

A rapid review to explore the types and causes of financial insecurity and the impact these can have on population health and wellbeing



July 2023



Hull
City Council

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Acknowledgements

This report was commissioned by Hull City Council

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Appreciations:

Our thanks go to everyone who contributed to this report, particularly giving thanks to the Financial Insecurity Network in Hull, who work continuously to improve and reduce financial insecurity in Hull.

Forward

Poverty and financial stress are likely to rise over the next few years (MHF 2023). This means people are more likely to experience financial stress, and people living with financial stress are at an increased risk of experiencing mental health problems and lower mental wellbeing (MHF 2023).

The rising costs of fuel, food and other essentials are combining with existing disadvantage and vulnerabilities, putting many households at greater risk of both immediate hardship and reduced opportunity and wellbeing (Local Government Association 2022). The Institute of Health Equity (2022) highlighted that high fuel costs, rising poverty and the resulting cold and damp homes are damaging health.

Whilst the impacts of this crisis are cutting across society, certain groups within the general population are inevitably more vulnerable. This leads to widening of the healthy life expectancy gap between the most privileged and socio-economically disadvantaged groups in society (RSPH 2022).

This research aims to support decision makers and service providers across Hull to understand the impacts of financial insecurity and consider a joint and coordinated approach that supports those most adversely affected.



William Roberts

Chief Executive, RSPH

A handwritten signature in black ink, appearing to read 'W Roberts'.



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A handwritten signature in black ink, appearing to read 'Alison Patey'.

Executive Summary

Financial insecurity is a households' inability to respond to sudden essential expenses or rises in the cost of living with their own income and/or savings, resulting in some having to borrow to get by and in the most severe cases, it means making tough choices about what to prioritise and what to go without (Citizens Advice 2018).

The literature reviewed highlights that indicators used to measure financial insecurity focus on income, savings, homeownership, debt, credit use, borrowing money, falling behind on key payments and expenditure (MMHPI 2021, Citizens Advice 2018). Often, the analysis of these indicators also includes exploration of the negative effects of health on individuals and households. Some of the key findings include:

- Evidence suggests that experiencing financial insecurity lowers well-being and increases problematic financial behaviours (Weinstein and stone 2018).
- Within a systematic review conducted by Richardson et al (2007), it was observed across studies that those with low socio-economic status (SES) have an increased risk of poor mental health, depression, poor physical health and, in the worst cases, death.
- More recent evidence suggest that money issues can negatively affect someone's mental health. For example, a study conducted by Mind in 2022, observed that money worries can affect mental health by triggering feelings of anxiety and panic, disrupting sleeping patterns (Mind 2022).
- Furthermore, a recent study observed that the majority (58%) of people with debts of more than £30,000 have experienced suicidal thoughts or attempted suicide (MMHPI 2021).
- Financial insecurity affects people with mental health conditions disproportionately as they are more likely to be in debt and owe larger amounts. In a recent study, six in ten (60%) people with mental health problems had at least some debt, compared to 42% of those without mental health problems (MMHPI 2021).
- Financial pressures can also have a detrimental effect upon physical health through the affordability of exercise activities and healthy foods. For example, a recent RSPH report highlighted that 28% of the general population have reduced or cancelled their regular sporting or recreational activities to save costs. (RSPH 2022). The risks to physical health may be against the backdrop of a decrease in access to free or subsidised council run facilities, as many existing community-run facilities are reducing their

services or facing permanent closure as a result of funding and the cost of living crisis (Sport England 2021, Community Leisure UK 2022).

- Moreover, a recent report highlighted that rising cost of living will likely result in people becoming more reliant on lower cost foods which tend to be calorie-dense and nutrient-poor, further increasing obesity and other diet-related diseases such as type 2 diabetes (The Food Foundation 2022, Diabetes 2023).
- Food insecurity is being experienced by people in higher and intermediate managerial, administrative, or professional occupations. A recent report revealed that, 27% of respondents in these positions are worried about affording food (ODI 2022).
- Cutting back on fuel often results in conditions (cold room temperature, damp and poor ventilation for example) that can exacerbate chronic and acute illnesses such as respiratory diseases and stroke (Local Government Association 2019). For example, cold temperatures may cause strokes (Heart 2019), and children living in cold houses are at increased risk of asthma attacks and respiratory infections, such as bronchiolitis (Barrett 2022).
- Also, there is growing body of literature that suggests that chronic health conditions can exacerbate financial insecurity due to considerable income and expenditure changes related to accessing treatment. Evidence from Macmillan demonstrates that being diagnosed with cancer, can drastically affect incomes (Macmillan, 2017), and Muscular Dystrophy UK highlights that the cost of living crisis, is becoming unmanageable for people with muscle wasting conditions considering that 83% are currently unemployed and of those that are employed 20% are in part-time employment (Muscular Dystrophy UK, 2022).

Financial Insecurity in Hull

Financial insecurity can be exacerbated by deprivation and Hull is ranked as the 4th most deprived local authority in England (Hull City Council 2019).

Findings observed within the Coastal Health and Wellbeing Report (2021) observed that since March 2020, Hull saw a significant increase in the number of out of work benefit claimants from 6% to 10% (compared with an increase from 3% to 6% nationally). This equates to approximately 6,200 (63%) additional new claimants. In addition to this, there has been a

notably substantial rise in young people (aged 18-24) claiming unemployment benefits over this period, from 1,970 to 3,165; a 61% increase in only eight months.

Furthermore, when observing the ability to save as an indicator of financial insecurity, the residents who are most deprived do not have access to savings in times of need. Instead, the methods used in an emergency were to rely on family and friends, loans, payday loans, credit union and an unarranged overdraft (Health and Wellbeing Survey 2019).

Findings from the Hull Health and Wellbeing Survey (2020) highlighted that 7.0% of respondents worried weekly and a further 3.4% worried about once a week about paying their rent or mortgage and other essential bills, like utilities. This equates to 21,750 adults across Hull. These findings indicate that housing affordability does directly impact upon wellbeing (Hull Health and Wellbeing Survey, 2020).

Moreover, recent data from the Fuel Poverty Coalition estimates that the number of households living in fuel poverty in Hull East has increased from 18.5% in 2019 to 36.9% in 2022, and in Hull North, from 21.3% in 2019 to 42.4% in 2022.

People who worry about paying essential bills on a daily or weekly basis are female (11.6%), those aged between 35-44 (14.9%), the most deprived fifth (17.3%), long term sick or disabled (32.3%), parents with 3+ children (14.9%), lone parents (23.4%), carers for 20 to 49 hours per week (24%) and those with fair or poor health (17.6%) (Hull Health and Wellbeing Survey 2019).

Carers in Hull are a particularly affected group. The percentage of carers who worry about paying for essential bills was significant, particularly among those who work for 20-49 hours per week (24%) and those who care for 50+ hours per week (17.9%).

Introduction

The impacts of COVID-19 have been significant on health, the economy and society. However, these impacts have been felt disproportionately across society with vulnerable groups being impacted more severely, including older people, people with disabilities, ethnic minorities and those living in deprived areas (HM Government 2020).

The COVID-19 pandemic has exacerbated financial insecurity as household finances have been put under increasing pressure due to hits to both employment and wages, alongside the price rises associated with the cost-of-living crisis. According to the House of Commons Library (2021), the impact of the pandemic on the labour market was immense, as around 11.7 million employees were furloughed, and many were on reduced pay.

Nationally in 2020/21, around one in five people in the UK (20%) were in poverty which equates to 13.4 million people. Of these, 7.9 million were working-age adults, 3.9 million were children and 1.7 million were pensioners (JRF 2023).

However, spatially, these figures vary. Based on the English Index of Multiple Deprivation 2019 score, Hull is the 4th most deprived local authority in England (out of 317), with more than half the Lower Super Output Areas (LSOAs) in Hull amongst the most deprived 20% nationally. In addition, only 4 of Hull's 166 LSOAs were in the least deprived fifth of LSOAs nationally. As such, financial insecurity is a highly pertinent issue to a high proportion of its residents and the organisations working in the city.

A Financial Inclusion Network has been established in Hull, comprised of stakeholders from a range of different organisations working within Hull. The network aims to support co-ordinated, multi-agency strategic action to address financial insecurity by embedding financial inclusion into system-level strategies.

Hull's Financial Inclusion Network has successfully raised the profile of financial insecurity as a cause of ill-health, and in particular, as a factor in causing or exacerbating mental ill-health and distress. The Coronavirus pandemic has thrown the issue of health inequalities into sharper focus and created an imperative for the authority and its partners to identify and address the widening gap across populations, with particular attention to diverse and already marginalised communities.

Therefore, the main body of this report will explore the available literature to provide an overview of the types and causes of financial insecurity and its impacts on health and wellbeing. To support the findings gathered within the literature review we have gathered population insights from across Hull through the collaboration of local stakeholders. These will be incorporated in the form of case studies to help illustrate the impact financial insecurity has on individuals and/or families. We hope these findings and case studies will be essential insights for effective and impactful policy and strategies that aim to tackle this issue.

Methodology

Rapid literature review

To understand the impacts of financial Insecurity, RSPH conducted a rapid review of published and grey literature, on the causes and types of financial insecurity people experience across UK.

Rapid reviews are used to provide quick and timely evidence and information for practice and decision making. The review was conducted online using Google and academic journal search engines such as Science Direct. The findings gathered within this report were collected between the period of November 2022 and May 2023. A range of primary and secondary sources were used, including peer-reviewed journal articles and book chapters, government documents, local and national reports, newspaper articles, statistical data and internal data/findings. The researcher did not restrict sources by publishing date. Any internal data was obtained through Hull City Council and the Financial Inclusion Network.

A thematic analysis was carried out to identify common themes, topics, ideas and patterns of meaning that came up throughout the literature search repeatedly.

Search Terms

Search terms used to locate literature included the phrases 'Financial Insecurity', 'Types and Causes of Financial Insecurity' and 'Indicators of Financial Insecurity'. Other search terms included: 'Income', 'Debt', 'Poverty', 'Stress', 'Mental Health', 'Physical Health', 'Fuel Poverty', 'Food Insecurity', 'Food affordability', 'Cost of Living Crisis', 'Covid-19', 'Carers', 'Savings' and 'Long Term Health Conditions'.

Case studies

The final section of this document includes two case studies, with this element RSPH presents lived experiences of Hull residents. Participants were identified through collaborations with local organisations members of Hull's Financial Inclusion Network.

Participants were provided with a participant information sheet and consent form (see appendix a) and were made aware that their participation is voluntary, and they are free to withdraw from the project at any time, without having to give a reason and without any consequences. The questions used in the interview can be accessed in appendix b.

The researcher conducted, recorded, and transcribed the interviews.

Financial insecurity rapid review

What is financial insecurity?

Financial insecurity is a households' inability to respond to sudden essential expenses or rises in the cost of living with their own income and/or savings, resulting in some having to borrow to get by and in the most severe cases, it means making tough choices about what to prioritise and what to go without (Citizens Advice 2018).

To understand the drivers which lead people to a state of financial insecurity, research conducted by Citizens Advice (2018) highlighted that financial insecurity is caused by two main drivers. Firstly, being subject to unpredictable and unstable finances, this can be measured by monitoring monthly income. It was estimated that 1 in 10 adults reported that their income changes from month to month, and almost half (48%) said they experienced at least one monthly drop in income (Citizens Advice 2018).

Secondly, many people are not financially resilient enough to manage this unpredictability. This has been observed when analysing household savings, as one in six UK adults have no savings and, of those that do, a quarter of UK adults have less than £100 put away (Money and Pension Service 2022). In addition, more than a fifth of adults in Great Britain (22%, equal to around 11.5 million people) reported borrowing more money or using more credit because of the increased cost of living between 25 January and 5 February 2023. This is an increase from 17% between 19 and 30 January 2022 (ONS 2023). Therefore, this indicates that people have no financial buffer to support them in times of need; due to the rising costs limiting people's ability to save.

