INSECURE LIVES:
THE GROWTH AND IMPACT OF MULTIPLE INSECURITIES

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June 2025

Thanks

Cover

The multiple insecurities experienced by Adam, a 39-year-old father of two from Shirecliffe, Sheffield (artwork by Laura Sorvala, photo by Laura Lane).

Credit

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SUMMARY

Multiple insecurities

People who are secure and who feel secure are free from having to worry about the threat of suffering, hardship and destitution, and are free to develop their capabilities. Security is valued by policymakers, and Rachel Reeves, now Chancellor of the Exchequer, has described her approach to policy as 'securonomics' (Reeves 2023). In contrast, insecurity is being at risk or feeling at risk of something bad happening in the future. It is related to concepts like precarity, disadvantage, deprivation and social exclusion, but provides additional nuance and insights into mechanisms and effects.

'Multiple insecurity' is insecurity in more than one important dimension of life, such as money, work, housing, food, health or care. It seems possible that one insecurity may lead to another, and that their effects could combine and multiply. Previous research has shown that insecurity demands attention, creates worry, can create a feeling of powerlessness, and can harm wellbeing (Weinstein and Stone 2018). Insecurity may force people to focus on short-term crisis management, rather than planning ahead, investing and taking the positive risks that are needed for individual and national productivity and growth (Sheehy-Skeffington and Rea 2017).

From the 1990s, commentators on the labour market and the economy began to describe an 'age of insecurity' or 'precarity'. Some argued that changing work, new family structures and reduced public sector capacity created 'new social risks'. Rachel Reeves has referred to the *"Age of Insecurity"* (Reeves 2023). Existing data suggests insecurity increased over the 2010s and 2020s, with rising zero-hours contracts, entries to low income, benefit sanctions, food insecurity, private tenancies, rough sleeping, statutory homelessness, and NHS waiting lists.

Government and third sector representatives interviewed in the research recognised the concept of multiple insecurities intuitively, even if they did not regularly use the term. Food insecurity has internationally-recognised definitions and measures, and there are several measures of financial and housing insecurity. However, insecurity in other important dimensions, like health and care, has not been fully defined, and there has been little definition or measurement of multiple insecurities.

Rising multiple insecurity

The project used a combination of analysis of a nationally representative UK survey, *Understanding Society* (Box 1), and in-depth interviews with 36 participants experiencing multiple insecurities, recruited through community organisations in three areas in England.

Box 1: Definitions of insecurities derived from *Understanding Society*

> **Financia**l: Finding it difficult or very difficult to manage financially, and/or behind with some or all household bills, and/or expect their financial situation to be worse next year, and/or in relative poverty
> **Health:** Longstanding illness or disability, and/or in poor self-rated health, and/or in psychological distress
> **Housing:** Behind with housing costs last year, and/or housing costs 30% or more of income, and/or private renters
> **Work**: In temporary work, and/or monthly pay below 66% median, and/or in solo self-employment and/or unemployed or not working because caring, ill or disabled
> **Care**: Providing unpaid care to an older person or a child with special needs

Using these definitions, individual insecurities affect larger percentages of the population than, for example, poverty or material deprivation. In 2022/23, 47% of UK adults experienced financial insecurity. 46% of UK adults experienced health insecurity. 27% experienced housing insecurity. 36% of adults of working age experienced work insecurity. 16% of all adults experienced caring insecurity (Figure S1).

Figure S1: Percentage of UK adults insecure in individual dimensions, 2009/10-2022/23
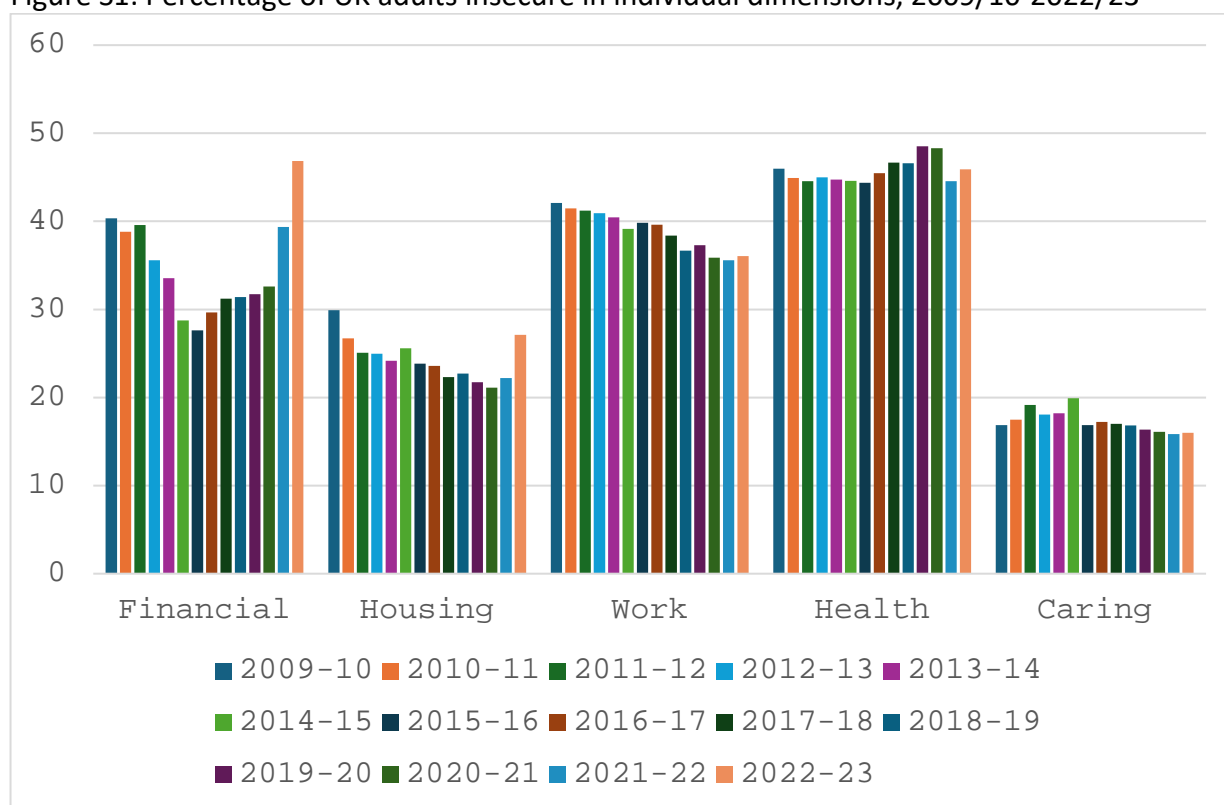
Source: *Understanding Society*
Note: Work insecurity is shown for adults of working age only

As measured here, work insecurity fell for most of the period. Both health and caring insecurities fluctuated (although it should be noted that neither measure was able to include unmet need). Financial insecurity fell from 2009/10 to 2015/16, reflecting the protracted but declining impact of the 2007/08 financial crisis. Housing insecurity also fell from 2009/10 to the Covid-19 pandemic year 2020/21.

However, after 2015/16, financial insecurity rose, and from 2020/21 both financial and housing insecurity rose sharply. The proportion of UK adults affected by one form of multiple insecurities, the combination of financial, housing and health insecurities, grew from 2020/21 to 2022/23. In 2022/23, 9% of UK adults, or 5.2 million people, were affected.

This decade of rising multiple insecurity appears to reflect the complex impacts of austerity in public policy, mixed with the pandemic and the cost-of-living crisis which followed it. Protective policies to address the pandemic and the energy price inflation from 2022 reduced the shock, but as these policies were withdrawn, high rates of inflation in consumer and housing prices and soaring energy prices led to a sharp increase in multiple insecurity.

Unequal multiple insecurity

Insecurities and multiple insecurities were not equally distributed. The combination of financial, health and housing insecurities was concentrated in the working age population, and people aged 35-44 had the highest rates, at 11% in 2022/23. Women had higher rates than men (10% compared to 7%). Amongst adults from minoritised ethnic groups, 12% were multiply insecure. The highest rates of multiple insecurity were for people not working because they were long-term sick or disabled (32%), for unemployed people (28%), lone parent households (26%) and working age lone adult households (21%).

At regional level, there were only small differences between areas. London, Yorkshire and Humberside, the North East, the North West and Wales all had rates slightly above average (9 to 11%). There were much bigger differences between neighbourhoods. For example, 16% of adults in the most deprived quintile of neighbourhoods in England experienced multiple insecurity, compared to 3% in the least deprived quintile (MHCLG 2019).

The links between insecurities

Financial insecurity - rooted in the labour market and benefits system – is linked to most other insecurities. Understanding Society showed that people insecure in one dimension had above average rates of insecurity in other dimensions. This suggests that addressing one insecurity may reduce the risk of others. Organisations helping people experiencing one insecurity should be alert for others.

People experiencing multiple insecurity felt that there were causal links between insecurities, and that financial insecurity was particularly significant. Adam[1], a diabetic former refugee, works 60 hours a week at night on minimum wage, struggles to make ends meet, and lives with his wife and two children in a one-bedroom flat. He says: *"if your economics become better, then other things will also be solved. Like your housing, your health".*
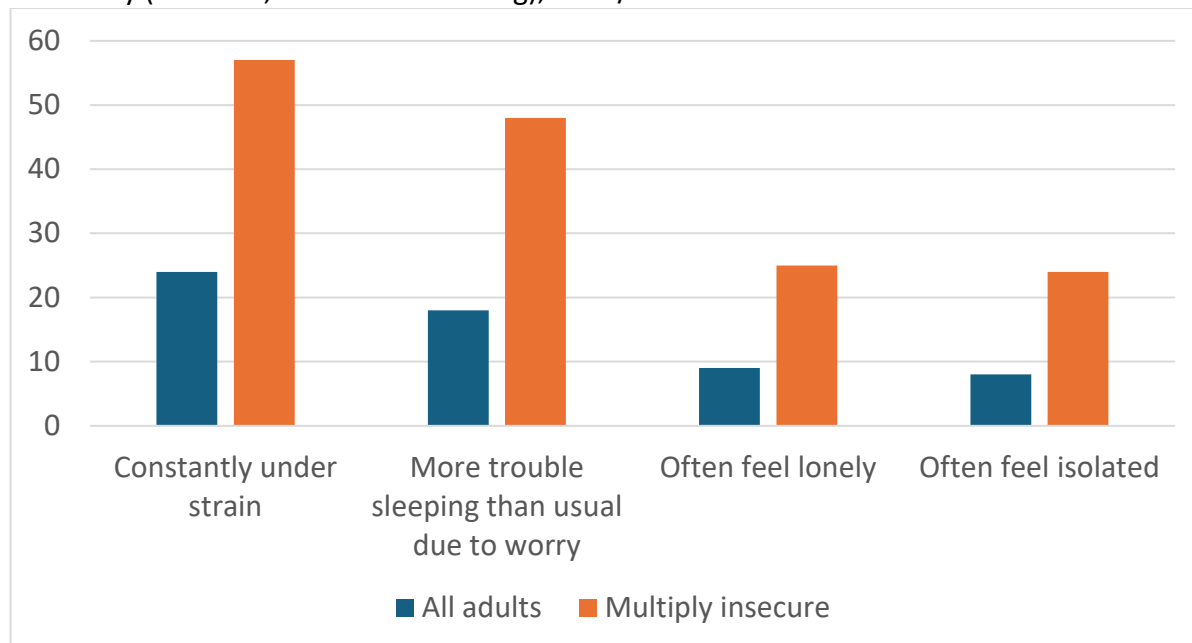
The impact of multiple insecurities

In 2022/23, 3.0 million UK adults were experiencing multiple insecurities and feeling constantly under strain more than usual. 2.5 million were experiencing multiple insecurities and having

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[1] Participants chose their own pseudonyms

more trouble sleeping than usual. Amongst the 5.2 million UK adults experiencing multiple insecurity in 2022/23, rates of wellbeing problems were two or three times the average (Figure S2).

Figure S2: Percentage of UK adults with wellbeing problems, by presence of multiple insecurity (financial, health and housing), 2022/23

Source: *Understanding Society*

Even after controlling for gender, age, household type, economic status, ethnicity, year and neighbourhood deprivation, people experiencing multiple insecurities had a statistically significant and non-trivial increased risk of experiencing wellbeing problems. For example, people experiencing financial, housing. and health insecurities had rates of loneliness and isolation nine percentage points higher than those without insecurities, after controls. People experiencing more insecurities had higher rates of wellbeing problems.

People experiencing multiple insecurities described the impacts of worry. Summer is facing homelessness after relationship breakdown, and hopes to be promoted but is under pressure from DWP simply to work more hours, despite the lack of suitable jobs or childcare:
> *"these last few weeks I feel ill. … I feel so drained and so tired… Like people will say something to me and it will just not absorb".*

Winnie is living with three children with suspected special needs in a damp council home, waiting for diagnoses, support and housing repairs, and struggling with the cost of food and heating: "*it has a massive impact on mental health... I feel like I'm constantly stressed".* For some participants, multiple insecurities are exacerbating existing mental health problems. Some describe being on the verge of breakdown.

Multiple insecurities can affect people's ability to improve their families' situations – and to contribute to productivity and growth. Interviewees said that varying hours and shiftwork make childcare and support more difficult. Many are struggling to get diagnoses and support for children with mental and physical health needs, which affect school progress. Some parents

have health problems themselves, which limit energy and mobility. Their neighbourhoods don't provide the safety, childcare and high educational expectations parents want.

UK adults experiencing multiple insecurities had lower rates of employment than average, but nonetheless, in 2022/23, 53% of people of working age experiencing multiple insecurities were in work. Work also fails to protect interviewees from financial insecurity, and work can itself be a source of insecurity. Most interviewees in work experienced low or fluctuating pay, and unpleasant conditions. Those not in work had not found training or jobs that could accommodate their childcare, poor health, or neurodiversity.

Potential policy responses

Existing policies have failed to prevent the big increase in financial and multiple insecurities seen in recent years, and insecurity may have increased further since the most recent data in 2022/23.

Improved economic growth is the key government priority (UK Government 2024), and may offer potential for addressing multiple insecurities. However, faster growth is not guaranteed, it will not be sufficient, and may not be essential to reducing insecurity. Some elements of increased insecurity are linked to policy decisions, due to austerity, welfare reform and conditionality, the growth of private renting and flexible work. On the other hand, policy can mitigate insecurities, as pandemic policies and cost of living support appear to have done.

Investment in affordable housing, care, support for special needs, reduced waiting times in the NHS, good jobs and higher incomes. called for by many diverse bodies, will reduce insecurities. This research also identifies exemplar evidence-based means to reduce fluctuation and uncertainty specifically. These include extending the period over which income is assessed for Universal Credit, expanding free advice and legal aid, credit unions and social prescribing, providing support to navigate services, and using the potential of mayoral combined authorities.

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I INTRODUCTION

This research on 'multiple insecurities' explores a new approach to understanding peoples' difficulties, barriers to opportunities, and potential means to support wellbeing, productivity and growth.

People who are secure, and who feel secure, are free from having to worry about the threat of suffering, hardship and destitution for themselves and their families, and are better placed to develop their capabilities and talents. Chancellor Rachel Reeves' 'Securonomics' philosophy aims to address insecurities, and, by *"providing the platform from which to take risks"*, *"to unlock the contribution of working people"* and to boost productivity and growth (Reeves 2024).

However, millions of UK residents are worrying about multiple issues such as money, work, housing, health and caring responsibilities. Clara-Louise [2], one of the participants in the research, was experiencing financial, health, caring, housing and environment insecurity. She said,

> *"I would love to be in a place where I could feel safe and feel just content that I don't have to worry about paying the rent or buying food and we could live a healthy lifestyle in a safe place... It sounds quite basic, but when you are living like this then you aspire to that".*

Research questions

The questions this project addresses are:
- How can insecurities be defined and measured, across multiple dimensions?
- How many people experience multiple insecurities, in what combinations, who are they and where are they?
- Are there correlations and potential causal links between insecurities?
- Do multiple insecurities affect three specific outcomes: wellbeing, the ability to make the most of school, and progression in training and work?
- What can stakeholders and more joined up-policies do to de-risk lives and support productivity and growth?

Methods

The research took place over June 2024-March 2025. The research methods used were as follows:

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[2] Participants chose their own pseudonyms

1. Interviews with fourteen central government and third sector staff, on the relevance of the idea of multiple insecurities to their work
2. Review of academic and grey literature on the concept of insecurity and on individual dimensions of insecurity and multiple insecurity
3. Analysis of *Understanding Society* panel data 2009/10-2022/23 using multiple indicators for each of five dimensions of insecurity: financial, work, housing, health and care
4. Focus groups and interviews with 36 people experiencing multiple insecurities in four deprived but varying neighbourhoods in England, Shirecliffe and Fir Vale in Sheffield, Woughton in Milton Keynes, and Mablethorpe in East Lindsey, Lincolnshire
5. Identification of potential initiatives to reduce or mitigate multiple insecurities and review of evidence on effectiveness and costs using research and policy literature
6. Discussions of findings and potential promising approaches with twelve relevant central government, local government, NHS and third sector staff.

Scope

This is an exploratory project which intends to lay the foundations for future work.

This report provides an overview of findings. It is the first of a series of CASE Reports which provide full details on methods, results and implications. These include:
- Bucelli and Henderson (forthcoming), which provides a full account of the reviews of conceptual and empirical literature on financial insecurity, work insecurity, housing insecurity, health insecurity and caring insecurity, legal insecurity, insecurity linked to the residential area, food insecurity, relationship insecurity, and insecurity linked to participation and influence.
- McKnight (forthcoming), which provides a full report on quantitative methods used and quantitative results for financial insecurity, work insecurity, housing insecurity, and health and care insecurities.
- Lomax, Pearse and Lane (forthcoming), which provides a full count of qualitative methods and results.
- Bucelli and Mangen (forthcoming), which provides a full report on the evidence supporting the promising approaches proposed to prevent and mitigate the effects of multiple insecurities.

II THE CONCEPT OF MULTIPLE INSECURITIES

What are 'multiple insecurities'?

Insecurity in different dimensions of life

This research explores insecurity across ten dimensions of life. To identify these, it uses the Multidimensional Inequality Framework (MIF), which defines the key aspects shaping people's capabilities to enjoy a good quality of life. The ten dimensions of insecurity covered in this project are mapped on to the seven MIF domains in Figure 1 (McKnight et al 2019).

Figure 1: The ten dimensions of insecurity covered in this research (left) and how they relate to domains in the Multidimensional Inequality Framework (right)
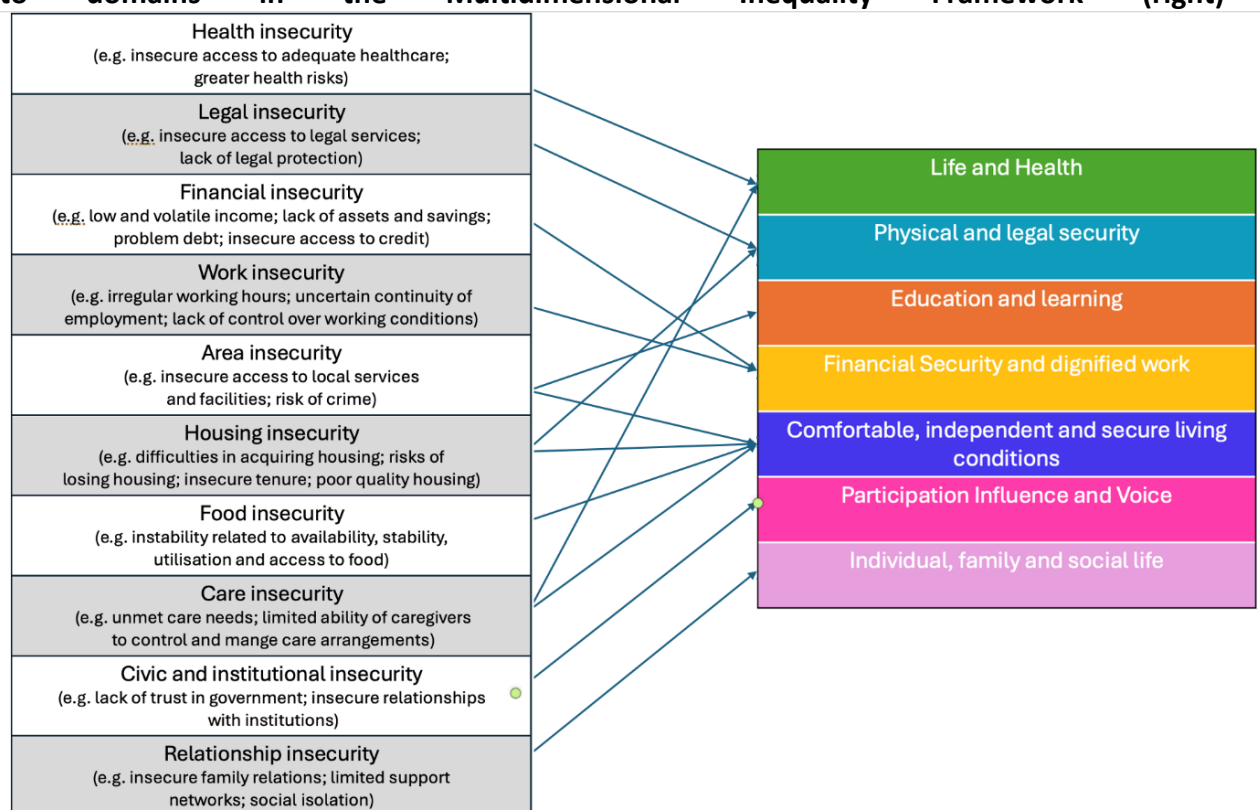
Source: Developed from McKnight et al 2019

Table 1 shows which dimensions were explored by each research method.

Table 1: Dimensions of insecurity covered in the research, by methods used

Dimension of insecurity	Literature	Quantitative data	Qualitative data
Financial insecurity	▓	▓	▓
Work insecurity	▓	▓	▓
Housing insecurity	▓	▓	▓
Health insecurity	▓	▓	▓
Caring insecurity	▓	▓	▓
Legal insecurity	▓		▓
Area insecurity	▓		▓
Food insecurity	▓		▓
Relationship insecurity	▓		▓
Participation and influence insecurity	▓		▓
Education insecurity			▓

Note: The participation, influence and voice and education and learning domains of the MIF framework (Figure 1) were not explored actively in the research, but did emerge in literature and qualitative data

There is a large literature on individual risks and insecurities, which is explored in this project through six reviews covering different dimensions. For some dimensions, insecurities are more clearly defined and the term 'insecurity' more widely used in both research and policy debates. Food insecurity is the clearest example of this – with a widely recognised and applied framework that is used consistently in both policy and research (DWP 2024a, Francis-Devine 2023). Other insecurities such as financial insecurity, housing insecurity, and work insecurity are also widely discussed. For example, housing insecurity is a state of having difficulty acquiring housing, or having minimal control over one's housing, or being at risk of losing housing, or living in housing that does not meet basic needs. Work insecurity includes precariousness over time, such as discontinuity of employment and working hours, organisational aspects such as control over working conditions, economic aspects such as poor pay and lack of in-work progression, and social aspects including lack of regulatory and social protection. Financial insecurity also refers to a range of aspects including low income, volatile incomes, access to assets and savings, access to credit and debt problems. In practice, the focus often narrows and simplifies when the concepts are measured and operationalised. For example, housing insecurity is often equated with insecurity of tenure. Work insecurity is often equated with certain categories of employment.

These dimensions of insecurity contrast with others, such as health and caring insecurities, which have been less widely discussed, defined or operationalised. All people experience some health insecurity as part of being mortal, but the concept is concerned with the abnormal risks experienced by some, and the uncertainty and anxiety about timely access to good quality health services. Caring insecurity can be defined as insecurity both in relation to having one's own care needs met, informal unpaid carers, of being able to meet and manage care needs. Caring insecurity could relate to childcare or care for people with additional needs. However, while there are some indicators of unmet needs, high costs and poor work-life balance, these are largely used in isolation when studying challenges related social care or childcare, and an overarching concept of caring insecurity is not well-developed.

Multiple insecurities

People can be insecure in more than one dimension of life simultaneously. Insecurities may tend to cluster, shaped by experiences of disadvantage or by vulnerabilities, and may have causal interactions, and additive and multiplying effects.

The idea that people might experience multiple insecurities is intuitive, and widely embraced in the literature. Government and third sector policymakers interviewed for this project recognised the concept, even if they did not regularly use the term (see Appendix 1). For example, a Crisis staff member said that English private rented tenancies make tenants feel insecure because of the potential for rent rises and forced moves. A DWP interviewee suggested that investigating subjective insecurities might aid the understanding of claimants' motivations and behaviour. The Trussell Trust and Citizens Advice have surveyed service users and others to investigate the interaction of a variety of problems (Bull et al 2023, Citizens Advice 2024). Other interviewees had already developed projects to address different combinations of insecurities, for example, to help people with multiple barriers to employment to get into work.

On the other hand, the review of literature suggests that the concept of multiple insecurities is still in need of more thorough definition, development and exploration. The term itself has been little used, although there have been some scattered references to related terms, such as 'multiple material-need insecurities' (Whittle et al 2020), 'intersecting household-level health and socio-economic vulnerabilities' (Mikolai et al 2020), and 'multi-dimensional precarity' (Lombard 2021).

