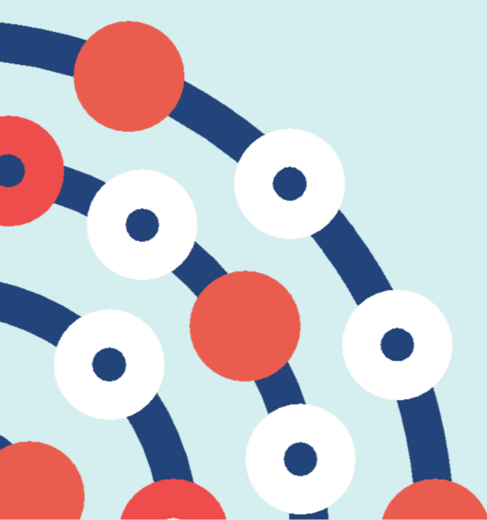
Preventing and reducing poverty among priority populations in Surrey

A mixed-methods study integrating published evidence with lived experience to inform a Whole System Strategic Poverty Framework



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EXECUTIVE SUMMARY

As the **cost-of-living crisis deepens poverty in Surrey**, its impact on health is becoming increasingly severe, reinforcing **poverty as a major public health issue** requiring **coordinated, cross-sector action**.

Key findings

HDRC Surrey's mixed-methods research - drawing on focus groups, a community survey and an evidence review - shows that stigma, complex application processes and restrictive eligibility criteria often prevent people from accessing the support they need.

Food insecurity is the most common form of hardship, while access to affordable and stable housing is consistently identified by residents as the most important factor in preventing financial difficulty. Many residents do not engage with government support, highlighting persistent gaps in accessibility, trust and confidence in statutory systems.

Recommendations

The research recommends the development of a cross-Surrey Strategic Poverty Framework that aligns health, social care, housing, employment and education. This should be supported by sustainable funding for priority populations; stronger and more consistent use of equity impact assessments; robust advocacy for fairer national benefits; improved data monitoring to target need more precisely; and better multi-agency coordination to reduce fragmentation across the system.

At a service level, priorities include simpler and more transparent access routes; co-located, face-to-face and trauma-informed services; tailored support for carers, disabled residents and people with long-term conditions; early intervention to prevent crisis; and staff training to reduce stigma and improve cultural competence.

At a community level, the findings emphasise the importance of co-production with residents, strengthening peer support networks, increasing local awareness of available services, improving digital and practical skills support, and investing in community-led initiatives that build connection, reduce isolation and strengthen resilience.

Together, these actions form a **whole-system approach to preventing and reducing poverty in Surrey**, ensuring that residents can access timely and effective support, and that the **structural drivers of financial hardship** are addressed across the county.

Preventing and reducing poverty among priority populations in Surrey

As the cost-of-living crisis deepens poverty in Surrey, its impact on health has become increasingly severe, reinforcing poverty as a major public health issue requiring coordinated, cross-sector action.

Key Findings

- Mixed-methods research showed that stigma, complex application processes and restrictive eligibility criteria often prevent people from accessing the support they need.
- Food insecurity is the most common form of hardship.
- Affordable and stable housing was identified by residents as the most important factor in preventing financial difficulty

Recommendations

System level:

- Develop a cross-Surrey Strategic Poverty Framework aligning health, social care, housing, employment and education.

Community level:

- Co-production with residents
- Peer support networks
- Local awareness of services
- Digital & practical skills support
- Community-led initiatives

Service level:

- Simpler and more transparent access routes
- Co-located, face-to-face and trauma-informed services
- Tailored support for carers, disabled residents and people with long-term conditions
- Early intervention and staff training to reduce stigma and improve cultural competence

A whole-system approach is needed to prevent and reduce poverty and address its structural drivers across Surrey.

1. INTRODUCTION

As the ongoing cost-of-living crisis deepens already significant levels of poverty in Surrey, its effects on people's health are becoming increasingly critical. Poverty is fundamentally a public health issue that demands a co-ordinated action across all sectors.

Health Determinants Research Collaboration (HDRC) Surrey conducted this research to build on previous knowledge and insights created in Surrey. It also gathered further evidence where knowledge gaps existed about how Surrey Health and Well-being Strategy's priority populations in Surrey experience poverty. The purpose of this research was to develop a whole system Strategic Poverty Framework through its recommendations to both mitigate and prevent the impacts of poverty on health.

2. BACKROUND

2.1 National context

Poverty in the UK is both long-standing and worsening under the current cost-of-living crisis. Rising prices mean more households are either being pushed into poverty or deeper into it[1], making it harder for people to afford essentials like housing, food, heating and medicine[2].

Poverty is most commonly defined in statistical terms as relative low-income living in a household with an income below 60% of the national median. This is the measure used by the UK government to assess and track poverty levels. The most recent data show that, after accounting for housing costs, 22% of people in England are living in relative poverty. The rate is even higher among children, with almost one in three (31%) growing up in households experiencing poverty[3].

Poverty disproportionately affects certain groups. UK based data show carers (28% compared with 20% with no caring responsibilities), people in workless household (54%), social and private renters (4 in 10 social renters and around a third of private renters), people who are racially minoritised, people with disabilities[4], single-parent households, larger families (impacting nearly 1 in 3 children)[5], sanctuary seekers, and those leaving institutional care are disproportionately affected. In addition, "in-work poverty" is substantial with 3 in 4 children in poverty living in households where someone is employed[6].

The health impacts of poverty are severe and broad. Poverty is a major driver of health inequalities, increasing the risk of both mental and physical ill-health, premature disease and early death (Figure 1). For children especially, poverty can harm cognitive and emotional development, lower educational outcomes and increase the likelihood of continuing the cycle

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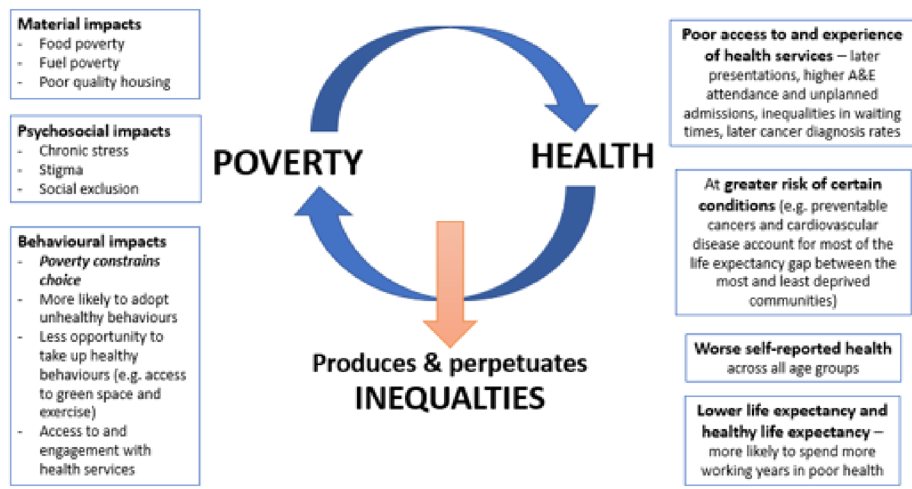
[1] Households Below Average Income, Statistics on the number and percentage of people living in low income households for financial years 1994/95 to 2019/20, Table 4.3db. Department for Work and Pensions, 2021.
[2] A Corlett & L Try, In at the deep end: The living standards crisis facing the new Prime Minister | The Living Standards Outlook 2022 – Summer Update, Resolution Foundation, September 2022.
[3] Poverty in the UK: statistics - House of Commons Library.
[4] UK Poverty 2025: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation.
[5] Households Below Average Income, Statistics on the number and percentage of people living in low income households for financial years 1994/95 to 2020/21, Table 1.4b. Department for Work and Pensions, 2022.
[6] In-work poverty trends | The Health Foundation.

