almost always precludes them seeing them in a positive light.

There are examples of both passivity and active management of relationships with the JCP/DWP. Those in the position of having to apply for jobs had the opportunity to learn how to be more active in managing the conditions of their benefit, whilst those in more complex situations, i.e. ill-health or with children, because more passive, most likely because of the lack of control they felt they could exercise over these interactions but also because of the slackening of pressure on these groups that seemed to become evident.

In respect of security/insecurity, the participants' position is inherently insecure because they are reliant on performing the role to such a degree that they are protected from sanction. Should they fail in this, their financial/personal security (tenuous as it may be) is immediately threatened. Participants are thus attempting to negotiate security within these tight parameters, but can do this by learning the rules of the game, and playing by them or playing them to their advantage. It is inherently difficult though for participants to have true security (social security!) because their benefits are contingent, not guaranteed. Arguably though, there is a scale of security - few people could claim total personal security - yet theirs is more fragile than many because of two reasons. Firstly, the inadequacy of their income to begin with leaves little in the way of a buffer; secondly, the capriciousness of the JCP as an entity - and its staff - does not guarantee that their game-playing will suffice.

NAVIGATING THE BENEFITS SYSTEM FOR DISABILITY

There are ample descriptions of the way that benefits interact with one another, and the confusion that this can cause for people. Participants do seem to understand the process, to a small extent, but the greater complexities of the

system seem to be lost on people. But then, arguably, the benefits system is very complex, even for those who deal with it in a professional context. In many ways, I think that participants are quite passive in the process of claiming benefits - I do wonder to what extent this is linked to the diminution of their wider agency as a result of living in poverty and, possibly, because of adverse experiences with the benefits system before. This raises difficult questions: for example, should people be encouraged to be more assertive in the process, and should people be expected to take some control over the process by seeking out information of how it works before and during the process? Or, is this just individualising the problem and putting the burden on claimants? Perhaps rather than looking at it this way, we could see it as a failure of the benefits system to adequately support people through the process of claiming, and as one that takes an adversarial approach by first assuming that everybody is disingenuous.

There were annoyances at some of the repetition that was sometimes involved, like having to give address histories every time people were updating claims; participants couldn't see (and quite rightly so) the point of this, as surely it is all kept on record anyway. Participants also seemed to pick up on the mismatch between evidence and judgement of healthcare professionals and the judgements of the DWP.

There was evidence of people purposefully 'tricking' the system, or if not admitting doing it in the past, admitting that they would do it in the future in order to maximise gains from work; in these cases, the work that was described was more informal in nature. Partly this may have been as a result of misunderstanding, or not quite believing, claims from the jobcentre of how much people could be better off in work. For example, one participant had been told that they were likely to be £83 a week better off in work (full-time, presumably), but just couldn't see how this could be so on a minimum wage with having then to pay more towards rent, council tax etc. In this I suppose it can be seen how the benefits system can effectively 'trap' people.

SOCIAL INSECURITY

On re-reading this theme, I think it deserves to be fanned out into two distinct domains - one linked to work, and one linked to disability. Although there are overlapping experiences, there are distinct insecurities between experiences of the JCP in the context of moving towards work, and a separate set around disability, ill-health and reassessment for ESA, PIP etc. I think that the work-related theme should incorporate the totality of experience in this domain, including the learning of the 'rules' and playing the game, and the face-to-face interactions with JCP staff. This will all come together under a section on work and workfare. This means that there will need to be a separate section on disability, ill-health and social insecurity.

The main thing that comes through in the work domain are the way in which punitive control is deployed to 'discipline' the jobseekers. Fear and dread are feelings that participants frequently evoke. There is also a diminution of agency that appears to be occurring, as participants are made to bend to the will of the JCP (and ultimately, to policy direction). Participants describe having no control in the whole process and interaction. In order to manage this combative relationship, participants start to 'perform'; they learn the rules of the game, the rules that keep the JCP happy and maintains participants' security because they know that their money is contingent on the 'right' behaviour.

MATERIAL IMPACTS OF POVERTY AND WELFARE REFORM

Participants' experiences of material deprivation (poverty) - as a result of insufficient income from benefits, or decreasing income as a result of welfare reform - are best understood by looking at them in a relational way. It is in the absence of being able to participate in a society that champions material consumption that participants come to understand that they are different, that they cannot themselves participate in the same way as others.