The relationship between multiple insecurity and other concepts

Insecurity shares many characteristics with vulnerability, precarity, poverty, disadvantage, deprivation, destitution and social exclusion (Table 2). Like poverty, disadvantage and deprivation, which are the most familiar and are thoroughly defined and measured concepts, insecurity is multidimensional, and includes current objective states. However, insecurity is conceptually closest to the concepts of precarity and vulnerability, because it includes subjective elements and a future orientation.

Table 2: Comparing insecurity to other related concepts

	Insecurity	Precarity	Vulnerability	Income poverty	Disadvantage	Deprivation	Social exclusion
Multi-or mono-dimensional	Multi	Multi (originally labour market focus)	Multi	Mono (income focus)	Multi	Multi	Multi
Objective and subjective	Objective and subjective	Objective and subjective	Objective and subjective	Usually objective	Usually objective	Usually objective	Usually objective
Related to current or future states	Current and future	Current and future	Current and future	Current	Current	Current	Current
Affects individuals, households, groups or whole society	Individuals, households, groups	Individuals, households, groups or systems (eg labour market)	Individual, household or group or systems (eg countries, economic system)	Individual, household or group	Individual, household or group	Individual, household or group	Individual, household or group
Proportion of the population included	Overlaps with but broader than other concepts eg can be rich and insecure	Overlaps with but broader than other concepts – albeit often confined to the field of employment	Overlaps with but broader than other concepts – associated with a state of "defencelessness" or weakness	Overlaps with but narrower than insecurity	Overlaps with but narrower than insecurity	Overlaps with but narrower than insecurity	Overlaps with but narrower than insecurity
Relative or absolute	Relative or absolute	Relative or absolute	Relative or absolute	Relative or absolute	Relative	Relative or absolute	Relative
Normativity	Not inherently normative	Normative	Normative	Normative	Normative	Normative	Normative

Source: Literature reviews

Insecurity can be seen as constitutive of disadvantage. Disadvantaged people are often exposed to risks of negative outcomes, and these risks are often greater or outcomes more negative than those to which less disadvantaged people are exposed. On the other hand, insecurities are also connected to deprivation or poverty, as these are possible outcomes people are at risk of experiencing, and because insecurity can both cause and contribute to these phenomena (eg because undermining people's capacity to benefit from available opportunities).

'Multiple insecurity' cannot replace existing concepts such as poverty and deprivation. However, taking into account risk, perceptions, and prediction of and persistence of risk over time adds to the usually static and objective understanding of these conditions. The concept of multiple insecurities can provide different emphasis and added nuance, and will contribute to richer understanding.

The distinctive characteristics of multiple insecurity

Objective and subjective insecurity

Previous research on financial and housing insecurity suggests that the objective and subjective insecurities are linked but do not always match, at least for these dimensions. For example, the same objective debt burden may lead to different self-assessed perceptions of debt (Keese 2012), and subjective financial insecurity is shaped not only by the current financial situation but also by adaptation and future expectations. Subjective insecurities can be more important than objective ones for some impacts. For example, subjective perceptions of financial insecurity matter more than objective ones for health outcomes, and for mental health in particular (French 2018, Bridges and Disney 2010). The perceived risk of income drops can have a greater influence on health than actual income drops (Rohde et al 2017). Similarly, people can be in an objectively secure housing situation, but may feel insecure, and vice versa. Current perceptions of housing insecurity are affected by past experiences, predicted future experienced, cultural norms, and aspirations. Subjective indicators may also better reflect the extent to which people feel 'at home', despite objectively precarious housing circumstances (Yuan et al 2023).

Time and insecurity

Insecurity can be measured at a point in time, but it involves objective or subjective assessments of risk over time. Fluctuations in key dimensions over time clearly constitute insecurity. Stable adverse circumstances, such as persistent low income, unaffordable or poor housing or bad relationships can also constitute and contribute to insecurity. Stable circumstances, such as chronic ill health or disability, would not continue to insecurity if people with these conditions were fully compensated for and always protected from disadvantages arising from them, but in practice this is often not the case. Previous research suggests that people for whom the risk of poverty or homelessness crystallises and who become poor or homeless remain financially and housing insecure, at risk of being unable to meet basic needs and at risk of further adverse change. Persistent but stable low income creates a persistent risk of underconsumption, such as food insecurity (Loopstra et al 2019). If adverse circumstances persist, sources of resilience will be eroded over time (Vandecasteele 2011, Young 2024).

The mental and emotional burden of insecurity

For many UK households, managing work and care responsibilities requires complex arrangements and effortful and stressful coordination of their own resources, formal services and informal support. These challenges can be added to or multiplied where there are other insecurities, such as insecure work, with unpredictable working hours, limited work protection and insecure arrangements, or of fluctuating income.

Insecurity in individual dimensions, for example financial insecurity, creates a mental and emotional burden, which depletes resources, and affects subsequent behaviours (Schilbach et al 2016, Weinstein and Stone 2018). People experiencing multiple insecurities are likely to bear a heavier mental load, as they worry about several interconnected aspects of their lives, and need to manage trade-offs between different pressures and household members (Daminger 2019, Bucelli and McKnight 2024). Intense mental effort is needed to manage household

financial, material and time resources, and to balance care and work (Daminger 2019). Hardship can produce a shift in psychological focus, with the development of highly pragmatic attitudes and a 'proximal mindset' that is functional to cope with multiple, immediate challenges, but which may limit more future-oriented attitudes and long-term prospects (Sheehy-Skeffington and Rea 2017). Pressing financial challenges disrupt future financial planning, and prolonged hardship can exacerbate these dynamics. When people miss out on educational and employment opportunities this can fuel a sense of being 'stuck', and reinforce focus on short-term goals (Buckland et al 2024, Bucelli and McKnight 2024).

Due to the mental and emotional load, or the wish to avoid the risk of negative outcomes, people may avoid perceived risks such as moving into low-paid work, even if they offer the chance of positive outcomes in the medium term. An experimental study found that the prospect of a zero-hours contract, with a 50% chance of work, resulted in a 15-30% reduction in intention to work compared to definite hours: *"uncertainty itself is perceived as detrimental. Uncertainty is avoided even at the cost of lower total earnings"* (Avram 2020:3). Multiple insecurities might create additive or multiplied effects, perhaps with tipping points. A study of women social housing tenants found that, "*While a single constraint might be enough to markedly reduce options for work and the likelihood of work, multiple constraints could have cumulative effects*" (Tunstall et al 2016:10).

Loss of control, powerlessness and insecurity

The perception of insecurity, in whatever dimension, is linked to feelings of loss of control and powerlessness. These can be experienced in different dimensions of insecurities. For instance, in housing, limited tenure security and legal protections create a lack of control for some private renters (Clair et al 2019, Waldron 2022). In employment, the shift in risk from employers to employees that characterises insecure work (Bieber and Moggia 2021) is also a shift in control over work (Heyes et al 2018, Wood 2018). Self-employment is often not a preference but a last resort in face of barriers to standard employment (Brynin et al 2019). Similarly, within public services, increasingly punitive benefit conditionality and sanctions, dissatisfaction and falling trust in health care, and long waits for social housing or repairs may have increased perceptions of powerlessness (Wright et al 2020, Tomsik et al 2014), in a life increasingly directed by others (Ball et al 2018).

These feelings link subjective insecurity to negative mental health outcomes (Marmot and Wilkinson 2006). The sense of loss of control undermines the sense of competence and autonomy which can be understood as basic psychological requirements for wellbeing (Weinstein and Stone 2018), and may generate a feeling of hopelessness.

III THE SCALE OF MULTIPLE INSECURITIES

Measuring multiple insecurities across the UK

This project has produced the first estimates of multiple insecurity in the UK. These include detailed statistics and analysis of trends over fourteen years, for five dimensions of insecurity, and different indicators of identification of the socio-economic groups most at risk of experiencing insecurities for single dimensions, and for those experiencing multiple insecurities. It also looks at wellbeing outcomes, and estimates the effect of multiple insecurities on wellbeing.

These foundational estimates of multiple insecurity have been produced from a large, complex dataset with many challenges. For example, there was a new data release for 2022/23 part-way through the project, which provided the opportunity for the most recent data, but created both coding challenges and the discovery of some anomalies which we are still trying to resolve with the data provider (Box 2).

Selecting indicators for multiple insecurities

The project used fourteen waves of *Understanding Society*, which tracked UK adults over 2009/10-2022/23 and provided 27,000 to 50,000 observations in each wave and about 550,000 in total. Sampling and attrition weights were applied to create a representative sample of the UK household population (For more detail, see McKnight (forthcoming)).

Variables which could act as indicators for insecurities in different dimensions were identified, ideally to include the important characteristics identified in the conceptual reviews, including subjective and prospective elements. Some refer to the adult answering the survey and some give information about the whole household. Analysis focussed on indicators for insecurities that were available for each of the fourteen waves over 2009/10-2022/23, in order to explore trends over time. There were four suitable indicators for work insecurity, three suitable indicators for financial, housing and health insecurity, and two for caring insecurity, both of which focussed on provision of informal care for adults or children with special needs, and did not cover other types of childcare, or unmet needs for care. The survey did not have suitable indicators for other insecurities (for example, food insecurity was measured only every other year) but some of these are explored in qualitative research (Table 1).

Operationalising indicators

A person in the *Understanding Society* study was counted as experiencing insecurity in a dimension if they answered 'yes' to any one of the indicator questions for that dimension in Table 3 (and could have been experiencing between one and five of the indicators). They were counted as experiencing multiple insecurity if they were insecure in at least two dimensions in the table (and could have been experiencing insecurity in between two and five of the dimensions) (Table 3).

Table 3: Variables from *Understanding Society* 2009/10-2022/23 used as indicators for individual dimensions of insecurity, with an example of multiple insecurity

Financial	Work (for all, for people of working age)	Housing	Health	Caring
Finding it difficult/very difficult to manage financially these days (subjective)	Main job is temporary	Behind with housing costs last year (household)	Longstanding illness or disability (subjective)	Unpaid caring for older person or child with special needs
Behind with some/all household bills (household)	Monthly pay below 66% of median	Housing costs 30% or more of income (household)	Self-rated health poor (subjective)	Unpaid caring for older person or child with special needs for 20+hrs/week (a subset of above)
Expect financial situation to be worse next year (subjective, prospective)	Unemployed or caring for home or family, long-term sick or disabled or 'other'[3]	In private rented housing (household)	In psychological distress (subjective)	
In relative income poverty (household)	Self-employed with no employees			

Source: *Understanding Society*

Note: Shaded cells indicate the variables experienced by research participant 'Molly'.

For example, 'Molly'[4] from Mablethorpe, one of the 36 people who participated in the fieldwork, is not working because of caring responsibilities, is living in private rented housing, is disabled, and is caring for a child with special needs. If she had participated in *Understanding Society*, she would be recorded as work insecure, health insecure, housing insecure and caring insecure, and thus multiply insecure. In the interview, she categorised herself as experiencing health insecurity and relationship insecurity, and also referred to insecurity linked to finances, housing, caring, legal and entitlement and rights issues, and linked to the place where she lived in Mablethorpe[5].

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[3] This analysis used a measure combining unemployed adults with selected economically inactive adults - people who were not working because they were caring for home or family, long-term sick or disabled or 'other' - excluding those who were not working or seeking work because they were in education or training, on parental leave, or retired, different to the standard ONS definition of 'economic inactivity' (ONS 2020b).

[4] All participants in the fieldwork chose their own pseudonyms

[5] Due to the timing of work, participants in this research were not asked the same questions as selected from Understanding Society. They were asked open-ended questions about multiple domains of insecurity (Appendix 4), but often provided sufficient detail to match with the indicators used in quantitative work.

Previous research on the scale of insecurities and trends over time

An age of insecurity?

From the 1990s, commentators on the labour market and the economy began to refer to an 'age of insecurity' (Atkinson and Eliot 1998) or 'precarity' (Standing 2011). Thinkers including Ulrich Beck, Manuel Castells, Anthony Giddens and Richard Sennett argued that there had been an increase in temporary work, contingent pay and perceived risk of job loss, shifting risk from employers to workers. They warned that *"the emergence of an insecure workforce imposes severe costs on both individuals and the wider society"* (Heery and Salmon 2000). Other writers have argued that the combination of changing work with new family structures and reduced capacity of public organisations to respond and compensate has created 'new social risks' (Taylor-Gooby 2004, Bonoli 2005, Ranci 2010, Zimmerman 2017, Ranci and Maestripieri 2022).

There has been some debate over the empirical extent of change in the labour market. However, discussion of insecurity has broadened. Over the past two decades, everyone in the UK has been affected by the material and psychological effects of the global financial crisis, central and local government spending cuts, limited real increases in average earnings, Brexit, political instability in the UK and abroad, Covid, Russia's invasion of Ukraine, the cost of living crisis, the rise of populism, potential trade wars, climate change and AI. In 2023, Rachel Reeves said, *"We are now living through what I consider to be an "Age of Insecurity"* (Reeves 2023), and all the main party manifestos for the general election in 2024 identified multiple insecurities as key challenges for the UK (Labour Party 2024, Conservative and Unionist Party 2024, Liberal Democrats 2024.). However, even people on middle incomes are finding it difficult to create a buffer of savings, to buy homes or even to maintain an acceptable standard of living, given job insecurity and the cost of housing, childcare, and repayments on student loans (Hirsch and Karagiannaki 2024). Successive mass experiences of insecurities could in theory have accustomed people to uncertainty, but may also have consumed savings, resources, social support and mental resilience (Tunstall 2023).

Trends from literature and administrative data

Administrative data supports the idea of increasing insecurity over the 2010s and 2020s, for at least some measures of work, financial, food, housing, health and caring insecurities. For example, the number of jobs of insecure types increased after 2008, although then reduced somewhat by some measures around the time of the pandemic (Health Foundation 2024, TUC 2024). In 2000, 0.2 million people in the UK were on zero-hours contracts. In 2024 the number was 1.1 million, although the measure had changed slightly (ONS 2025a). Over the ten years after 2010/11, the proportion of people entering low income each year rose from 7% to 9% (DWP 2024b Table 8.9). In 2000, about 20,000 people received benefit sanctions each month, but in 2022 the number was 60,000 and sanctions were on average more severe (Kennedy et al 2022). In 2016-18, 5.6% of adults in the UK were in moderate or severe food insecurity, but by 2019 the figure was 14.1% (Pool and Dooris 2022). In 2001, 1.9 million households in England and Wales were in the private rented sector, but by 2021 the number was 5.0 million (MHCLG 2024b). Over the decade from Sept 2014, the number of people in England who had been referred by a consultant but were waiting for treatment more than doubled from 3.0 million to 6.6 million (NHS 2024). In 2001, 1.7 million people in England and Wales provided more than 20 hours of unpaid care a week, but by 2021 the figure was 2.5 million (Census 2001 Table

UV021 via nomisweb.co.uk, ONS 2023). In 2024, dissatisfaction with health and care services was at record levels (Montagu and Maplethorpe 2024). However, there is little evidence on trends in multiple insecurities.

Insecurities amongst UK adults

This project is among the first to use the 2022/23 data from *Understanding Society.* There appears to be a discontinuity in data, for example for rates of private renting for adults, between 2021/22 and 2022/23 (Box 2). However, using *Understanding Society* data and the indicators in Table 3, it is clear that throughout the period 2009/10-2022/23, each of the individual dimensions of insecurity affected a large minority of UK adults. The analysis of Understanding Society data for 2022/23 found that 47% of all UK adults were financially insecure, 46% were health insecure, 36% of working age were work insecure, 27% of all ages were housing insecure and 16% were experiencing caring insecurity (Figure 2).

Box 2: Evidence from *Understanding Society*

This project is among the first to use the 2022/23 data from *Understanding Society.* There appears to be some discontinuity in data between 2021/22 and 2022/23 (Figure 4). This appears to affect some indicators more than others, particularly rates of private renting. The change between these dates in private renting rates found in *Understanding Society* (for individual adults) has not been seen for the same period in other datasets which estimate housing tenure rates (for households) (for example, the English Housing Survey and the Labour Force Survey). At the time of writing, this discontinuity appeared to be linked to two factors. Firstly, in 2014/15 there was a sample boost to take account of people arriving in the country after the start of the study in 2009/10 and to increase the size of the ethnic minority sample, and then in 2022/23 there was a general population boost sample to counter for people leaving the study (attrition) and migrants entering the country after 2014/15. Secondly, cross sectional weights are applied to samples to ensure they reflect the population under study. For example, the weights for 2022/23 were designed to adjust the sample data to reflect the UK population in that year. However, the weights used for the years 2015/16-2021/22 do not take into account changes in the population due to migrants entering the UK after 2014/15. It should be noted that all figures from large surveys have a margin of error, which will be larger for individual years rather than grouped years, and for smaller subgroups in the sample. Strictly speaking, results should be called 'estimates'. The sampling issue could mean that data on housing insecurities and some other insecurities might be slightly underestimated in years before 2022/23 (for example, as recent migrants may be more likely to be housing insecure). The weighting issue could mean that data for 2022/23 might be slightly overestimated. Although these issues mean that exact point estimates should not be over-emphasised, they do not affect the main findings on the scale of insecurity, on trends (at least over certain periods) and who insecurity affects. Even if data from 2022/23 is ignored, the main results are unchanged, if less dramatic. There was an increase in financial insecurity

> 2015/16-2021/22. There was an increase in housing insecurity 2020/21-2021/22. There was a decrease in work insecurity 2009/10-2021/22. There was an increase in double insecurities including financial insecurity and in all triple insecurities over 2020/21-2021/22. For more detail see McKnight (forthcoming).

Rates of insecurity in individual dimensions were higher than rates for most measures of poverty, disadvantage or social exclusion. For example, the prevalence of financial insecurity, at 47%, is much greater than the prevalence of relative income poverty amongst Understanding Society participants[6], at 21%. People may be finding it difficult to manage financially, may be behind with household bills, or may be expecting to be worse off and possibly to be poor in a year's time, even if they are not poor today. Other research using Understanding Society data shows results that accord with this finding. For example, people on average incomes (in the midd
le quintile) have a one in ten chance of being poor (the bottom quintile) in a year's time (Hirsch and Karagiannaki 2024). Similarly, people of any income level may experience housing or health insecurity, as defined here, although higher income may help prevent these insecurities or mitigate their effects.

Multiple insecurities amongst UK adults

In 2022/23, a large minority of the UK population experienced more than one insecurity at the same time. The most widely experienced double insecurity was financial and health insecurity, and it was experienced by a quarter of adults. The second most common double combinations, was health and work insecurity, and it was both experienced by about a fifth of adults. The most prevalent triple combination was financial, housing and health insecurity, and it was experienced by 9% of UK adults, or 5.2 million people in 2022/23 (Figures 3, 4, 5, 6).

Trends in multiple insecurities 2009/10-2022/23

Trends in individual insecurities

Data from *Understanding Society* shows different trends over 2009/10-2022/23 for different indicators within dimensions. These combine to create trends for whole dimensions, and for insecurity in multiple dimensions[7] (Figure 2).

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[6] In the definition used here poverty forms part of financial insecurity, Table 3

[7] ONS defines economic inactive adults as: 'People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks', for whatever reason, and data is based on the Labour Force Survey. ONS acknowledges that Labour Force Survey results *"have been affected by increased volatility, resulting from smaller achieved sample sizes, meaning that estimates of change should be treated with additional caution"* (ONS 2025b). This is different from the measure used in this project, which excluded those who were not working or seeking work because they were in education or training, on parental leave, or retired, and used a different data source.

Figure 2: Percentage of adult population affected by individual insecurities, UK, 2009/10-2022/23
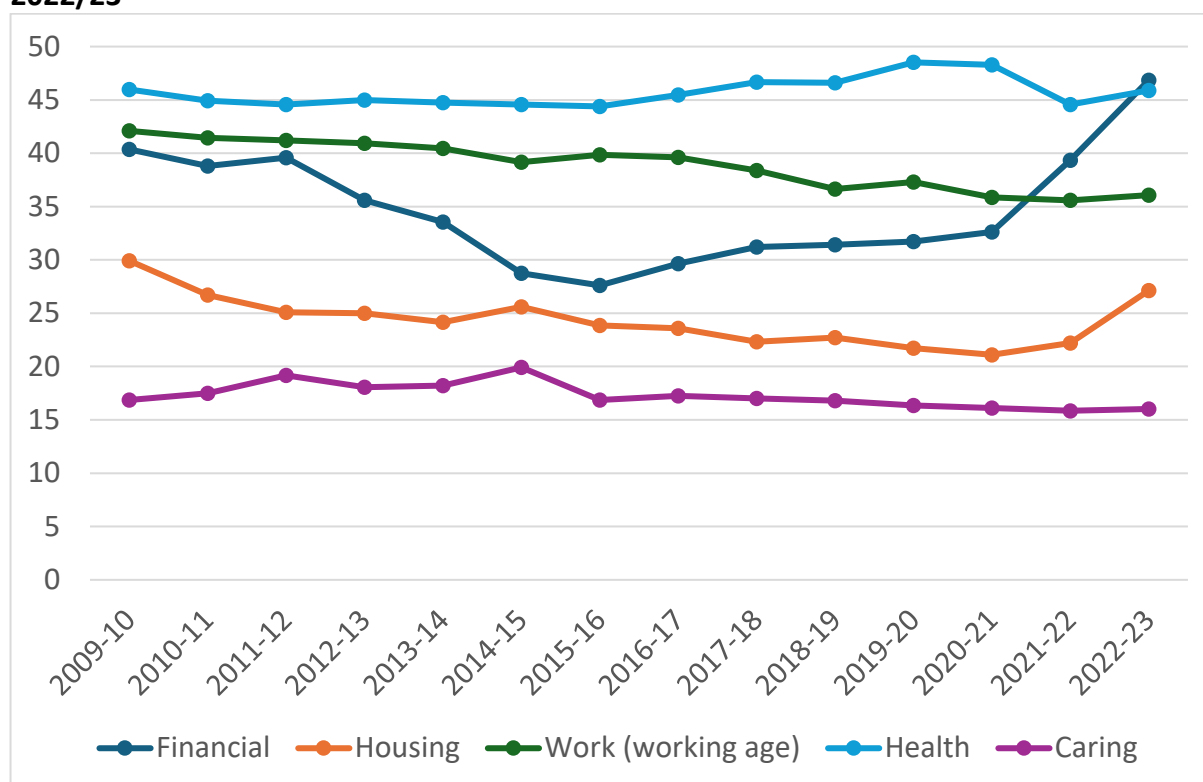
Source: *Understanding Society*

Over the whole period 2009/10-2022/23, the rate changed the most for financial insecurity. The proportion of UK adults who were financially insecure fell from 40% in 2009/10 to 28% in 2015/16. Then it rose again through the late 2010s to 40% in 2021/22 and 47% in 2022/23. Relative poverty rates changed little over the period. However, the proportion who were finding it difficult to manage financially, who were behind with household bills, and who were expecting things to get worse (whatever their income or debts) all doubled or nearly doubled over 2015/16-2022/23, with the biggest change over 2020/21-2022/23 (some of which will be due to changes in the Understanding Society sample – see Box 2).

Firstly, these trends appear to reflect the protracted but declining impact of the 2007/08 financial crisis. Secondly, they appear to reflect the complex impact of austerity in public policy in the late 2010s, combined from 2020 with protective policy to address the pandemic and from 2022 with policy to address the energy price shock (the Job Retention Scheme, the temporary Universal Credit uplift and the Energy Bill Support Scheme). Thirdly, they appear to reflect the withdrawal of pandemic policies from 2021 onwards, continued high rates of inflation in utilities, consumer and housing prices, and the withdrawal of subsequent support schemes. This additional financial support largely came to an end after 2023, and it is highly possible that financial insecurity increased further in 2024 and 2025.

These results extend the discussion of differences between the concepts of insecurities and relative poverty (Table 3). Relative poverty is based on income and does not reflect costs of

living[8]. Relative poverty rates changed little over 2009/10-2022/23 (Figure 3). However, the proportion of people finding it hard to manage financially, behind with household bills, and pessimistic about their finances grew. This highlights the value of the concept of insecurity, and the value of using a range of indicators in measures of insecurity.