of poverty in adulthood. These health burdens place additional strain on the National Health Service (NHS), social care and the wider economy.

Figure 1: Bidirectional relationship between poor health and poverty and impact on inequalities.
Source: Source: Why Poverty Matters to Health - Faculty of Public Health



2.2 Local context

Surrey's Health and Wellbeing Strategy 2022 specifically addresses the importance of poverty under its priority three "supporting people to reach their potential by addressing the wider determinants of health", with poverty specified in the outcomes as: "People's basic needs are met"; this outcome is mirrored in the Surrey Public Health & Communities Service Plan 2025/2026. In addition, Surrey County Council's 2023-2028 organisation strategy, the Surrey Way, and the Community Vision for Surrey 2030, have a purpose to tackle inequality so "No One is Left Behind".

Following the onset of the national cost-of-living crisis, several local research initiatives, either independently or via Joint Strategic Needs Assessment (JSNA), were undertaken to understand its impact on Surrey's communities. The findings reflected patterns consistent with national trends (see Section 6).

In response, a paper was presented to the SCC Cabinet in January 2022, highlighting the need for a whole system approach to addressing poverty. Subsequently in 2024, the Surrey Health and Well-being Board and Surrey Heartlands Integrated Care Partnership and Surrey County Council reinforced its commitment by signing Good Company's "End Poverty Pledge," demonstrating a clear intent to prevent and reduce poverty across the county.

3. RESEARCH AIM AND QUESTIONS

The aim of this research was to build on the local insights and strengthen the knowledge on the impacts of poverty on Surrey's priority populations from a lived experience perspective. The research questions (RQ) were co-produced with the HDRC Public Involvement Panel and the Health and Well-Being team (Surrey County Council). The research questions agreed were:

RQ1. What support for managing financial hardship is used by priority populations with lived experience of poverty in Surrey? Why, and with what effects?

RQ2. How do experiences of financial hardship vary between priority populations with lived experience of poverty in Surrey?

RQ3. How can poverty be prevented and the effects of poverty mitigated in Surrey at system/civic, service and community level?

4. RESEARCH DESIGN AND METHODS

This research had a mixed methods design which included both a desk research and primary research component. It was conducted over three months from September 2025 to November 2025.

4.1 Public involvement

Poverty framing: The theme of poverty was identified by the HDRC Surrey Public Involvement Panel and other stakeholders as one of the key research areas which warranted further research. Whilst poverty is a well-recognised term in a research context, to ensure appropriate language and prevent the risk of stigmatisation of participants, the framing of poverty was discussed with the HDRC Public Involvement Panel. Panellists expressed that few people are likely to self-identify as poor, but more likely to resonate with one or more of the following descriptors/experiences: a) not making it through the month, b) having money troubles, difficulties, or struggles, c) experiencing financial strain, difficulty or hardship, d) being in overdraft by the end of the month, e) worrying about money, f) lacking financial stability.

As a result, in this research, poverty was framed as "*financial hardship and money difficulties*".

Study materials: The research materials and delivery were co-produced with the HDRC Surrey Public Involvement Advisors and stakeholders who work with priority populations with lived experience of poverty.

4.2 Desk research

The desk research included the following two key aspects:

- **Synthesis of local research** related to poverty or cost-of-living crisis to assess their impacts on the Surrey priority population.
- **Review of published evidence** to examine how poverty and financial hardships affects key community groups within Surrey's priority populations, alongside identifying effective interventions to prevent and mitigate poverty.

4.3 Primary research

A mixed method research method (consisting of a series of focus groups and a community survey) to collect data from Surrey priority populations to enhance the local insights generated through previous research. The findings from the primary research were triangulated with national and local evidence to answer the research questions set out in the project.

4.4 Community survey

Survey design: A quantitative survey was carried out to gather structured data on priority population's experiences of financial hardship and their interactions with support services in Surrey.

The survey was built and hosted using Snap XMP, a platform well-suited for designing complex surveys. It was structured around five key sections: *"Your Situation"*, *"Your Experience of Support Services"*, *"Accessing Support Services"*, *"Looking Forward to the Future"*, and *"Equal Opportunities Information"*.

Across these five sections, the survey included 22 core questions, incorporating a total of 257 fixed response options, depending on participants' answers. These were complemented by 8 additional fixed-response demographic questions at the end of the survey.

To capture more nuanced insights, the survey also included 5 main open-text questions focused on participants' personal experiences of financial hardship. In addition, 19 optional open-text *"other"* fields were embedded within fixed-response questions to allow participants to elaborate or provide alternative responses not covered by the predefined options.

Research ethics: Given the sensitive nature of the topics explored and the involvement of potentially vulnerable participants, the survey underwent a research ethics review through the HDRC Surrey Research Ethics Review process prior to distribution. The first page of the survey included a Participant Information Sheet, which introduced the project and clearly outlined the principles of *free and informed consent*. All participants provided informed consent before proceeding with the survey.

In addition to informed consent, no questions in the survey were compulsory, and all fixed-response questions included a *"prefer not to say"* option, allowing participants to skip any questions they did not feel comfortable answering. At the end of the survey, participants were also directed to a list of available support and advice services, including for mental health and emotional wellbeing, isolation, poverty, domestic abuse, substance use, housing and financial needs arising from instability. In addition, the survey included signposting to tailored support for specific priority populations including ethnic minority communities, unpaid carers, care leavers, and people experiencing multiple disadvantage.

To protect participants' privacy, confidentiality and anonymity were prioritised. No identifiable information such as names or email addresses was collected. Responses were grouped and analysed collectively to ensure that individual answers could not be traced back to specific participants.

Accessibility was also a key consideration. The survey was made available in screen reader–accessible, large print and Easy Read formats to ensure it was inclusive and accessible to all participants.

Once completed, the raw survey data was securely downloaded from Snap XMP and stored in a protected online folder, in line with data protection best practices.