Furthermore, recent data gathered from the Office for National statistics found that from April 2020 to March 2021 households spent the highest proportion of their total expenditure on housing, fuel, and power (18%), food and non-alcoholic drinks (14%), and transport (13%) (ONS 2022).

Measuring financial insecurity

Indicators used to measure financial insecurity within recent studies have explored employment, income, savings, homeownership, debt, credit use, borrowing money, falling behind on key payments and expenditure (MMHPI 2021, Citizens Advice 2018).

The Hull Opinions and Lifestyle survey (OPN) of people's experiences of changes in their cost of living and household finances in Great Britain, surveyed the 7 indicators below:

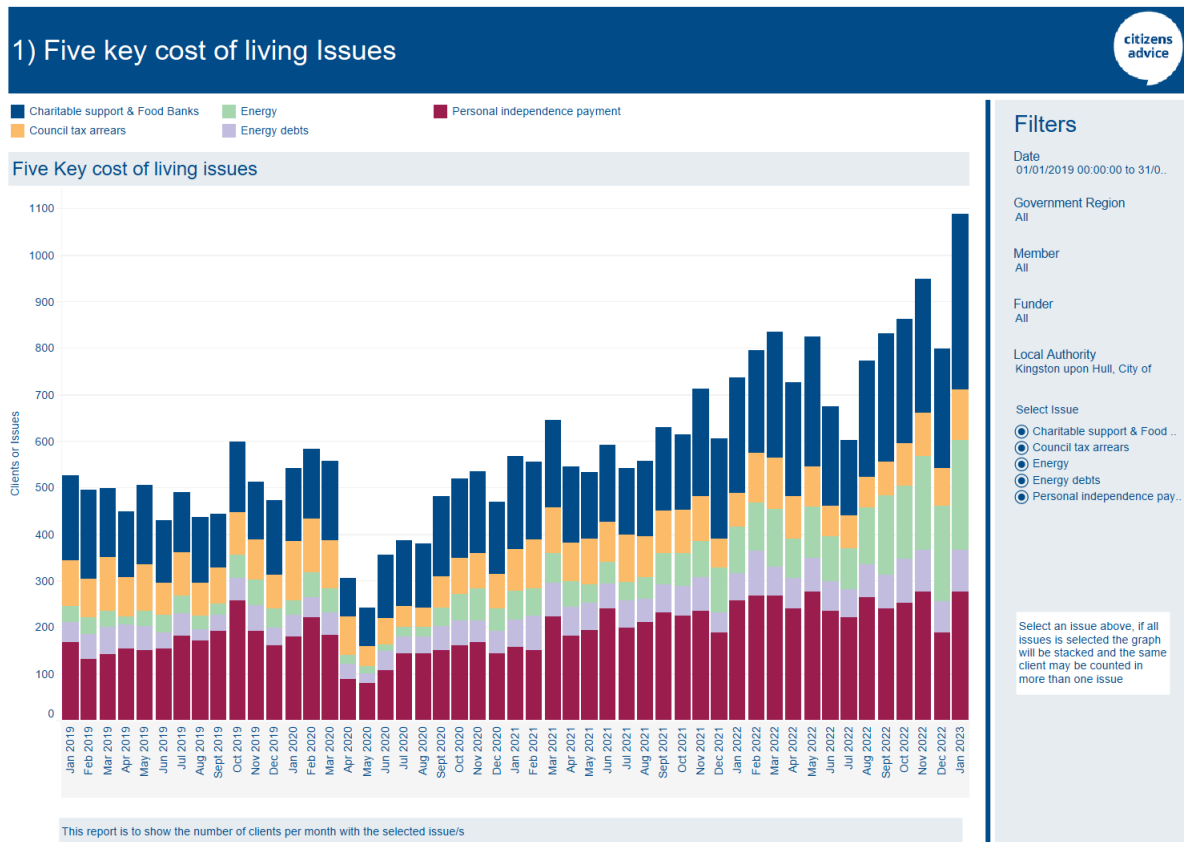
- *Percentage of adults reporting their household would be unable to afford an unexpected, but necessary, expense of £850*
- *Percentage of adults who have gas or electricity supplied to their home reporting they are behind on their gas or electricity bills*
- *Percentage of adults currently paying rent or mortgage reporting they are behind on their rent or mortgage payments*
- *Percentage of adults reporting they have had to borrow more money or use more credit in the last month, compared to a year ago*
- *Percentage of adults reporting their cost of living increased over the last month*
- *Percentage of adults reporting they do not think they will be able to save any money in the next 12 months*
- *Percentage of adults reporting they are very or somewhat worried about the rising costs of living in the last two weeks*

Changes in financial insecurity over time

The cost-of-living crisis refers to the fall in 'real' disposable incomes (that is, adjusted for inflation and after taxes and benefits), which has been felt significantly across the UK since early 2021 (Institute for Government 2022). This has placed significant stress upon millions of people. Findings from the Money and Mental Health Policy Institute (MMPI) in 2022 observed that nearly 73% of the general population have altered the way they live by cutting back on energy use or other essential spending. Furthermore, as a result of the recent cost of living crisis household energy prices rose by 54% in April 2022 alone (House of Commons Library 2022) and the average fixed price two-year mortgage rate now stands at 5.75% (BBC 2022).

Graph 1 below highlights the Five Key Cost of Living Issues according to recent Internal data from Citizens Advice Cost of Living Dashboard (20/02/2023). The Five Key Issues highlighted included charitable support and food banks, council tax arrears, energy, energy debts and

personal independence payment.



Graph 1: Citizens Advice Cost of Living Dashboard ‘Five Key Cost of Living Issues’ (20/02/2023)

Furthermore, financial insecurity has been exacerbated by the recent Covid-19 pandemic as household finances have been put under increasing pressure due to hits to both employment and wages, alongside the price rises associated with the cost-of-living crisis. These contributing factors have played a role in the national rise in depression and anxiety (MMHPI 2021).

Whilst the impacts of the cost-of-living crisis will be exacerbated and felt predominantly by those who face the greatest financial pressure, the polling from the RSPH (2022) report suggests that wealthier groups of society, who were previously perceived as ‘protected’, are also subject to the pressures associated by this crisis. For example, the report highlighted that a considerable proportion of the general population (39%) reported that they are cutting back on buying fresh produce, such as, vegetables (RSPH 2022). Furthermore, it was observed that 7% of

households have used foodbanks at least once in the last 2 months, among those on an income of £14-21K, and on an income of £48K + (RSPH 2022).

How financial Insecurity affects certain groups within the population?

Whilst the impacts of this crisis are cutting across society, certain groups within the general population are inevitably more vulnerable, likely widening the healthy life expectancy gap between the most privileged and socio-economically disadvantaged groups in society (RSPH 2022).

It has been highlighted that those living in areas of high deprivation, on lower incomes, older adults, children and young adults, lone parents, pregnant women, traveller populations, refugees and asylum seekers, people from ethnic minority backgrounds, and individuals with disabilities are likely to be at risk of fuel poverty (Institute of Equity 2022).

Research from the 'People Like Us' webpage noted that the rising energy costs have forced Black, Asian, Mixed Race and other minority ethnic professionals to make impossible choices between paying bills, eating and their careers (People Like Us 2022).

Furthermore, research published by the European Commission in 2008 highlights that certain groups and individuals can become socially excluded due to not having access fair and basic financial services due to lacking a permanent address, appropriate identification documents, an authorised/stable job, being unable to speak the national language, and living in deprived environments. Furthermore, if an individual does not have their own bank account, this will deter job opportunities, demonstrating that the reasons for exclusion are not linear (European Commission 2008).

Financial insecurity as a cause of poor health: mental health

Evidence suggests that experiencing financial insecurity lowers well-being and increases problematic financial behaviours (Weinstein and stone 2018). Within a systematic review conducted by Richardson et al (2007), it was observed across studies that those with low socio-economic status (SES) have an increased risk of poor mental health, depression, poor physical health and, in the worst cases, death.

When determining if financial insecurity is a cause of poor health, it may be useful to explore social causation theory, which suggests that mental disorders can be triggered or maintained by numerous conditions, including poverty, poor physical health, stress, and stigma (Lund et al

2010). This indicates that financial insecurity may act as a pathway for new depressive symptoms or continuation of previous depression (Guan et al 2022).

Studies suggest that money issues can negatively affect someone's mental health. Within a research paper conducted by Mind, it was observed that money worries can affect mental health by triggering feelings of anxiety and panic, disrupting sleeping patterns (Mind 2022).

Furthermore, in the worst cases, the MMHPI highlighted that 58% of people with debts of more than £30,000 have experienced suicidal thoughts or attempted suicide (MMHPI 2021).

The RSPH report also observed that almost everyone is feeling the negative effects of the cost-of-living crisis. As among households with the highest income (£48K+ per annum) 16% of respondents reported to having trouble sleeping/relaxing when they think about the cost-of-living-crisis. Furthermore, the report found that compared to the nationwide average, groups who are on a low income, live with disability, are a parent, or are middle aged are the most affected groups by the cost-of-living crisis (RSPH 2022).

Financial insecurity as a cause of poor health: physical health

Financial pressures can also impact upon physical health, research by RSPH highlighted that, among the general population, 41% are concerned that the cost-of-living crisis is already impacting upon their physical health. Furthermore, among middle aged parents who are on a low income and living with a disability, 87% are concerned that the cost-of-living crisis is impacting their physical health (RSPH 2022).

In addition to this, the report highlighted that 28% of the general population have reduced or cancelled their regular sporting or recreational activities to save costs. However, among those who identify as an ethnic minority, 48% have reduced or cancelled their regular sporting or recreational activities to save costs, demonstrating that these impacts are felt disproportionately across society (RSPH 2022).

Furthermore, the risks to physical health may be against the backdrop of a decrease in access to free or subsidised council run facilities, as recent insight from Community Leisure UK suggests many community-run facilities are reducing their services or facing permanent closure (Sport England 2021). It was observed that Local Community Pools maybe the most at risk due to the effects associated with the cost of living crisis (Community Leisure UK 2022).

Food affordability and obesity rates

Often food affordability is influenced by other financial demands and budgets within a household. When people are facing financial pressures, unfortunately food is often the first expenditure to be cut, falling further down the list of necessities. The Food Foundation (2022) observed that families have been facing increasing pressure on their disposable incomes in recent months due to the rise in energy bills, petrol prices and background inflation, alongside the cost of food. The Food Foundation highlighted that these rising costs will likely result in people becoming more reliant on lower cost foods which tend to be calorie-dense and nutrient-poor, further increasing obesity and other diet-related diseases. According Diabetes UK (2023) Living with overweight or obesity can increase your risk of heart and circulatory diseases like heart attacks, strokes and vascular dementia, type 2 diabetes, and 13 different types of cancer.

Findings from the Government's National Child Measurement Programme (NCMP) for England 2020/21 school year found that children living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas. Figure 1 below illustrates the different obesity harms faced by children and young people, including bullying, low self-esteem, school absence, high cholesterol and pre-diabetes.

Furthermore, children living with obesity are more likely to become adults living with obesity and in turn increase the risk of obesity for their own children later in life (Gov 2022). It was also observed that obesity rates are higher in some ethnic minority groups of children, particularly among Black and Bangladeshi ethnicities (though this varies by age and sex of the child) (Gov 2022).