Figure 3: Percentage of adults financially insecure, by any financial indicator and individual indicators, UK 2009/10-2022/23
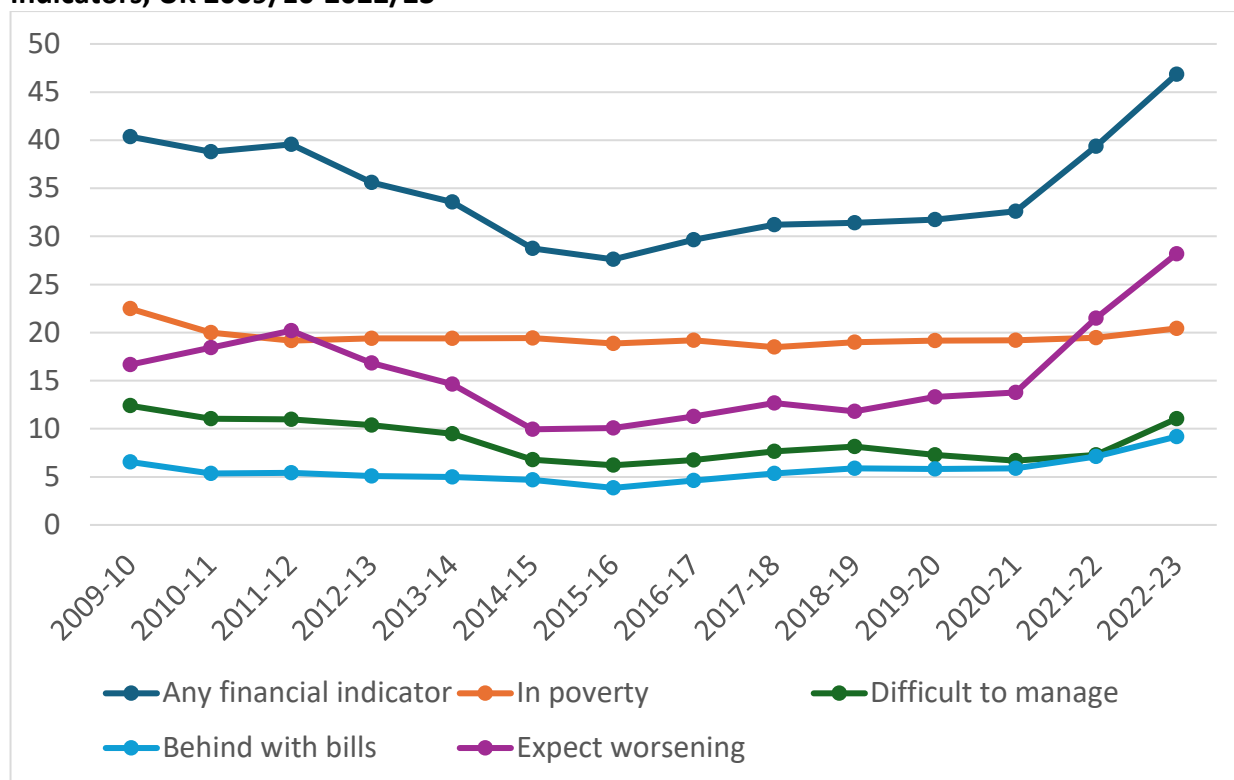
Source: *Understanding Society*

Like financial insecurity, housing insecurity followed a U-shaped trend. The lowest point was in 2015/16, when 28% of UK adults were affected. Housing insecurity increased from 2020/21 and 2021/22, and there was a sharp upward trend to 2022/23 (see Box 2). The post-Covid rise in housing insecurity could reflect the build-up of arrears amongst private renters during lockdowns (Tunstall 2023), the series of increases in mortgage rates from December 2021, and rising private rents (Stephens et al 2025).

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[8] When relative poverty is measured based on income after housing costs, as here, it does take account of housing costs, but not of other living costs.

Figure 4: Percentage of adults housing insecure, by any housing indicator and individual indicators 2009/10-2022/23
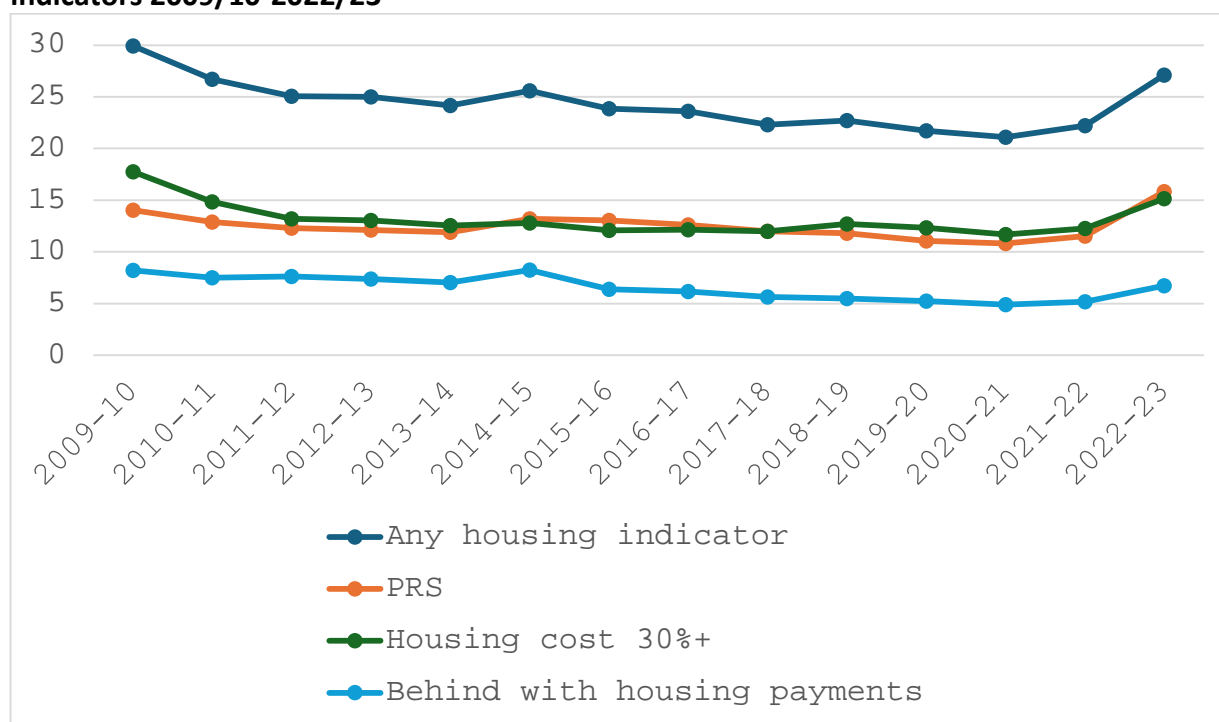
Source: *Understanding Society*

Note: The increase in private renting 2021/22-2022/23 is not reflected in other data sources on housing tenure and is partly due to the weighting of the data (see Box 2).

Work insecurity fell for most of the period 2009/10-2022/23, although the temporary work indicator, one of the four for this dimension, was stable for the first few years after 2009/10, but then increased from 2013/14 onwards.

Figure 5: Percentage of adults of working age work insecure, by any work indicator and individual indicators, UK 2009/10-2022/23
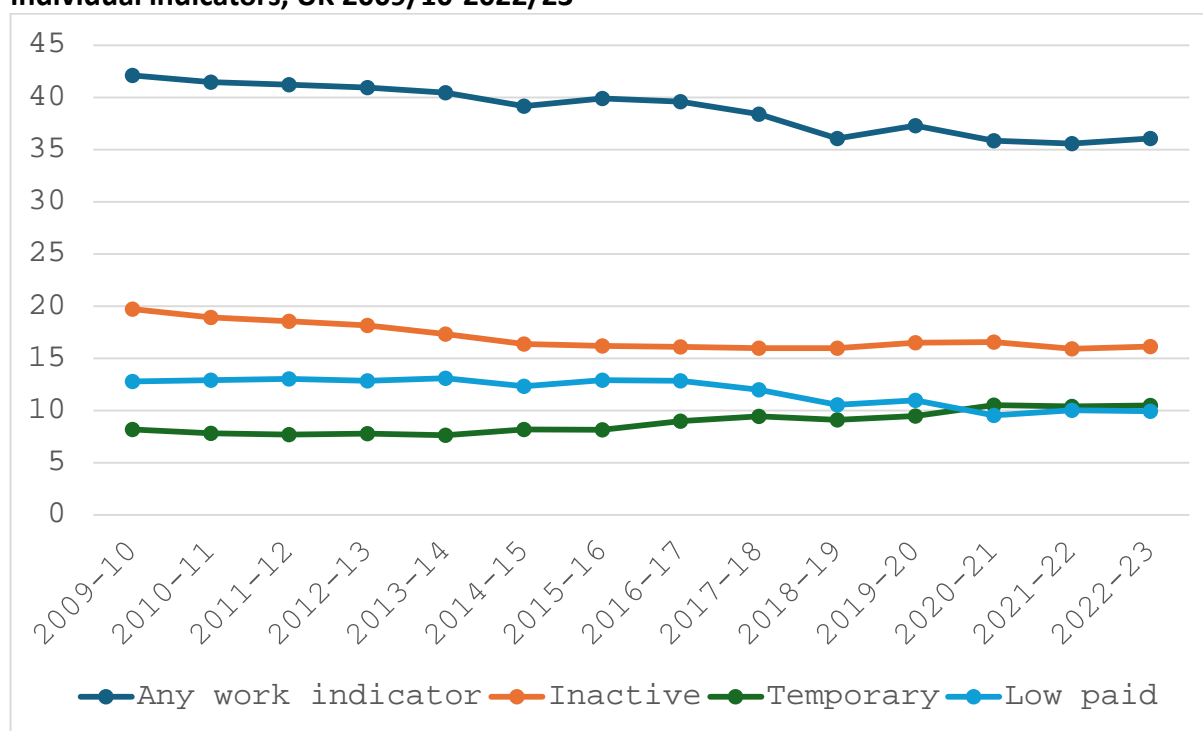
Source: *Understanding Society*

Note: When work insecurity is measured as a percentage of all adults, including those above working age, rates are lower.

The Work Foundation found a slight decrease in 'severe' work insecurity from 24% to 21% of workers over 2010-2023 (Florisson 2024). In contrast, the TUC found an increase in the number of people in insecure work 2011-2023 from 3.2 million to 4.1 million, and the Health Foundation found an increase in numbers affected 2014-2023 from 3.1 million to 3.5 million (TUC 2024, Health Foundation 2024). Analysis of Understanding Society found that job insecurity (defined as self-employment, being employed full-time, in a job for less than two years, being paid less than half the average monthly earnings, or in a part-time job for less than three years) increased for people in the middle third of the income distribution since the 1990s, especially for single adults (Hirsch and Karagiannaki 2024). The Work Foundation found an increase in numbers in 'severe' work insecurity over the most recent 2021-23 period from 6.2 million to 6.8 million (Florisson 2022, 2024), while the Living Wage Foundation found a decrease over the same recent period 2021-23 (Richardson 2023). These differences in results are largely explained through the choice of indicators making up the measures.

The measure used here differs from those used by others, and describes work insecurity, including of those outside the workforce, rather than insecure work. Those outside the workforce make up the largest part of the work insecurity measure used here. The proportion of adults outside the labour force reduced over 2009/10-2022/23, partly through increases in employment rates for women. In addition, low-paid employment declined due to the uprating of the National Minimum Wage and the introduction of the National Living Wage in 2016.

Both health and caring insecurities showed no marked trend over time, although there was a slight increase in health insecurities during the pandemic (Figure 6). Neither measure was able

to include unmet need, which other sources show has grown sharply (NHS 2024). Thus with a more comprehensive measures in these two dimensions, it is likely that rates of multiple insecurity would have been higher, and increases in rates since the 2010s would have been sharper.

Figure 6: Proportion of adults experiencing health insecurity, by any health indicator and individual indicators, UK 2009/10-2022/23
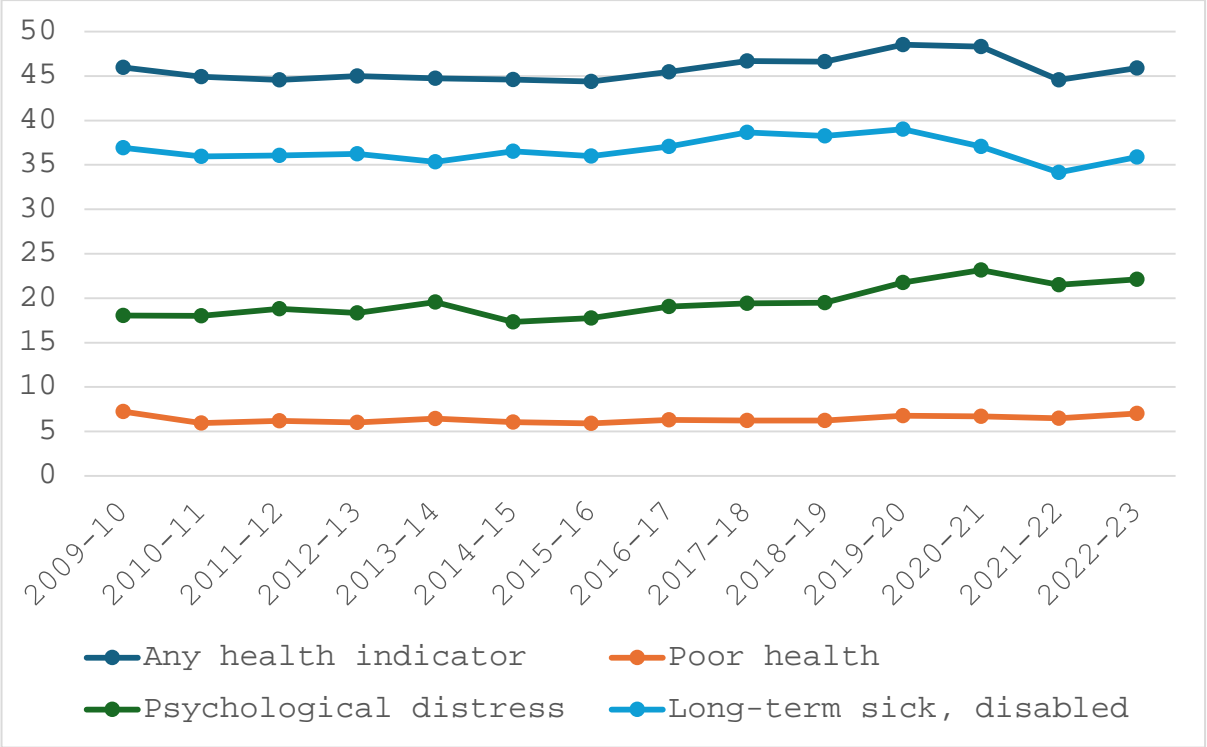
Source: *Understanding Society*

Trends in multiple insecurities 2009/10-2022/23

Fewer people experience multiple insecurities than experience individual insecurities. However, with the exception of combinations which include caring insecurities for which, as shown earlier, prevalence is very low, 10% or more of the adult population in the UK experience insecurity in at least two dimensions. Trends in prevalence over time for multiple insecurities reflect the combination of these trends for individual dimensions.

Figure 7a: Percentage of adults affected by double insecurities including financial insecurity, UK, 2009/10-2022/23
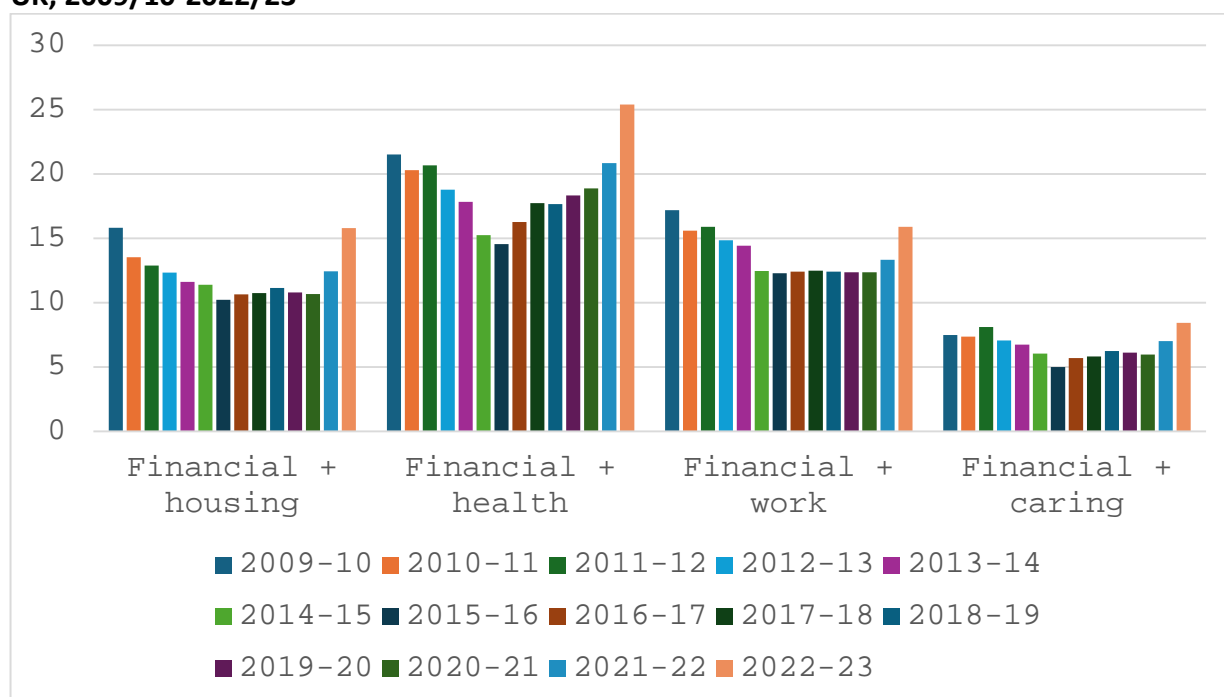
Source: *Understanding Society*

Figure 7b: Percentage of adults affected by different combinations of double insecurities, including health, work or caring insecurities, UK, 2009/10-2022/23
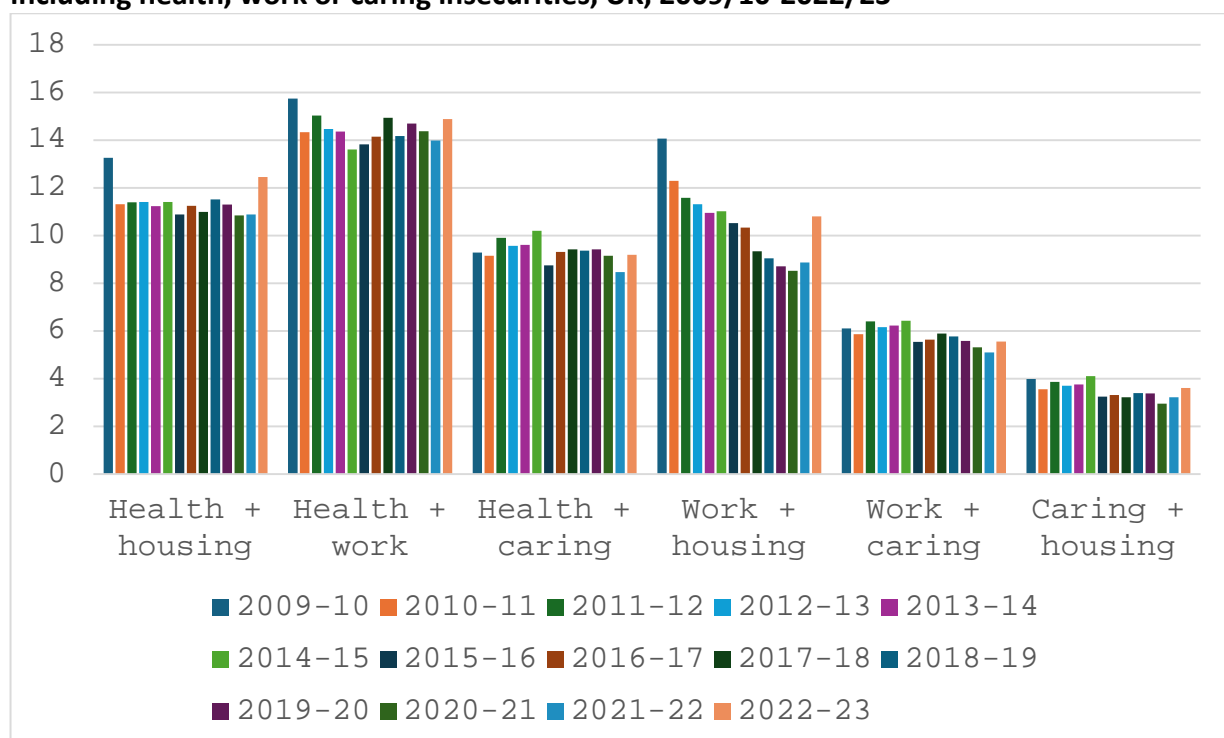
Source: *Understanding Society*

Rates here are given as a percentage of the whole adult population. People of working age are exposed to work insecurity and have higher rates of financial and housing insecurities than people above working age. Thus, the proportion affected by multiple insecurities is higher for

the working age population than for all adults, especially when work insecurity is included in the combinations.

Over the period 2009/10-2022/23, the most prevalent combinations of two insecurities for all adults was financial and health, at between a seventh and a quarter of UK adults at the start and end of the period. This could mean, for example, being long-term sick or disabled and finding it difficult to manage financially, or being behind with household bills and in psychological distress (Table 3). The next most prevalent double insecurities were health and work, financial and work, health and housing, financial and housing and work and housing. The most prevalent double combination for adults of working age was work and health.

Figure 8: Percentage of adults affected by different combinations of triple insecurities, UK, 2009/10-2022/23
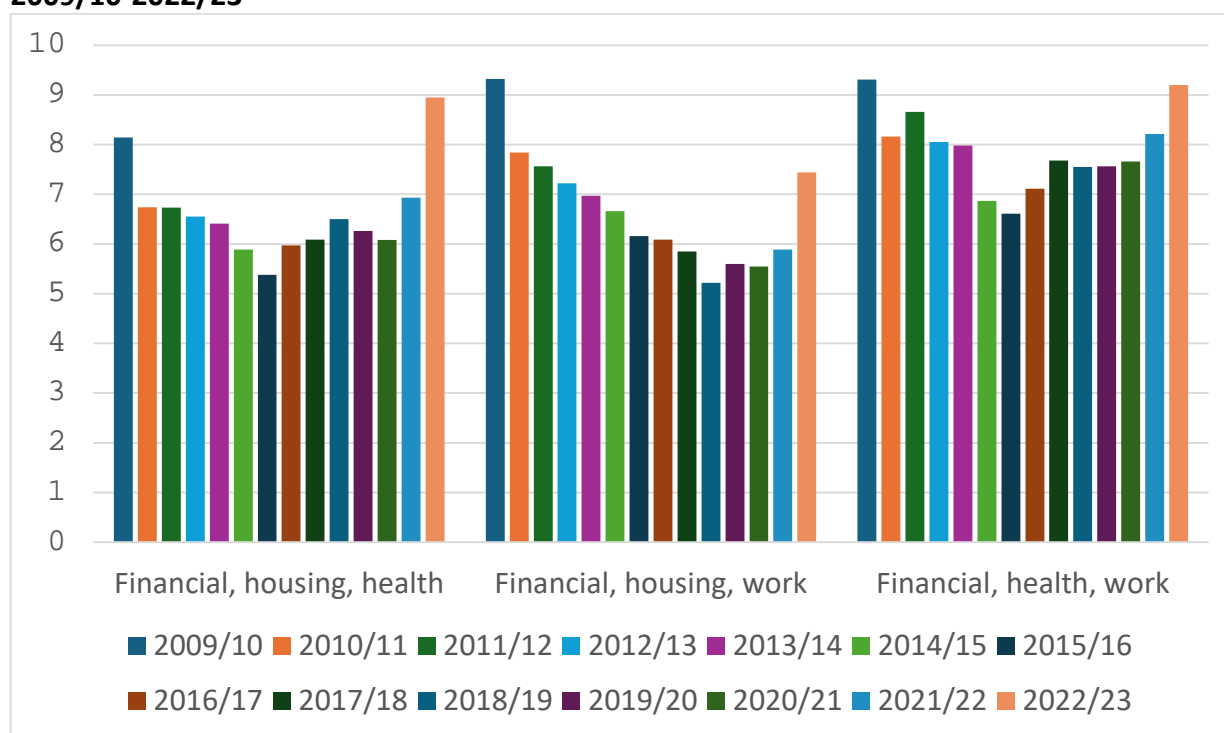
Source: *Understanding Society*

For every combination of three insecurities, there has been a rapid increase in the 2020s (Figure 8). For the first two combinations, financial, housing and work, and financial, health and work, rates of multiple insecurities in 2022/23 were either the highest they have been since 2009/10, or even higher than the rates that year, which was in the middle of the Global Financial Crisis.

In the early 2020s, although we do not have the same kind of problem in the international financial system, we have a national multiple insecurity crisis affecting millions of people. This national multiple insecurity crisis has not yet received the recognition or anything like the very high-profile, multi-billion pound policy response governments made to the Global Financial Crisis.

In the rest of the report, exploration of the incidence of multiple insecurity concentrates on the combination of financial, housing and health insecurities. This follows the same U-shaped trend as the other combinations shown, but affects slightly fewer people as the combination of financial, health, and work insecurities.

Experiencing insecurity in four dimensions was rare. For example, in 2022/23 about 4% of UK adults experienced financial, housing, health and work insecurities at the same time. Nonetheless, this represents about 2.4 million people. About 2% of adults experienced financial, housing, health and caring insecurities. Only around 1% of adults experienced multiple insecurities in all five dimensions studied, but nonetheless this represented about 600,000 people.

Multiple insecurities experienced by people in the case study neighbourhoods in Sheffield, Milton Keynes and East Lindsey

The qualitative work built on the literature and quantitative work, using participatory, ethnographically-informed data generation methods to understand the lived experience of people experiencing multiple insecurities. 36 people from four relatively deprived case study neighbourhoods took part in the research through focus groups and interviews (Appendix 4). Participants were known to staff at intermediary organisations, and were invited to participate by staff because it was thought they were likely to be experiencing multiple insecurities (Appendix 5). At the start of the focus groups and interviews, participants were asked to select any of a set of eight specially-drawn picture cards, representing different dimensions of insecurity, that reflected their experiences. All 36 people selected more than one card, indicating that they were experiencing multiple insecurities, a much higher rate than the average for the UK as a whole. The average number of cards selected was 4.0 per person. For example, Mary, a 36-year-old lone parent of one from Fir Vale, Sheffield, was experiencing caring, financial, housing and health insecurities (Photo 1).