As a gesture of appreciation, HDRC Surrey donated 50p to charity for every completed survey. Participants could choose to direct their donation to either *Caterham & District Foodbank* (part

of the Trussell Trust network), *Stripey Stork* (a Surrey-based baby bank), or split the donation between both. The breakdown of participant choices was as follows:

- 10% chose to donate to Caterham & District Foodbank
- 16% chose Stripey Stork
- 59% opted to split the donation between both charities
- 14% chose not to participate in the donation

Based on these preferences, HDRC Surrey has made the following donations:

- Caterham & District Foodbank - £19.50
- Stripey Stork - £22.50

Survey dissemination: To support participant recruitment, key stakeholders and contacts across the local authority, as well as within voluntary and community sector organisations, were contacted via email. They were invited to share the survey either by forwarding a direct link or by distributing printed flyers featuring a QR code at in-person events and settings.

Data collection: The survey was launched on 22nd September 2025 and remained open until midnight on Sunday 26th October 2025.

Data analysis: The dataset was prepared using IBM SPSS Statistics (Version 31) and then imported to R[7] (Version 4.4.3; R Core Team, 2025) within the RStudio environment[8] (Version 2025.9.2.418; Posit Team, 2025) for analysis. Quantitative descriptive analyses were conducted in R, and visual outputs were produced using the ggplot2 package[9] (Version 3.5.1; Wickham, 2016). The analyses followed a predefined analytical strategy to ensure alignment with established procedures and analytical integrity.

In total, 22 visual outputs were produced to illustrate the characteristics of the dataset and address the three aforementioned research questions (use and perceptions of support services, experiences of financial hardships and directions for mitigating financial difficulties). Importantly, the analyses examined variation across priority populations to identify overarching patterns as well as group-specific nuances. In doing so, the outputs reflect both the consistency and diversity of experiences in the data and provide a fuller picture of people's circumstances.

Adapted from the analytical strategy and to enhance interpretive reliability, any response category with fewer than five participants endorsing it (e.g., a specific employment status or support service) was reported as "fewer than 5" (less than 5.2%) in the visual outputs. Categories receiving zero selections were omitted from visual outputs but noted in the accompanying figure notes. In the tables, categories with fewer than five selections were not reported, **(Appendix 1 – Survey questions)**.

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[7] R Core Team. (2025). *R: A Language and Environment for Statistical Computing* [Computer software]. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org/
[8] Posit Team (2025). *RStudio: Integrated Development Environment for R*. Posit Software, PBC, Boston, MA. http://www.posit.co/.
[9] Wickham, H. (2016). *ggplot2: Elegant Graphics for Data Analysis*. Springer-Verlag New York. ISBN 978-3-319-24277-4, https://ggplot2.tidyverse.org

4.5 Focus groups

Research design: Qualitative data collection methods were employed to identify, uncover and understand the complexity and nuance of experiencing financial hardship in Surrey. Therefore, qualitative focus groups including a creative writing activity were conducted to collect relevant data.

Research ethics: All research participants gave informed consent prior to focus group discussions. Confidentiality and anonymity were ensured by not logging or sharing research participants' full names and reminding research participants to not disclose other participants' identities when talking about the focus group after the fact. To thank research participants for their time, £40 vouchers were given for participation and an additional £5 voucher for travel. To avoid re-traumatisation, all participants were reassured at the beginning of the session that they did not have to answer all focus group questions and were given a post participation sheet with support services' contact information including to Citizen's Advice, VCSEs (e.g. Good Company and Bridge the Gap) and Surrey County Council's Welfare and Health Support resources. All five in-person focus groups were held in venues known to participants for familiarity and comfort. The focus group with carers was held online so home-bound carers could participate.

Sampling, recruitment and participants: This project required data in the form of priority populations' narratives of lived experiences of financial hardship and therefore employed a purposive sampling strategy. Four VCSE partners and one Surrey County Council team recruited a total of 48 participants who took part in focus groups. Participants ranged in age from 18 to 65, with the majority being 25 and older. Most participants referred to themselves as women during discussions. The research team helped residents from Key Neighbourhoods in Reigate and Banstead take part in the focus groups by working with The Good Company and Stanwell Family Centre who support people in these areas. However, because postcodes of research participants were not recorded to protect their anonymity, it was not possible to confirm whether they lived in a Key Neighbourhood.

Data collection - Vignette focus groups: Data for this research project was collected in six separate focus groups (90 minutes). Focus groups were digitally audio recorded and transcribed, and files are stored solely in a protected online folder. Given the sensitive topic and vulnerable research population, the focus groups were designed according to a trauma-informed 'vignette' format. 'Vignettes' are stories about fictional characters (in this case experiencing financial hardship in Surrey) that are written and read out loud to participants, followed by open-ended discussion questions. This approach enabled disclosures of perspectives, knowledge, and personal experiences of financial hardship and support services. The topic guide and vignettes were sense-checked with recruitment partners prior to focus groups **(Appendix 2, Focus group report)**.

Data collection - Creative writing of "Postcard Surrey 2035": In addition to the discussion, participants completed a creative writing exercise. They were given an A6 blank postcard, instructions to imagine a Surrey in 2035 that is completely absent of financial hardship and asked to write a letter either to 1) someone they know, describing life in Surrey in 2035, or influential changes made to that effect, or 2) a decision-maker with a call to action to achieve a poverty -free Surrey. The writing exercise ensured all participants could individually make their voices heard. Participants in 4 of the 6 focus groups completed this writing exercise. The focus

group with carers was held online which was not suited for the writing exercise as many participated via their smartphones. The focus group with care leavers ran out of time, and prioritised group discussions to enable answering the research questions. All participants could choose whether their postcards would be photocopied and included in research reports, online spaces (like a webpage and newsletter) and at in-person events. Most consented to all three, while some requested that their postcard be safely deleted right after analysis.

Analytical approach - thematic analysis: The data was thematically analysed. Participants' experiences, perspectives and perceptions were identified, along with how these differed and converged between different participants and groups. Themes were identified by reading focus group transcripts and postcards multiple times and grouping experiences and perspectives.

Validity and reliability: This research project was designed and conducted to ensure both validity and reliability.

Validity was ensured through purposive sampling of priority populations with lived experience of financial hardship, use of trauma-informed vignette focus groups and creative writing exercises that enabled authentic and nuanced data collection. Thematic analysis was conducted in multiple stages and sense-checked with HDRC Surrey team members to reduce researcher bias and error.

Reliability was strengthened by a consistent facilitation across focus groups in terms of questions asked and topical areas of focus. The beforementioned ethical safeguards, and the triangulation of data sources presented in this report (focus group discussions and written postcards, in addition to quantitative survey data and wider review of literature) also support the reliability of findings.