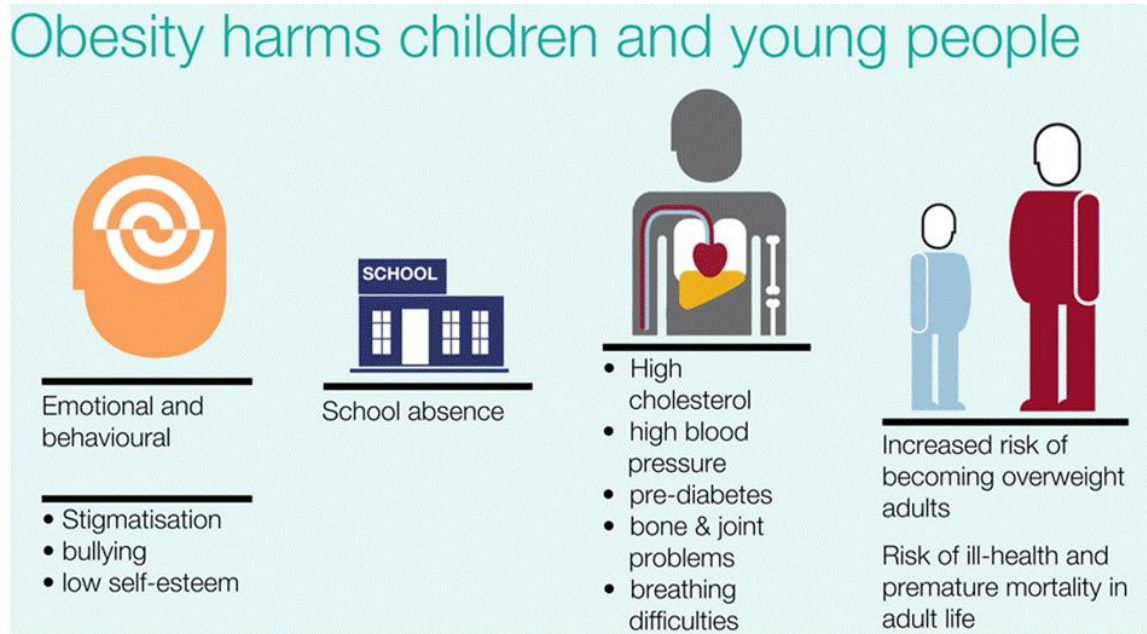


Figure 1: Obesity harms children and young people (Gov 2022)

The impacts of fuel poverty on physical health

Living in a state of fuel poverty can also exacerbate ill health. Research by the Local Government Association highlighted that in 2019, the NHS spent around £2.5 billion per year treating illnesses that are directly linked to cold, damp and dangerous conditions (Local Government Association 2019).

The ODI Fuel Poverty report (2022) discussed how the prevalence of fuel poverty varies across England. The report mentioned that this variability is caused by a household's socio-economic situation alongside geographic disparities in the energy efficiency of housing stock and different climate patterns.

Hull's Affordable Warmth Strategy 2019 – 2023 highlighted that people who may be at risk of fuel poverty are as follows:

- Older people
- Lone parents with dependent children
- Families who are unemployed or on low income

- Disabled people and people with existing illnesses and long term conditions
- Children and young people
- Single unemployed people

In a recent paper by Barrett (2022), it was reported that children living in cold houses are at increased risk of asthma attacks and respiratory infections, such as bronchiolitis. This is because when there is a drop in temperature the circulation of viruses rises, which is particularly prevalent in overcrowded homes. Furthermore, infants living in the coldest houses will expend calories to prevent hypothermic and hypoglycaemic conditions, rather than using energy for growth and organ development (Barrett 2022).

When children are living in cold homes, it may also affect their educational attainment. These children are more likely to take days off school and may also find it more difficult to study and do homework as it is tough to concentrate on schoolwork in such uncomfortable conditions. This especially applies to households where everyone crowds into one or two heated rooms (Institute of Health Equity 2022).

In addition, to stay warm and keep heat in, people will often keep windows and doors closed. However, this causes poor ventilation resulting in damp, mould, and proliferation of house dust mites, contributing to chronic and acute respiratory ill health (Barrett 2022). Therefore, demonstrating that in making efforts to protect their health, individuals can be inadvertently increasing their risk to another health hazard.

Furthermore, it was estimated that annually there are 27,000 excess winter deaths (Age UK 2012). These deaths are particularly prevalent among older people and are a result of respiratory problems, strokes, and heart-attacks due to cold temperatures (Age UK 2012). The reasons for the association between strokes and cold temperatures, is because cold temperatures can constrict blood vessels, which in turn raises blood pressure and can also thicken the blood, which can lead to clots (Heart 2019). Therefore, without sufficient heating in place, individuals are more vulnerable to certain health risks.

Furthermore, the health risks for those living with a diagnosis of dementia are exacerbated when living in cold conditions. This is due to communication issues such as not being able to

explain how they're feeling when cold and not knowing what they need to maintain warmth, such as forgetting to wear warm clothing or to turn the heating on (Dementia UK).

Financial insecurity and long-term chronic health conditions

This section will focus on the impacts of long term and chronic health conditions and the effects these illnesses can have on both financial insecurity and wellbeing.

Research conducted by Macmillan in 2017 has highlighted that being diagnosed with an illness, such as cancer, can drastically affect incomes. The report highlighted that four out of five people with cancer are £570 worse off a month due to their diagnosis. Almost 400,000 cancer patients in the UK have struggled paying their household bills and 39% have been left with no choice but to use savings, sell assets or borrow money to cover the costs or the loss of income as a result of their diagnosis (Macmillan 2017).

These financial pressures often negatively effects patients' wellbeing, with some feeling more worried about their finances than going through the cancer treatment itself. It was reported that, among those who experienced a financial impact of their cancer diagnosis, 61% said it had negatively affected their quality of life, and of those 43% of people reported that their cancer diagnosis had a detrimental effect on their overall health. Furthermore, approximately 52% of cancer patients reported feeling more anxious or stressed (Macmillan 2017).

In research conducted by Muscular Dystrophy UK (2022), their findings indicate that people living with a muscle-wasting condition already face significant additional costs to manage their condition, resulting in financial insecurity. Furthermore, regarding the mental health of patients, 68% reported that the pressure of rising costs has had a negative impacts upon their mental health.

In addition, poor mental health may be exacerbated in the future as people affected by muscle-wasting conditions are currently facing an increase of up to £450 a month on their utility bills, up to £150 month on their food bills and an additional £100 a month on petrol to travel to healthcare appointments (Muscular Dystrophy UK 2022). These increases may be unmanageable, considering 83% of respondents with Muscular Dystrophy are currently unemployed and of those that are employed 20% are in part-time employment. Many respondents blamed their current employment status due having to quit their job/reduce hours to attend numerous appointments and taking unpaid leave.

The impact of financial insecurity among carers

The impact of financial insecurity extends beyond the patient, and often these financial stresses are also experienced by family, friends and carers.

The Hull Integrated Carers Strategy 2020-2025 highlighted that there are currently 7 million carers in the UK, this equates to 1 in 10 of the total population and by 2030 this is expected to increase by 3.4 million as 3 in 5 people are projected to become a carer within their lifetime (Integrated Carers Strategy 2020-2025).

Furthermore, there are also approximately 4.7 million unpaid carers in England (ONS 2023). According to the ONS (2023), among those individuals providing unpaid care, there was a higher percentage of unpaid carers in the most deprived areas in England and Wales (10.1% and 11.5% respectively) compared with the least deprived areas, which had the lowest percentage of people providing unpaid care in both England and Wales (8.1% and 9.7%, respectively).

According to the Integrated Carers Strategy 2020-2025, young adults with caring responsibilities are approximately more than four times more likely to drop out of their college or university course as a result of their caring role. Research shows young adult carers are three times as likely to be or have been NEET (not in education, employment or training) than other young people the same age (Learning and Work Institute 2018). Furthermore, young adult carers are more likely to be living in poverty and are likely to have poor health and wellbeing compared to their peers (Learning and Work Institute 2018). Therefore, a combination of factors may lead a young carer to be financially insecure.

The reason why financial stress is felt by many carers is due to many not having the ability to earn stable incomes, alongside the additional caring costs such as transportation to appointments. 1 in 6 unpaid carers are in debt due to their financial situation, increasing to 2 in 5 (40%) for unpaid carers in receipt of Carer's Allowance (Carers UK 2020). Furthermore, in 2021, 6% of carers were unable to afford their utility bills which has increased to 14% in 2022, displaying that the financial situation for carers is worsening. This is negatively impacting wellbeing, as 77% of carers were concerned about the rising cost of living, feeling it was one of the main challenges they will face over the coming year (Carers UK 2022).

In terms of the carers of cancer patients, almost one in three carers reported that their income or household finances were affected by their caring role, due to the travel expenses and other care related costs (Macmillan 2017).

Unpaid carers are eligible for carers allowance which is £69.70 a week for 35 hours a week, which translates to £1.98 per hour. This is significantly below the national minimum wage of over 18s at £6.83 per hour (£9.50 for those over 23) (Muscular Dystrophy 2022, Mobilise 2022). Additionally, Carers Allowance may be taxed and affect means-tested benefits such as Housing Benefit and Universal Credit (Muscular Dystrophy 2022).

Financial insecurity as a cause of food insecurity

According to the Food Foundation (2022), food insecurity is defined as 'the state of being without reliable access to a sufficient quantity of affordable, nutritious food'. The ODI report on food poverty also noted that food insecurity is partially a symptom of low income (ODI 2022). According to the most recent data for all UK households in the Family Resources Survey for FYE (2020), it was observed that 92% of households reported that they were food secure. However, 8% reported themselves as being food insecure, and of this, 4% reported low food security and a further 4% reported very low food security (Department for Food and Rural Affairs 2021).

The Food Foundation also highlighted additional indicators to measure food insecurity such as having smaller meals, skipping meals and being hungry but not eating because of being unable to afford or to access food (The Food Foundation 2022). In April 2022, the Food Foundation reported that 7.3 million adults were living in households that reported going without food or could not afford food in the past month. These figures consisted of 2.6 million children.

Whilst food insecurity is highly correlated with wide measures of poverty, food insecurity is not an issue confined only to those living in acute poverty or relying on income-related benefits. Instead, food insecurity is felt and experienced by a variety of different people, for example, people in higher and intermediate managerial, administrative, or professional occupations, also worried about affording food even though they are working in well accepted jobs (ODI 2022).

An indicator of food insecurity can be seen in the exponential increase in the demand on food banks. Recently released figures from the Trussell trust has highlighted that Between 1 April 2022 and 31 March 2023, food banks in the Trussell Trust's UK wide network distributed close to 3 million emergency food parcels to people facing hardship, an increase of 37% from the same period last year (Trussell Trust 2023). In addition to this more than one million of these parcels were distributed for children.

The Trussell Trust (2023) observed that between April 2022 and March 2023, the number of people that used a food bank for the first time was 760,000. Recently the food banks in the Trussell Trust network have seen the highest ever levels of need, even more than during the peak of the pandemic, as more people found their incomes did not cover the cost of essentials like heating and food (Trussell Trust 2023).

In early 2020, it was also observed that 62% of working aged people referred to a food bank had a disability. Both ill-health and adverse life experiences worsen people's financial situation through generating extra expenses or through undermining their capacity to navigate the benefit system (Trussell Trust 2021).

The impacts of financial insecurity: private rental prices

In the UK, private rental prices paid by tenants rose by 3.6% in the 12 months to September 2022, from 3.4% in the 12 months to August 2022 (ONS 2022). Many private renters have watched their rent rise at a faster rate than their earnings, leaving many priced out of owning a home and denied social housing (Shelter 2021). This means that people are often left with no choice but to take what they can afford, even if the house is damp, cramped, or far away from jobs and support networks (Shelter 2021) observed. This has left many being forced to choose between rent and feeding their families. It was observed that 14% of those asked reported that they regularly cut down on spending for household essentials, such as food or heating, to afford rent or mortgage payments (Shelter 2021).

Furthermore, rising rents and persistent inflation increase the risk for people becoming homeless and serve as barriers to people who are trying to exit homelessness (National Alliance to End Homelessness 2022).

Action for Children reported that over 120,000 children and young people are experiencing homelessness in the UK (Action for Children 2022). It was mentioned that the reason as to why so many young people experience homelessness is often due to poverty, which can result in young people leaving home because their families can no longer afford to care and provide for them (Action for Children 2022).