Participants universally describe how their income is only just sufficient to eke out a very basic level of existence. This is before changes as a result of welfare reform are taken into account, such as the bedroom tax, uprating, or having to pay council tax. One participant describes how even before the bedroom tax came in, he was "just on the breadline, but was alright". After the bedroom tax came in, he sunk below this 'line' and ended up in arrears with his rent. This 'squeeze' of the household income is described as 'uncomfortable', and likened to the tightening of the slack. There is no room for manoeuvring when it comes to larger than expected bills or unexpected outgoings; as one participant describes it, it's like "robbing Peter to pay Paul".

The material lives that people describe are austere - again, this is in relation to what might be expected of a 'normal' citizen not living in poverty. Clothes are all second hand, food is cut back to the essentials, the heating is only put on when absolutely necessary, and luxuries in life are a packet of 'baccy' or a £13 a month Sky package. It is recognised that this latter expenditure is a 'luxury', but participants see it as fair, given that they have no money with which to do anything else, like go on holiday, decorate their houses, or even just go out for a drink with friends.

The things that people feel that they are missing out on, or want to be able to do, would arguably not be seen by many as frivolous. For example, a common desire is to not have to buy clothes from a second-hand shop. Others want to be able to have a holiday or take their children on holiday, to decorate their houses, buy a bigger freezer so that food can be stored better, or be able to buy more of the foods that they enjoy eating.

For those with children, there is a wish to be able to shield them from poverty, but this is not achieved to any great success. One participant describes not wanting his children to suffer as he is - is he suggesting that to not have the material things that his children's peers have, and to not participate in the same things that they do, would be to suffer, and therefore by extension that to be able to participate materially in society is to be free from suffering? Another participant with children echoes this sentiment - she wants her children to have nice things, and compares herself to friends who are doing better, financially, than she is. She can't afford to pay for activities that would enrich her children's lives, such as climbing lessons or language lessons, and therefore feels as though their future will be somehow worse because of it. Again, there is a tacit assumption that to not be able to participate fully in civic life, and to not have the same opportunities as others, will lead to poorer outcomes for their children.

Perhaps this pressure to participate 'fully' in (material) society is felt more greatly by those with children, because there are expectations from the children's peers, and because the parents are forced into comparisons with other parents through their children's interactions. Even in a relatively deprived area there will still be plenty of children whose parents are able to afford new clothes, the latest gadgets, holidays etc. and, if there are enough of these children, other children may be more visible as a result of their exception to this participation. Looking at the accounts of those without children, this seems to be borne out to some extent. The main wishes for those without children are fairly similar: a little bit more money to have some slack, buy more food, new clothes etc.

A read of the excerpts, and the language participants use, gives me the impression that with the extended periods of poverty that all these participants have experiences of, comes a gradual adjustment to the extant standard of living, almost a resignation to a life lived less fully than others; lowered expectations. It is remarkable that some describe their current situation as comfortable, even though in the next breath they acknowledge their lives are sparse, i.e. lamenting that they have to buy second-hand clothes and cannot buy the food that they want. Why is this?

Appendix C – Outputs and dissemination

Q. Summary for participants

Research title: Social (in)security. Exploring welfare reform, poverty and health in North East England.

Researcher: Joel Halligan

What's welfare reform?

Since 2010, the government has made lots of changes to the benefits system – known as welfare reform. These changes include: the Bedroom Tax; changes to sickness and disability benefits; and benefit levels no longer going up each year. The government has said that many of these changes have been made in order to get people back into work, and that work is the main route out of poverty.

Why did I do this research?

There is concern that welfare reform might affect people's health, particularly their mental health, by making people poorer and putting them under more pressure when they're on benefits. I therefore wanted to understand more about what it was like for people who had been affected by these changes, by speaking to them first-hand.

What did the research involve?

I spoke to 19 people from the Walker area on up to three different occasions. Some people also took photos of their lives and we talked about those – some of these photos are shown below. I typed up all of the interviews and then spent time looking through peoples' stories. I tried to understand more about the parts of people's lives and experiences of benefits that were both similar, and different. From this, I was able to build a picture of the main ways in which the people had been affected by welfare reform.

What did I find?

I found that changes to the benefits system had, on the whole, made people feel less secure in their lives. People worried more, felt stressed and, sometimes, got depressed.