Photo 1: The cards chosen by Mary (artwork by Laura Sorvala, photo by Laura Lane)

80-year-old widow Pink Diamond, from Woughton in Milton Keynes, was experiencing caring, health and legal insecurity. 56-year-old graduate and council employee Leonard from Woughton was experiencing health, caring, housing and relationship insecurity (Appendix 5). The insecurities participants formally selected are summarised in Table 4. During the focus groups and interviews, participants often referred to insecurities in additional dimensions which they had not formally selected, which took the average of those selected or narrated to 5.5 per person. The participants were not asked about food insecurity using a card, but nonetheless fifteen narrated receiving food aid from a food bank or pantry, running out of food each month or having difficulty affording groceries.

Table 4: Insecurities experienced by participants in Sheffield, Milton Keynes and East Lindsey

Individual insecurity	Number out of 36 participants
Health	29
Financial	27
Caring	22
Housing	21
Area	20
Relationships	15
Work	12
Law and entitlements	11
Selected double insecurities	
Any double (or more)	29
Financial and health	18
Financial and caring	18
Health and caring	16
Health and housing	16
Financial and work	11
Health and work	10
Selected triple insecurities	
Any triple (or more)	33
Financial, caring, area	14
Health, housing, caring	12
Health, caring, area	12
Financial, health and housing	11
Financial, housing, area	10

Eighteen out of 36 participants in the fieldwork experienced the UK's most common double combination of insecurities, financial and health, experienced by 28% of UK adults in 2022/23 (Figure 7). Eleven out of 36 experienced the triple combination of financial, housing and health insecurity, experienced by 9% of UK adults (Figure 8). In most cases they also experienced insecurities in additional dimensions measured through the qualitative work, such as in relationships (Table 1, Appendix 5).

Table 5 gives more detail of the situations which led participants to describe themselves as insecure in different individual dimensions. These experiences reflect the distinctions between insecurities and other related terms (Table 2), and demonstrate the range of experiences within each dimension. They also show how insecurity in one dimension, for example, financial, may be linked to insecurity in another, for example health.

Table 5: Selected detail of the insecurities experienced by participants in Sheffield, Milton Keynes and East Lindsey

5a: Financial insecurity

- Varying, unpredictable benefits income due to reassessments of health and disability benefits, sanctions, and interaction of benefits and work income and pension income
- Varying, unpredictable work income due to unpredictable hours or days of work
- Stable but low work or benefits income creating insecurity about being able to meet minimum necessary costs eg food, housing, utilities, or minimum necessary costs related to children eg uniform, school lunch, school trips or leisure and extra activities to support child development
- Income drop due to having to stop work due to poor mental or physical health
- Past debt of self or ex-partner; to DWP; past debt of former partner leading to reduced trust in relationships
- Tight and extreme budgeting
- Changes in behaviour to reduce expenditure, include unsafe behaviour eg undereating, underheating, or possibly stigmatised behaviour eg using charities, food aid

5b: Work insecurity

- Unpredictable, varying, or anti-social hours; zero hours contracts
- Risk of losing job because of effects of poor physical or mental health
- Unpleasant work, hours, managers or co-workers
- Worry that won't be able to support and supervise children properly if work/work more hours

5c: Food insecurity

- Uncertainty about being able to/certainty won't be able to provide sufficient nourishing meals for households throughout budget cycle
- Worry about consequences for own and children's health
- Feelings of stigma or injustice at having to use food aid

5d: Housing insecurity

- Poor physical conditions (for private and social tenants) and uncertainty about if/when repairs will be done
- Dependent or one-sided relationship with private and social landlords
- Lack of choice about where to live due to income, in all tenures
- Disadvantages of low-income home ownership including difficulty moving, bar on to access to social housing, inability to afford repairs
- High occupancy and perceived overcrowding amongst social renters; uncertainty about when can move to get more space
- Certainty that will not get more space for a long time
- Dissatisfaction with home, tenure and neighbourhood and uncertainty about when can move/certainty that will not be able to move for a long time
- High cost of private rented housing, having rent above the Local Housing Allowance (the maximum Housing Benefit will pay) and having to pay rent shortfall from other income
- Threat of homelessness after relationship breakdown or death of partner or parent, past forced moves due to domestic violence, or the need to escape from involvement in drugs gangs
- Not being able to leave parental home or home shared with ex-partner because of cost
- Dislike of home, not feeling safe at home, fear of harm to health from home, not being able to use home or all of home due to damp or fear of neighbours, harassment from neighbours, not feeling 'at home'

5e: Health insecurity

- Self or household having a long-term or acute health condition and not being able to protect health eg by avoiding stress and eating good diet, keeping home dry, warm
- Long and unpredictable/changeable wait times to see GP, get referral, get care, get resolutions to problems; suffering, dependency on others and postponement of activities in interim, worry about cumulative harm
- Worry about future reassessments for disability benefits
- Conflict with GP; lack of choice of GP
- Inability to afford charges for prescriptions, dental and eye care

5f: Caring insecurity

- Worry about whether friends/family will receive sufficient good quality formal care
- Lack of time to carry out and coordinate informal childcare
- Lack of affordable or free childcare to provide respite and create opportunities for work
- Being a lone parent, especially if have children with special support needs, or if parent has health conditions
- Being autistic and unsure whether can manage, given loss of informal support from ageing family

5g: Area insecurity

- Fear of being a victim of crime or of children being victimised or lured into crime, need to supervise children due to fear of crime
- Unpleasant, depressing, stigmatising environment with litter and vandalism
- Poor play facilities, leading to worries about child safety and development
- Badly behaved, threatening, unmotivated peer groups for children
- Schools focussing on discipline and basic skills, leading to worries about child life chances
- Environment that doesn't compensate for families' lack of resources with services, leading to worries about child development
- Poor public transport leading to costly use of taxis, dependence on partners, friends offering lifts

5h: Legal and rights insecurity

- Uncertainty about where to get good information
- Lack of knowledge and failure to claim benefit entitlements
- Feeling that relationship between companies and public sector bodies and customers is unequal
- Dissatisfaction with company and public sector complaints processes, and legal resolution
- Worry that local Citizens Advice Bureau hours will be cut

5i: Relationship insecurity

- Lack of support from partner or family due to having a small family, or experiencing care as a young person, relationship breakdown, death, illness and interregional or international migration
- Lack of confidence in romantic and sexual relationships
- Dependence on partner for money or mobility
- Poor relationship with partner, or with ex-partner who is a co-parent
- Stress affecting relationships
- Requests for loans and gifts from friends and neighbours on low incomes

IV THE PEOPLE AFFECTED BY MULTIPLE INSECURITIES

The people affected by multiple insecurities in the UK

Individual and multiple insecurities are unevenly distributed and experienced across society. Existing literature suggests that individual insecurities are more prevalent amongst people on low incomes, children, and working age adults, people not working or working part-time or on short-term or zero-hours contracts, lone parent and lone adult households, disabled people, selected minoritised ethnic groups, renters and women. There is very little existing evidence on who is most affected by multiple insecurities. Data from *Understanding Society* provides a nuanced overview of the distribution of individual and multiple insecurities.

In 2022/23, 9% of UK adults were experiencing the triple insecurity of financial, housing and health insecurities. 10% were experiencing financial, health and work insecurities, and 8% were experiencing financial, housing and work insecurities (Figure 8). As noted (Box 2), there should not be too much focus on exact percentages and small differences in percentages between groups. However, there are many marked differences.

The group with the highest rates of multiple insecurities (financial, health and housing) in 2022/23 was people who were not working because they were long-term sick or disabled (32%). They were followed by unemployed people (28%), lone parents (26%), and single women and men of working age (22% and 21%). The combination of financial, health and housing insecurities was concentrated in the working age population, and people aged 35-44 had the highest rates of different age groups, at 11%. These multiple insecurities appeared to be linked most strongly to the position of working age people to the labour market (supported by the benefits system), and by household type. The groups with the lowest rates of multiple insecurities (financial, health and housing) were retired people (4%), people aged 65-74 and over 75 (both 4%), people in the least deprived quintile of neighbourhoods (4% in England), and people in couples aged 60 or over with no dependent children (2%).

Age and household type

People of working age had the highest rates of multiple insecurities (Figure 9). 10% of people aged 18-24 were multiply insecure (financial, health and housing), slightly above average. Young adults had the lowest rates of overall health insecurity, but the highest rates of psychological distress. They had the lowest rates of caring insecurity and the lowest rates of, financial insecurity, many not fully financially independent and living with parents. They were the least likely of all age groups to expect their finances to be worse in a year's time. However, young adults had the highest rates of work insecurity, including high rates of temporary and low-wage employment, they were the most likely to be behind with some household bills and had middling rates of housing insecurity, despite the fact that many were living with parents.

Rates of multiple insecurities peaked for the age group 35-44 (Figure 9). They were not the group most affected by any single dimension of insecurity, and had the highest rate for just one indicator finding it difficult to manage financially. However, they had relatively high rates across different dimensions of insecurity. In the 2010s, financial insecurity was lower for successively

older groups. However, after the big increases in total rates of financial insecurity in the past decade, by 2022/23 it peaked in midlife. Housing insecurity also rose and fell over the age range, peaking at 25-34, as did informal caring insecurity, peaking at 55-64. Health insecurity rose over the life course. Work insecurity fell after young adulthood and was then relatively stable throughout working ages.

Figure 9: Percentage of adults experiencing multiple insecurities (financial, housing and health) by age, UK 2009/10-2022/23
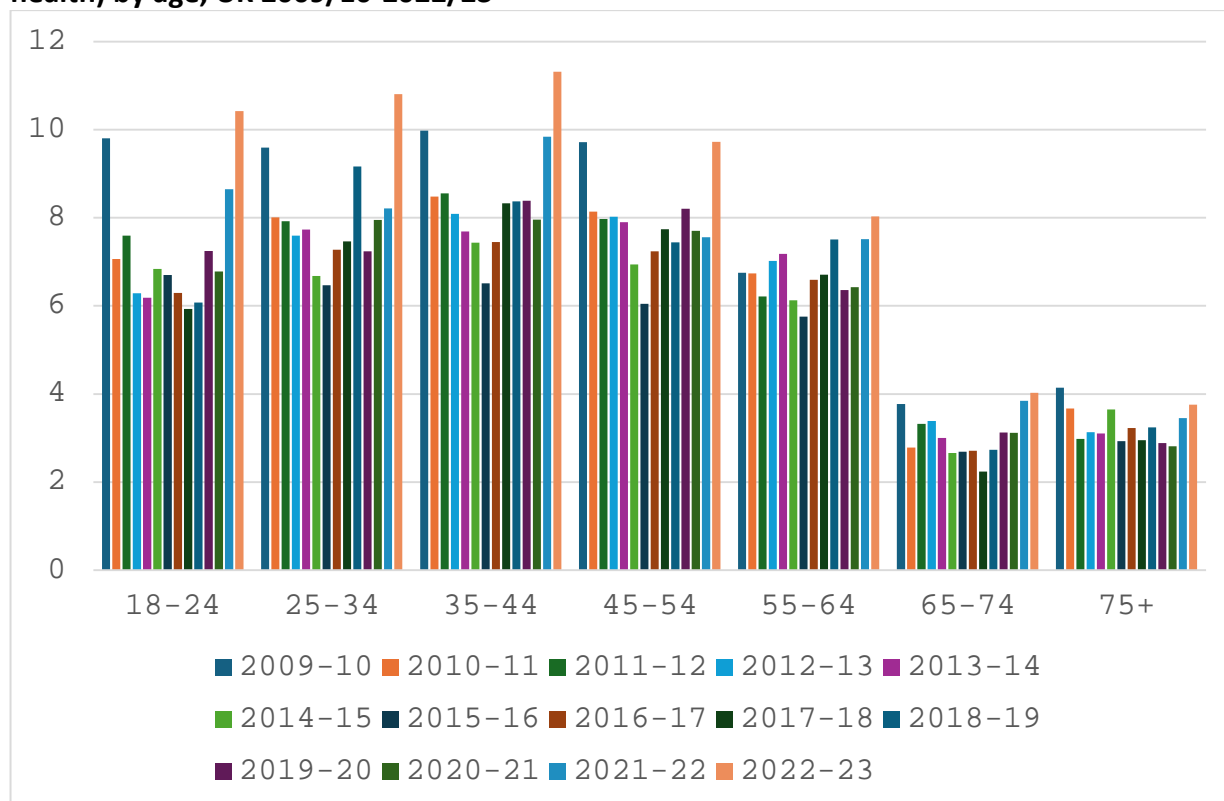
Source: *Understanding Society*

Amongst people of working age, those who were working were less affected by insecurities than people who were economically inactive. Nonetheless, 41% of people who were working were financially insecure, 31% were health insecure, 30% were housing insecure, 14% were providing informal care and 7% were multiply insecure (financial, health and housing).

Adults in couple households under 60 were among those most affected by housing insecurity, linked to high rates of private renting. However, in general, couples and households containing people over working age were much less exposed to individual and multiple insecurity than single adult households. As noted, adults in lone parent households, followed closely by single people of working age without children, were the most likely to experience combined financial, housing and work insecurities.

People aged 65-74 and 75 and over had the lowest rates of multiple insecurities (financial, health and housing) (4% for both groups). People in these age groups are close to average for financial insecurity. They had the lowest rates of difficulties with finances, being behind with bills, and people aged 65-74 had the lowest poverty rate. However, this age group were the most likely to think that their finances would be worse in the next year, and they had the

highest rates of health insecurity. People aged 65-74 had amongst the highest rates of informal caring. However, people in the 65-74 and 75 and over age groups had the lowest rates of housing insecurity, overall and for each of the indicators, and avoided work insecurity. This means that few could be included in definitions of multiple insecurity that included housing or work insecurity.

Couple households had similar rates of multiple insecurity (financial, heath and housing) whether or not they had dependent children. In 2022/23, 8% of couples with children experienced multiple insecurity, as did 7% of couples of working age without children. However, 26% of adults in lone parent headed households experienced multiple insecurities, as did 22% of working age lone adult households. Although they had intermediate rates of health insecurity overall, in 2022/23, 34% of lone parents were in psychological distress. They also had the second highest rate of informal caring. 19% of lone parents were informal carers, either for older people or their children if they had special needs.

Multiple insecurity rates were high for lone adult households, whether or not they had children. 22% of women and 21% of men working age in lone adult households experienced multiple insecurity (financial, housing and health). This contrasts with other measures, such as relative poverty (one indicator of financial insecurity), where there is a substantial gap between working age couples without children, couples with children and lone adults, both similar, and a bigger gap with lone parents. It reflects the fact that lone adults not only cannot share income but also cannot share household bills and housing costs, which make up part of the measures of financial and housing insecurity. The growth in some indicators of insecure work was concentrated amongst single person and one parent households (Hirsch and Karagiannaki 2024). As defined here, lone adults had intermediate levels of work and health insecurity, and relatively low levels of informal caring insecurity.

Economic status

Amongst economic status groups, people who were not working because they were long-term sick or disabled had the highest rate of multiple insecurity (financial, housing and health) throughout the period 2009/10-2022/23, followed by unemployed people. Given our definitions (Table 3), people of working age who were economically inactive because they were long-term sick or disabled necessarily experienced health insecurity. In 2022/23, about a third of them also experienced financial and housing insecurity, an additional burden on top of health problems. 32% of people who were inactive because they were long-term sick or disabled experienced multiple insecurities (financial, housing and health), followed by unemployed people at 28%.

Over the period 2009/10-2022/23, people who were not working because they were long-term sick or disabled had the second highest rate of financial insecurity overall, after unemployed people. They had the second highest rate of finding it difficult to manage financially, after unemployed people. This was despite the fact that some economically inactive long-term sick or disabled people have had access to non-means tested benefits, Disability Living Allowance (DLA) and Personal Independence Payments (PIP) as well as to Universal Credit. Some might have access to some pension income. Throughout the period, they had the second highest rate of being behind with household bills amongst economic status groups, after unemployed people, and the third highest for income poverty, after unemployed people and those

economically inactive because they were looking after the family or home. For most of the period, they had the second highest rate for expecting to be worse off in a years' time, after people on parental leave, and in 2022/23 they had the highest rate, at 39%.

People who were inactive because they were long-term sick or disabled had the second highest rate of housing insecurity throughout the period, behind unemployed people. They had the lowest rate of private renting, perhaps linked to typical age and stage in housing careers. They had the joint second highest rate of being behind with housing costs (with those inactive because caring for family or home), and second highest rate of housing costs above 30% of income.

Reducing eligibility for or the value of benefits for economically inactive sick and disabled people would have the effect of adding to the numbers of disabled people affected by financial, housing and multiple insecurities, and adding to severity of the insecurity of those already affected.

Ethnicity

In 2022/23, 8% of adults of White ethnicity experienced multiple insecurity, compared to 12% of adults from minority ethnic groups. Minority ethnic groups had higher rates for financial, housing and work insecurities, and White groups had the highest rates for health insecurity, and for informal caring, probably linked to the greater average age in this group. There is no clear trend in the differences over time. Comparing a fuller range of ethnic categories, the Indian group had a lower rate of multiple insecurity than average, but all other minoritised groups had higher rates. Because of the small numbers of survey participants in each category, rates fluctuate somewhat between years, but Black African, Black Caribbean, Bangladeshi, Mixed and Other groups had rates up to twice the average for individual indicators over the period.

Gender

In 2022/23, 7% of men experienced multiple insecurities (financial, health and housing), compared to 10% of women. This meant that the multiply insecure were made up of 2.1 million men and 3.0 million women. Women were more likely than men to experience all insecurities and this was true of almost every indicator throughout the period. The only exceptions where men had higher rates were housing insecurity before 2011/12, private renting before 2016/17, and whether respondents expected to be financially worse off in a year's time. For most indicators, the difference between the genders was relatively small, and the gaps tended to reduce over time. However, there were big gaps between the genders for rates of psychological distress (26% compared to 18%), low wage employment (12% compared to 8%) and for our measure of economic inactivity (19% compared to 13%). Some groups of women were particularly likely to be affected by multiple insecurities. 26% of lone parents (of whom the vast majority are women) were affected, as were 22% of women of working age living on their own (men of this age living on their own were also at high risk, at 21%). People in couple households were at reduced risk of multiple insecurities, and most couples contain a woman. For adults in couples of working age with children, the multiple insecurity rate was 8%, for similar couples without dependent children, it was 7%, and for older couples the rate was 2%.

The places affected by multiple insecurities in the UK

Multiple insecurities in the regions and nations of the UK

Existing evidence suggests different spatial patterns for different individual dimensions of insecurity. For example, the North East of England has high rates of food insecurity (Trussell Trust 2024), but lower risk of rough sleeping (DLUHC 2024a, DWP 2024a), and high rates of work insecurity by one measure (Richardson 2023) but not by another (Creagh 2023).

Measured with *Understanding Society* data, individual indicators and insecurities also had distinctive geographies. London estimates may be affected by the sample boost and weighting issue (Box 2). Nonetheless, despite or because of its high rates of productivity and growth, London had rates of housing insecurity overall and for all individual housing indicators which were well above those of other regions. In 2022/23, 44% of London adults were housing insecure, compared to the UK average rate of 27%. London also had the highest rate of people experiencing difficulties managing, one of the financial insecurity indicators, reflecting the high cost of living in London. Wales had the highest rates of financial, health and caring insecurities, and the North East had the highest rate of work insecurity, although the difference compared to other nations and regions was modest. The South East and South West had the highest rates of solo self-employment, one of the indicators of work insecurity. Otherwise, these nations and regions had lower than average rates of multiple and individual insecurities.

Geographical patterns of multiple insecurities reflect the combination of these varied patterns for individual insecurities. In 2022/23, London, Yorkshire and Humberside, the West Midlands and Wales had the highest rates of multiple insecurities (financial, housing, all at 10% of adults. The lowest rates were for Scotland and the East of England at 7%, with other nations and regions in intermediate positions. Over the whole period 2009/10-2022/23 London has generally had the highest rate of multiple insecurity (financial and housing and health), and the North East and Yorkshire and Humberside were most frequently over 6% (Figure 10).

While components of multiple insecurities had varied geographies, the geography of multiple insecurity matched some other related measures, including data on poverty from another source, and multiple deprivation. (Appendix 3).

Figure 10: Percentage of adults experiencing multiple insecurities (financial, housing and health) by nation and region, UK 2009/10-2022/23
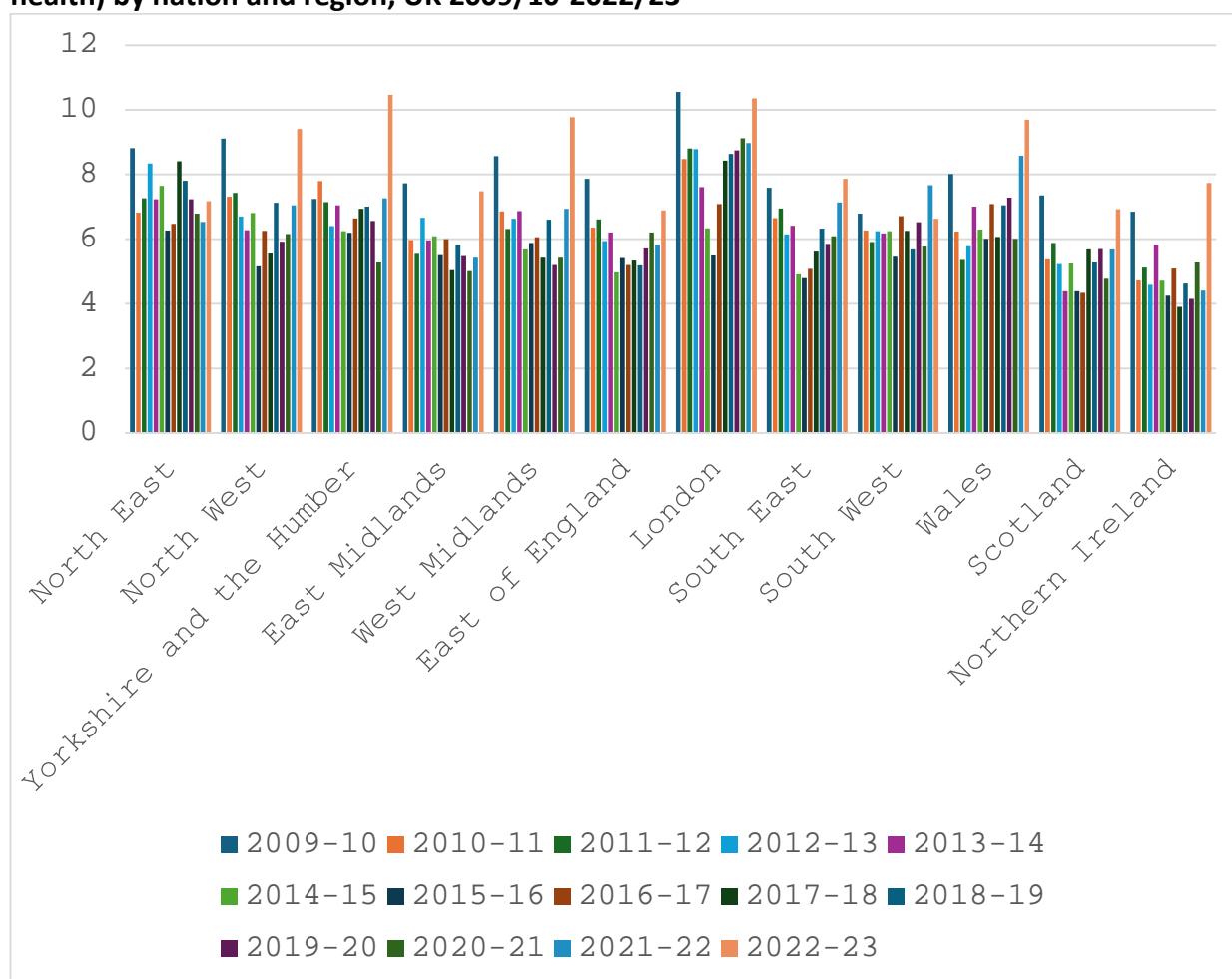
Source: *Understanding Society*

All regions experienced changes in the rates of multiple insecurities over 2009/10-2022/23. Most regions had the U-shaped pattern also seen at national level, with the lowest rate in 2015/16, an increase over 2015/16 to 2022/23, with a particularly sharp spike in 2022/23, (some of which will be due to the cost of living crisis but some due to changes in the Understanding Society sample and weighting – see Box 2). London had the highest rates of multiple insecurity throughout the period, followed by the North East and Yorkshire and Humberside and Wales. Scotland and Northern Ireland had the lowest rates throughout the period.

Types of neighbourhood

The more deprived a neighbourhood according to the relevant index of multiple deprivation for its nation, the greater the percentage of residents with multiple insecurities. In 2022/23 16% of adults in the most deprived quintile of neighbourhoods (Lower Super Output Areas or LSOAs) in England were experiencing multiple insecurities (financial, housing and health), compared to 3% in the least deprived quintile. All quintiles of neighbourhoods experienced a decline in multiple deprivation until the mid-2010s, followed by an increase (Figure 11). Each UK nation has a different index of deprivation, but all had similar rates and gradients for multiple

insecurity by neighbourhood deprivation (MHCLG 2019, Welsh Government 2021, Scottish Government 2021, NISRA 2017).