The challenges faced by people who have experiences of pre-existing mental health

Debt as a symptom of financial insecurity affects people with mental health conditions disproportionately. Within a recently published report by the Money and Mental Health Policy Institute (2021) it was suggested that people with mental health problems face greater challenges, being both more likely to be in debt and for larger amounts. Six in ten (60%) people

with mental health problems had at least some debt, compared to 42% of those without mental health problems.

A report published by Mind (2008) explored the relationship between debt and mental health, particularly among those living with mental distress or using mental health services. Within this report one of the case studies discussed an individual who has experienced depression and PTSD. This individual believed the reason for their debt was a result of spending being “the only outlet for his stress”. The process of debt recovery can have serious implications for someone’s mental health as demonstrated by the experiences of people that Mind surveyed:

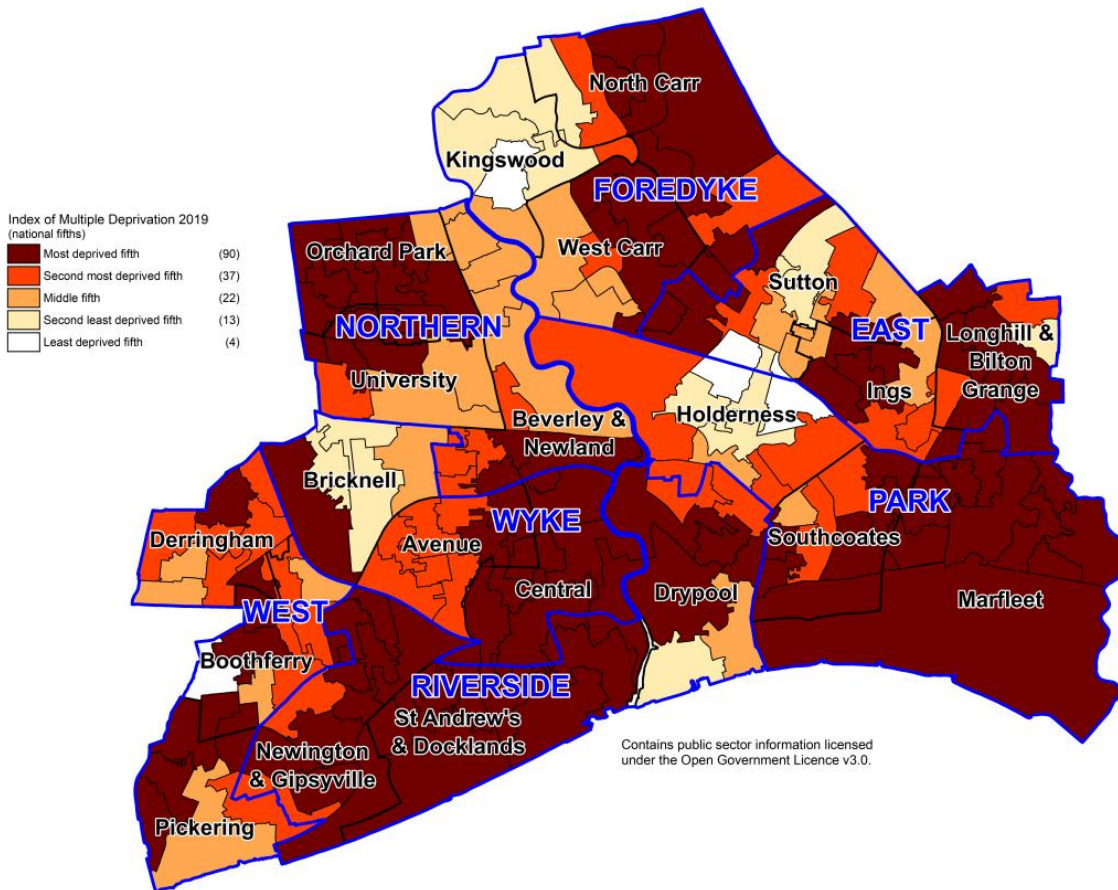
“Anxiety has made communicating with creditors difficult, especially over the phone. I often screen calls and do not answer those I know are going to be creditors. Depression and anxiety causes me to procrastinate, obviously this leads to letters and calls being put off – often leading to more charges for non-payment as I have not been in contact to provide reasons or to state that I am finding payment difficult.”

Furthermore, The Money and Mental Health Policy Institute (2021) found that when people did tell creditors and other organisations about their mental health problem, the response was often dismissive. One in three of those who disclosed a mental health problem to a financial services company or their local authority weren’t offered any additional support as a result, representing a huge missed opportunity to disrupt the cycle of money and mental health problems.

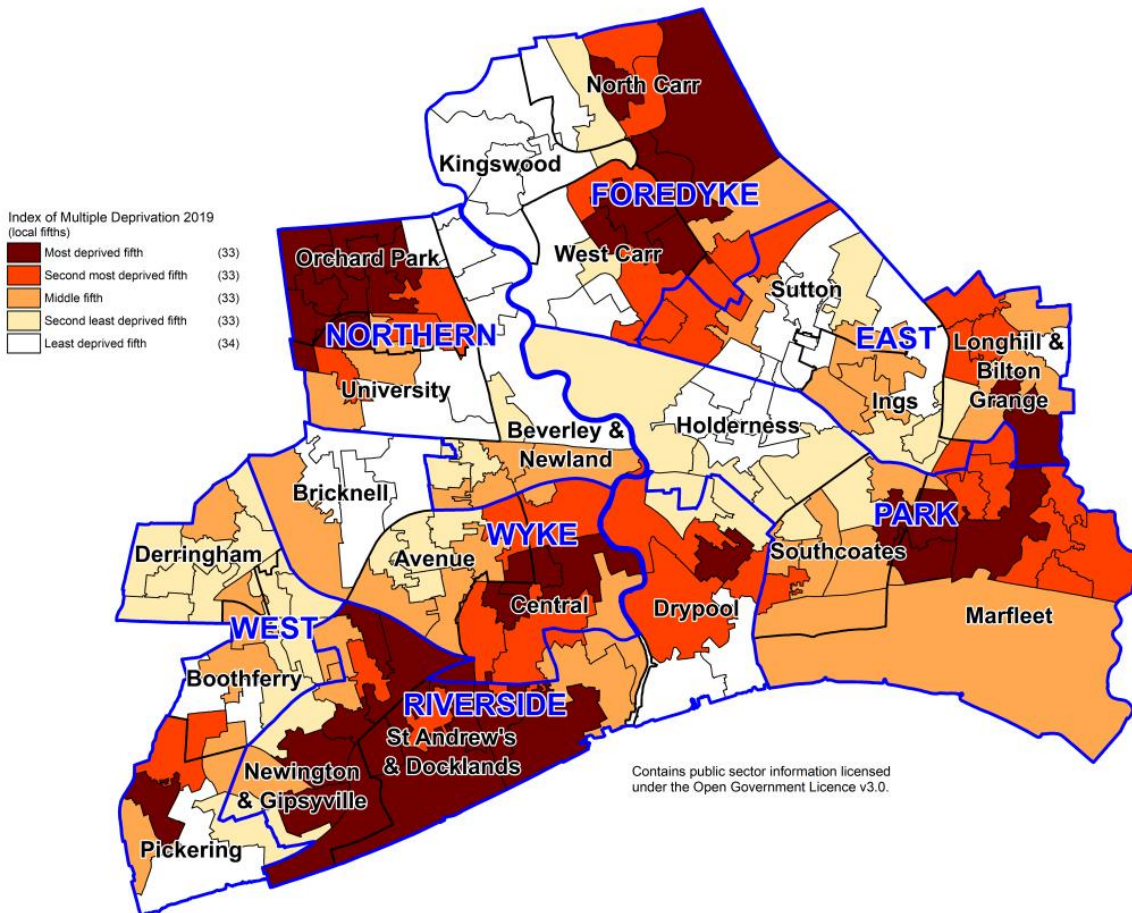
The Local Picture: Hull City

This research aims to explore the types and causes of financial insecurity that people experience across UK and the impacts this has on health and wellbeing, with particular attention to Kingston Upon Hull.

As explored by the above literature review, financial insecurity is exacerbated by poverty and deprivation. According to the IMD 2019, Hull is ranked as the 4th most deprived local authority in England (Hull City Council 2019). The maps below illustrate which parts of Hull are the most deprived relative to England (see map 1) and which parts of Hull are the most deprived relative to Hull (See map 2).



Map 1: The parts of Hull the most deprived relative to England (Health and Wellbeing Survey 2019)



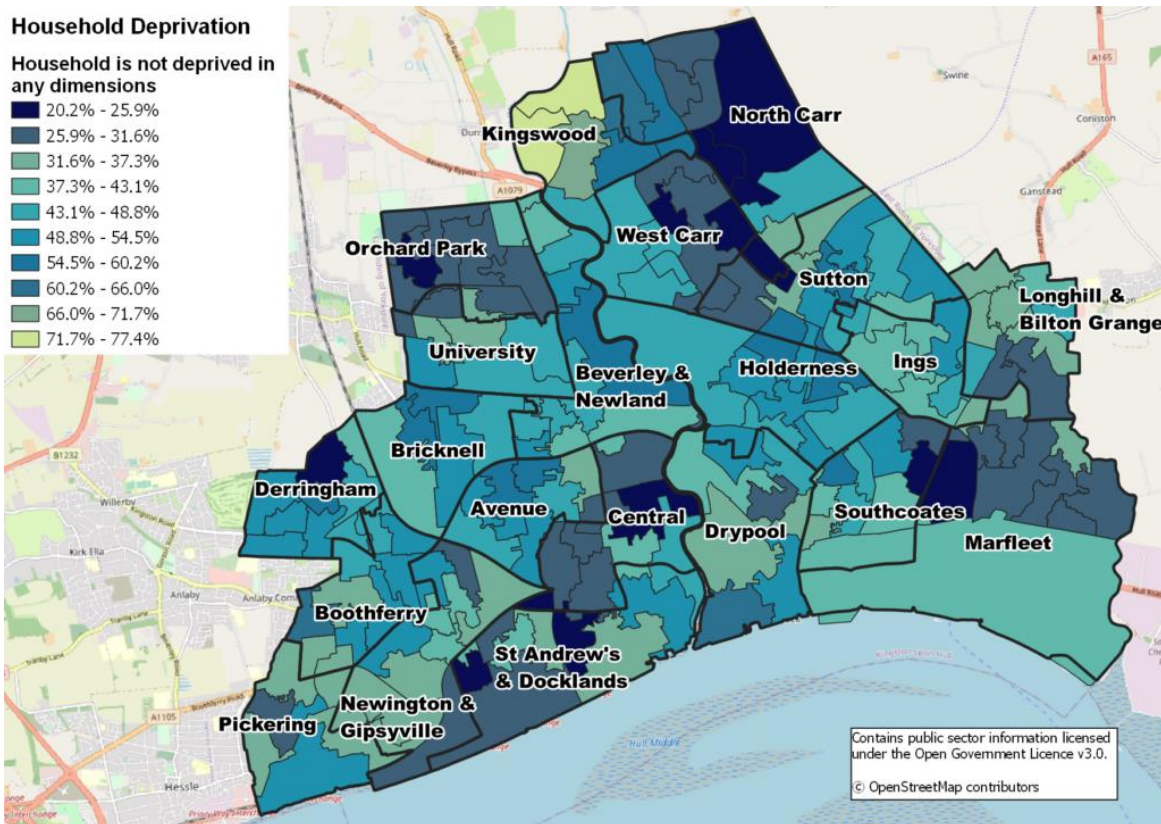
Map 2: The parts of Hull the most deprived relative to Hull (Health and Wellbeing Survey 2019)

To understand the spatial variability of deprivation in Hull, table 1 below, indicates that St Andrew's and Docklands ward is the most deprived ward in Hull followed by Orchard Park, Central, Marfleet and North Carr wards. Whereas the least deprived ward is Kingswood, followed by Holderness, Bricknell, Boothferry and Beverley & Newland wards. In terms of the Committee Areas, the least deprived Area is West, followed by East, Wyke, Foredyke, Park, and Northern with the most deprived Area being Riverside.

| Area Committee Area | Ward | Index of Multiple Deprivation 2019 local rank |
|---------------------|--------------------------|---|
| Foredyke | Kingswood | 21 |
| | North Carr | 5 |
| | West Carr | 8 |
| Northern | Beverley & Newland | 17 |
| | Orchard Park | 2 |
| | University | 12 |
| East | Ings | 15 |
| | Longhill & Bilton Grange | 7 |
| | Sutton | 14 |
| Park | Holderness | 20 |
| | Marfleet | 4 |
| | Southcoates | 9 |
| Riverside | Drypool | 11 |
| | Newington & Gipsyville | 6 |
| | St Andrews & Docklands | 1 |
| West | Boothferry | 18 |
| | Derringham | 16 |
| | Pickering | 10 |
| Wyke | Avenue | 13 |
| | Bricknell | 19 |
| | Central | 3 |

Table 1: Rank of the Index of Multiple Deprivation 2019 scores for Hull's 21 wards (1 is most deprived ward and 21 is least deprived ward)

More recently, the 2021 Census asked a number of questions which helped identify dimensions of deprivation in order to classify households based on four selected household characteristics. These four characteristics are: Education, Employment, Health and Housing. Map 3 below, illustrates deprivation levels across Hull compared to the four Census characteristics.