5.RESEARCH ETHICS REVIEW

This research project handled sensitive topics with vulnerable populations; therefore, a research ethics review was conducted using the HDRC Surrey Research Ethics Review process before any data was collected. Key study related documents including the survey and focus groups question and structure as well as Participant Information Sheets (PIS) and consent forms were reviewed by the HDRC Surrey Ethics Review Panel to ensure the study in conducted in line with sound research ethics and local data governance principles.

6.RESEACH RESULTS

RQ1: ***What support for managing financial hardship is used by priority populations with lived experience of poverty in Surrey?***

6.1 Insights from the national evidence

The evidence review highlighted some of the key financial services used by Surrey's priority populations (Table 1). The search showed that while a range of services exists to support vulnerable populations, their delivery is often inconsistent, underfunded and poorly co-ordinated, leading to significant gaps in outcomes and equity. Some of the key issues in relation to the effectiveness of services used by priority populations have been shown below in Table 1.

Table 1: Key support services used by priority populations

Priority populations	Key support services used	Experience of service use
Carers	Carer support services, respite care, social care, welfare and benefits advice, mental health support	Support is fragmented and underfunded. Many carers lack awareness of available help, and respite options are limited, leading to burnout.
Care leavers / adults with care experience	Housing and tenancy support, transition mentoring, mental health and trauma counselling, employment and training programmes	Services exist but vary by area. Poor coordination and short-term support mean many care leavers face housing instability and financial hardship.
Families with children	Early years and childcare services, schools and family hubs, children's centres, welfare and debt advice, housing support, food and fuel assistance schemes, mental health and parenting support	Services provide crucial help but are often fragmented, means-tested, and overstretched. High childcare costs, limited access to affordable housing and benefit caps weaken impact. Family hubs and schools can offer effective local support where co-ordination is strong, but many families still fall through service gaps.
People with a learning disability and/or autism	Specialist employment and education programmes, supported housing, advocacy, social care, disability benefits advice	Access is inconsistent; long waits and limited tailored support reduce effectiveness. Transition to work and independent living remains difficult.
People with long-term health conditions,	Health and social care, personal assistance, occupational therapy, mobility and equipment services, benefits advice	Services help maintain independence but are means-tested and inconsistent. Rising care charges undermine financial stability.
People living in care homes	Residential and nursing care, local authority financial assessments, advocacy, health and wellbeing support	Care quality and affordability vary greatly. Many self-fund and exhaust savings, showing limited state protection.
People from racially minoritised communities	Employment and housing support, community advocacy, welfare rights advice, integration and language services	Services often fail to address discrimination or cultural barriers. Low trust and accessibility reduce engagement and outcomes.
GRT communities	Outreach and advocacy, education inclusion programmes, health access services, welfare and housing advice	Coverage is very limited. Discrimination and lack of administrative access prevent many from receiving consistent support.
People out of work / unemployed	Jobcentres, employability and skills training, welfare and debt advice, mental health support	Conditional benefit systems and limited tailored help make re-entry to work difficult, reducing long-term effectiveness.
People experiencing domestic abuse / survivors	Refuges, housing and legal support, crisis funds, trauma counselling, benefit and immigration advice	Vital but underfunded. Access depends on postcode and immigration status; waiting lists hinder long-term recovery.
People with a mental illness or disability	Community mental health teams, counselling and therapy, supported employment, welfare rights advice	Essential but overstretched. Long waits and complex benefit processes increase stress; poor integration between health and employment support.

People who use alcohol or drugs and require support	Addiction treatment, harm reduction, recovery housing, counselling, peer and rehabilitation programmes.	Effective with sustained engagement, but cuts and stigma limit reach. Services often overlook housing and employment barriers.
People who are homeless	Homelessness outreach, emergency accommodation, supported housing, healthcare access, substance misuse and welfare support	Emergency aid prevents rough sleeping, but long-term progress is limited due to housing shortages and fragmented service delivery.

6.2 Primary Research

Survey

A total of 96 participants took part in the survey. Participants were predominantly White (83.3%) and female (74.0%), with most participants in middle age (47.9%) or older age groups (22.9%). A majority (75.0%) reported experiencing financial hardship in the past 12 months and 68.8% reported a physical or mental health condition lasting, or expected to last, at least 12 months. Nearly half of the participants had at least one financially dependent child (45.8%) and 46.8% were renting (26% from a Council or Housing Association and 20.8% from a private landlord or agency) their accommodation. Additionally, 22.9% of participants were unemployed. The full demographic characteristics of the participants are included in, **(Appendix 3 - Survey report)**.

In response to survey question about extent to which participants felt the current services met their needs in relation to money difficulties, over one third of participants indicated their needs were not sufficiently met. Less than one third of participants suggested their needs were at least partly met by the services. (Appendix 3, Figure 1). When analysing the survey by priority populations, data showed that across nearly all population groups, about one third or more participants indicated that their financial needs were not met at all by existing services (Appendix 3, Figure 2).

The survey highlighted that uptake of services varied depending on their type (Appendix 3, Figure 3-5). Informal or alternative services were the most frequently type of service used (80% of participants) and government services (Appendix 3, Figure 5) were least frequently used (40% of participants). The most commonly used services in each category were as follows (Appendix 3, Figure 3-5):

- Governmental services: NHS services (including hospital, GP, and mental health services), as well as council housing support.
- Community-based services: Food banks, community fridges, pantry services, and charity shops, followed by local voluntary or community groups and Citizens Advice services.
- Informal or alternative sources: Financial and other kinds of support from family and friends, with some participants also mentioning social media and online financial advice.

The analysis of the services by priority population showed notable patterns in the types of support services used by different priority populations in Surrey (Appendix 3, Table 1). Among those who experienced financial hardship or money difficulties in the past year, the most

commonly accessed government or NHS services were NHS/GP and mental health services, alongside Council housing support. Community-based assistance was dominated by food banks, charity shops, and local voluntary groups, while informal help primarily came from family and friends through loans or material support. Carers most frequently used NHS and mental health services, followed by the Jobcentre and also relied on charity shops and food banks. Similarly, they depended heavily on family and friends for both financial and practical support. People with learning disabilities and/or autism primarily accessed NHS mental health services and charity shops and again drew on family or friends for help. Those with long-term health conditions, physical disabilities, or sensory impairments made frequent use of NHS/GP services, council housing support, and mental health services, alongside community-based options such as food banks, charity shops and Citizens Advice. Informal help from family and friends was also a consistent feature for this group.

For people who were out of work or unemployed, NHS and Jobcentre services were key sources of formal support, while food banks and charity shops featured prominently in community assistance. Informal support from family and friends again played a significant role. Domestic abuse survivors showed a distinct pattern, with no government or NHS services used by five or more participants, but community and informal supports, particularly food banks, charity shops, Citizens Advice and family or friend networks, being vital sources of help. Individuals with a mental illness or disability most frequently used NHS mental health and GP services, complemented by food banks, charity shops, and online or social media communities for informal support. Parents with two or more financially dependent children also primarily turned to food banks and charity shops, as well as to family and friends for financial or practical help.