People often wanted to work, though things such as disabilities and caring responsibilities were barriers to doing so. It was felt that many jobs available locally were often low-paid and insecure. For these reasons, making the 'leap' from benefits to work often made little sense, especially as new claims for benefits would have to be made if things didn't work out. Some people in the research did work, but still felt that low wages made it a struggle to manage.

Relationships with the Jobcentre often felt strained. The threat of sanction was used by the Jobcentre to make people go along with their demands. This meant that, often, there was a wariness of Jobcentre staff. People often didn't feel as though they got the kind of helpful support needed to improve their chances of getting back to work.

Those who had to go through assessments (or reassessments) for sickness and disability benefits said that these were difficult. People described feeling as though they were 'on parade' and that they weren't listened to properly. There was a fear that if the wrong thing was said, they might have their benefits cut and be forced to look for work, even though this would have been very difficult to do.

One of the hardest parts of being a benefits claimant was the difficulty in getting by, because of benefit levels being set very low compared to the cost of living. This meant that it was hard to be able to do the things that most other people did, for example buying new clothes, going out with friends, or buying things for children. Asking family for money was sometimes done, though this caused embarrassment and shame. Being in debt also caused stress and worry for participants.

The Bedroom Tax was something that lots of people were particularly unhappy about. Having to pay the Bedroom Tax made it even more difficult to make ends meet. The thought of moving home was also something that made people feel very insecure.

These photos below show two important things that helped people to get by. The one on the left shows the free Asda bus, which saved people money on bus fares, meaning more money to spend on food. The photo on the right shows a

pawnbrokers, a place that was able to provide money when in desperate need though this brought about feelings of shame.



People's ability to eat well was strongly affected by living on a low-income. Cutting back on food, eating only basic foods and going without certain foods – such as meat, fruit and vegetables – were all common. Some had had to go to a foodbank during tough times, which also caused shame and embarrassment. It was described as being very difficult to eat well on such a low-income and people often said they wished they had a bit more money to spend on food.

What have I done with these findings?

I have presented some of the findings from this research at conferences so that the scale of the impacts of welfare reform can be shared more widely. I have also shared these findings with Newcastle City Council, who are interested in how they can best help people affected by changes to benefits. Last year, I also contributed to an inquiry by the UN Special Rapporteur on Poverty who visited

the UK, and I have also given written evidence to two parliamentary enquiries, one about the benefit cap and another about benefit levels. I will be writing more articles about the research and trying to share the findings as widely as possible.

R. Summary for Newcastle City Council

Social (in)security. Exploring welfare reform, poverty and health in North East England. Summary of research collaboration between Newcastle University and Newcastle City Council.

KEY FINDINGS

- Living on benefits, and experiences of welfare reform, were characterised by a pervasive sense of insecurity stemming from low-incomes, uncertainty around benefit continuity and housing insecurity linked to the Bedroom Tax.
- Many participants faced significant barriers to work including age, ill-health and disability, and caring responsibilities.
- Support from the Jobcentre was generally experienced negatively, with threats of sanction often used to instil compliance; participants learned how to 'manage' these interactions though at the detriment of truly supportive relationships that might have developed otherwise.
- Getting by on benefits was a struggle – going without essentials, experiencing food insecurity, borrowing money from family and getting into debt were all commonplace.

POLICY RECOMMENDATIONS

- A personalised approach should be adopted towards expectations of benefits claimants; the job preparation requirements placed upon claimants should fit with their capabilities and realistic capacity for work. Change the activation regime, changing it from one based on punitive coercion to one based on trust, support and meaningful activities that can help those able to work, move back into work.
- Abolish the Bedroom Tax. It causes hardship for those affected and is ineffective in prompting moves to smaller properties.
- Food insecurity should be reframed as a rights-based issue. Inadequate levels of many benefits affects people's ability to eat in a way that is dignified and supports good health. In the present social security system, many people's right to food is being undermined by low benefit levels and deductions from people's benefits such as those arising from the Bedroom Tax, the Benefit Cap and sanctions. Review benefit levels to bring them into line with the Joseph Rowntree Foundation's Minimum Income Standards, and the government should seek to legislate for a 'right to food'.

Background and research approach

Since 2010, the government has made many changes to working-age benefits. These changes – collectively known as welfare reform – include: the Bedroom Tax; a tougher regime of conditionality for claimants expected to seek work; changes to sickness and disability benefits; benefit levels no longer rising with inflation; and, of course, Universal Credit. The government has said these changes are premised on an idea that lots of benefit claimants could and should work, but either choose not to or are 'trapped' on benefits because of flaws in the system. This also rests on the belief that paid work is a route out of poverty.