Map 3: Figure showing deprivation levels across Hull compared to four Census characteristics (2021 Census)

How does financial insecurity manifest in Hull?

As highlighted above, financial insecurity is a households' inability to respond to sudden essential expenses or rises in the cost of living with their own income and/or savings, resulting in some having to borrow to get by (Citizens Advice 2018).

Findings observed within the Coastal Health and Wellbeing Report (2021) observed that in March 2020, Hull saw a significant increase in the number of out of work benefit claimants from 6% to 10% (compared with an increase from 3% to 6% nationally). This equates to approximately 6,200 (63%) additional new claimants. In addition to this, there has been a notably substantial rise in young people (aged 18-24) claiming unemployment benefits over this period, from 1,970 to 3,165; a 61% increase in only eight months.

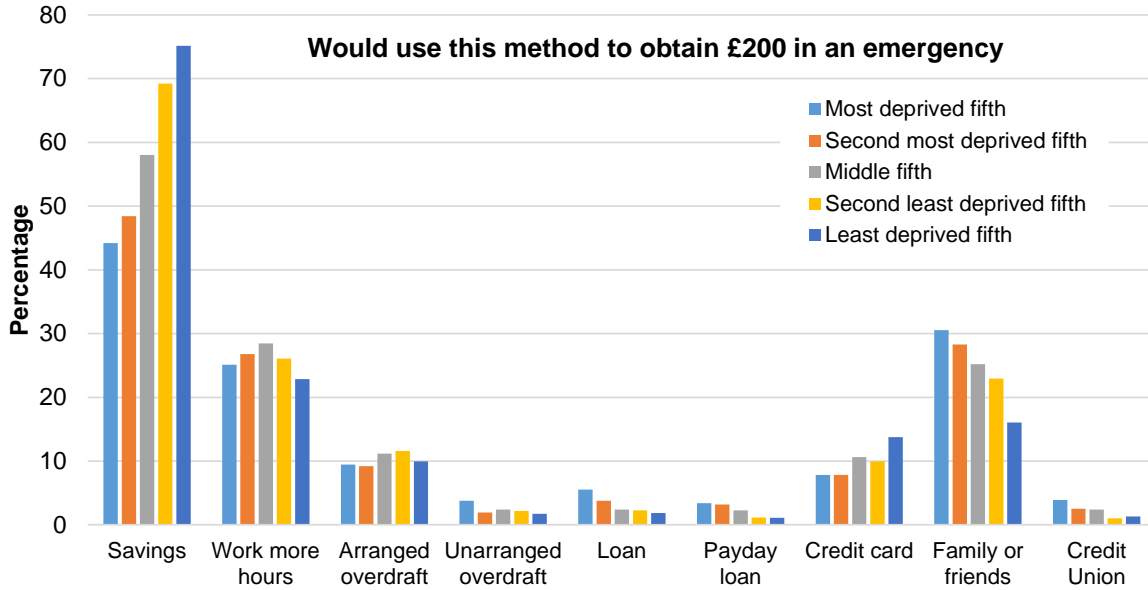
Furthermore, when observing the ability to save as an indicator of financial insecurity, Graph 2 below, illustrates that when residents were asked what method they would use to obtain £200 in an emergency, the vast majority who reported using their savings were amongst the least

deprived fifth and the second least deprived fifth, indicating that those who are most deprived may not have access to savings in times of need. Instead, the methods used more commonly in an emergency amongst the most deprived fifth and second most deprived fifth were to rely on family and friends, loans, payday loans, credit union and an unarranged overdraft (Hull Health and Wellbeing Survey 2019).

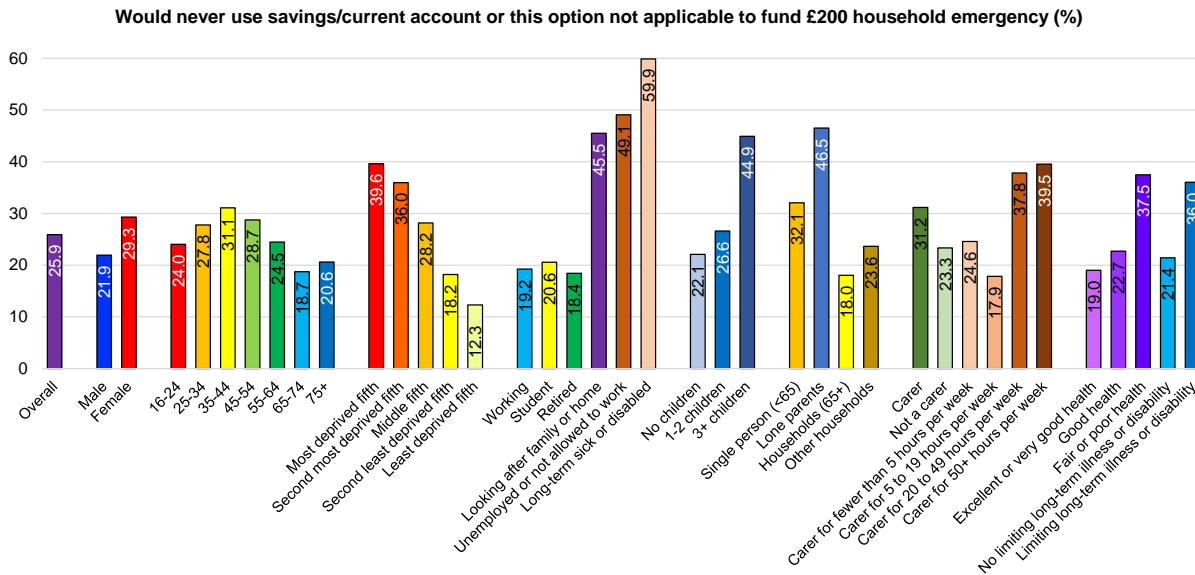
Graph 3 below breaks down these figures more specifically to highlight what groups of people would never use savings/current account or this option is not applicable to fund £200 in an emergency (%). The graph illustrates that those least likely (amongst each category) to use savings/ current account to fund a £200 emergency were:

- Female (29.3%)
- Those aged between 35-44 (31.1%)
- The most deprived fifth (39.6%)
- Those who are long term sick or disabled (59.9%)
- Those with 3+ children (44.9%)
- Lone parents (46.5%)
- Those who care for 50+ hours per week (39.5%)
- Those with fair or poor health (37.5%)

Please note, findings referenced from the Hull Health and Wellbeing Survey (2019) were collected before the cost-of-living crisis which has been experienced in the UK since late 2021.



Graph 2: Ability to fund a £200 household emergency (Health and Wellbeing Survey 2019)

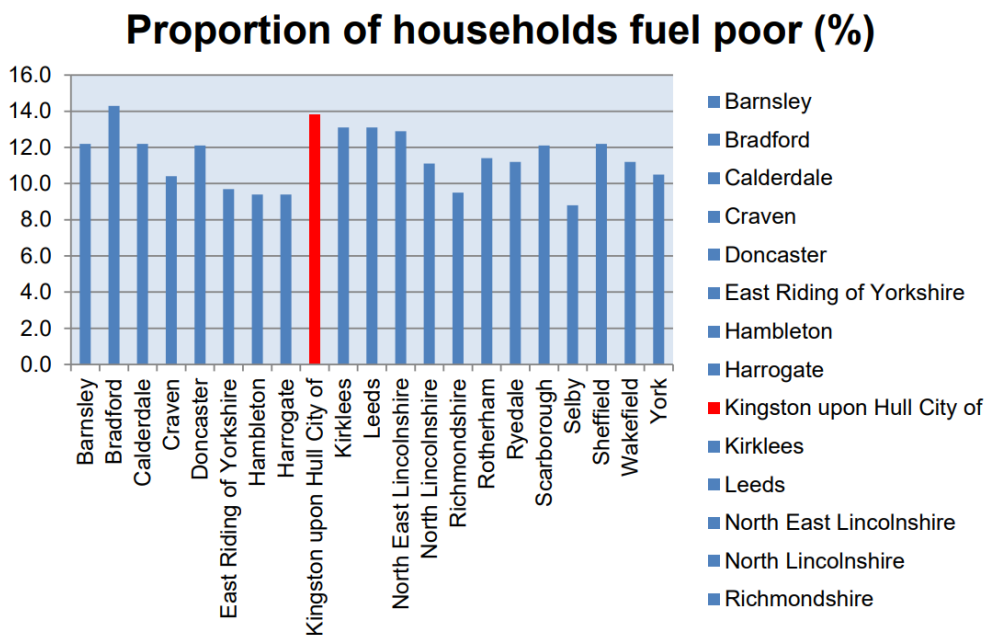


Graph 3: Would never use savings/current account or this option is not applicable to fund £200 in an emergency (%) (Health and Wellbeing Survey 2019)

Fuel poverty

According to the Department for Business, Energy & Industrial Strategy (2017) Fuel poverty in England is measured using the Low Income High Costs indicator: households are in fuel poverty if the cost of adequately heating their home is above average, and that cost would leave them with income below the official poverty line.

Hull's Affordable Warmth Strategy (2019 – 2023) highlighted that 13.8% of the Hull population are classified as being in fuel poverty. According to the chart below Hull has the second highest proportion of fuel poor households (only Bradford has a greater % of fuel poor population).