Figure 11: The percentage of adults experiencing multiple insecurities (financial, housing and health), by neighbourhood quintile of deprivation, England 2009/10-2022/23
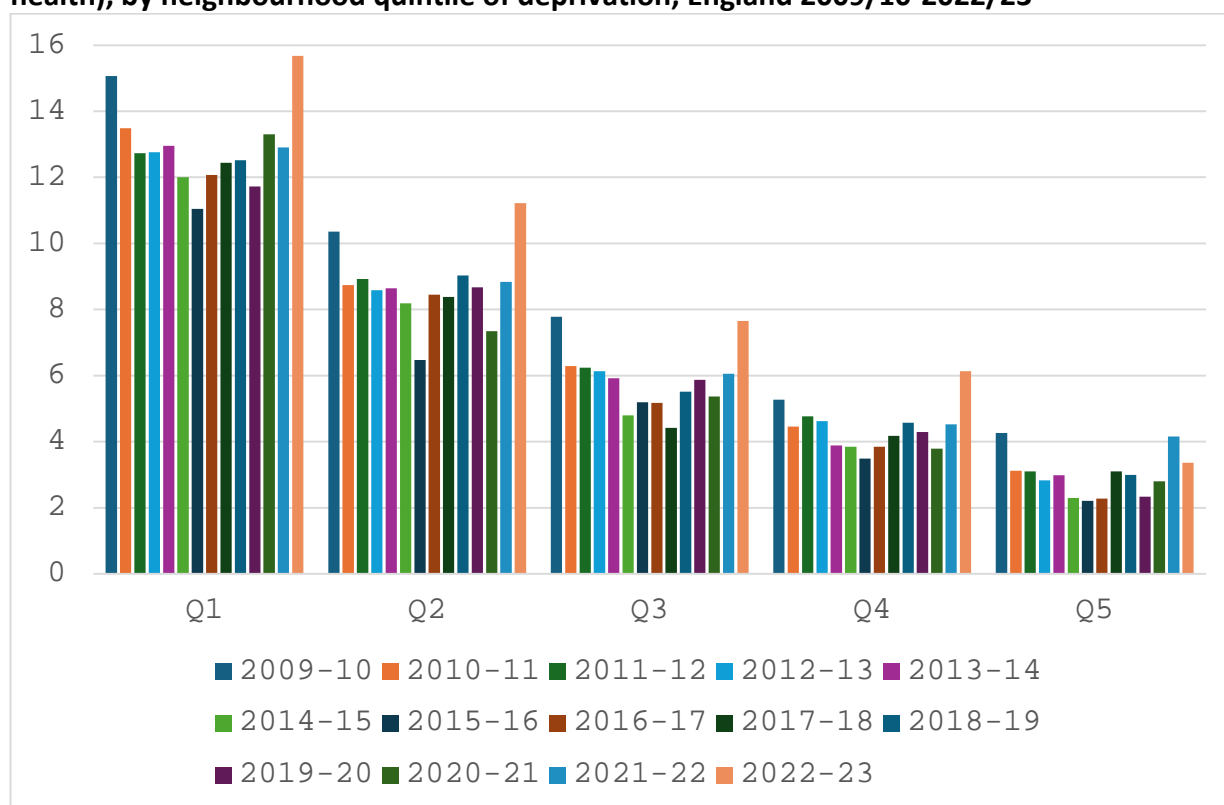
Source: *Understanding Society*
Note: Q1 is the most deprived quintile of LSOAs, Q5 is the least deprived

More deprived neighbourhoods had higher rates of insecurity for every dimension and all individual indicators (except for expecting to be worse off next year and the proportion in solo self-employment). The indicator of being behind with some household bills was the most unevenly spread, with rates varying from 23% in the most deprived areas to 3% in the least deprived in 2022/23. Health was the dimension of insecurity which was the most evenly spread between different types of neighbourhood.

The impact of location on the experience of multiple insecurities

The three local authority areas participants were drawn from were diverse: Sheffield, a large northern industrial city in Yorkshire and Humberside, Milton Keynes, a medium-sized new town now with city status in the South East, and East Lindsey, a mainly rural coastal area in Lincolnshire in the East Midlands. The four neighbourhoods within these areas where fieldwork was conducted, Fir Vale and Shirecliffe in Sheffield, Woughton in Milton Keynes and Mablethorpe in East Lindsey, were all relatively deprived, where multiple insecurities were likely to be greatest (Appendix 4).

Many participants, particularly from Woughton and Mablethorpe, identified with and felt loyalty to their areas. Nonethless, for 20 out of 36 participants, coming from all four neighbourhoods, their area was a source of insecurity in itself (Appendix 5). The term 'multiple deprivation', linked to multiple insecurities, has been defined partly as an attribute of areas (or populations in areas) (MHCLG 2019). A substantial literature on 'neighbourhood effects'

explores how neighbourhood characteristics can influence life chances for individuals in the areas. Decades of regeneration policy have sought to improve disadvantaged areas, partly to reduce these effects (Crisp et al 2023). Figure 11 showed that any person affected by multiple insecurities is more likely to have neighbours also affected in a deprived area. Participants talked about unkempt and poorly maintained streets and parks, drug use and dealing, fear of harassment and violence, poor public transport, a lack of local facilities, depressing appearance of the area, poor air quality, badly behaved neighbours, anti-social and disadvantaged pupils at their children's schools, over-busy GPs, lack of dentists, schools with low expectations of pupils, having to pay in advance for taxis, and feeling ashamed when visitors came. Adverse neighbourhood conditions not only created disadvantages, but also insecurity. They created worry about safety, health and child development, and extra tasks in trying to protect from and compensate for the disadvantages. Yazarna said, *"'The area has a lot to do with how you grow as a person"*. Anih said, *"this community is not thriving enough for the children. It's not engaging enough, it's not modelling [for] them".* Sarah said, *"I don't feel it's like a good place for the children to be… [but] I can't afford somewhere else better… you do blame yourself".*

The local neighbourhood and wider area could also shape the experience of other insecurities, because it could provide or fail to provide sources of resilience. For example, in Woughton, Debbie, aged 85, needed someone to drive her and help carry things when she went shopping, but she had children living nearby, while some of her friends did not. Debbie used a day centre three days a week, which provided social life, support, hot meals and links to services.

Local friends and family gave essential support to many participants, including childcare, emotional support, lifts, and loans and gifts of money, food and other items. Local advice and support and services like foodbanks and free holiday clubs for children could also mitigate the effects of insecurities. All the participants were recruited through local organisations (Appendix 4), and all commented on how much they felt these organisations had helped them. It was to be expected that participants would report positively on these people and organisations, but the strength of language used to emphasise their importance is striking. Yazarna said, *"here, you are welcome regardless"*. Christina said, *"we're in a comfortable place and in a safe environment and we're open to talk".* Sarah said, *"this place is like a safe place where you can get the right advice from, and the support as well".* Ziggy said, *"I love it here, it's great. And they are so nice and accepting. If I have any sort of problem… they'll help me".* Joel said, *"they love to help you rather than you having to like beg and borrow to try and get a bit of help".* Clara-Louise said, *"it kind of just makes you feel that you can be okay, rather than that it's going to take you over the edge".* Anih said, *"I met some of the closest people in my life here".*

These organisations had different forms and goals, and included a wellbeing hub, a community hub, a community nursery and a community council. Nonetheless, they all served a small or 'hyper local' area and population. They all provided a welcoming atmosphere, and relationships with workers that were very different from those experienced in national and local government services and even compared to 'traditional' community centres. People could go to these 'hyper local' centres without an appointment or any scheduled activity. Participants praised particular key staff. The centres offered emotional and practical support, opportunities to share experiences with other people in similar situations, to make friends, to take part in supportive and useful activities, and also to take on volunteer roles and to help others.

Given the small numbers and diverse mixes of participants from each neighbourhood, it is not possible to say much about how differences between neighbourhoods creates differences in the experiences of neighbourhoods. However, almost all participants from Fir Vale said they disliked the appearance of the area. Many participants from Shirecliffe commented on poor quality of housing. Almost all from Mablethorpe commented on the need to travel outside the area for many services, such as secondary school, hospital and chain stores.

Some people had fewer local sources of resilience than others, including lone parents, those who had arrived in the area recently, for example after fleeing county lines, domestic violence or persecution abroad, or who for other reasons had few local friends or relations they could call on. Some participants referred to cuts in youth and other services in recent years, centralisation of services away from the areas, or worse provision in their neighbourhoods compared to other areas.

V THE RELATIONSHIPS BETWEEN INSECURITIES

Links between insecurities in previous research

Previous research has found correlations between insecurities, and shows that people experiencing insecurity in one dimension often have an above-average risk of insecurity in another. Citizens Advice said, *"when we help people with one cost of living issue, we often help them with another"* (Citizens Advice 2023). For example, 10% of those who were food insecure in 2022 were housing insecure[9] , two and a half times the risk for the population as a whole (Bull et al 2023). Food and housing insecurity are 'interconnected' and form a 'dual burden' on health in many countries in addition to the UK (Bhayne et al 2024). In 2022, 19% of those experiencing food insecurity in the UK had experienced a drop in income over the past 3 months, 1.6 times the average rate. Nearly half of those facing food insecurity had experienced an adverse life event, such as relationship breakdown or becoming disabled in the past year, 2.1 times the average rate (Bull et al 2023). People experiencing mental health problems had three and a half times the average risk of problem debt (Holkar et al 2019). People in 'severely insecure' work are 1.4 times as likely to be in private rented housing as those in secure work (Williams 2024). There is an 'insecure work pay gap' (Adams and Prassl 2018, Dias da Silva and Turrini 2015, Florisson 2024), and poverty risks are higher than average for those in insecure employment (McKnight et al 2016, Horemans et al 2016). Anxiety over irregular hours, feelings of lack of control, and effects on relationships, increase the risk of health problems (Marmot and Wilkinson 2006), and the health impacts of insecure work can be as bad as those of unemployment (Henseke 2018, D'Souza et al et al 2003, Kim et al et al 2016, Work Foundation 2024).

Research literature sources also suggest causal interactions between insecurities. Figure 12 summarises the interrelations between different forms of insecurity found in the literature. Financial insecurity has a central role and affects multiple aspects of people's lives. Limited financial resources are the root cause of food insecurity. Financial insecurity both causes and is caused by insecurities related to housing and care. Insufficient and unstable financial resources restrict choice and make it difficult for people to manage costs. At the same time, high housing and care costs, and difficulties reconciling work and care, affect total and residual income. The relationship between financial insecurity and work insecurity is also bidirectional: work intensity is a factor contributing to poverty, and insecure, irregular hours contribute to volatile incomes. On the other hand, people experiencing hardship may be less able to secure good quality jobs, and are more likely to be in non-standard and insecure work, with a higher risk of 'low-pay-no-pay' cycles. Recent reforms to the benefit system, conditionality and 'work-first' approaches contribute to these dynamics (Jones et al 2024).

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[9] Defined as rough sleeping, in temporary housing, statutory accommodation, living insecurely with friends or family, living in a B&B or hostel or homeless in the past year

Figure 12: Potential causal links between dimensions of insecurity
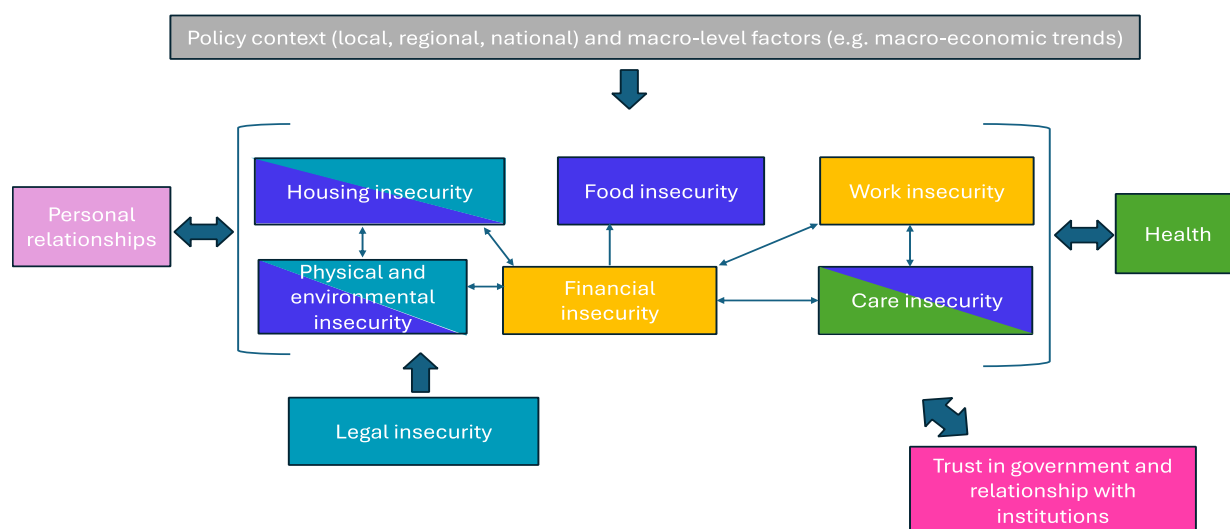
Source: Review of literature

Access to legal protections and regulation matter to all the dimensions of security. They shape tenants' and workers' rights, and statutory arrangements for health and care. People's experiences across all dimensions are also shaped by access to information and advice and legal services. Insecurity due to low trust in government and institutions and their effectiveness in providing support (the 'participation, influence and voice' domain of MIF, Figure 1) is shaped by experiences of insecurities in other dimensions. On the other hand, negative perceptions and a sense of powerlessness and lack of voice can distance people from available resources, services and entitlements that could mitigate insecurities across several dimensions.

Financial, work, food, housing and caring insecurities impact health and wellbeing. In turn, health matters for insecurity across all these dimensions: poor health may create care needs, affect the ability to work and determine household finances.

Finally, relationships also shape risks of insecurities. They are key elements of resilience, may affect work opportunities and are essential to people's wellbeing. At the same time, social relationships are themselves impacted by the struggles people face and the insecurities they need to manage in their lives.

Links between insecurities from quantitative data

Analysis of *Understanding Society* adds to the previous research because it demonstrates links between insecurities, and it can also indicate the strength of the links. People experiencing any one of housing, work, health or caring insecurities also had higher than average rates of financial insecurity across 2009/10-2022/23. The strength of the links changed across the period. For example, over the period 2009/10-2022/23, as the prevalence of work insecurity fell (Figure 5), both the risk of financially insecure people also being work insecure and the increased risk they had over the average, reduced. Figures for any one year are estimates, but the following tables give examples for the latest data in 2022/23. The odds ratios show how

much more likely people with the first insecurity are to have had financial insecurities, compared to average. For example, people who were housing insecure had 1.3 times the average risk of being financially insecure (Tables 6 and 7).

Table 6: Percentage of those experiencing selected insecurities also experiencing financial insecurities, UK adults 2022/23

	Financially insecure	Odds ratio
All adults	47%	-
Health insecurity	55%	1.2
Work insecurity (working age)	55%	1.2
Housing insecurity	60%	1.3
Caring insecurity	52%	1.1

Source: *Understanding Society*

Looked at the other way round, people experiencing financial insecurity also had higher rates than average of other insecurities. For example, of those financially insecure, 54% also experienced health insecurity and, amongst those of working age, 43% experienced work insecurity (Table 7).

Table 7: Percentage of adults experiencing financial insecurity also experiencing other selected insecurities, compared to all adults, UK 2022/23

	Health	Work (working age)	Housing	Caring
Financial insecurity	54%	43%	34%	18%
All adults	46%	36%	27%	16%
Odds ratio	1.2	1.2	1.3	1.1

Source: *Understanding Society*

However, these links have implications for policy and practice. Organisations working with people with one insecurity should be aware they have above average risk of others. The strength of links and the extent to which links are causal requires further investigation. However, it seems plausible that acquiring one insecurity might increase the risk of others, and that lessening or removing one insecurity might be likely to reduce the incidence of others.

Links between insecurities in participants' experiences

Matching the literature (Figure 6) and the evidence from correlations between insecurities (Figures 4, 5 and 6), most participants in focus groups and interviews in the four case study neighbourhoods in Sheffield, Milton Keynes and East Lindsey felt that insecurities were linked. Anih said, *"they are all interconnected".* The combination of insecurities made them more difficult to cope with and to manage. Clara-Louise said, *"We will always have worries but not at this level… if you have one thing you can focus, but when you have so many things that becomes really difficult"* (see Drawing 1). Summer said "*It's a lot. It's a lot. It's a lot for one person to deal with and I'm just not getting any help anywhere".* Joel also said, "*It gets a lot sometimes".*

Drawing 1: Participant Clara-Louise describing her insecurities, using Maslow's hierarchy of needs (Maslow 1943), and the things that help her (artwork by Laura Sorvala)

Again matching the literature, and the quantitative evidence, most participants felt that financial insecurities were the most significant and the most important to address. Even when income was stable, the low level of Universal Credit payments and the minimum wage created continuous insecurity about the ability to meet basic needs, given the potential for one-off demands, high inflation, and the inability to save. Winnie said, "*I actually just don't understand how the government thinks you can live. I really don't".* Tom said, *"I am not being greedy or anything but I do feel that the cost of living very much outweighs the minimum wage".* Jade said, "*what used to be a £60 food shop is now like a £120 food shop*".

Participants thought that reducing financial insecurity would help reduce other insecurities. Winnie said, "*everything boils down to money… the fact that people have no money is making a massive impact on everything else".* With more money,

> "*I wouldn't have to sit and wait for the council to come in and do repairs, I could pay someone to come and do them for me… which would then impact on my mental health".*

Adam said: "*if your economics become better, then other things will also be solved. Like your housing, your health".* Clara-Louise said financial insecurity *"seems to affect everything";* for her, housing insecurity was the next most important issue.

On the other hand, Leonard was not experiencing financial insecurity and said, *"the biggest fix for me to get me out of this situation would be around housing… It would be good for my mental health".* Housing insecurity was experienced not only as the pressure of housing costs and threat of forced moves, as measured in quantitative data, but also as the experience of

overcrowding, damp and incomplete repairs, including for secure council tenants. Snow White said,

> *"if the housing sorted out, if everything sorted out around me I would like be able to do more for myself and my family, for the community, for the country".*

CB also saw housing - moving out from his parents' home – as key to resolving his insecurities. Many people had chronic health problems, but for Jane, with a relatively new and as yet undiagnosed disorder, she thought that addressing her health insecurity was key to improving her life.

VI THE EXPERIENCE OF MULTIPLE INSECURITIES AND IMPACTS ON KEY OUTCOMES

The experience of multiple insecurities

This report focuses on lived experiences and impacts in relation to four outcomes which are key to promoting productivity and growth:
- Wellbeing
- Supporting children in school
- Adult training and education
- Entry into work and progression in work.

Matching previous research, participants described a mental and emotional burden from insecurities, and the sense of powerlessness from experiencing and trying to respond to them.

Across financial, housing, health, care and relationship insecurities, participants experienced reoccurring lack of information, complexity of dealing with public and private agencies, indeterminate delays in response, a sense that relationship with organisations were one-sided, and feelings of powerlessness. Joel said, *"we don't know everything that we're entitled to… you have to go and dig for it".* Adam and his family did not know they were eligible for Universal Credit to top up low wages and went without it for four years. Many participants described difficulty navigating benefits, health, legal and other systems, and many lacked advice. 10 out of the 36 participants said they were experiencing legal or entitlements insecurity (Appendix 5).

Even when aware of entitlements, participants described difficulties and waits to get into social housing, for repairs to their homes, to see their GPs, for emergency health care, for health assessments, for specialist appointments, for Special Educational Needs and Disabilities (SEND) assessments, for SEND support, in call centres for public and private services, and for their children to be in full-time school to release them from some childcare duties. Jane, unable to drive while waiting to see a consultant said, "*my life is on hold".* Even at 85, Debbie had been waiting two and a half years so far to move into extra care housing. For Adam, waiting was part of the undesirability of life on a low income: "*if your economics become better… you stop waiting".* Waiting represented wasted potential, when participants' wellbeing and productivity was less than it could have been. It also had active negative effects, creating worry about harm from health conditions, missed education or poor housing, and imposing tasks of adaptation, and repeated enquiries. Winnie said, "*I always seem to be chasing something or someone up".* Other data sources show that the numbers of people waiting for services and the time waited grew markedly after the pandemic (NHS 2024, MHCLG 2020, 2024b, Children's Commissioner 2024).

Many experiences of contact with council, housing associations, the DWP, schools, social services and utilities were abrasive, frightening, frustrating, exhausting or shaming. Relationships felt one-sided. Winnie said, "*if you stop paying your rent them someone cares. But if you need repairs doing you could be waiting weeks".* Adam was frustrated that he had missed out on entitlement, but was in debt to DWP after an overpayment: "*every organisation, like housing, like DWP, like the job centre, even if it's their fault they can take you to court and*

threaten you". The concept and experience of conditionality in itself created insecurity. Clara-Louise said, *"it's just no way the best system.... they make us feel like... we're trying to get something that we're not entitled to"*. Mad Cat Lady said, *'They keep giving me different advisors. They don't know my situation. They don't know anything about me. I'm not a robot. I've got feelings'.* Yazarna claimed benefits due to poor mental health after traumatising assault: *"I shouldn't have to talk to them about that just because I'm entitled to something".*

Adam felt powerless at work: *"you are always the weakest link.... If something goes wrong, the people at the top try to drop it on the people under".* Clara-Louise said, *"You don't have much control over anything".* Anih said, *"even though we look like a very modernised culture from the outside, we're not. We are very imbalanced and very unequal".* Several participants said they thought that policymakers did not fully understand the constraints that they lived under.

The impact on wellbeing

Evidence from *Understanding Society*

Amongst the 5.2 million UK adults experiencing multiple insecurity in 2022/23, rates of wellbeing problems were two or three times the average. For example, 57% of those with financial, health and housing insecurities said they were constantly under strain more than or much more usual, compared to 24% of the population overall. 48% said they were having more trouble sleeping than usual, due to worry, compared to 18% for all UK adults (Figure 13).

Figure 13: Percentage of UK adults with wellbeing problems, by presence of multiple insecurity (financial, health and housing) 2022/23
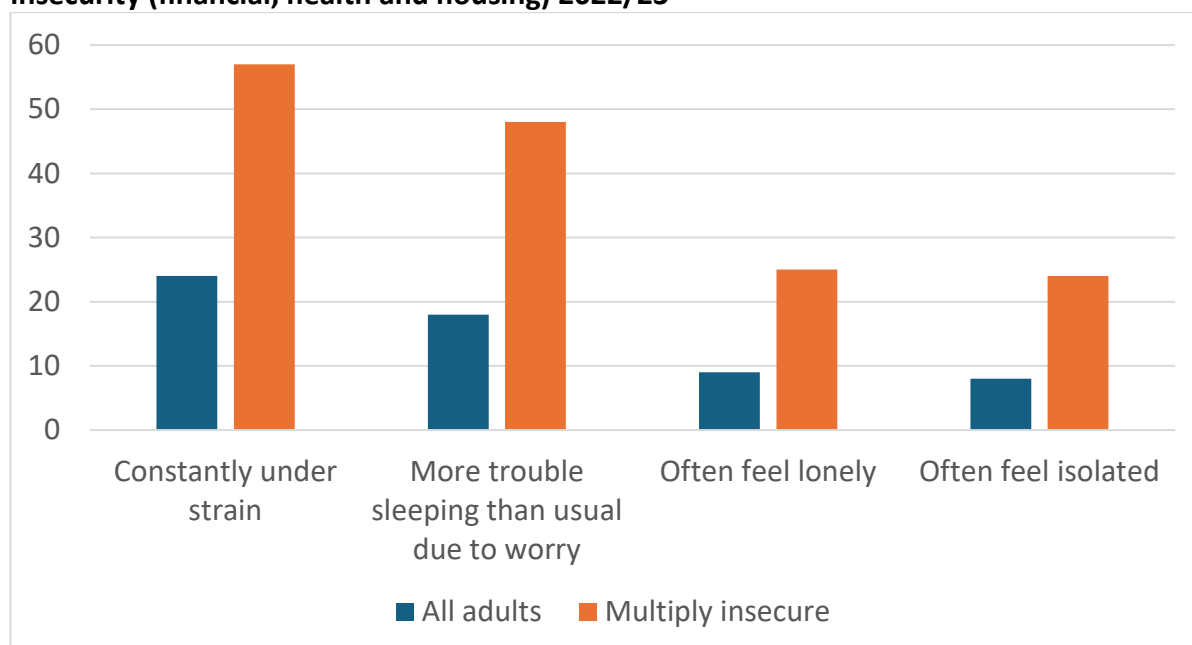
Source: *Understanding Society*

Thus 3.0 million UK adults were experiencing multiple insecurities and feeling constantly under strain more than usual. 2.5 million were experiencing multiple insecurities and having trouble sleeping more than usual due to worry.

People experiencing multiple insecurity are concentrated in particular social and demographic groups and locations (Figures 9, 10, 11). These could themselves be associated with wellbeing problems. However, even after controlling for gender, age, household type, ethnicity, year and neighbourhood deprivation, people experiencing multiple insecurities had a statistically significant and non-trivial increased risk of experiencing wellbeing problems (Table 8).