Existing research evidence points to impacts on people's mental health as a result of welfare reform as well as suggesting that many benefit changes are ineffective in moving people back into work. Impacts on health are likely to be caused by people being made poorer, being put under more pressure when they are on benefits, and having their eligibility to benefits questioned.

This three-year PhD research project aimed to understand more about the lived experience of welfare reform and its impacts on people's health and wellbeing. Nineteen working-age people from Walker were interviewed up to three times between 2016 and 2018, to give a total of thirty-eight interviews. Some participants also took photos of their lives and we talked about those – some of these photos are shown below. The findings are summarised below, illustrated with verbatim participant quotes and case studies of three participants. All participant names are pseudonyms.

What did I find?

I found that changes to the benefits system had, on the whole, made participants feel less secure in their lives. People worried more, felt stressed and, sometimes, got depressed.

Participants often wanted to work, though things such as disabilities and caring responsibilities were barriers to doing so. It was felt that many jobs available locally were often low-paid and insecure. For these reasons, making the 'leap' from benefits to work often made little sense, especially as new claims for benefits would have to be made if things didn't work out. Some people in the research did work, but still felt that low wages made it a struggle to manage.

When I work out how much I would have to go to work for, to even just break even with the money that they're paying, would be like a full-time job and I'm not fit enough to do a full-time job. [Shirley, aged in her 40s]

Relationships with the Jobcentre often felt strained. It was felt that threats of sanction were used by the Jobcentre to make participants comply with their demands. This meant that people were wary of Jobcentre staff. Participants didn't feel as though they got the kind of helpful support needed to improve their chances

of getting back to work, and that many of the things they were asked to do were perfunctory and of little value.

If you don't do this it's teaching you a lesson; if you don't do this, this is what happens to you so therefore it's like a constant battle the whole time ... cause you feel as though you're back at school – don't do this or you'll get the strap. [Mary, aged in her 50s]

Those who had to go through assessments (or reassessments) for sickness and disability benefits said that these were difficult to negotiate and stressful to have to go through. Participants described feeling as though they were 'on parade' and that they weren't listened to properly. Case study 3 provides an example of a participant going through a reassessment for disability benefits. There was a fear that if they said the wrong thing, they might have their benefits cut and be moved to Jobseeker's Allowance, even though undertaking work would have been very difficult – if not impossible – to do.

It's how I feel like sometimes, it's like gannin to Cruft's [a competition for dogs], you know what I mean? You get your first, you get your second, you get your third and anything after that I suppose you're chucked on the bloody heap. That's what I feel like, it's just horrible. [Steven, aged in his 40s]

One of the hardest parts of being a benefits claimant was the difficulty in getting by, because of benefit levels being set very low compared to the cost of living. This meant that it was hard to be able to do the things that most other people did, for example buying new clothes, going out with friends, or buying things for children. Asking family for money was sometimes done, though this caused embarrassment and shame. Being in debt also caused stress and worry for participants.



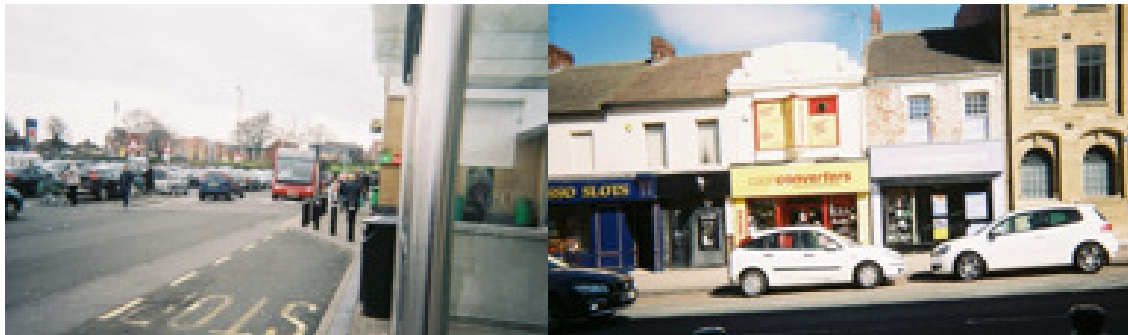
This is because, as it says – zero zero zero – because I don't have enough money to put it on and that's why the house is so cold and I just wanted to show people that. [Mary, aged in her 50s]

The Bedroom Tax was something that lots of participants were particularly unhappy about. Having to pay it making ends meet even more difficult. The thought of moving home was also something that made people feel very insecure. Though many participants were able to counter the Bedroom Tax to some extent with a

Discretionary Housing Payment award, these were – by their very nature – insecure because of their discretionary and time-limited nature. Case study 2 provides an example of how people were impacted by the Bedroom Tax.