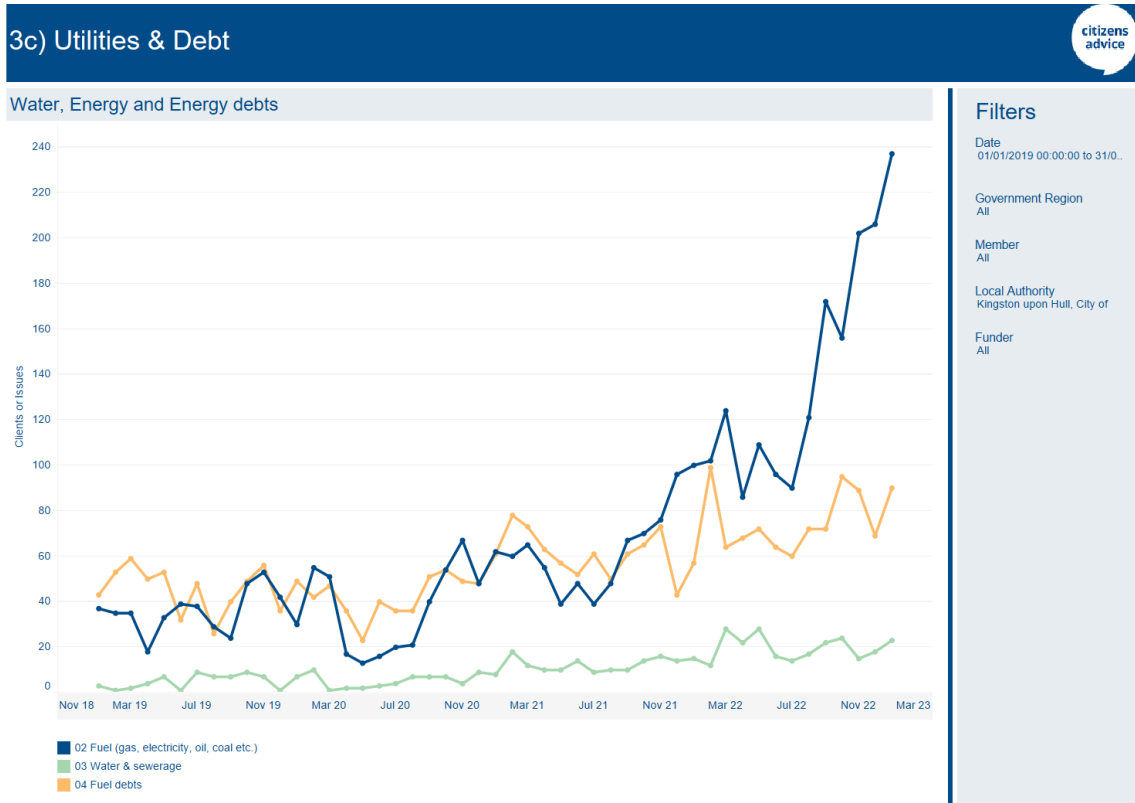


Graph 4: Taken from Department of Business, Energy and Industrial Strategy (26 June 2018)

However, more recent internal data from the Fuel Poverty Coalition estimates that the number of households living in fuel poverty in Hull East has increased from 18.5% in 2019 to 36.9% in 2022, and in Hull North, from 21.3% in 2019 to 42.4% in 2022.

Graph 5, shown below, illustrates the number of clients in Hull seeking support from Citizens Advice regarding utilities and debt (specifically water, energy and energy debts). The graph

clearly illustrates that the proportion those seeking support in regards to 'Fuel' (gas, electricity, oil, coal etc) is increasing. Therefore, displaying that fuel poverty is still a pre-eminent issue in Hull, that must be effectively addressed to reduce the proportion of clients seeking help in this regard.



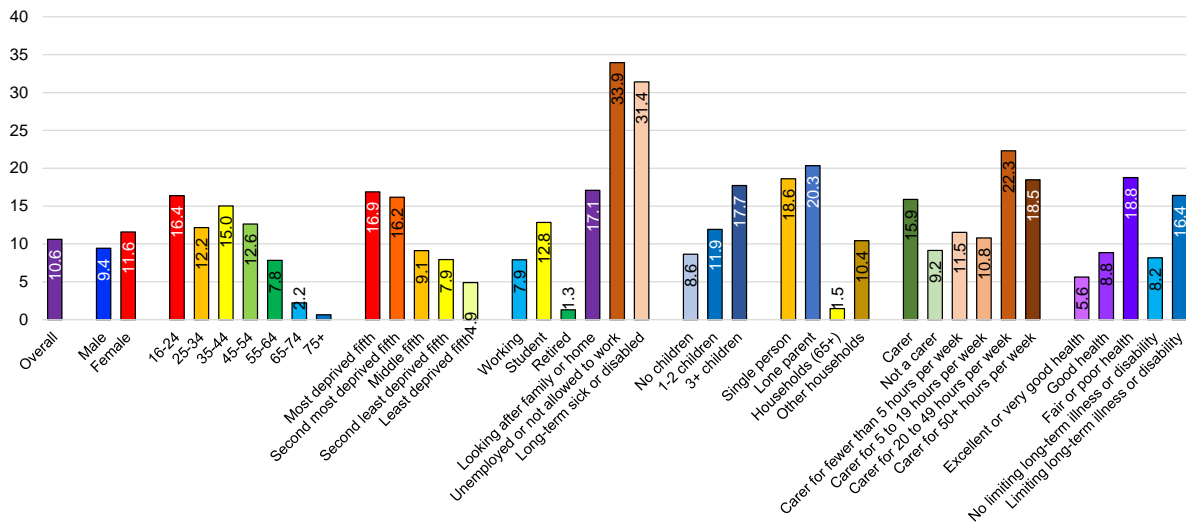
Graph 5: Citizens Advice Cost of Living Dashboard 'Utilities and Debt' (20/02/2023)

Food affordability

The Food Foundation (2022) observed that families have been facing increasing pressure on their disposable incomes in recent months due to the rise in energy bills, petrol prices and background inflation, alongside the cost of food. The Food Foundation highlighted that these rising costs will likely result in people becoming more reliant on lower cost foods which tend to be calorie-dense and nutrient-poor, further increasing obesity and other diet-related diseases.

Findings from the Hull Health and Wellbeing Survey (2019) indicate that those who are most likely (amongst each category) to worry about not being able to afford to eat healthily on a daily or weekly basis are (%):

- Females (11.6%)
- Those aged 16-24 (16.4%)
- Those within the most deprived fifth (16.9%)
- Those who are unemployed or not allowed to work (33.9%)
- Those with 3+ children (17.7%)
- Lone parents (20.3%)
- Cares to 20-49 hours per week (22.3%)
- Those with fair or poor health (18.8%)



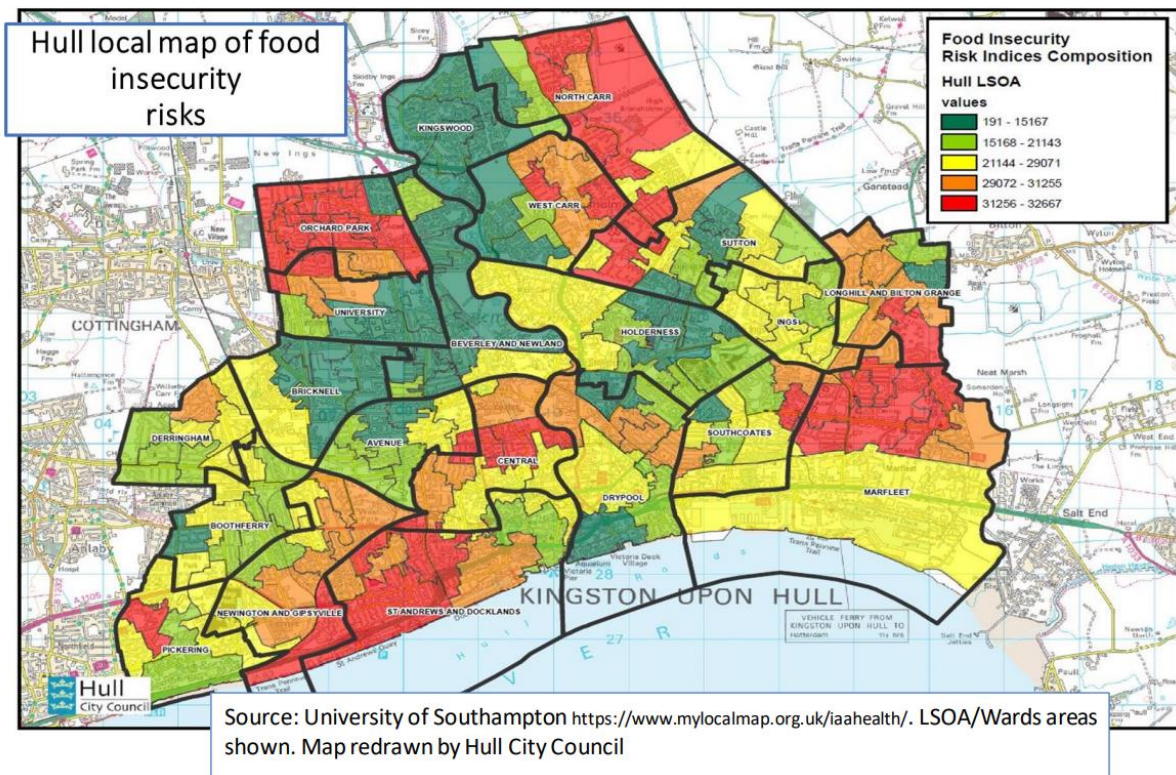
Graph 6: Worrying about not being able to eat healthily on a daily or weekly basis (%) (Hull Health and Wellbeing Survey 2019)

Furthermore, key findings from the report 'Food Insecurity in Hull' (2021) undertaken by University of Hull in partnership with Hull Food Inequality Alliance, based on 102 respondents, found that:

- In the last 12 months over 1/3 of respondents had been hungry but didn't eat because there wasn't enough money for food.
- Almost 1/3 of respondents don't feel that they can easily buy healthy food in their neighbourhood.

- Almost 1/5 of respondents disagreed or strongly disagreed that they had access to a kitchen and the things they need to cook with to make meals for themselves or members of their household.
- Almost 1/2 of respondents had been worried that the food they have at home would run out before they had money to buy more.

Furthermore, findings from the Hull Health and Wellbeing Survey (2019) found that 8.7% worried at least once a week about not having enough food due to a lack of money or other resources. To illustrate the situation in Hull, Map 4, shown below, demonstrates the spatial variation of local levels of food insecurity.



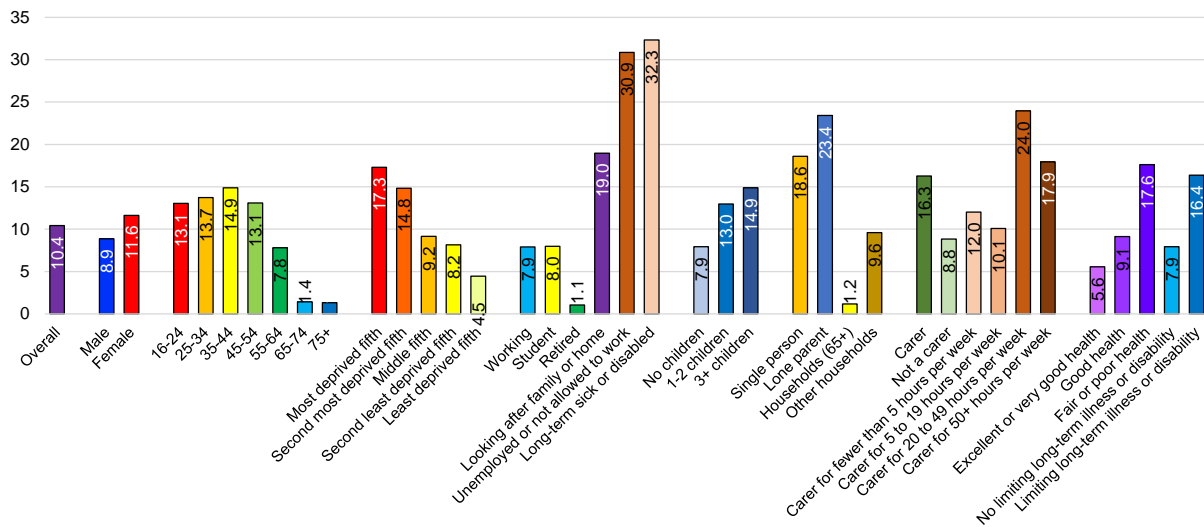
Map 4: Hull local map of food insecurity (Hull City Council, Public Health Team)

The main drivers resulting in the need for a food bank voucher were explored by Hull Food Bank (Internal data -Trussell Trust: City Wide 2021-2022). They highlighted that low incomes and benefit delays and changes are the top drivers.

The current situation for carers living in Hull

Within Hull City Council's 2020-2025 Integrated Carers Strategy, the current situation was discussed. The report stated that the total of known carers is 23,636 (total population of Hull is 259,778) meaning that 9.22% of the population of Hull are carers. 79% of carers in Hull are of working age, 2% are young carers aged between 0 and 15 years and the remaining 19% are aged over 65. Of those that are of working age 60% are in employment with 34% in full time employment and 20% working part time. The remaining 6% are self employed, 4% full time and 2% part time (Hull City Council's 2020-2025 Integrated Carers Strategy).