Overall, the table demonstrates that NHS and GP services were the most frequently used formal supports across most groups, while community-based services such as food banks and charity shops were vital sources of assistance. Informal networks, particularly help from family and friends, played a consistently important role across all priority populations, highlighting the strong dependence on personal and community-level support structures to manage financial hardship.

In terms of overall experience of interacting with services, community-based services were evaluated most positively, with predominantly favourable ratings (Appendix 3, Figure 6a and Figure 6b). In comparison, both government/ formal services and informal or alternative sources received some neutral (neither good nor bad) evaluations. Government/formal services had the lowest proportion of participants rating them as good or very good, suggesting they were perceived the least positively. However, across all service types, positive evaluations still outweighed neutral or negative evaluations, indicating generally favourable perceptions overall.

Focus groups

A total of 48 individual took part in the focus groups across six focus groups targeted for food bank users, cares, care leaves people who are racially minoritised and residents from two of Surrey key neighbourhood areas (within Reigate and Banstead residents and Spelthorne). Full report can be found in **Appendix 2 - Focus group report**.

Participants mentioned various services spontaneously, indicating awareness and usage. Services include financial aid, free school meals, family hubs, and educational support. The main reasons for use were driven by financial need and the desire to meet basic needs. Participants actively search for services online and assess eligibility.

The participants reported both positive and negative impacts of using services. Positive impacts were reported to be increased financial stability, access to basic needs and discovery of other services. Negative impacts were emotional toll (shame, stigma, fear), risk of losing other benefits and complex application processes (Table 2).

Table 2: Services by mentioned by population group and experience shared at the focus groups

Population Group	Service Used	Experience Summary
Care Leavers	Housing register (council housing)	Helpful for those with priority status (e.g., mothers, care leavers).
	Personal advisor (for care leavers)	Mixed: negative (absent staff, poor continuity, boundary issues) and positive (proactive, shares support info).
	Universal Credit	Mentioned in passing.
	Council tax exemption	Mentioned positively in passing.
Food Bank Users	Housing register (council housing)	Access tied to crisis; some worsen circumstances to qualify. Problems: last-minute offers, no furniture, fathers excluded.
	Universal Credit	Easier to get than housing support.
	Carer's Allowance	Appreciated though insufficient; unclear qualification hours (~30 hrs/week).
	CAHMS (Child and Adolescent Mental Health Services)	Seen as non-existent; medication seen as band-aid.
	Healthy Start	Questioned why limited to the first child.
	GP	Mental health support minimal; can link to community support or domestic abuse services.
	Citizen's Advice	Seen as limited but better than government; lack of psychological training.
	Baby health visitor	Appreciated for identifying need and signposting to food banks.
	NHS Transportation service	Positive; poorly advertised (discovered by accident).
	School staff	Teachers proactively identified struggling parents and linked support, appreciated.
Banstead Residents	Housing register (council housing)	Priority list useful, but long waiting times (e.g., 6 months).
	Employment support / Job Seeker's Allowance	Mentioned in passing; must actively job search to qualify.
	NHS Transportation service	Appreciated but not well advertised (word of mouth).
	Job Centre	Mentioned as necessity when unemployed ("half a loaf is better than none").
Spelthorne Residents	Housing register (council housing)	Appreciated; must have PIP or benefits sorted first.
	GP	Difficult to access ADHD diagnosis; overreliance on antidepressants.
	Job Centre	Mixed: some appreciated Flexible Support Fund (FSF); others experienced misinformation and frustration.

	Personal Independence Payment (PIP)	Appreciated but insufficient; hard to apply and maintain.
	Disability badge (parking)	Mentioned in passing.
Carers	Contribution towards gas and electricity bill	Mentioned positively.
	Carer's Allowance	Too small to live on with dignity.
	Employment support / Job Seeker's Allowance	Too small to live on with dignity.
	Surrey County Council "HAF vouchers" (Holiday Activity and Food Programme)	Inflexible; not usable in all areas or activities.
	Disability Living Allowance	Too small; stressful application process (must describe "worst days").
	Vouchers to replace free school meals	Insufficient to cover food costs, insufficient information about support during school breaks.
	Pension credit	Online-only process criticized.
	GP	Appreciated £300 carers grant awareness via GP posters.
People Who Are Racially Minoritised	Universal Credit	Mentioned in passing.
	Citizen's Advice	Appreciated for being a charity giving advice.
	Job Centre	Mentioned in passing.

Key factors influencing access were eligibility criteria and qualifications, social networks and charity connections. Co-located services (e.g., referrals from GPs or schools) were reported to be advantageous. Sadly, participants also suggested that willingness to endure shame was necessary for long-term gain. Literacy, language and digital skills were also reported to be the key influencing factors for identifying and accessing services.

***RQ 2:* How do experiences of financial hardship vary between priority populations with lived experience of poverty in Surrey?**

6.3 Insights from published national evidence

There is substantial evidence demonstrating the impact of financial hardship on the experience of disadvantaged groups experience across England. Table 3 brings the key insights published nationally mapped against Surrey priority populations. The key emerging themes from this evidence highlighted:

- **Extra/unavoidable costs**: disability, caring needs, or specialist support create ongoing expenses beyond regular living costs[10].
- **Benefit design and gaps** (low levels, strict rules, evidence of problematic over-payments and repayments): push many toward debt especially carers, disabled people and those with unstable work[11].
- **Employment barriers** (discrimination, insecure work, health barriers, criminal records): keep many groups trapped in low incomes[12].

[10] Extra costs of learning disability_Final.pdf
[11] CUK State of Caring 2023
[12] Learning disability and work - final report 31.10.22[77] (2) (1).pdf

- **Housing instability** is both a cause and effect of financial hardship: care leavers, survivors of abuse, people with substance use issues and people from Gypsy, Roma, Traveller (GRT) communities are especially affected)[13].