Table 8: Average marginal effects of different multiple insecurities on wellbeing outcomes, combining all years 2009/10-2022/23, from probit regression models

	Wellbeing outcomes			
	Sleep	Strain	Lonely	Isolated
All adults				
Financial, housing and work	11.0	10.1	5.6	5.8
Financial, health and work	-	-	10.9	11.1
Financial, housing and health	-	-	8.8	8.5
Health, housing and work	-	-	8.6	8.6
Financial, housing, health and work	-	-	9.5	9.6
Working age adults				
Financial, housing and work	11.8	10.9	6.2	6.4
Financial, health and work	-	-	12.1	12.2
Financial, housing and health	-	-	10.2	9.7
Health, housing and work	-	-	9.6	9.5
Financial, housing, health and work	-	-	10.5	10.5

Note: Control variables: sex, age group, ethnic minority status, household type, national index of multiple deprivation quintile, year. All marginal effects included in the table are statistically significant at the 1% level. Data on difficulties sleeping and strain are for 2009/10-2022/23 and for loneliness and isolation are for 2017/18-2022/23 only. Problems with sleep and strain are not reported for multiple insecurities including health to avoid circularity due to the inclusion of the psychological distress measure as an element of health insecurity (Table 3).

For example, the average probability of having recently lost sleep due to worry more than usual is 11.0 percentage points higher for people experiencing multiple insecurities in financial, housing and work, relative to the rest of the adult population. This represents a substantial wellbeing loss associated with multiple insecurities.

The marginal effects of multiple insecurities appear to be higher for sleep problems and strain than loneliness and isolation, although they are more prevalent in general. People of working age experienced larger marginal effects on isolation and loneliness, even for combinations excluding work insecurity. Possibly older people had more resilience, stronger networks, different expectations or other characteristics that were not controlled for. Looking at isolation and loneliness outcomes, the quadruple combination of insecurities, financial, housing, health and work greater marginal effects than two of the triple combinations, but a similar effect to the triple combination of financial, health and work. This suggests that the addition of housing insecurity doesn't lead to higher risks of loneliness or social isolation amongst people already experiencing financial, health and work insecurity.

Of the different triple combinations, financial, health and work insecurity appears to have the greatest marginal effects on loneliness and isolation. This multiple insecurity could include, for example, finding it difficult to manage financially, and being in a temporary job, and with poor self-rated health (Table 3). It was experienced by 12% of the UK working age population over 2009/10-2022/23, or by about 4 million people at any one time (Figure 8).

This data does not tell us about causation or the potential effects of reducing insecurity. However, for a sense of scale, if the rates of loneliness and isolation of people experiencing financial, health and work insecurities were at average levels, it would mean about half a million fewer total cases of loneliness and isolation in the UK.

Evidence from qualitative research

All 36 participants from Sheffield, Milton Keynes and East Lindsey reported problems with their mental wellbeing. They also described how they felt that there was a causal link between these problems and insecurities, particularly over managing on Universal Credit and minimum wage rates, and poor quality or crowded housing. Clara-Louise said,

> *"it makes me anxious, it makes me stressed at times and it makes me really tired, really tired… we will always have worries but not at this level, because some of these things are basic things that people shouldn't really have to worry about".*

Summer had physical symptoms that seemed to be linked to the stress she was under:

> *"these last few weeks I feel ill. Like I just don't feel great at all. I'm coming out in spots. My throat hurts. Like I feel so drained and so tired… Like people will say something to me and it will just not absorb because I feel like I can't concentrate on anything right now".*

Joel said, *"It all starts piling up one after one and then it just boils up".* Winnie said,

> *"it has a massive impact on mental health and just stress. I feel like I'm constantly stressed and I'm constantly - I never get a break, I never get a minute to myself".*

Anih said, *"you care for the people around you but sometimes you just want to be a real person. You don't want to be strong. Being strong is too hard".* Chelsea was trying to keep fuel bills down while living with cancer:

> *"I spend most of the time in bed… I got to the point where I didn't bother getting out of bed… depression… I'm very near there".*

Several of the participants had serious diagnosed mental health problems including bipolar disorder and PTSD, which could be worsened through insecurity, and some were autistic. Participants' children also experienced diagnosed or suspected anxiety, OCD, Aspergers', autism, epilepsy and ADHD. In some cases serious mental illness had been at the root of other insecurities. Yazarna said, *"me not being ok puts lots of things at a risk for me".*

Some participants were aware of the risks to their mental health and actively tried to manage their own mental states. Beth said, *"I put my mask on and get on with it".* Michael said, *"I have to distract myself from thinking too much".* These techniques did not always work. Clara-Louise had had a period of crisis when she felt helpless and stopped managing her affairs: *"I have never done this in my life. I have always been budgeting and keeping on top".* Summer said she might have broken down without the support of her sister and parents.

The impact on the ability to support children in school

Twenty-one of the 36 participants had children under 18, with 33 children in total. Many parents had clear aspirations for their children: happiness, enrichment, opportunities and education. Joel wanted his two children, "*to get every opportunity that they can… Give them a goal to get towards*". On the other hand, Clara-Louise said that her goals were "*quite basic… I would love my children not to have to worry about the things that they actually worry about*".

To support children to make the most of school, parents need time, energy, money and skills, and appropriate support from childcare, health and education services. However, multiple insecurities affected parents' wellbeing and mental health, and used up time and energy, and some parents also felt that policy was putting obstacles in their way.

Firstly, several parents whose children had health conditions or neurodiversity, reported delayed diagnosis and treatment or lack of support at school. Molly's nine-year-old son had autism and ADHD and was only attending school for a short period each day, affecting his progress and meaning Molly had little respite from care. In other cases, delays added to the worry caused by the conditions themselves, including about the impact on education. For example, Winnie's five-year-old daughter faced two or more years waiting for a diagnosis and support for ADHD: "*she is missing out… this is added stress".* Yazarna and Sarah said that schools should be more flexible and supportive, including on attendance, especially when children had mental health problems. Some parents had health conditions themselves which limited what they could do for their children. Clara-Louise had mental health problems and a painful physical condition:

> "*That is always there, that insecurity of how well am I going to be… Can I do what I need to do for them?... Sometimes I can't do much*".

Secondly, trying to support children in school was more difficult on a Universal Credit income or in insecure work. Clara-Louise said,

> "*Everything becomes very, very difficult... All of this takes a lot of time and energy. And who suffers? It's the children*".

Anih commented, "*Why do parents have to put in so much extra effort, like paying for tuitions and things like that?".* Mad Cat Lady said that trying to get help to afford school trips was "*humiliating".* Work insecurity, in the form of shift, contact and temporary work made childcare and support more difficult. Tom said,

> "*we have to do stupid hours. I mean my partner, she works nights. I work mainly days…. we're kind of like passing ships in the night".*

Universal Credit rules conflicted with some participants' views of good parenting. Lone parents of a child aged from two to twelve are expected to work up to thirty hours a week (DWP 2025). Mad Cat Lady has a thirteen-year-old, and is not working, although she volunteers: "*I'm not making her a latch key kid… there is not enough jobs for 10 until 2".* One participant, a lone parent, was not working, and said she herself was exploited as a child partly because her lone parent mother worked long hours and was unable to supervise her.

In addition, several participants felt overcrowded at home, even if they were not overcrowded by official definitions (all councils counted living rooms as potential sleeping space). Adam, his partner and two children were in a one-bedroom council flat and were "*struggling with the space, struggling with everything… It … affects our kids' learning".*

Parents tried to protect children from the effects of insecurities. Tom said, "*Me and my partner are really good at sort of hiding our stresses from the kids… but they know that there's stresses*". Parents said that neighbourhoods could partly compensate for their own lack of resources. However, in practice, some parents felt that schools had rowdy pupils and low expectations, children were exposed to risk of crime, and there were fewer opportunities for enrichment than in other areas.

The impact on the take-up of adult education and training

Participants had very mixed educational histories and qualifications. Christina, who was care experienced and had slept rough as a teenager, said *"I've had no training, I failed school. I hardly went to school… I failed college".* The system had failed her. On the other hand, several participants had GCSEs, NVQs, BTECs or A-levels, and five had degrees. However, having qualifications did not protect from multiple insecurities. Two of the graduates were lone parents lacking childcare and with mental health problems, one had autism and had not been able to find the right job, and one, Mike, had stopped work to care for his mum.

CB was receiving informal training in food preparation while working in a pub. Snow White had got encouragement and free childcare from the community nursery which enabled her to get her driving licence: *"Just one place supported me and that's helped me to do a lot in a short period of time".* Otherwise no participants had realistic short- or medium-terms plans for training. Billy could not get certificated as a mechanic because of fluctuating childcare duties, as his partner worked on temporary contracts in adult care. Three were interested in degree study, but were put off by the cost. Adam wanted to switch from security work to truck or taxi driving or nursing, but couldn't afford the training. He had to pay for English language lessons for his wife, because she hadn't established UK residency.

None of those claiming benefits referred to useful guidance on training from JobcentrePlus, reflecting previous research suggesting its function has been to administer benefits and sanctions rather than to promote training and sustainable employment (Institute for Employment Studies 2024, Jones et al 2024). On the other hand, being compelled to train was a worry for some. Christina, who had bipolar disorder and depression said, *"I didn't know how anyone can expect anyone that isn't stable to be in training or work".*

Photo 2: The independent third sector college in Mablethorpe (photo by Becky Tunstall)

The impact on work and progression in work

Thirteen of the 36 participants were in work. Four were in full-time work, for example, in domiciliary palliative care, warehousing, and security. Seven were in part-time work, including one on a zero-hours contract. One was full-time for part of the year, and another was self-employed. These roles included cleaning, and a homelessness charity, a hospital and pub. Participants valued work, at least in principle. Adam, working sixty hours a week on minimum wage, said,

> *"a job is like life. You go there, you make friends, you do your duty, you feel like I'm doing something in my life, so it's not just the money".*

However, work did not protect participants from financial insecurity, and for some of them work was a source of insecurity itself. Seven of the workers were financially insecure and seven were work insecure. They were in low paid work and did not see a way to improve their income, either because they were committed to their area of work and found it rewarding, were unable to access training to change role, or could not get necessary childcare or other caring support. Low-paid or part-time work didn't offer participants much additional income over not working. Brenda said,

> *"standing on my feet for twelve hours a day, For what? To still not be able to have that extra money… To still not be able to afford luxuries for the kids and days out".*

Grandma said of people in her area, *"those that are in work are the worst off financially".* Two of the full-time workers and six of the part-time workers claimed Universal Credit to support their household income.

Some reported insecurity, long, short or anti-social hours, and unsympathetic employers, as well as low pay, over a series of jobs. In seaside Mablethorpe, Grandma said, *"you get crap wages round here. They're not full-time contracts. They're not all year round".* Joel, aged 24, had worked in domiciliary care but had to work up to sixteen hours a day, with lots of travelling. He had part-time job as a cleaner but didn't get enough hours. Then he had twelve-hour shifts in a bakery, but he didn't get enough shifts. At the time of interview he was working full-time nights, leaving his pregnant partner with their two young children: *"it's just stress. I can't say that I enjoy it but you've just got to do it".* CB, aged 35, had been a postman, supermarket worker, furniture restorer, cleaner, and after working up to 18 hours a day in fast food preparation, was now happier washing up in a pub. Adam said,

> *"I'm not happy at work… not to work might be even worse… you're scared about being going to lose that job"* (see Drawing 2).

Drawing 2: Participant Adam, his partner Snow White and their children, the insecurities they face and what helps them (artwork by Laura Sorvala)

Work insecurity meant some people had very modest aspirations for job quality. Joel wanted:

> *"Just the basic 9-5, just so it's reasonable hours and I can be there [with family] as much as I can… Maybe more money. It would sort out a lot of our problems".*

Photo 4: Food and retail jobs advertised close to the seafront in Mablethorpe (photo by Becky Tunstall)

Seven out of 36 participants were of state pension age (66 at the time of research) and retired, although some in this groups had not worked for some years before retirement age. Sixteen out of 36 were of working age but were not working. None of this group were seeking work, and most were not likely to be in work in the short-term. Eleven were caring for dependent children, mostly under 10. Caring for and escorting younger children to education was important, but meant that, in the absence of affordable childcare, parents of younger children could only apply for what Mad Cat Lady called the "*mum shift, 10-2, Monday to Friday"*. Summer had worked part-time at a supermarket for ten years and wanted to progress, but promotion meant longer hours, and without more affordable childcare, she would have to wait two years until her youngest child was at school. Mike had been working, but gave up due to unmet adult care needs: *"mum was looking after her mother and she couldn't cope either… we couldn't get any care for nan"* (see Drawing 3).
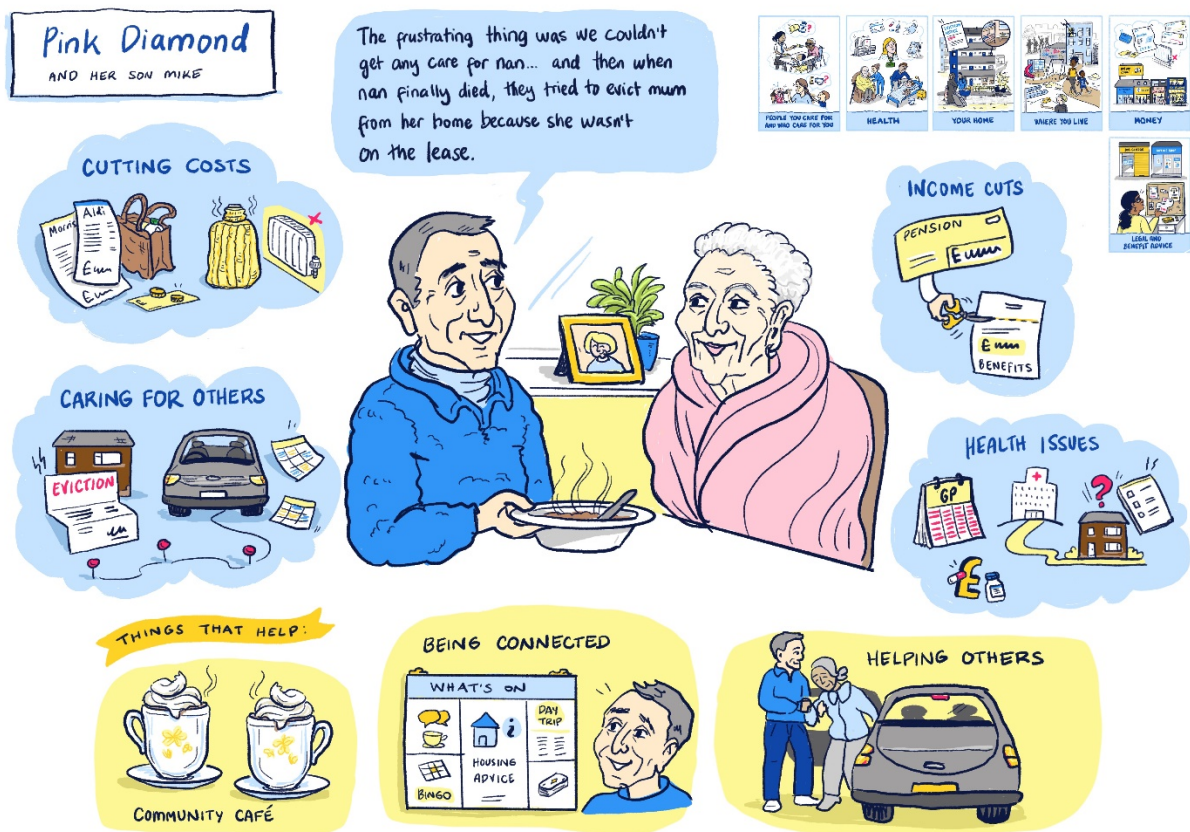
Drawing 3: Participant Mike, who has a degree but gave up work to care for his mother Pink Diamond, the insecurities they face and what helps them (artwork by Laura Sorvala)

Nine of the sixteen of working age who were not working had poor or fluctuating health. Several people who had not worked for years said this was partly explained by employer prejudice or inflexibility. CB had been turned away by a supermarket: *"they literally said it was because of my autism".* Jane hadn't worked since her employer *"got rid of me after 20 years"* when she had several operations. Yazarna had been sacked from her call centre job after an outburst at work due to a psychotic episode. She said, "*We're told it's okay not to be okay, but is it really?".* Christina had bipolar disorder and depression, and was working a few hours a week at a charity which had helped her as a teenager, but said,

> *"I feel that at the minute, working fulltime Is not a possibility… I'm overwhelmed enough with my kids and I'm giving them as much as I can".*

Five of the people of working age who were not working received PIP (Personal Independence Payments). All had serious health problems which created extra costs including for transport, support, heating and equipment. Ziggy had narrowly survived cancer which left him visually impaired and physically disabled. Molly had a disabling and painful injury and depression. Chelsea was terminally ill. In addition, some participants were affected by delays in care. Karen had been off full-time work for a year awaiting surgery: *"I'm only doing five hours [a week] at the moment… because I'm waiting for two operations".*

Organising a livelihood on low income, particularly with health needs or caring responsibilities, took substantial time and effort, and contributed to insecurity. Clara-Louise said,

> *"you have to apply for all these extra things to be able to manage, that is such a huge, huge stress. You can't actually even look for work. You can't even look after your own health".*

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Summer was under pressure from DWP to work more than 16 hours a week because her youngest child was three, and although she could not afford the childcare, and at the time of the interview was facing imminent homelessness, had to attend weekly meetings. She said,

> *"even if it's every two weeks, say. That would just free up that one day for me to try and sort all the rest of my eggs, you know. Gosh… that weekly meeting is just – it's mind-blowing. Like I say, I can't physically do any more than I am right now"*

Anih was also frustrated by DWP meetings:

> *"I don't benefit from them but I have to go… you spend like £6 just travelling... I need the next step… I'm reaching a stagnation stage which isn't good at all.".*

Michael had himself worked as an advisor at DWP, which he had found very stressful, partly because there was pressure to send people to interviews even for unsuitable jobs.

Twelve of the participants, including people of working age and people who were older, were part-time volunteers. (This partly reflects recruitment of participants, Appendix 4). For most volunteering acted as informal support to their wellbeing, and for some was an alternative form of work for those who needed more flexibility than most conventional employers offered. For example, Mad Cat Lady volunteered to provide food aid: "*When I came in… I had given up… it's built up my confidence".* Yazarna played such a big informal role in the life of local children that a teacher had asked her, *"'Excuse me, are you a social worker?'".* Clara-Louise provides welfare advice for refugees as a volunteer: "*not every week – it's depending on my energy and how I'm feeling. Because I volunteer it's flexible".* Volunteering could also provide a route to employment. After three years volunteering for a charity which had housed her when she was a homeless teenager, Christina is on the payroll there for six hours a week.

The responses and resilience of people experiencing multiple insecurities

'Resilience' refers to the characteristics which allows some people to suffer less harm than others from the stresses – such as insecurities – that they experience (Rutter 2012). Resilience has been seen as an attribute of individuals, linked to certain personality types. Certainly, all participants employed complex, active strategies to try to manage and mitigate multiple insecurities (Box 3). However, material resources, social networks, legal and social rights, local facilities, and other access to services play a major role in people's ability to cope with multiple insecurities.

Box 3: Strategies participants used to try to manage and mitigate multiple insecurities

Strategies participants had used to address financial and other insecurities included: intensive budgeting, seeking special offers, using food banks, cooking from scratch, controlling food portions, not buying children treats, not sending children on school trips, borrowing money and items from friends and family, eating with family or at community organisations, driving in low gear, doing their own home decoration and repairs, not using part of their home, preventing children from leaving the home alone beyond the usual age, moving from a more expensive area to their current home, trying to move house, trying to move to a different area, moving in with others, planning to migrate, taking over responsibility for caring from the council, exploring training, changing jobs, volunteering, energetically chasing private and social landlords, the council, GPs and hospitals, seeking advice, using complaints systems, using the Right to Repair and other legal redress, getting support from family, friends, community organisations and churches, joining self-help groups, becoming a parish councillor, using free holiday schemes for children, hiding stress from children, getting a dog, working on mental 'growth', and managing their own mental states.

Resources for resilience were not evenly spread between participants. Some participants' social networks had been disrupted by international or regional moves, deaths, illness and relationship breakdown. Robyn said, *"I haven't got no family or anything like that".* Nine of the twenty-one parents are lone parents (Appendix 5). Some people have family and friends who were less able to help, due to their own health and resources. Beth said, *"they've got their own things going on, so you try not to burden them".* Some described other people's requests for gifts and loans as a burden. Ziggy said his friends *"nearly all got scared and ran away"* when he was seriously ill. Snow White, Grandma and Jane rely on their partners' incomes, but this creates a sense of dependency.

Citizens Advice have described some strategies for coping with low or fluctuating income, such as self-disconnection from gas or electricity, not using heating or cookers, and minimising food intake, as *"dangerous"* (Ahlberg et al 2024). Interviewed in February, Michael hadn't used his heating for three months. His house was at 10'C when the temperature recommended for health is 18'C (WHO 2018), and he was wearing three fleeces, a hot water bottle and a hat indoors. He described being tempted to buy a mousse at the supermarket as *"falling off the wagon"* after extreme control of spending. Mike (a different person) had lived in a camper van, technically homeless, for eight months to save money before buying a house. Several participants described eating badly at the end of the month. Dangerous coping strategies are not sustainable, they may create public as well as personal costs, and are not a form of resilience.

As mentioned above, participants value the 'hyper local' community hubs in their areas. Some participants had benefited from flexible employment and employers. Beth said, *"It's very flexible, do you know what I mean? Instead of taking a sick day I can get in touch and say listen, I need to take a holiday".* Summer said, *"they're brilliant. They are very understanding that I've got young kids".* All those who were volunteering found that it helped them. Winnie said, *"[it] keeps me sane, if I'm honest. It gives me a bit of sanity; it gives me a purpose".*

Drawing 4 summarises what participants said helped them to mitigate the effects of multiple insecurities (see Drawing 4).

Drawing 4: A summary of what participants said helped them to mitigate the effects of multiple insecurities (artwork by Laura Sorvala)

VII POTENTIAL POLICY APPROACHES

The evidence suggests that individual insecurities affect large minorities of the population, and financial and housing insecurities have increased in recent years. Multiple insecurities affect significant minorities and have also increased in recent years. Participants reported additional insecurities and described how multiple insecurities interacted. People who have one insecurity are more likely than average to have a second, suggesting causal connections. Multiple insecurities are associated with worse wellbeing even after controlling for a number of factors, and participants reported effects on wellbeing and on their ability to help their children get the most out of school and to take on training, work, more hours or better jobs themselves.

However, the trends in insecurities over the Covid period suggests that policy can supress increases. Existing policy evaluations were examined to find potential promising policy approaches that could address one or more dimensions of insecurity, with expectations of knock-on effects on other insecurities, with reasonably sound evidence of effectiveness, at a range of costs, and involving a range of organisations.

Economic growth and multiple insecurities

Economic growth is the key government priority (UK Government 2024). Greater growth, it is claimed, offers the potential for more resources to address multiple insecurities more effectively. Growth would shape work opportunities and bring prosperity to individuals, with an effect on work and financial insecurity that would impact other dimensions. Greater growth would also allow the government to increase investment in public services and areas, potentially ameliorating housing insecurity, health, care and area insecurities.

Growth is clearly important for the tax receipts of the state and sustaining public services. However, stimulating growth is difficult in a context of the UK's low productivity, rising public debt and the government's self-imposed spending limits. There are also environmental limits to the use of resources in creating growth. There are also important and politically difficult questions around whether good growth can be achieved and multiple insecurities reduced without redistribution and labour market regulation.

These issues cannot be adequately assessed in this review, but it is worth stressing some important concerns. Following the Global Financial Crisis, there is now an extensive literature pointing out that strong country-level performance in terms of aggregate growth (eg based on GDP measures) does not necessarily translate into higher incomes or more secure lives for people on the ground, in all groups and regions (Lee and Sissons 2016, Stiglitz et al 2018, Di Cataldo and Rodriguez-Pose 2017). Calls for a greater focus on 'inclusive growth' have problematised what 'growth' ultimately is: a growth that is not equitable and sustainable and does not translate in an increase in the wellbeing of most of its citizens "is not real growth" (Stiglitz et al et al 2018: 116). There is ongoing debate about what inclusive growth is, what conditions might foster it, and its relationship with innovation and welfare systems (Aghion et al 2021, Cottam 2020). Analyses of the UK growth model have identified weaknesses in providing security. For instance, Hay (2024) shows that the UK growth model has inherently

regressive elements. It rewards disproportionately the asset-rich and exposes citizens to different degrees of insecurity, a result which this project has explored in detail. Inclusive growth is not just about getting people into work, but into 'good work', something which has received more attention under the new Labour government with some modest moves in the Employment Bill. That said, there still remains a lack of attention to the role of policy in addressing productivity and job quality in the workplace, with no part of government seemingly owning this agenda, unlike in other countries where this would fall within the remit of a Ministry of Labour (Dickens and Neal 2006). Overall, 'growth' *per se*, even if achievable, cannot be considered as the silver bullet for reducing multiple insecurities. It may also be that rising inequality, as Keynes argues, is a drag on aggregate demand and growth.