Graph 7, shown below, indicates that carers in Hull worry significantly about paying for essential bills on a daily or weekly basis. The percentage of carers who worry about paying for essential bills was significant, particularly among those who work for 20-49 hours per week (24%) and those who care for 50+ hours per week (17.9%). This indicates a need for effective financial help and support for carers to ensure they are not left in a state of financial insecurity.



Graph 7: Worry about paying for essential bills on a daily or weekly basis (%) (Hull Health and Wellbeing Survey 2019)

Housing affordability in Hull

According to the Hull Housing strategy (2017-2020) Only half of the city's households are owner occupiers, 28% are social renters and 20% private renters. This tenure profile differs from the norm regionally and nationally.

Findings from the Hull Health and Wellbeing Survey (2020) highlighted that 7.0% of respondents worried weekly and a further 3.4% worried about once a week about paying their rent or mortgage and other essential bills, like utilities. This equates to 21,750 adults across Hull. These findings indicate that housing affordability does directly impact upon wellbeing.

Case Studies:

Below are two case studies, which have been developed with anonymous service users in Hull. The case studies have been created to capture the real-life experiences of service users, to understand the effects the cost-of-living crisis has had on the individual, their family and their health and wellbeing.

Participants were identified through collaborations with local organisations, who are members of Hull's Financial Inclusion Network. The participants were informed that they had the right to withdraw at any stage of the interview. To accurately transcribe the case studies, the interviews were also recorded, with the participants consent. Please note, some parts have been edited to protect identities by removing any identifiable information e.g. gendered language. Furthermore, some text had been removed to provide clarity to the reader.

This case study explores the lived experiences of a Hull Resident who has shared how the cost-of-living crisis has impacted upon their life and caused financial insecurity. This individual is a single parent who lives with their adult child who has learning difficulties.

Could you please tell me about yourself and your family?

My child does not leave the house without another adult present, they need constant prompting on all aspects of daily life; to eat, drink, to dress and to get washed. I also talk to people on their behalf and supervise their money.

We have a PA that works 26 hours a week, whilst the PA is there, I volunteer at multiple places across the community. A lot of people look at people like me and think we are lazy because we are not working, but I like to keep doing things, I like to keep myself busy.

There has been a recent cost of living crisis, how do you feel the recent price rises have affected you and your family?

I don't put my heating on, there are blankets on all the couches. Luckily, I have always brought my child up to dress warmly. I have grown up in cold houses, so I am used to adapting.

I have had to be more aware of how much heating I use and the way I cook. Instead of using an oven I use slow cookers and microwaves. I have adjusted on shopping, what I buy and changed supermarkets, although I get a fair bit where I volunteer. I have had to re-think how I use my car as well.

Is it more healthy food?

Not particularly healthy food, as it is more and more expensive. We get lot of food from a meal scheme, it is fantastic and really good value for money, absolutely brilliant. It has helped me quite a lot actually.

It is now getting scary, wash powder, comfort, shampoo, conditioner and toothpaste have gone up. The cost of essentials has rocketed. I've gone from showering every day to every other day and hair washes every 4 days – it's a big expense. I've gone from paying £1.50 for shampoo and conditioner and now they are about £5 each. It is scary and it is only going to get worst.

I am lucky I am on a fixed rate but that runs out at the end of the month. I have a limited amount of funds, it's not good. A friend of mine, her direct debit is going to £500 she doesn't have £500, she is on benefits. It is also a scary situation for others, I see it through where I volunteer.

People say it's just people on benefits but it's not, it's working people as well. I struggle, but it hasn't changed for me but if you are working the cost of getting to work has gone up, the costs of putting fuel in your car to get into work has gone up, childcare has gone up, mortgages have gone up – but your wage is not, so what's going to go? it's going be your food bill. Now working people are accessing us where I volunteer to top up their food because they can't afford it. I've heard of 4 other places similar to us around the city to support people, it is scary.

How are you managing these recent price changes?

Just by cutting down as much as I can, smaller portion sizes and the heating doesn't go on or maybe only for an hour at night.

How do you feel this has affected your health and wellbeing?

Definitely, my friends say I am psychotically chipper, I just tend to laugh because I can't do anything, it is what it is and that's life.

I don't eat a lot, I'm not a big eater, if needs be I will feed my daughter before I feed myself which is what we do as parents. We tend to take a bit of a back burner as parents.

I love walking, me and daughter do quite a lot. My volunteering job is quite physical I am carrying the big green trays regularly. I try to keep myself fit and active as much as I can.

What support have you received from local services to help you manage the rising costs of living in the last 12 months?

b) Do you feel as though your needs were met? If not what could they do better?

The only service that gets me is doctors, trying to get an appointment with a doctor. One day it was 600 redials to get through and then when I did get through, I was number 13 in the que, by the time I got to the front, all appointments had gone and they ask me if it is important? Well yeah. I had to stand outside early the next day to try and get an appointment. I don't go the doctors unless it is important.

Where I volunteer is fantastic, I don't think I would have got through covid if it wasn't for them. It kept my hands busy.

Final thoughts

The other thing about financial insecurity, is to be able to afford things like decent carpets and curtains it's such a big expense. If someone passes away and carpets are there, the council rips it out and the person who moves in has to carpet the house. Some carpets have only been in 6 months or a year – which are serviceable, and they end up in the bin, it is unfair. If you don't have curtains and carpets your house is cold. People don't seem to think about that when it comes to keeping your house warm as they keep heat in the room better.

Decent shoes, socks and nice woolly hats are other things that people don't think about to keep you warm but everything has got so expensive, it is hard for people to buy these things. There are a few Facebook groups, where people are starting to share things and give things away like 'Hull Good Deeds' I think it's great.

You can also get a takeaway and buy burger and chips for cheaper than it is to buy the raw products to cook and to clean up after yourself.

Nothing is turned on in my house unless necessary such as the fridge and freezers but people are having to turn these things off because they can't afford to run it, it is unfair.

This case study was commissioned by Kingston Upon Hull City Council to Royal Society for Public Health (RSPH)

This case study explores the lived experiences of a Hull Resident who has shared how the cost-of-living crisis has impacted upon their life and caused financial insecurity. This individual is disabled and lives with their disabled partner and autistic child.

Do you currently work or do any volunteering?

No, I do volunteer at the local food hub, which is on kind of doctors' orders, to get me out of house and to battle my depression. I am trying to get a little exercise now and again.

They are brilliant there and they take into account the days that I can't do anything, I say you have me for 2 hours and anything after that is a miracle. I love it, it is wonderful.

There has been a recent cost of living crisis, how do you feel the recent price rises have affected you and your family?

Massively, we are all on benefits, so we are trying to make ends meet when the gas and electricity is so high.

I have never had to worry about putting on the heating before, ever. It was always do-able, and now we are actually choosing between heating and eating. Over the winter we have hardly had the heating on and that has been really difficult on me, my partner and my child because of our pain levels, we have been huddled under blankets. With the cost of living help we have hoodies and big blankets to sit under but it does not stop it.

My partner and child have asthma so waking up cold indoors and forever breathing in cold air has affected them and me as well. It is impacting us on a long term because you don't have the heating turned on as you would, I would normally have had it on overnight and through the day because keeping at certain temperatures stops my body from tensing up so much, the same as anyone really. There is nothing you can do about it apart from to lay in bed with blankets on or huddle up together. This is absolutely ridiculously humiliating.

I have never had to worry about heating, I have always been able to manage, even when on benefits as you can cut down on certain things. I have always been able to afford electricity heating and gas and now you can't manage to budget your way out of things. They want more than we get in benefits.

It is choosing a wet wipe wash rather a shower because its crippling. It has been not only humiliating but it's embarrassing. It is already bad enough being disabled as it is, we already have to have extra people here if I am poorly. My partner is partly sited and could have an epileptics fit, so it's hard to keep a place safe and warm when you just can't do that anymore.

Trying to get through to someone in the benefits agency is ridiculous. We put in a mandatory re-consideration last April and haven't heard a word, you can't get through to anybody to talk about it unless you want to sit there for 2 and half hours on the phone. "Your call is important to us, but your 97th in the que".

How are you managing these recent price changes?

We go to the food bank and that's where the majority of our where food comes from now. We get a big shop in once a month but even that now has reduced down, we used to have two freezers worth of food but we have now reduced it down to one.

My health is suffering from having such a bad diet, they have tried to help at the food bank we get some very good notorious food from XXX its £3.50 for a meal that will do 4 and we add frozen veg and things like that to make it last a bit longer, so we are eating that way. But it is mainly carbohydrates, toast, sandwiches and things, so we don't have to use the oven. We have tried using a halogen oven but because there is 4 of us, it is not big enough we would have to cook twice; therefore, it is not worth it. We have also tried the smaller air fryer, but it takes 20minutes to do one thing for one person, so we would have to use it in shifts. We have tried all those things to make ends meet but it is just getting ridiculous now.

We had the heating on this morning because when it goes under 11 degrees in the house we need to put the heating on to warm it through, otherwise we get frozen pipes but that costs £3 an hour.

We are only on Employment Support Allowance (ESA) plus the mandatory consideration. We are not on a full benefit, we are on one benefit and a half and we are struggling on that. If we didn't have our Disability Living Allowance (DLA) and my partner has Personal Independence Payment (PIP) I don't know what we would do, so we are luckier than most.

Our mobility goes down because we are using our money on bills to try keep electrics and gas going. We don't visit the doctor as much as we should because I can't use public transport, my partner can't use it on their own because they can't see and I don't have a working wheelchair anymore, so all these things keep impacting.

I can't keep saving up for a wheelchair or some form of transport for me because then the bills come in and the money has to go towards the bills. Our boiler went before so we had to find £1300 for that, which we managed to borrow of friends and family because we always pay back as best, we can but this causes backlogs. I have to walk everywhere with a trolley which causes me pain, it goes on and on and on like a pile up. It never seems to end; we can't save money because we are not on enough money.

I suffer from falls, I have brain damage so my brain forgets I have a leg, this can happen on the stairs. I am always recovering from injuries and things like that, and I've had a lot of head injuries. I know I've probably cracked a wrist or two but I can't afford to go to hospital so I strap it up myself, we stay home and deal with it that way.

I do not have a proper wheelchair that I can have independence on or that my partner could actually push. The wheelchair services rang and gave me a 2 minute phone call asking me a couple of questions saying I needed a new wheelchair, the wheelchair I had before lasted for 18 years, I had bought a really good one because I was working, I am thrifty with these things. Following the call, they sent me this massive attendance wheelchair, which is totally unsuitable for my needs. The assessment over the phone has gone downhill it was appalling. I have no independence and they want my blind partner to push me around in my tiny wheeled wheelchair. I cried for a week after that because I have tried to get a wheelchair for the last 2 years. I am giving up trying, I can't fill out forms very well, we try and do the best we can. I feel let down in all areas.

I do physiotherapy so I don't have to stay in wheelchair all the time, its hard work it takes an hour a day to do physio and I do this twice a day. It's hard being in constant pain all the time. I can't saddle up to a heater, to have that side of my body on the heat to relax it enough to come out of a cramp – all these things effect everything that you do,

How do you feel this has affected your health and wellbeing? (e.g mental health, physical health)

I never stop thinking about it either, you have to keep thinking about a budget that you have. When you are totally and utterly reliant on your government to keep you alive, even when you have worked forever. My partner is a hard worker and has worked all their life until their sight gave up but the ESA people take £67 a week from us because they still think they are working when they're not (we have sent in the right paper work).

I have brain damage and my brain doesn't recall things as much. Normally I am usually top notch at making sure we can get into CAB, ringing a month before we might need an appointment to help us with forms. There's so much going on in my head I can't cope with it and my partner can't see what going on with paperwork. We are in a bit of a mess at the moment trying to get things sorted but we have to keep our chins up. It is hard work to get things sorted to try and stay on top of things so you don't feel like you're going to get sanctioned. They are going to start sanctioning us now on PIP for not getting paperwork back on time – only giving 2-week extensions.