Table 3: Drivers and Impacts of Financial Hardship

Priority Population	Drivers of financial hardship	Common impacts	Main benefit support
Carers	Many carers reduce hours or leave paid work; Carer's Allowance is low and has strict earnings rules so it disincentivises extra paid work[7].	Higher risk of debt, cutting back on essentials (food, heating), low pension contributions and long-term earning loss[7].	Carer's Allowance is one of the main benefit supports; many carers receiving it are still in poverty; about two-thirds (67%) of carers on Universal Credit live in poverty[14]
Care leavers / adults (18+) with care experience	Disrupted schooling, weak family financial safety net and variable local authority support at leaving (small or one-off payments rather than sustained income)[15].	Much higher rates of homelessness, unstable housing (sofa-surfing, temporary accommodation)[16], weak transitional support, mental health / trauma, difficulty accessing sustained employment or higher education; early financial crises are common[17].	Not enough data available
People with a learning disability and/or autism	Very large employment gap (far lower paid work rates), plus additional, often unavoidable, extra living costs (support, equipment, specialist transport)[10].	Lower household income, reliance on benefits that may not fully cover extra costs, exclusion from mainstream employment supports[18].	Personal Independence Payment (PIP**):** For those aged 16 to 64, this helps with extra costs from a disability, such as support with daily living or getting around. **Disability Living Allowance (DLA):** **Employment and Support Allowance (ESA):** A benefit for those who have difficulty working because of their illness or disability
People with a long-term health condition, physical disability, and/or sensory impairment	Lower employment rates, extra health/care costs, inconsistent social care support and means-tested contributions to social care which create large out-of-pocket bills.	Higher relative poverty rates among disabled people even when benefits are included; rising care charges push some into debt[19].	Not enough data available

[13] Homelessness-stats_Oct-24.pdf
[14] Poverty and financial hardship of unpaid carers in the UK | Carers UK
[15] spotlight_on_poverty_and_social_work_-_care_experienced_-_jan_2023.pdf
[16] AYPH-Care-leavers-experiences-of-health-inequalities-Data-report-1.pdf
[17] Homelessness-stats_Oct-24.pdf
[18] Learning disability and work - final report 31.10.22[77] (2) (1).pdf
[19] Cost of living: Impact of rising costs on disabled people - House of Lords Library

People living in care homes	Residential care is expensive and eligibility for full public support is limited by asset thresholds; complexity of the system means many self-fund and deplete savings or sell homes.	Individuals and families face very large lifetime care costs; sudden financial shocks from care fees are frequent[20].	Many self-fund their care, depleting assets; means-tested public support triggers asset thresholds
People from racially minoritised communities	Higher exposure to insecure/low-paid work, discrimination in labour and housing markets, and disproportionate impact of benefit and tax changes.	Higher rates of deep poverty for certain ethnic groups (e.g., Bangladeshi and Pakistani households), more insecure work, and barriers to claiming entitlements[21].	Likely greater reliance on social security / benefits in low-income households (but direct group-specific benefit data not pulled)
People from the Gypsy, Roma and Traveller (GRT) community	Structural exclusion (poor access to education, health, welfare), barriers to registering for benefits, settled address) and discrimination when seeking work or housing.	Very high levels of poverty, low employment participation, poor health outcomes and difficulties accessing social security and mainstream services[22]	Not enough data available
People out of work / unemployed	Job loss, lack of suitable vacancies, skills mismatch or long-term health/barrier to work; persistent unemployment pushes households into benefit dependence.	Reduced income, increased debt and rent arrears, food insecurity; mental and physical health deteriorations that can further impede return to work[23].	Universal Credit / Jobseeker's Allowance / housing benefit
People experiencing domestic abuse / survivors	Abusers commonly use economic abuse (controlling money, withholding documents, sabotaging work) and survivors often face legal, housing, and childcare costs when escaping abuse.	Immediate financial crisis when leaving, long-term loss of income, barriers to benefits (e.g. no recourse to public funds), and a persistent "price of safety" (legal and re-housing costs)[24].	Many survivors rely on benefits; some have restricted access.
People with a mental illness / disability	Reduced employment rates (and if employed, often in lower-paid or insecure roles), high rates of benefit claims for health reasons, and large indirect costs (treatment, missed work).	Higher poverty risk, rising benefit claim numbers driven by mental health conditions, and substantial lost earnings over time[25].	Health / disability benefits
People who use alcohol / drugs and	Substance dependence often co-occurs with unstable housing, interrupted employment,	High overlap with homelessness, premature mortality, and exclusion from steady employment; lack of	Some may qualify for benefits, but often face barriers (criminal record, instability)

[20] Paying for Permanent Residential Care | Paying For a Care Home | Age UK
[21] UK Poverty 2025: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation
[22] Annual-Report-2024.pdf.
[23] People not in work - Office for National Statistics
[24] Price of Safety report
[25] The Big Mental Health Report | Mind

require support	criminal records or health problems that block work; treatment and recovery services have been historically under-resourced.	stable housing and treatment access perpetuates poverty cycles[26].	
People who are homeless	Combination of insecure/low pay, benefit problems, escaping abuse, care leaver status, poor mental health or substance use, and a lack of affordable housing.	Extreme material poverty (no stable income or buffering savings), barriers to benefits (ID, GP registration), high mortality and healthcare costs, and very high difficulty sustaining any route out of poverty without joined-up support[27].	Difficulty accessing benefits (no address); often rely on charitable / emergency support.

6.4 Insights from local evidence

To investigate the impact of cost-of-living crisis a number of research projects were commissioned and conducted on Surrey's population, including a research on the impact of the Cost of Living on Surrey Residents in five locations (2023–24), delivered by Neighbourly Lab and research on the experiences of in-work poverty in Surrey, delivered by Revealing Reality. In addition, the impacts pf poverty and cost of living crisis were also identified through some of the Surrey Joint Strategic Needs Assessment (JSNA) chapters. The key highlights from these sources are described in the following sections.

Impact of the cost of living on Surrey residents in five locations (2023–24), delivered by Neighbourly Lab

Surrey County Council (SCC) and Surrey Heartlands NHS commissioned research to understand how the cost-of-living crisis is affecting residents in five HWB Strategy Key Neighbourhoods (Court, Chertsey St Ann's, Goldsworth Park, Old Dean, and Stoke (now Bellfield's and Slyfield due to boundary change). The study explored financial pressures, health and wellbeing and access to community support, particularly among residents whose voices are seldom heard. Key findings from this research were:

- **Severe financial pressure:** Residents are cutting spending on food (75%), bills (86%), and socialising (64%). 24% cannot afford full grocery shops; 19% skip meals; 37.5% use foodbanks, well above Surrey averages. High debt levels and reliance on Universal Credit; many unable to make ends meet.
- **Declining health and wellbeing:** 67% report higher stress; 54% say Cost of living has harmed mental health; 45% report poorer physical health. Depression and anxiety rates are estimated at five times the national average. 60% of those with chronic illness cut back on care costs, worsening symptoms. Low NHS service use, barriers include appointment access and low awareness of social prescribers.
- **Community networks as lifelines:** Areas with stronger "mesh of care" (faith groups, foodbanks, hubs) show higher resilience and reduced isolation. 81% feel supported by

[26] Report into homelessness and drug misuse published - GOV.UK
[27] Homelessness-stats_Oct-24.pdf

family/friends, but only 45% view their local area as supportive enough. Women and carers are disproportionately affected, more likely to skip meals and report poor mental health.
- **Barriers to support:** Many residents unaware of available help or feel shame/distrust toward formal systems. Practical issues (mobility, childcare, timing) and emotional barriers limit engagement.