The policy implications of the results

Addressing these concerns would require an analysis of macroeconomic policy, monetary and trade policies, as well as considering the interplay of national and global drivers bearing on levels of inequality in the UK today. To build a comprehensive strategy on multiple insecurities and to fully address its impact on wellbeing, productivity and growth will require an effort lead by national governments and with substantial funding. These considerations are important, but beyond the scope of this project.

Instead, it focusses on the policy implications of the project evidence, including participants' own ideas (Appendix 8). The promising approaches put forward here are intended to represent the potential for a range of organisations with a range of budgets to reduce multiple insecurity.

The next sections set out the policy implications for reducing insecurities across different dimensions. While presented individually, the report thus far has underscored the interconnections underpinning 'multiple insecurities' (Figure 12). This means, for instance, that a policy listed under one dimension will effectively bear on others. For instance, reforming social security as a way to address financial insecurity will impact work insecurity, because of the set of incentives linked to the benefit system and its role in prioritising a 'work first' approach that can push people into insecure, low-quality jobs with few long-term prospects. Disincentives for second earners in Universal Credit also affect whether parents can 'afford to work' – contributing to insecurities linked to the availability and cost of care. Meanwhile, reforming the system can bear on health, because of the evidence of increasing experiences of stress and anxiety it currently generates or its role in relation to food insecurity, and relatedly, to the perception of an inhumane system, signalling a 'broken' relationship between citizens and institutions, contributing to participation and influence insecurity. These interconnections will be further explored in greater depth in relation to the six policy assessments discussed in the next section. Because of the links between insecurities, organisations working with or supporting people with one insecurity should be aware that they have an above average risk of other insecurities. *Understanding Society* shows that there are particularly strong links between financial insecurity and work and housing insecurities, and between work insecurity and financial, housing and health insecurities.

Drawing 5: Participant CB describing his insecurities, what helps him, and his hope to overcome his insecurities one by one (artwork by Laura Sorvala)

Financial insecurity

The literature strongly suggests that financial insecurity bears on insecurity in other dimensions. The quantitative analysis underscores this. The qualitative evidence shows how financial insecurity makes it difficult to secure basic needs.

Policies reducing consumption costs:

- Reducing impact of the cost of living crisis (eg subsidies or price control on essential items such as food or utilities; inflation-uprating of benefits).
- Reducing other costs associated with items for children, such as school uniforms.

Policies increasing financial resilience:

- Improving access to affordable credit and avoiding financial exclusion (eg credit unions; affordable loans).
- Improving household capacity to save or asset-based welfare schemes.

Policies reforming social security (generosity and design):

The policies above interact with the benefit system (eg through asset means-testing). Both the literature and the qualitative evidence present a picture of social security that not only often fails at mitigating insecurity, but can in fact augment it. Participants' considerations resonate with issues that are widely recognised in the literature:

- removing the two-child benefit cap,
- improve adequacy of benefits,
- reduce claw-backs and loss of passported benefits,
- revising timing of assessment and payments, including reforming the system of advances and repayments.

What emerges clearly is also a problem of delivery, with **a pressing need to make the benefits system more humane**, including benefits for sick and disabled. Experiences of the challenges associated with the current benefit system do not only bear on financial insecurity but produce a 'broken' relationship between citizens and government institutions that entrenches people's participation and influence insecurity.

Work insecurity

The challenge of unpredictable, often inflexible, sometimes anti-social working hours emerged as a key challenge both from the literature and the qualitative study participants. Clear intersections with financial and caring insecurities are found both in the literature and the qualitative evidence, as well as with relational insecurity.

Policies improving people's ability to meet their basic needs through work:

- **Raising the minimum wage.**
- Improving **social security coverage can support non-standard workers** (eg increase coverage and generosity of sick pay) or the solo-self-employed (eg special security accounts).

Policies tackling underemployment:

- **Strengthening legal rights for non-standard workers** (eg through minimum hours' notice periods; non-standard contracts quota; restrictions on use of on-call work based on hours or age; wage premiums).
- Improving **access to collective bargaining** to improve employment conditions for those facing insecure work – eg new third sector collectives specific to non-standard workers in specific sectors.

Policies improving access to jobs for people with childcare responsibilities, disabilities and mental health problems:

- Incentivising employers to **provide flexible work opportunities.**
- Allowing **volunteering** as a more flexible (and useful) alternative to work within Universal Credit.
- Improving **quality and career progression paths within part-time** work also goes in this direction.

Policies improving in-work progression:

- **Sector-specific workforce development programmes** (place-based; targeting specific populations, such those on low incomes, young people, those with low-skills).
- Supporting enabling **forms of active labour market programmes including training.**

Housing insecurity

Housing insecurity is multifaceted, including difficulties in acquiring and maintaining housing, having minimal control over housing and securing an accommodation that meets basic household needs. Housing costs impact living conditions, as they contribute to households' financial insecurity and their capacity to secure other essentials, while poor housing conditions in terms of both stability and quality impact health and social relations.

Policies reducing insecurity of tenure:

- **Improving protections and affordability for private renters**, especially in light of trends of PRS expansion.
- For those receiving benefits, **raising and unfreezing the Local Housing Allowance to reflect the actual cost of private rent, or introducing caps** would also help not just in reducing housing costs, but avoiding arrears and reducing risks of eviction.
- Investing in new housing to meet the needs of families and **increase supply of good quality affordable housin**g (eg social housing, cooperative housing) to improve people's prospects and opportunities to secure suitable accommodation.

Policies improving housing quality and reduce overcrowding:

- **Improving tenants access to support and advice in pursuing repairs.**
- Ensuring social landlords have access to **funding to carry out** repairs.
- **Ending the use of the rooms standard** which permits the living room and some kitchens to be counted as sleeping rooms**.**

The qualitative evidence shows that even in tenures generally considered secure from forced moves, such as social renting, insecurity due to poor quality can remain.

Policies improving access to support services:

- Improving access to **targeted advice at critical life events/transitions** such as relationship breakdown, leaving care, becoming disabled, moving into economic inactivity, losing work, entering retirement, being widowed.
- Increasing provision of **housing advice combined with general advice on income, work, benefits** can counteract advice deserts, improve people's access to correct information and support so that they can claim their legal and welfare rights.

Health insecurity

The quantitative evidence demonstrates that health insecurity is not only widely spread but also often combines with other insecurities. The qualitative evidence underscores what the literature also suggests: health insecurity is exacerbated by fluctuating mental health or physical health conditions and is greatly influenced by 'healthcare' insecurity.

Policies improving access to mental and physical health services:

- **Improve access to GPs and for referral** to hospital services.
- **Improve continuity of care** (eg especially for those who would benefit the most of continuity, such as those with long-term conditions and mental health conditions).
- **Reduce waiting times** for emergency and specialist services.
- **Reduce affordability barriers** in accessing some healthcare services (eg dentistry).

Policies improving evaluation processes relating to disability and SEND:

- Speed up **SEND assessments** and improve SEND and child mental health support).
- Revise **PIP assessment** (eg addressing challenges experienced by those with fluctuating conditions).

Caring insecurity

It is difficult to capture caring insecurities in the quantitative evidence, but the qualitative evidence demonstrates how caring insecurities can be central to people's everyday struggles, and can intersect with financial, work and health insecurities. Care costs are often prohibitive, unmet care needs compound health insecurities and challenges with juggling care responsibilities push many to reduce hours or exit work entirely. The literature also stresses that meeting the logistical challenges posed by organising care is a source of insecurity not just for the most disadvantaged and can be a catalyst for accruing insecurities across dimensions.

Policies supporting carers and those in need of care:

- **Improve access to affordable and suitable replacement formal care services of good quality** (including home and community-based services and respite services).
- **Improve carers' re-entry in the labour market** (eg validation and certification of informal skills; counselling and mental health support services; supportive active labour market programmes and training).
- **Value unpaid care work** (eg through direct payments for carers, tax credits, social security credits).

Policies tackling care-work reconciliation challenges:

- **Improve care leave arrangements and rights** to access flexible working arrangements.
- **Support community childcare** (eg meeting challenges related to funding, workforce support, quality standards).
- **Increase access to out-of-school services** (eg community or school-provided holiday and after school activities).

Area insecurity

The quantitative evidence shows that rates of multiple insecurity are much higher in more deprived neighbourhoods. The qualitative evidence showed that where people live can be a source of insecurity in itself. People's experiences of multiple insecurities are compounded by a sense of living in areas that lack adequate services, offer only unkempt and poorly maintained streets and parks, expose children to risks of crime or harassment in and out of school, and offer few opportunities for enrichment.

Policies improving the local environment:

- **Invest in local amenities and services** (eg creating and maintaining green accessible spaces, catering free physical and leisure activities for different ages).
- Maintain and improve **local public transport.**
- Address **antisocial behaviour and high local crime rates.**

Policies supporting local, third sector and community services:

- **Provide more financial stability to third sector organisations** such as homelessness organisations and youth clubs so they can offer stable services.
- **Support community hubs** as one stop shops for advice and services, recognising their potential in providing safe and secure places to strengthen local social connections.

Policies improving local schools:

- **Improve low-performing schools** to enhance overall expectations (of management, staff and students) and the consistency in teaching and learning (eg through networks disseminating best practice; assessing and addressing funding adequacy).

Participation and influence insecurity

The project underscores the policy disconnect in face of evidence of wide-spread experiences of multiple insecurities. People's relationship with institutions is affected by the very way in which insecurities accumulate in face – and, in some instances, because – of how policies address (or fail to address) the risks shaping people's experiences. Insecurity refers to the likelihood of experiencing negative shocks as well as the severity their consequences. It also depends on resilience factors that can mitigate these shocks when they occur. Insecurity also pertains to people's perceptions of these risks and resilience factors. Policy can impact both the prevalence of certain risks and the negative consequences associated with these. Policy choices bear on the extent to which people experience these multiple risks and their capacity to withstand them and recover. Lacking trust in the institutions that manage these risks is a fundamental source of insecurity, because it undermines the sense of being listened to, of having legitimate worries that can and should be addressed and of having an important source of support beyond people's individual resources and their immediate networks. Moreover, lack of trust and diffidence can prevent people to access support they could receive and they would be entitled to.

Approaches fostering people's engagement with institutions, making policies more responsive to people's need, allowing greater citizen's participation, empowerment and voice are relevant across the policy areas discussed above. Enabling connections between policymakers, communities and individuals to improve policymakers' understandings of the people's experiences and difficulties is relevant across all levels of interventions – from the very local to the national.

Selected promising approaches to multiple insecurities

Using evidence from past research, data analysis, and participants' ideas (Appendix 8), the project has explored promising approaches to address multiple insecurities identified in the research. This is not an exhaustive list. Rather, the selected policies aim to demonstrate a range of possible approaches. Some refer mainly to interventions operating at national level, including approaches that require significant structural change (eg in relation to advice services and legal aid) but also more focussed, targeted change (eg improving the design of Universal Credit assessments to reduce income volatility). The approaches covered also include mid-level policies (eg in relation to Mayoral and other Combined Authorities) and more localised approaches, that while relying on regulation or funding at higher level of policy, operate primarily at the local level (eg credit unions; personalised support and integrated services through community and third-sector partnerships; social prescribing; and local hubs). The analysis focuses on why a given approach could reduce multiple insecurities, the mechanisms through which it could address several dimensions, and an evaluation of the current evidence

base around the effectiveness of a given policy. This demonstrates the known potential of the approaches and identified gaps in knowledge.

Promising approach 1: Reviewing the methods used in Universal Credit calculations, to reduce financial insecurity and income volatility for those in or entering lower-paid or varying work

There is a growing literature, which emerged in the last decade, on the challenge faced by social protection systems in adapting to the realities of a changing and more flexible labour market, leading many families to cope with insecure work patterns and volatile incomes. There is a pressing need for solutions, but this is not yet matched by a strong evidence base on what works. One approach would be to calculate UC in real time rather than in arrears, so that payments at the end of January would depend on earnings in January rather than in December. This would reduce markedly month-to-month variation in total income from work and UC. Another option to consider is longer periods between reassessments. There is evidence on the potential impact of this change is from the US, where a number of pilots and demonstration projects suggests that longer assessment periods are conducive to greater stability, especially for those with irregular work patterns and volatile incomes. However, these programmes that are not directly comparable to UC. The House of Lords suggested further assessment of ways to extend award periods, but these were rejected by previous governments (House of Lords Economic Affairs Committee 2020). A pilot evaluating the impact of these changes to UC could inform our understanding of the impact on the financial insecurity produced by the current system, especially for those in insecure work.

Promising approach 2: Develop existing credit union services, and extend them to underserved areas to reduce financial insecurity

The evidence on the effectiveness of credit unions is sparse, especially for the UK. It suggests, however, that while credit unions cannot be the only solution to tackling financial exclusion, they can and do have a positive impact on the communities they manage to reach, especially through partnerships with third sector organisations (eg housing associations). For credit union development to be successful, it needs to be aimed at the entire community rather than those in financial difficulties. Awareness of and access to credit unions needs to be improved.

Promising approach 3: Expand free advice services and legal aid to reduce insecurities related to poor information

The provision of local advice services is currently patchy and the legal aid available in England and Wales is limited after 2012. There is good evidence that this limits access to justice, undermines wellbeing and increases costs for other public services. The benefits of legal and other advice have been shown to overwhelmingly outweigh the costs and can reduce insecurities in several dimensions. Initiatives to increase access by locating advice services in healthcare settings have been shown to be effective, and beneficial both in terms of improving access and creating efficiencies for healthcare services. Recent Conservative governments have consulted on legal aid means testing. The current government has committed to justice system reform and launched a review of civil legal aid. In England and Wales, plans for improving legal aid would need to reconsider areas of law that experienced the most dramatic cuts (such as welfare and family law). Reviewing the fees system and tender process would also help addressing high levels of demand, timeliness of services and stability of the sector overall.

Promising approach 4: Expanding use of case workers to provide support to people experiencing multiple insecurities to help them navigate services

Expanding use of case workers, including from third sector, to provide personalised and integrated support to people experiencing multiple insecurities could help them navigate services and address insecurities. Research on this type of services has recently been producing stronger evidence, but evaluations with adequate controls are needed to avoid overestimating impact of these interventions, and mismatches between subjective and objective outcomes that need to be better understood. However, evidence suggests that services that are holistic and tailored to address people's specific problems have considerable social value. These person-centred approaches can ensure users receive appropriate services and can improve their, trust, motivation, and self-confidence, and deliver positive outcomes across a range of dimensions. It is difficult to isolate the impact of third-sector delivery but there is convincing evidence that third sector organisations are better placed than public or private bodies to reach disadvantaged people and to provide responsive, flexible support Sustainability of funding, partnership working, implementation, workforce challenges, and the broader policy context also affect results. The local community hubs used to recruit participants in the research were strongly appreciated by participants for their impact on wellbeing and specific insecurities.

Promising approach 5: Expanding social prescribing to reduce health and other insecurities and improve wellbeing

Social prescribing (SP) is based on a holistic understanding of health and wellbeing that recognises the impact of the socio-economic context. SP uses health practitioners to address health and other insecurities with referrals to non-health support often provided by the third sector, to improve wellbeing and address health and other insecurities. SP can also mitigate multiple insecurities by expanding social networks and thus the social support available to them at a time of crisis. It may also have positive effects on the community and neighbourhood as a whole, for example due to the voluntary work done by SP participants. Participants in Mablethorpe who had used SP found it very helpful. However, evaluations of SP are often not robust and a more systematic approach, for example using randomised control trials, would help understanding its potential and limitations. SP relies on skilled link workers who have local knowledge, interpersonal skills and sufficient time. It requires time to become established and needs, and many communities do not have local groups or third sector activities it depends on. Those people with existing social capital are better equipped to engage with and benefit from SP.

Promising approach 6: Develop existing or new Combined Authorities to explore their potential for multi-agency approaches to multiple insecurities

Devolution of power via the combined authorities (CAs), including Mayoral Combined Authorities (MCAs), aims to redress regional economic imbalances. As CAs have independent budgets and are new institutional structures, they have scope to address pressing local issues. CAs are promoted as a promising approach to devolution of government power and regional economic development. MCAs in particular have been promoted as offering a chance to develop enterprise in a specific region. Moreover, as they are new political entities, they are assumed to provide fresh impetus to tackle social problems in areas such as housing,

employment or health. On the other hand, because CAs are a relatively new institution, there is limited evidence about their impact. Unresolved issues include the relationship with local authorities, budgets, governance and accountability, and lack of robust evaluations. For CAs to be a promising approach, interventions need to address a specific problem rather than acting as a form of local engagement, and the interventions need to pursue outcomes that will target distributional differences in the CA. This could be achieved by setting goals, targets and KPIs for each intervention.

Full detail of these policies, the strength of the evidence base for them, agencies to be involved, and likely potential impact and cost, are found in Appendix 9.

Appendices

Appendix 1: Policymakers interviewed at the start of the project

As part of initial work, interviews were carried out with a total of fourteen individuals from central government departments and third sector research and service provider organisations likely to be interested in individual and multiple insecurities across our selected dimensions. The interviewees' organisations included:

- Home Office
- Ministry of Housing Communities and Local Government (MHCLG)
- Department for Education (DfE)
- Department for Work and Pensions (DWP)
- Joseph Rowntree Foundation
- Carers UK
- Crisis (charity supporting homeless and poorly-housed people)
- Save the Children UK
- Trussell Trust (charity supporting foodbanks)
- Employment Related Services Association (representative body for third sector employment support providers)

The interviews asked about the concept of multiple insecurities, how the concepts compared to concepts already in use, the prevalence of multiple insecurities amongst people interviewees were working with, what approaches interviewees' organisations were taking to multiple insecurities, and what they would like to get from the research.

Appendix 2:

Appendix 2: The scale of multiple insecurities and the people affected compared with data on poverty, multiple deprivation, and material deprivation

The four regions with the highest rates of multiple insecurity in 2022/23, London, Yorkshire and Humberside, the West Midlands and the North West, were also the four with the highest poverty rates after housing costs, based on Household below Average Incomes data (Francis-Devine 2024). Three of the four were also the highest-ranking regions according to English councils' average Local Super Output Area (LSOA) deprivation scores (MHCLG 2019) (Table 2.1).

Table 2.1: Comparing rates of multiple insecurities and poverty for different social groups

	Multiple insecurities (financial, housing, health) 2022/23	Relative poverty (equivalised income under 60% median AHC) 2022/23
18-24	10%	22%
25-34	11%	27%
35-44	11%	24%
45-54	10%	19%
55-64	8%	19%
65-75	4%	14%
75+	5%	19%
Lone parent	26%	54%
Lone woman under 60	22%	40%
Lone man under 65	21%	39%
Other	10%	22%
Lone woman 60+	9%	32%
Lone man 65+	8%	32%
Couple with dep children	8%	22%
Sharers	8%	14%
Couple under 60/65 no dep children	7%	14%
Couple 60/65+ no dep children	2%	11%

Source: *Understanding Society*

Table 2.2: Comparing English regional rates of multiple insecurities, poverty, and multiple deprivation

	Multiple insecurities (financial, housing, health) 2022/23	Relative poverty (equivalised income under 60% median AHC) 2022/23	Relative poverty (equivalised income under 60% median AHC) 2021/22	Region average of LA LSOA average scores IMD 2019
Y and H	11%	24%	23%	22.7
London	10%	26%	24%	22.2
West Midlands	10%	19%	27%	20.8
North West	9%	22%	25%	25.9
South East	8%	16%	19%	15.1
East Midlands	8%	20%	20%	20.8
Northern Ireland	8%	21%	17%	-
North East	7%	20%	21%	25.6
East of England	7%	22%	20%	18.1
South West	7%	15%	19%	18.4
	Understanding Society	*Understanding Society*	DWP in Francis-Devine 2024	MHCLG 2019 (England only)

Source: *Understanding Society*, Francis-Devine 2024

Note: Material deprivation not available for English regions

Appendix 3: Methods used in qualitative research

The qualitative research included focus groups and interviews with 36 people experiencing multiple insecurities in four deprived but varying neighbourhoods.

<u>Selection of neighbourhoods</u>

The focus groups and interviews were carried out in four relatively deprived but varying neighbourhoods in three relatively deprived but varying local authorities in England. The participants were drawn from two neighbourhoods in Sheffield, Shirecliffe and Fir Vale, one in Milton Keynes, Woughton, and one in East Lindsey, Lincolnshire, Mablethorpe. These locations were chosen because members of the team had previously carried out research or worked alongside practitioners in key organisation in each area. These were a wellbeing hub, a community hub, a community nursery and a community council. Known contacts in the key organisations were used to contact potential participants.

We held in-person and online meetings with the key staff in each organisation to explain the purpose of the research and the sample we hoped to meet – people experiencing two or more multiple insecurities. We produced information sheets containing key information about the research and the methods, including an example of the artwork produced by artist Laura Sorvala which key staff and we were able to show potential participants, to give them an idea of the potential outputs that would be produced and how these would be respectful, would honour the integrity of their narratives and maintain their anonymity.

The four neighbourhoods were all relatively deprived, but provided diverse contexts in terms of region and local authority type (see Table A3.1).

Table A3.1: Characteristics of case study local authorities and neighbourhoods (MSOAs) 2019

	Fir Vale	Shirecliffe	Woughton	Mablethorpe
Local authority	Sheffield	Sheffield	Milton Keynes	East Lindsey
Type	Second-tier city in Yorkshire and Humberside		New town in South East	Poorly connected small coastal town in East Midlands
Local authority deprivation 2019	Ranked 57th/318		Ranked 165th/318	Ranked 59th/318
MSOAs	E02001630	E02001629	E02003474	E02005428

Source: IMD 2019

Photo A4.1: Woughton, Milton Keynes (photo by Laura Lane)

Photo A3.2: Shirecliffe, Sheffield (photo by Becky Tunstall)

Photo A3.3: Mablethorpe, East Lindsey (photo by Becky Tunstall)

The primary schools serving in the four neighbourhoods all had relatively high proportions of deprived students and students with special educational needs, and those in Fir Vale, Milton Keynes and East Lindsey had above average percentages of students failing to meet the standard at key stage 2 (the end of primary school). However, at Shirecliffe in Sheffield, above average percentages of students met the standard, despite disadvantage and special needs (Table A3.2).

Table A3.2: Percentage of students reaching the expected standard, the percentage disadvantaged and the percentage, all at Key Stage 2 in case study area primary schools 2023/24

	Sheffield		Milton Keynes	East Lindsey
	Fir Vale	Shirecliffe	Woughton	Mablethorpe
Reaching the standard	27%	60%	42%	45%
Disadvantaged	85%	63%	50%	65%
SEN	44%	27%	23%	18%

Source: DfE 2024

Note: Percentages of pupils reaching the expected standard at Key Stage 2, at the end of primary school in 2023/24. The national average was 54% (DfE 2024). 'Disadvantaged' pupils have claimed free school meals or have been in care while at primary school. SEN includes pupils with an Education Health and Care Plan or Special Educational Needs support. The national

averages were 31% of pupils disadvantaged, and 20% with recognised SEN (DfE 2024). Woughton is served by several primary schools. Results here are for the school nearest to most participants' homes.

The proportions of adult residents in the four neighbourhoods who had qualifications and were in full-time work or work were lower than average (Tables A4.3 and A4.4), although Woughton in Milton Keynes stood out.

Table A3.3: Qualifications of residents aged 16 and over in case study neighbourhoods (MSOAs) 2021

	Fir Vale	Shirecliffe	Woughton	Mablethorpe	England
No qualifications	33%	31%	13%	33%	18%
Level 2 (lower grade GCSEs) or above	57%	57%	78%	54%	64%
Level 4 (A-levels) or above	25%	22%	40%	16%	34%

Source: Census 2021 Table TS067

Table A3.4: Employment status of residents aged 16 and over in case study neighbourhoods (MSOAs) 2021

	Fir Vale	Shirecliffe	Woughton	Mablethorpe	England
Employed full-time	22%	26%	43%	16%	34%
Employed part-time	11%	14%	12%	10%	12%
Self-employed	9%	7%	8%	8%	10%
Unemployed	5%	4%	3%	4%	4%
Retired	13%	17%	15%	41%	25%
Looking after home and family	13%	8%	4%	6%	5%
Long-term sick or disabled	7%	8%	3%	9%	4%

Source: Census 2021 Table TS066

Housing tenure patterns in Woughton and Mablethorpe were close to national average. In Shirecliffe, there was a relatively high proportion of social rented homes. In Fir Vale there was a relatively high proportion of private rented homes (Table A4.5).

Table A3.5: Housing tenure and overcrowding of households in case study neighbourhoods (MSOAs) 2021

	Fir Vale	Shirecliffe	Woughton	Mablethorpe	England
All owned	52%	59%	61%	69%	63%
Owned outright	32%	31%	24%	46%	33%
Owned with mortgage	20%	28%	37%	22%	30%
Social rented	20%	23%	18%	11%	17%
Private rented	28%	19%	21%	20%	21%
Overcrowded	13%	6%	7%	3%	6%

Source: Census 2021 Table RM101

<u>Selection of participants</u>

A total of 36 people participated in five focus groups, and of these 13 also took part in longer individual interviews. Participants were recruited through key individuals at intermediary organisations in each of the areas, who were previously known to members of the research team. These staff members called upon familiar local contacts who used the services at the organisations and in some cases, had also become volunteers. Staff members believed that they would be both experiencing multiple insecurities and willing to talk openly when introduced to researchers by familiar people. Participants were given a £30 voucher to compensate them for their time.