I wonder when it is going to be our turn, sounds dramatic and silly but when you are on this side of it, I was integrated for 6 hours for my ESA claim like I did something wrong by 3 different doctors for less than £200 every fortnight. When I had my accident at work, I was working a professional job and had a range of hobbies, but I haven't got it in me anymore.

They say to many people are on sick, I'm not on sick I'm on disability living allowance, I haven't done this to myself anyone could have an accident like I did. I am made to feel like I have to prove it and prove it and then doctors change, we are treated like liars or they don't believe us, which is demoralising. Filling out DLA form is one of most embarrassing things going.

We both used to drive and neither of us drive now as we both had to give it up, for his sight and my concentration, all of these skills I have lost. I used to do all sorts of technical jobs and now I can't set up a zoom meeting, I loose the skills more and more. I used to work really well with people, and I wouldn't know how to do it now and wouldn't know where to start because of these injuries.

What support have you received from local services to help you manage the rising costs of living in the last 12 months? Do you feel as though your needs were met? If not, what could they do better?

I have been going to a community group for about 18 months now. When I first started going, I hated going in on my own because I suffer from PTSD as well from other things that have gone on in my life but they are really nice.

Learning how people like there tea and coffee has been a really nice thing for me and I retain some of that memory, so that's nice. They help me be a volunteer as well, we do baking ... it'

great and I am not endangering myself getting things in and out of the oven, it makes me feel useful.

I am filling out food parcels for other people, welcoming people in and not making them feel as if they are begging. We have a TV in there, it is a warm place. I have been living local and no one used to speak to me but now everyone knows who I am because they all go there, they see me walking around - it is a nice community feeling. I didn't have that for a long time it has opened up a new world for me instead of being in the house all the time and looking out and not knowing what to do with myself.

We get food parcel support there as well which is brilliant. We buy stuff from the chiller, and they have free bread and some vegetables, and you leave a little donation. If it wasn't for them, I don't know what we would be doing.

In terms of services, it depends which ones you are talking about. I am very unhappy with benefits agencies because they are getting things wrong and have been getting things wrong for such a long time, I haven't heard anything from them in a year, that's with the ESA mandatory stuff. They have our benefit completely wrong, £67a week is a lot of our money it goes round and round in your head.

It took 45 mins to talk to somebody and when I did, I said I would put this paperwork in the envelope and I would send of today and then you don't hear anything (this was April last year). We filled out the paperwork, bought an envelope, bought stamps and sent it off in time and then you here nothing, we are doing our best.

I love doing the current volunteering I am taking part in, it is one of the highlights of my life, being involved has been absolutely fabulous. I was a community worker for years and I feel like I am actually contributing to my community now, I hate not being a part of something.

Final thoughts

Everything costs too much, transports cost too much. I have a lovely free bus pass, but I have to get on the bus with a walking trolley and wheelchair, that's why we use taxis – it costs £15 to east hull for a round trip, to go £8 miles it is ridiculous. Going to the doctors is a £14 round trip so you just don't go, you stay at home and put up with it, that's from a household of disabled people anyway.

Discussion

The Covid-19 pandemic and cost of living crisis have thrown the issue of health inequalities into sharper focus and created an imperative for Hull City Council and its partners to identify and address the widening gap across populations with particular attention to already diverse and marginalised communities.

The literature suggests that financial insecurity can result in an individual experiencing, fuel poverty, food insecurity, which can negatively impact upon an individual's mental and physical health. Financial Insecurity was additionally found to limit people's ability to adapt to changes to their income and expenditure, making it difficult to afford bills and to save and invest on their health and wellbeing. Furthermore, studies also highlighted that financial insecurity affects people with mental health conditions disproportionately as they are more likely to be in debt and for larger amounts.

When observing who is more likely to experience financial insecurity in Hull it may be useful to target policies towards the groups highlighted within the Hull Health and Wellbeing survey (2019). However, whilst this rapid review has explored the impacts of financial insecurity among certain groups such as carers and those with long term health conditions, it has not been possible to find studies on all of the groups. As such, within future research it may be useful explore the impacts of financial insecurity among other groups who were also highlighted in the Hull health and wellbeing survey (2019) such as women, the most deprived communities, those who are unemployed or not allowed to work, those with children, lone parents, those with poor health or individuals who are long term sick or disabled.

The case studies incorporated within the report, have been useful in capturing the voices and struggles of service users in Hull. The case studies have highlighted that the cost-of-living crisis has had substantial effects upon individuals and their families, particularly among those living with and/or with someone who has health conditions or impairments. Major learnings from these case studies have highlighted that the rising cost of living has impacted both individuals directly in terms of food and fuel affordability, meaning people are struggling to afford necessities which are vital in maintaining health and wellbeing. We hope these case studies provide decision makers to influence policy and strategies that aim to tackle the issue of financial insecurity in Hull.

The outcomes of this study have enabled the development of a range of recommendations which are based upon the research findings. The recommendations have been produced in

order to create effective and impactful policy and strategies that aim to tackle the issue of financial insecurity.

Recommendations

- Take a preventative approach to Financial Inclusion by strengthening pathways between stakeholders and coordinate multi-agency working to tackle financial insecurity across the life course, through working groups stemming from the Financial Inclusion Network. Early interventions are crucial to mitigate the impacts of financial hardship.
- Provide targeted and person-centred support interventions to meet a range of different needs for groups that already experience health inequalities, such as our ethnic minority groups, carers, people with disabilities and long-term conditions, people experiencing poor mental health, who are experiencing financial insecurity.
- Hull City Council to work with the Hull Financial Inclusion Network regarding their allocation of relevant government funding, to provide a range of holistic support to tackle financial insecurity and respond to emerging local need, based on data and intelligence.
- The FIN to offer ongoing support and assurance in the delivery of the Food Poverty and Affordable Warmth Action Plans, to create the conditions for sustainable local change, placing dignity and respect at the heart of what we do.
- Take a whole system approach to tackle financial insecurity, recognising it can significantly impact on health and wellbeing. Clearly promoting links to poor mental and physical health, feeding into operational and strategic work across the city and the ICB / ICS footprint.
- Encourage culture change regarding the importance of savings schemes to equip our residents to tackle household emergencies, benefits delays or changes, and unforeseen costs. Promoting access to affordable credit to mitigate the impacts doorstep lending and pay day loans.
- Enhance links with Health and Care partners to explore the impact of financial difficulty, understanding of how poverty can affect how people take up or respond to care and services, including affording medication, therapies, or treatments. Ensure support provided to people considers their financial situation.
- Use the findings of the report to enhance lobbying capabilities for the Financial Inclusion Network on a regional and national footprint.
- Use the findings this report to shape and deliver a multiagency Financial Inclusion Strategy for the city to help shape and guide outcomes for the benefit of our residents.

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Appendices

Appendix A: Participant Information and Consent Form

Financial Insecurity high level literature review, looking at the experiences of people effected by financial insecurity.

Research project title: Financial Insecurity High Level Literature Review on causes and types of financial insecurity people experience across UK.

Authority: Kingston upon Hull City Council,

Supplier: Royal Society for Public Health (RSPH)

Research investigator: Rachel O’Riordan

Many thanks for kindly agreeing to participate in this research, your time and support is most appreciated. Please note that although I will ask you to complete the form below, participation in this research is entirely voluntary and you can choose not to participate or withdrawn at any point.

Participant information

Who are we?

Royal Society for Public Health (RSPH) is an independent, multi-disciplinary charity dedicated to the improvement of the public's health. RSPH helps inform policy and practice, working to educate, empower and support communities and individuals to live healthily.

What is the research being conducted?

RSPH have been commissioned by Kingston upon Hull City Council to conduct a high-level literature review on causes and types of financial insecurity people experience across UK.

We aim to gather population insights from across Hull on the types of causes of financial insecurity and the impact this has on population health and wellbeing. With this element RSPH will explore lived experience of Hull residents through collaborations with local stakeholders.

We aim to develop some **anonymous** case studies to illustrate the impact financial insecurity has on individuals and/or families. Case studies are a useful way of capturing the voices and struggles of people

experiencing financial insecurity. These are essential insights for effective and impactful policy and strategies that aim to tackle this issue, in terms of methodology.

What will the interview involve?

The interview will expand on some of the sensitive issues raised in the financial insecurity rapid review (this will not have been published at the time of interviews), the case studies will help humanise the issues highlighted which are essential insights for effective and impactful policy and strategies that aim to tackle this issue.

The interview will take place online **via Microsoft teams** at a time agreed by the researcher and the research participant (The researcher will distribute an invitation invite). We can also offer the option of a telephone interview if required. We don't anticipate that there are any risks associated with your participation, but **you have the right to stop the interview or withdraw from the research at any time.** You have up until seven days after the interview to withdraw and we will destroy the interview.

We will provide two information sheets. The first sheet has contact information for a range of relevant support services as we understand the questions asked may be sensitive and may trigger some participants. The second is a Question bank of the questions which will be asked during your interview. Please note you do not have to answer every question if you choose not to.

The interview will last no more than 60 minutes and with permission, we will audio record the interview.

What will happen with the data collected?

The interview will be recorded via the recording and transcription function on Microsoft teams.

However, once the interview has been transcribed, **we will dispose of all recordings/footage.** The reason we will record your interview is for quality assurance purposes and to ensure your views and opinions are accurately transcribed and represented within your case study.

Please note only the research team will have access to the full data, which will be securely stored on the RSPH server. The recording files will be destroyed once the interview has been transcribed, anonymised and checked.

What happens to the information?

The information gathered will be used to inform other support and development in this area and a summary of the anonymised findings will be made available via Kingston Upon Hull city Council.

We will use quotes from your interview to create your case study which will be included within the report and other outputs (e.g. publications and presentations), but no names or identifying details will ever be used.

Who can access the information once it is published?

Once the report has been published it will be shared by Kingston Upon Hull City Council to the Financial Insecurity Network. However, Kingston Upon Hull City Council may choose to publish this report through additional platforms and audiences.

If you have any questions about the distribution of this report, please contact:

Name:

Email:

Consent form

- I confirm that I have read and understood the information above.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand the transcript of the interview will be analysed by RSPH
- Access to the interview transcript will be limited to RSPH and Hull City Council until it will be disposed of at the end of the project
- I understand that I have up until seven days after the interview to contact the research team to exercise my right to withdraw and have my interview data removed and destroyed.
- I understand that information which suggests that there is risk of serious harm to myself or other cannot be kept confidential and a joint decision will be taken regarding who to tell.
- I understand that any summary interview content, or direct quotations from the interview, that are made available through a report and other publications will be anonymized so that you cannot be identified
- I understand that the anonymised transcript of the interview will be stored in the RSPH system
- I consent to the interview being audio recorded as part of the project.
- I don't expect to receive any benefit or payment for my participation.
- I can request a copy of the transcript of my interview and may make edits I feel necessary to ensure the effectiveness of any agreement made about confidentiality

- I have been able to ask any questions I might have, and I understand that I am free to contact the researcher with any questions I may have in the future.
- I also understand that my words may be quoted directly, but my identity will remain anonymous.
- I agree that the researchers may publish documents that contain quotations by me.

Signature of Participant:

Date:

Principal Investigator & Researcher contacts details:

Name:

Email:

Name:

Email:

If you have any questions about the distribution of this report, please contact:

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Appendix B: Research Questions for Financial Insecurity report

- 1) Could you please tell me about yourself and your family?
- 2) There has been a recent cost of living crisis, how do you feel the recent price rises have affected you and your family? (e.g lifestyle, expenditure, ability to pay essential bills)
- 3) How are you managing these recent price changes?
- 4) How do you feel this has affected your health and wellbeing? (e.g mental health, physical health)
- 5) What support have you received from local services to help you manage the rising costs of living in the last 12 months?
 - a) Do you feel as though your needs were met? If not, what could they do better?