Cost-of-living pressures in Surrey affect residents differently depending on age, gender, health, and family role, but the core patterns are consistent:

- **Community connection** → leads to a stronger resilience.
- **Administrative systems** → cases the most stress for vulnerable groups
- **Women, carers, and low-income earners, isolated residents, especially younger adults and single parents** → are most exposed and face compounding financial hardship, emotional and health challenges

Experiences of in-work poverty in Surrey, delivered by Revealing Reality

This research explored the lived experiences of working Surrey residents who remain in poverty despite employment. It built on Surrey County Council's "No One Left Behind" Employment Network's project, shifting the focus from unemployment to those in low-paid or unstable work. The goal was to understand causes, coping strategies and opportunities for effective interventions. Key results from this research were:

- **Complex and varied causes of in-work poverty**: Root causes were interconnected, including low income and high living costs (especially rent and utilities).
- **Dependants (children, partners, or other adults):** Relationship breakdowns and financial abuse. Physical or mental health conditions limiting work hours or progression. Many participants worked multiple jobs but still ran monthly deficits or had no savings.
- **Short-term coping, not long-term stability**: Most used budgeting, cutting food/bills, and borrowing to manage cash flow. Focus was on survival, not improvement; many avoided confronting debt or planning ahead. Several carried historic payday loans or individual voluntary arrangement (IVA) repayments that perpetuated hardship.
- **Barriers to career progression**: Low qualifications, caregiving duties and health constraints restricted advancement. Some lacked motivation or awareness of higher-paying opportunities; others feared losing benefits by working more hours. Training and career change were often impractical due to time, cost, or caring responsibilities.
- **Health and relationships deepen financial strain**: Poor health (their own or a partner's) reduced work capacity and income stability. Some households supported non-working adults or relatives with mental health issues. Financial control, debt inheritance, or abuse from ex-partners left long-term consequences.
- **Limited and short-term support**: Most received Universal Credit and short-term help like foodbanks, vouchers, or free childcare. Debt advice was available but often generic, one-off, and reactive. Barriers included low awareness, limited access (timing/location), and stigma, especially among men. Few saw existing support as relevant to them or their aspirations.

This report highlighted that the key priority population groups who may be affected by in work poverty include individuals with dependents (such as children, partners or other adults), people experiencing poor physical and mental health, carers, victims of domestic abuse (particularly those subjected to financial control) and individuals facing dept inheritance following a relationship breakdown.

Insights from Surrey's JSNA chapters

Further evidence and insights generated through several Surrey JSNA chapters, including those on People experiencing Multiple Disadvantage, Loneliness and Isolation, Housing, Economy, Migrant Health, Domestic Abuse, Food and Health, Substance Use, Oral Health, and Screening, have highlighted population groups likely to be affected by financial hardship and the cost-of-living crisis.

These groups include people living in the most deprived areas including the Key Neighbourhoods, families with children, individuals who are socially isolated, people with learning disabilities, those with long-term health conditions or mental health challenges, people in contact with the criminal justice system and victims of domestic abuse. It should however be noted that these insights are based on the JSNA chapters completed to date and the list of affected groups may expand as further chapters are developed.

6.5 Primary research

Survey

Not surprisingly, nearly 70% of the participants (n= 66) reported experiencing money difficulties very often or often over the last year (Appendix 3, Figure 7).)Across the priority populations, participants generally reported money difficulties at least monthly (often or very often). If those who selected occasionally are set aside, and the comparison is between often or very often versus rarely or very rarely, nearly all participants chose often or very often for all population groups, as shown in Appendix 3, Figure 8.

The most frequent types of financial difficulties overall (Apendix3, Figure 9) were reported to be difficulty buying enough food (70.8%), followed by paying fuel bills (53.1%) and non-fuel bills such as water, internet, Council tax (40.6%).

Appendix 3, Table 3 outlines the most commonly reported financial difficulties across different Priority Populations, revealing significant similarities in the types of financial strain experienced. Across nearly all groups, the most prevalent challenge was difficulty buying enough food, indicating widespread food insecurity. This was followed closely by struggles to pay fuel bills such as electricity, gas and heating, and to cover non-fuel bills including water, internet and Council tax.

Those who had experienced financial hardship in the past year reported the highest rates of difficulty across all categories, particularly with food costs, energy bills and other essential household expenses.

Carers similarly reported difficulties affording food, paying fuel bills and managing non-fuel household bills, reflecting the financial pressures often associated with unpaid caring roles.

People with learning disabilities and/or autism faced notable challenges purchasing food and paying for fuel and transport, highlighting mobility and accessibility costs as additional burdens.

People with long-term health conditions, physical disabilities, or sensory impairments most frequently struggled to afford food, followed by energy and non-fuel household bills. Unemployed individuals also reported food insecurity as their most common difficulty, but transport costs featured more prominently for this group, suggesting that travel expenses may be a barrier to seeking work or accessing services.

Survivors of domestic abuse most commonly struggled to pay fuel and non-fuel bills as well as to afford sufficient food, indicating a broad pattern of economic vulnerability.

For those living with mental illness or disability, difficulties buying food and paying household bills were again dominant themes, mirroring patterns seen in other groups.

Parents with two or more financially dependent children primarily struggled to afford food and repay debts, with fuel costs also representing a key concern.

Overall, the data reveal that food insecurity, rising energy costs and ongoing household expenses are the most common and consistent financial challenges across priority populations, highlighting the depth of cost-of-living pressures and the limited financial resilience among vulnerable households.

Other local research findings have also highlighted the importance of geographical disadvantage and local infrastructure (or built environment) which is considered a determinant of health and driver of health inequalities[28]. For example, in a recent survey completed by 424 residents living in Cranleigh Villages including Alfold, Cranleigh, Dunsfold and Ewhurst; and data from "Other" villages (e.g. Bramley, Loxwood, Rudgwick) reported the following challenges:

- Access to emergency health services (n=235)
- Access to health facilities (n= 272)
- Internet and WiFi coverage (n=245)
- Public transport (n= 220)

Such factors are not consistently included in population level needs assessments.

Focus group

> ***"I couldn't pay my rent top up in the summer because my money went on food to pay for my son, so I couldn't pay that top up to my landlord [...]. I don't think that the help is enough for what prices are now in the economy."*** Carer, woman.

General observations were that people with overlapping identities (e.g., racially minoritised carers) have complex experiences. Despite this, specific themes and experiences that pertain to priority populations arose from focus groups.

Group-specific insights are:

[28] Health disparities and health inequalities: applying All Our Health - GOV.UK

- **Racially minoritised people**: Cultural norms discourage help-seeking; language barriers and migration challenges (like learning how to navigate UK health care systems) are significant.
- **Carers:** Time-consuming caregiving limits employment; Carers Allowance is insufficient.
- **Care leavers**: Face stigma, lack of safety nets, and emotional challenges.
- **Key neighbourhood residents** (Spelthorne & Banstead): Literacy issues and desire to relocate noted.
- **Food bank users**: Value co-located services and proactive outreach.