Photo A3.4: The room used for the interviews and focus groups at Woughton, Milton Keynes (Photo by Laura Lane).

Participants were not selected as a random sample. However, staff were asked to try to encourage people of different genders, ages, ethnicity, employment status and household types to participate.

There was a total of 36 participants, eleven from Shirecliffe in Sheffield, six from Fir Vale in Sheffield, twelve from Woughton in Milton Keynes, and seven from Mablethorpe in East Lindsey. Participants included twenty six women and ten men. They ranged in age from 24 to 92. 33 participants were British and three, all in Sheffield, were of other nationalities (European, Asian and African). 30 participants said they were of White ethnicity, three were Asian, two were Arab and one was African. Eight said they were Muslim, all from Sheffield, nine said they

were Christian, all from Woughton and Mablethorpe, one was polytheistic, and eighteen gave no religion.

Twenty-nine of the 36 participants were of 'working age' (18-65). Seven were at or above the state pension age (66 years). The size of participants' households ranged from one to seven people, and there were a variety of household types. Twenty-one of the participants had dependent children in their households, totalling 33 dependent children[10]. Fourteen of the participants rated their health as good or very good, while twenty-one called it fair, bad or very bad, and one did not answer. Fourteen of the 36 participants said they would describe themselves as someone with a disability. In addition, nineteen participants described another member of their household as disabled.

Thirteen of the 29 participants of working age were working. Four were working full-time. Seven were in part-time work, including one on a zero-hours contract. One was full-time for part of the year, and another was self-employed. Sixteen of those of working age were not working. Eight of those not working were disabled. Many were parents and carers. Twelve people (of all ages) were part-time volunteers.

The participants included twenty-one social renters, nine home owners (including five outright owners and four mortgaged owners), four private tenants, and two who were living with their parents. Those renting from a social landlord had a variety of landlords involved including Milton Keynes and Sheffield city councils and a number of registered providers in Milton Keynes and Sheffield. Eighteen of the interviewees said they had access to car, sixteen did not, and two did not answer (Appendix 5).

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[10] Dependent children are aged under 16, or under 18 if in full-time education.

Table A4.1: Characteristics of participants in qualitative research including the insecurities experienced

Pseudonym	Age	Gender	Adults in household	Children in household	Self-rated health, disability (D)	Work	Household income	Housing tenure	Neighbourhood	Financial	Work	Health	Caring	Housing	Area	Legal	Relationship
Jade	24	F	1	Y	Fair	PT	Work + UC	SR	S		X			X	X		
Joel	24	M	1	Y	Good	FT	Work + UC	SR	S	X				X	X	X	
Christina	25	F	1	Y	Bad, D	PT	Work + UC	SR	S				X	X			
Anih	29	F	3		Fair		(Parents)	Parents	FV	X	X	X	X	X			X
Brenda	30	F	?	Y	Fair	PT	Work + UC	SR	S	X		X			X	X	X
Yazarna	31	F	1	Y	Bad, D		ESA	SR	FV	X				X		X	X
Ziggy	31	M	3		Fair, D		UC + PIP	OO	M			X			X		X
Snow White	33	F	2	Y	Good		(Partner's work)	SR	S	X	X		X	X			
Tom	34	M	2	Y	V good	PT (+ partner)	No	PRS	S	X	X		X			X	X
Summer	34	F	1	Y	Good	PT	Work + UC	OM	S	X				X	X		
CB	35	M	3		Fair	seasonal	Work	Living with parents	M		X				X		
Mary	36	F	1	Y	Good		UC	OM	FV	X	X	X	X	X			
Doris	38	F	1	Y	Fair		UC	SR	S	X	X	X			X		
Sarah	39	F	2	Y	Good		UC	SR	FV	X	X	X	X	X	X		
Adam	39	M	2	Y	Good	FT	Work + UC	SR	S	X		X	X	X			X
Billy	39	M	2	Y	V good	(Partner)	UC	SR	S	X		X		X			
Clara-Louise	42	F	1	Y	Bad		UC	PRS	FV	X		X	X	X			
Molly	43	F	1	Y	Fair, D		UC + PIP + DLA	PRS	M								X
Robin	46	F	NA	Y	V good	FT	Work	PRS	FV	X				X	X	X	
Karen	46	F	2	Y	Good	PT	Work	SR	W		X			X	X		
Winnie	47	F	2	Y	Bad, D		UC	SR	S	X		X	X	X			
Beth	47	F	1	Y	Bad, D	PT	Work + UC	SR	W	X		X	X	X	X		X
Michael	52	M	1		Fair, D		UC + PIP	OO	M	X	X	X	X	X	X	X	X

Name	Age	Sex			Health		Income	Housing		Financial	Work	Health	Caring	Housing	Area	Legal	Relationship
Mike	55	M	1		Good		Carer's Allowance + UC	OO	W	X			X		X		
Leonard	56	M	2		Good	FT	Work	SR	W			X	X				X
Mad Cat Lady	57	F	2	Y	Fair		UC	SR	W	X	X	X	X		X	X	
Chelsea	60	F	1		V bad, D		UC + PIP	SR	W	X		X	X				
Jane	63	F	2	Y	Bad, D		PIP	OO	M	X							X
Grandma	63	F	2		Good, D		PIP	OO	M	X		X					X
Boing	67	F	2		Bad, D	R	Pension	SR	W	X			X				
Chris	70	M	2		Good?	R, P	Work + Pension	OO	M	X		X			X		
Hunny Bunny	76	F	1		Fair	R	Pension + HB	SR	W	X		X				X	
Meatloaf	79	F	2		Good	R	Pension	SR	W	X		X	X			X	
Pink Diamond	80	F	1		Fair, D	R	Pension	SR	W			X	X			X	
Debbie	85	F	1		Bad, D	R	Pension	SR	W	X		X				X	
Doris	92	F	1		Fair, D	R	Penson	SR	W	X		X	X	X	X		

Note: UC = Universal Credit; R = retired; WB = White British; B = British; Ch = Christian; Mu = Muslim; SR = social rented; PRS = private rented; OO = outright owner; OM = mortgaged owner

Appendix 5: Selected case studies of people experiencing multiple insecurities

Clara-Louise

Clara-Louise, age 42, lives with her three youngest children, all aged under 10, in a private rented house in Fir Vale, Sheffield. Clara-Louise and the children fled to the city to avoid an abusive marriage, arriving with only a backpack of possessions each. She is a qualified social worker and would love to take up employment but suffers from mental health problems and a painful physical condition which limits her capacity to work. Until a few months ago the benefit Clara-Louise received were capped which left her unable to meet her bills after she had paid her rent to her private landlord. She was not able to feed her children the nutritious food she wanted to, and was reliant on the foodbank where she also volunteered. The stress this created seriously affected Clara-Louise's wellbeing and mental health to the point where she could no longer cope. A worker at DWP recommended her for assessment, and in the assessment she was judged as only able to work in a limited capacity, the benefit cap has been removed, and Clara-Louise is able to manage her finances.

Clara-Louise sees all her insecurities as being interconnected – her health prevents her working, which limits her income and choice of housing and community. The poor physical environment and poor quality and insecure housing also affect her wellbeing and that of her children. Although Clara-Louise would like to move, her caring responsibilities and lack of supportive relationships prevent her from doing so. Clara-Louise attends the community hub several times a week and goes to a community gym. These are her lifelines as they enable her to look after herself and give something back in the community which also supports her own wellbeing. The constant insecurity of not knowing if her benefits will be reviewed and reduced again has a serious effect on Clara-Louise's wellbeing as she knows that a return to the capped rate would leave her unable to cope financially.

Michael

Michael, age 52, lives alone in a bungalow in Mablethorpe which is owned outright. He and his mother moved to Mablethorpe from Watford twenty-five years ago, as both had mobility problems and they wanted to find cheaper housing. Michael's mother's health has deteriorated, and she is now in a care home. Michael was born with physical disabilities that affect his mobility and balance and in 2021 he was diagnosed with autism. Michael's mum was his greatest support, and he now feels very isolated and is struggling to cope with the demands of everyday life.

Previously Michael has worked in a range of jobs including a period with DWP, a water company and the local council. He experienced bullying in several of his roles and felt overwhelmed when having to work in an open plan office or answering calls from the public. In his thirties, Michael went to university and gained a first-class degree. Currently Michael is recognised by DWP as having limited capability to work, and receives Universal Credit and PIP. However, he would like to work, and feels the government should try harder to accommodate people with autism in the workplace to harness their skills and interests.

Michael visits his mother in her care home every day as he believes they would both 'wilt' without this contact. Michael has secure housing but is using 'dangerous' methods to manage thee household on his own on a low income, including not using his heating and tightly limiting purchases. Dealing with bills and contact via email makes Michael very anxious.

Michael has got support from staff at the Citizens Advice Bureau, which provided him with a 'lifeline'. He also attends a creative writing class at the community centre.

Appendix 6: The role of policy in creating, adding to or failing to mitigate insecurities

The literature suggests that policy has profound effects on individual and multiple insecurities, as dampers on insecurity, as sources of resilience, or causes and exacerbators of insecurity.

The welfare state, including social security, pensions, the provision of social housing, housing benefit and support for homelessness people, free health care, free and means-tested social care, is intended to provide some universal minimum security. However, safety nets have been weakened over the past twenty years, and the labour market and families have also changed. In particular, welfare reforms in the past fifteen years appear to have weakened the ability of the state to providing sufficient support to mitigate insecurities, and in some cases have entrenched and deepened insecurities.

There is strong evidence of the impact welfare reform since 2012 on income adequacy and the resulting financial insecurity (Light and Patrick 2024, Cooper and Hills 2021, Koch and Reeves 2021, Brewer et al 2022). A systematic review found that austerity policies were associated with increased food insecurity in all the European countries examined, including the UK (Jenkins et al 2021). The use of welfare conditionality and sanctions can force vulnerable jobseekers into 'any' job, including insecure jobs with few long-term prospects, while increasing stress and anxiety (Wright et al 2020). Sanctions and delays are among the factors increasing risks of the likelihood and severity of food insecurity (Prayogo et al 2018). 47% of people referred to Trussell Trust (or their partners) in 2022 were repaying debts to national and local government via deductions to their benefits (Bull et al 2024). An increase in the proportion of households on Universal Credit was significantly associated with an increase in households receiving food parcels from food banks (Reeves and Loopstra 2020). In housing, the rollout of Universal Credit is associated with rising repossession activity in social housing (d'Este and Harvey 2024, Hardie 2021). Unaffordable housing, for instance due to real terms reductions in Local Housing Allowance for private renters over the 2010s and 2020s, lead households to cut down on essentials and increase informal borrowing (Beatty et al 2014; Berry 2023). The shift to Universal Credit has also been shown to increase financial strain compared to legacy benefits even when levels of benefit remained unchanged (French 2018). Besides generosity and income adequacy, the design features of Universal Credit, such as the five-week wait for first payments, system of deductions for pre-payments and overpayments, monthly payments and timing of benefit assessment have been shown to accentuate, rather than reduce, monthly income volatility (Griffiths et al 2022; Griffiths and Wood 2024). Reduced Universal Credit payments also have knock-on effects in terms of losses of entitlement for work allowances and other means-tested support (eg help with council tax and prescription charges). Moreover, Universal Credit has been shown to produce weak work incentives for second earners (Bucelli and McKnight 2022). This can affect whether parents can 'afford to work', once even limited childcare expenses are taken into account.

The social rented sector had functioned as a particularly targeted and effective element of the welfare state to mitigate the impacts of poverty (Stephens and Leishman 2017; Bradshaw 2008). However, limited building and the ongoing Right to Buy has encouraged the sector to shrink from a peak of about a third of households in the early 1980s to less than a fifth by the 2020s. Private renting plays an increased role, supported by favourable tax policy, and remains characterised by weak regulation, tenure security and legal protection.

In the field of health, the role of austerity measures in the recent stagnation of life expectancy is controversial (Case and Kraftman 2022). However, austerity has led to a long period of underinvestment, and growing pressure on primary care, which is reflected in sharp declines in satisfaction and increased anxiety over having health needs met, particularly among older people, and those with lower levels of education and incomes (Aljohani et al 2022). These processes predated Covid, but have been compounded by the backlog of care that built up during the pandemic (NHS 2024).

There is substantial unmet social care need due to insufficient supply or quality, unaffordability, and eligibility criteria (Brimblecombe et al 2022). Provider and policy focus on the highest needs can mean gaps in provision for those with moderate or high levels of need (Burchardt et al 2018). In England, local authorities can limit provision of formal care if there is a potential unpaid carer, overlooking carers' needs and the quality of care. Reductions in publicly-funded formal care provision in England are linked to increases in informal care provision of more than twenty hours a week.

Appendix 7: Policy changes recommended by people experiencing multiple insecurities

The 36 research participants experiencing multiple insecurities in Sheffield, Milton Keynes and Mablethorpe had numerous suggestions for policy changes affecting different dimensions that would reduce and mitigate their insecurities (Box A8.1).

Box A7.1: Participants' requests for policy change to reduce and mitigate insecurities

Participation, influence and voice: • Enable meetings between policymakers and communities and individuals to improve policymakers' understandings of the people's experiences and difficulties (Snow White, Clara-Louise) Work: • Provide a higher National Living Wage that enables people to meet their basic needs (Adam, Tom, Brenda, Jade) • Encourage employers to provide more jobs accessible to people with childcare responsibilities and mental health problems (Yazarna) • Provide meaningful support and opportunities to train and find work (Anih, Christina, Adam, Billy) • Allow volunteering as a more flexible (and useful) alternative to work within Universal Credit (Yazarna, Clara-Louise, Anih, Winnie, Mad Cat Lady) Finance: • Reduce inflation in the cost of living (Winnie) • Reduce cost of school uniforms or allow affordable generic versions (Mad Cat Lady, Yazarna) • Provide universal minimum income at higher than current Universal Credit rates that allows a more dignified and less insecure life (Clara-Louise, Winnie, Sarah, Mary) • Make the benefits system more humane, and end the collection of old no-fault repayments due to overpayments (Adam) • Make the system for benefits for sick and disabled people more humane (Cara-Louise, Yazarna) • Remove the two-child benefit limit (Billy) • Redesign pension credit to reduce the claw-back and loss of passported benefits from marginal extra income (Pink Diamond, Mike) • improve the provision of grants and affordable loans to help people on low incomes to afford consumer durables and other one-off costs (Mad Cat Lady) • End higher rates for low income users of utilities (Mad Cat Lady) Housing: • Invest in new housing to meet the needs of families (Billy, Snow White, Brenda, Doris 1) • Unfreeze and raise LHA to reflect the actual cost of private rent, or cap private renters or private sufficient social housing (Sarah, Christina, Clara-Louise, Snow White, Anih, Karen) • Improve the condition of social housing and social housing repairs services, and give social landlords sufficient funding to maintain their stocks (Winnie, Doris 2, Mike, Chelsea, Meatloaf, Pink Diamond, Hunny Bunny)

- End the use of the rooms standard which permits the living room and some kitchens to be counted as sleeping rooms (Billy, Snow White, Brenda, Doris 1)

Health:
- Improve access to GPs and reduce waiting times at A & E and for referral to hospital services (Sarah, Mary, Anih, Pink Diamond, Mike, Meatloaf. Hunny Bunny)
- Speed up SEND assessments and improve SEND and child mental health support (Winnie, Jade, Karen)

Care:
- Improve provision and quality of domiciliary social care (Mike)
- Provide afterschool activities for young people, especially boys, to enrich their aspiration and protect them from abuse and criminality (Yazarna, Christina, Snow White, Clara-Louise)

Legal and rights:
- Provide local advice centres to ensure people can claim what's due to them, and can resolve problems and locate opportunities (Tom, Anih, Mad Cat Lady) or can be signposted to other services or helped with routine matters (Boing)

Environment:
- Create and maintain accessible green spaces that cater for different ages, to provide free physical activity and leisure (Billy, Clara-Louise, Jade)

Education:
- Raise expectations in lower-performing schools (Yazarna, Clara-Louise)

Other:
- Maintain and improve local public transport, especially buses (Hunny Bunny, Pink Diamond)
- Provide third sector organisations such as homelessness organisations more financial stability so they can offer clients, volunteers and employers stability (Christina)
- Reduce immigration to reduce overcrowding (Chris)

Appendix 8: Details of promising approaches

Policy	*Alter the design of Universal Credit assessment to reduce income volatility*	
How could it mitigate multiple insecurities?	There is good evidence that the current design of Universal Credit (UC) which means that total payments can vary month by month, increases people's financial insecurity, especially for those also experiencing work insecurity. One approach would be to calculate UC in real time rather than in arrears, so that payments at the end of January would depend on earnings in January rather than in December. This would reduce markedly month-to-month variation in total income from work and UC. Another would be to lengthen the period over which income is considered in assessments could offer more stability in the trade-off between responsiveness of the system to changes in income and the stability it can afford claimants, resulting in a number of months over which future monthly income is fixed and known.	
Relevant insecurities	Financial (and as a result, food and housing) and work	
Key actors	Central government, UC recipients	
Level of intervention	National	
Evidence assessment	**Strength of evidence** **Weak** There is currently no specific study on the impact of the various suggested changes to UC on insecurity.	**Evidence of effectiveness** **Medium** The trade-off between responsiveness and stability is well-documented in the literature. Evidence of the impact of different assessment periods is not presently rich. Strong USA evidence points to the positive effects of extending assessment periods, but this is based on programmes with significant differences from UC.
Costs	**Low-medium** The policy need not be costly as the changes do not need to affect the overall generosity of the system, although claimants would need to be protected against miscalculations and prolonged underpayments.	

Policy	Improve access to affordable credit and financial education through promotion of credit unions
How could it mitigate multiple insecurities?	Limited access to credit can undermine households' financial resilience and their capacity to cope with financial shocks. Under threat of falling behind on priority bills and securing essentials, vulnerable households can turn to high-cost credit products, illegal borrowing or informal borrowing, which may in turn further hinder financial security and stability. Credit unions can improve access to affordable credit. This would mitigate financial insecurity, its negative impacts on health and wellbeing, its bearing on other insecurities such as housing and food insecurity, as well as reducing pressures on relationships that can be strained by reliance on informal borrowing. Public awareness or and access to credit unions could be improved.
Relevant insecurities	Financial insecurity primarily, with a bearing on health, housing, food insecurity and relationship insecurity
Key actors	Central and local government, third sector, citizens
Level of intervention	National level for regulation, neighbourhood level organisations and local partnerships

Evidence assessment	Strength of evidence **Weak-medium** Few evaluations use the strongest designs and methods, with most evidence drawn from case studies and credit unions' own information, focused on outputs and processes over impact.	Evidence of effectiveness **Weak-medium** The sector presently serves only a marginal portion of the population and faces limitations in scaling up that can undermine a possible financial inclusion role. Tensions exist between credit unions' ethos of mutual self-help, financial viability, and a broader governmental agenda of financial inclusion and capacity building. However, there are examples of positive outcomes.
Costs	**Low** for both all levels.	

Policy	*Improve access to advice and legal aid*	
How could it mitigate multiple insecurities?	Improving access to advice (for example, on benefits, rights at work, housing, consumer matters, jobs, training, childcare and other services) and legal aid is a promising approach to address multiple insecurities. Often approached when help is needed in relation to one problem, advisors may in fact provide support across the interlinked issues people are experiencing. Advice can also play a preventative role, as it can help keep people in work, in housing or out of debt, but it can also help alleviate immediate crises. Even when advice may not address the root causes of insecurity (say, low income), it can help stop problems from spiralling and impacting other dimensions. Lacking access to advice can severely limit people's ability to solve or cope with their problems, increasing the risk for these problems to multiply and impact other aspects of life, while also generating stress, straining relationships and impacting wellbeing. Legal Aid makes legal advice and representation affordable for those on low incomes.	
Relevant insecurities	Legal security – with bearing on work, housing, care, financial, and relationship insecurities.	
Key actors	Devolved administrations, local government, service providers (including third sector).	
Level of intervention	For legal aid, national (separate for England and Wales, Scotland, and Northern Ireland); for advice, middle and local level.	
Evidence assessment	**Strength of evidence** **Strong-medium** There is a large body of literature around advice spanning different areas and in relation to a broad range of outcomes. While the strongest evaluation designs have not always been used, the literature paints a consistent picture using a range of methodologies. There is good evidence of the negative consequences of recent reforms on access to justice.	**Evidence of effectiveness** **Effective** Evidence of positive outcomes is consistently found across a range of aspects and especially in relation to mental health. Co-location of services (eg in healthcare settings) addresses access barriers, improves coordination and referral systems and can create efficiencies.
Costs	**Medium** Widening the scope of early legal help and extending eligibility for civil legal aid is costly, but savings can be expected because of the benefits	

	of preventing problems from escalating, avoiding costly court cases and having fewer litigants in person. Cost-effectiveness for the public purse would also be expected as the current system bears on other public services (eg NHS, social security).

Policy	*Deliver personalised support and integrated services through community and third sector partnerships*	
How could it mitigate multiple insecurities?	Service coordination models centred around a 'wrap-around' approach can deliver more personalised support and thus address multiple, interconnected challenges that affect different insecurities. The involvement of third sector organisations can foster programmes' ability to reach local residents and develop modes of co-production in the governance, design and delivery of services.	
Relevant insecurities	Work, housing, health, financial insecurity.	
Key actors	Third sector and community organisations, keyworkers, users, central government (eg funding, procurement).	
Level of intervention	Middle, and local and neighbourhood level.	
Evidence assessment	**Strength of evidence** **Medium** The literature assessing the impact of wrap-around services has just recently produced stronger evaluations. Many studies are faced with methodological issues, programme heterogeneity and implementation challenges. While qualitative evidence finds consistent results, quantitative studies struggle to assess specifically the role of the third sector.	**Evidence of effectiveness** **Effective** The effects of interventions are generally positive, even when the value added of personalised, integrated approaches is hard to quantify (and mismatches emerge between objective and subjective outcomes). There is clear evidence that personalised support is valued and that the third sector is especially able to build a trusted relationship and enhance users' 'process wellbeing'. The participants in this study confirm this with their powerful appreciation of their hyper local community hubs. The literature also identifies a number of factors bearing on the effectiveness of programmes.
Costs	**Medium**	

| | Interventions require sustained, long-term commitment, but can be cost-effective by tackling multiple possible challenges and helping to prevent problems from escalating and becoming harder to address. |

Policy	*Develop social prescribing to improve wellbeing*
How could it mitigate multiple insecurities?	Social prescribing (SP) could seem primarily focused on reducing health insecurities, but its holistic approach focused on addressing the socio-determinants of health allows for an impact on other forms of insecurity. With recommendations and access to services that encompass a diverse set of activities such as lunch clubs, nutrition classes, walking groups, gym, gardening, volunteering, debt advice, counselling and support groups, SP has the potential to bear on work insecurity, financial insecurity, food insecurity as well as health. By reducing social isolation and expanding networks, SP can also directly affect relational insecurity. Finally, volunteer activity as part of SP can have a positive impact on local spaces and community resources, bearing on area insecurity.
Relevant insecurities	Health insecurity; relationship insecurity; area insecurity; and, depending on the activities, food insecurity, work insecurity, financial insecurity
Key actors	Local government, third sector, citizens
Level of intervention	Neighbourhood

Evidence assessment	Strength of evidence	Evidence of effectiveness
	Low-medium There is disagreement about the effectiveness of SP. While there is a growing body of research showing wellbeing impact, much of it is context-specific, small-scale or anecdotal. There are no nationally agreed standards against which to judge SP.	**Medium** NHS England has already included SP as part of its Universal Personalised Care. Context-specific, local evidence suggests that SP is effective in countering loneliness, isolation and wellbeing. Some participants in this study confirmed this with appreciation of SP in Mablethorpe. There is less evidence to show why SP works.
Costs	**Low-medium** Investment in SP needs to be sustained, especially in areas that are currently lacking community resources and need adequate social infrastructure.	

Policy	*Enhance place-based approaches by utilising the relatively new administrative role of the mayoral combined authorities*
How could it mitigate multiple insecurities?	Devolution of power via the Combined Authorities (CAs), including Mayoral CAs, are designed to redress regional economic imbalances. As CAs have independent budgets and are new institutional structures, they have scope to design services afresh to meet local needs, including to address multiple insecurities - for instance, focusing on local challenges around work, housing, health, care services and local environment. A closer alignment with local needs and the possibility of developing more participatory forms of governance and local engagement could contribute to addressing participation and influence insecurity.
Relevant insecurities	All insecurities, but particularly work, health, housing, area insecurity and participation and influence insecurity
Key actors	Central government, CAs, MCAs and local government
Level of intervention	Middle

Evidence assessment	**Strength of evidence** **Weak** The evidence around the impact of MCAs remains limited and is still evolving. Focus is often on outputs, processes and local engagement rather than outcomes and distributional impacts.	**Evidence of effectiveness** **Weak-medium** There is some emerging, still limited, evidence of positive impacts on specific areas of devolution in some CAs, such as health and social care in Manchester. Broader assessment of devolution strategies to boost local development and equalise economic performance present a mixed picture at best. City-focussed approaches, in particular, have been questioned in the literature, especially in terms of its ability to tackle local inequalities.
Costs	**Medium-high**	

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