Participants' ability to eat well was strongly affected by living on a low-income. Cutting back on food, eating only basic foods and going without certain foods – such as meat, fruit and vegetables – were all common. Some had had to go to a foodbank during tough times, which also caused shame and embarrassment. It was described as being very difficult to eat well on such a low-income and participants often said they wished they had a bit more money to spend on food.

I've got to this age, what's it coming to when I've got to go to the foodbank? Because I've lost 4 hours at work and my money's dropped. Got to go to a foodbank and you think, in this day and age. How degrading it is. Very degrading. [Linda, aged in her 60s]



[The Asda bus] helps me a lot because the nearest shop that I could go to – well I've got a local shop but not like a supermarket – I'd have to walk all the way round the corner and pay, get on the bus and go all the way to Morrison's whereas with [the Asda bus] I can just go, get my shopping, jump on the bus and come back again. It's sort of really helped me out. [Brian, aged in his 60s]

These photos here show two important things that helped participants get by. The photo on the left shows the free Asda bus, which saved people money on bus fares, meaning more money to spend on food. The photo on the right shows a pawnshop, a place that was able to provide money when in desperate need though this brought about feelings of shame. Peter, in his 60s and recovering from cancer, had had to resort to pawning some of his things at shops like these. He explained that it made him feel "degraded" doing so.

For those participants with children, poverty made parents feel like they could not provide fully for their children. Parents described trying to shield their children from the effects of poverty the best they could, often making sacrifices and going without things themselves. Borrowing money and using credit – both formally and informally – were ways of providing for children. Case study 1 provides an example of a parent affected by the Benefit Cap, which she felt severely restricted her ability to provide for her children.

CASE STUDY 1 - ROXANNE

'Roxanne' was a lone parent with three young children, living in social housing. During the course of the research Roxanne was informed that, due to the benefit cap, approximately £100 a month would be deducted from her housing benefit. Roxanne felt very overwhelmed by the prospect of the benefit cap cutting their housing benefit, coupled with existing debt problems and the poor health of one of their children. Given her situation, Roxanne described feeling trapped and at a loss as to what to do, particularly as she wanted to work but knew that it would be difficult to find a job that fitted with childcare responsibilities. Already suffering with anxiety and depression, Roxanne felt that her mental health was worsening and that this was affecting her children's mental health too.

CASE STUDY 2 – MARY

Mary lived by herself in social housing. With two 'spare bedrooms' because her adult children had moved out, she had been paying the Bedroom Tax although during the research had managed to secure a Discretionary Housing Payment award to offset part of this. Mary was on Jobseeker's Allowance and had been for a number of years, despite having mobility problems which limited her capacity for work. She felt the Jobcentre were not particularly helpful and that the constant threat of sanction made her fear her visits there, rather than it being a source of genuine support. Between the first and second interviews, Mary still had not managed to find work and reported that her health was worsening and that she felt increasing pressure to downsize to a smaller property, something she did not want to do.

CASE STUDY 3 - STEVEN

Steven lived in social housing and looked after his child part-time. Despite this, his second bedroom was classed as 'spare' and he was liable to pay the Bedroom Tax. Being disabled, he was in receipt of Disability Living Allowance (DLA) and Employment and Support Allowance; he felt that he could just about manage to get by on these benefits. During the research, his DLA claim came up for transference to Personal Independence Payment (PIP), for which he had to undergo a functional assessment. The decision of the assessment was that he should only be awarded the lower rate for the mobility component of PIP meaning that he would lose his Motability car. He was very distressed by this decision because losing his car would mean losing his independence and having to rely heavily on family. In the end, Steven appealed the decision and was awarded the higher amount of mobility component, but not before having to give back his Motability car; Steven had to deplete the little amount of savings that he had to buy a new car.

S. Conference proceedings and abstracts

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