Other cross-cutting themes were related to:

- **Gender & family structure**: Women, especially mothers, sacrifice employment for caregiving. Men are less likely to seek help. Parenthood intensifies financial hardship but can also facilitate access to services.
- **Disability**: Support access depends on how people's conditions are presented; applicants feel pressured to portray their worst state (for example when applying for PIP).

RQ3: How can poverty be prevented and the effects of poverty mitigated in Surrey at system/civic, service and community level

6.6 Insights from national evidence

The evidence review of the literature emphasised key policy implementation which should be considered in tailoring of interventions for specific priority population groups and formulating preventive interventions. The below summarises key actions and policy implications to be considered when formulating a local plan and framework.

Table 4: Evidence based actions and policy implications to be considered in the development of local plans and mapped against priority population groups

Priority population groups	Evidence based actions for formulating effective preventive policies and action plans
Care leavers	• Guarantee a sustained income package for care leavers (not just one-off grants): stable housing support plus an earnings/top-up scheme while in education or training[29]. • Strengthen local leave-care pathways: dedicated employment support, budgeting support, and mental health services tailored to trauma[30]. • Improve data linkage to track lifetime outcomes and target the worst-affected Areas.
People with a learning disability (and/or autism)	• Scale high-quality supported employment and wage subsidy programmes; require stronger employer incentives and enforcement for reasonable adjustments[31]. • Improve access to PIP/benefit assessments that recognise extra costs, and fund specialist local support (transport, day services) to reduce out-of-pocket spending.

[29] CBP-8429.pdf
[30] Microsoft Word - Final LEO report - January 2023
[31] The cost-effectiveness of supported employment for adults with autism in the United Kingdom - PMC

	• Invest in early intervention and education support to improve later labour market attachment. • Implement national roll-out of recommended autism-friendly recruitment and supported placement schemes; fund employment coaches and workplace mentors. • Ensure benefit rules do not penalise attempts to work part-time; expand access to reasonable adjustments and workplace awareness training.
People with long-term health conditions	• Link health and employment support (integrated return-to-work services), reform social care charging to limit catastrophic costs, and protect disability benefits from cuts that would increase poverty[32].
People living in care homes (residential/nursing residents	• Implement transparent fee regulation, better information for older people planning care, and maintain the social care cap/threshold reforms to reduce catastrophic costs. Consider better financial planning support and stronger protections for self-funders[33].
People from racially minoritised communities	• Targeted anti-poverty measures for the worst-affected communities (jobs programmes, tailored outreach to increase benefit take-up), stronger enforcement of labour market discrimination laws, and investment in child poverty reduction in high-risk localities[34].
People from the Gypsy, Roma and Traveller (GRT) community	• Culturally-appropriate outreach (registering for benefits, health and education), secure site provision and legal protections against discrimination, and targeted education/employment programmes for GRT young people. Invest in trusted local mediators and services[35].
Carers	• Expand uptake and effective use of Carer's Leave, flexible working, and return-to-work support; promote employer incentives or recognition for carer-friendly practices. • Targeted financial credits (e.g., a 'carer cost credit' or higher means-tested support) to offset transport, energy and equipment costs that disproportionately hit carers. • Fund local respite and breaks, and clearer access routes • Simplify benefit application processes and ensure proactive outreach to identify carers (GPs, schools, social services). • Provide emergency hardship funds (local welfare assistance) with clear eligibility for carers leaving paid work to meet a care crisis.
People out of work / unemployed	• Active labour market programmes targeted at long-term unemployed (training, wage subsidies, support for childcare/transport), plus income adequacy measures to prevent destitution during job search. Integrate health and skills support for those with health barriers[36].
People experiencing domestic abuse / survivors	• Recognise economic abuse in statutory responses; ensure survivors can access immediate cash support, emergency housing, debt relief and benefit access (including protecting claimants from perpetrator control). Increase funding for specialist domestic abuse services that include welfare and employment support[37].
People with a mental illness	• Investment in timely mental health care linked to employment support; workplace mental health initiatives and safe-to-disclose policies; protect benefit entitlements for those unable to work and design gradual return-to-work pathways[38].

[32] Adult social care charging reform: further details - GOV.UK
[33] Adult social care charging reform: further details - GOV.UK
[34] Race and ethnicity | Joseph Rowntree Foundation
[35] 2. Equity Report Gypsy, Roma and Traveller Young People
[36] Supporting people in employment | Nuffield Trust
[37] Our impact 2023–24 - Surviving Economic Abuse
[38] The Big Mental Health Report | Mind

People who use alcohol / drugs and require support	• Expand stable housing plus treatment ('housing first' models), scale community treatment and employment re-integration programmes, and ensure safety nets (income support, benefit access) during treatment to reduce relapse risk. Invest in early intervention and improve service accessibility[39].
People who are homeless	• Preventive measures (affordable housing, rent support), rapid rehousing (Housing First), remove administrative barriers to claiming benefits (ID, GP registration), and integrated health + employment services to stabilise households. Invest in long-term solutions rather than episodic emergency responses. [40]

The evidence review of effective intervention **(Appendix 4, Evidence Review)** in tackling poverty highlighted the need for better understanding of different types of poverty and its impact on vulnerable population groups across the life course in designing new policies and interventions. Key type of poverty identified in this report included:

- **Fuel poverty**: linked to cold-related deaths and poor diet due to energy costs.
- **Food insecurity**: stigma and affordability are key barriers.
- **Transportation poverty**: limits access to healthcare and opportunities.
- **Digital poverty**: excludes people from essential services and support.
- **Housing & built environment**: poor housing affects health and wellbeing.
- **Employment poverty**: unemployment and underemployment harm mental health

Key elements of effective interventions which were formally evaluated included in this review were found to be interventions that:

- Alleviate strain on budgets/reduces costs by providing essential products (like food), monetary support (like fuel cost compensation) or services (like free school lunches).
- Provide essential services, products, monetary support universally to 1) avoid shame and stigma associated with accessing services, 2) avoid limitations in access for non-native speakers of English and 3) any other undisclosed reason people do not access benefits.
- Is responsive to the local social context and need, designed in collaboration with local stakeholders, partners and community members. Builds trust between service provider and user.
- Incorporate evaluation to refine interventions and inform best practice.

In addition, grey literature (in the form of local authority, government, NHS and VCSE policy and best practice documents) was reviewed to identify approaches, best practices and recurring recommendations made for local authority interventions on poverty prevention. The findings highlighted that poverty is best addressed by a whole systems approach where different local authority department collaborate on finding solutions, delivering interventions and sharing data. Cross departmental/sectional collaboration is emphasised to enable a contextual understanding of individuals/households' needs. Sometimes called an "ecosystem approach"

[39] Adult substance misuse treatment statistics 2023 to 2024: report - GOV.UK.
[40] Homelessness: statistics | Mental Health Foundation.

(including, for instance, delivering services effectively alongside providing an environment that supports healthy and equitable living)[41].

The findings from the evidence review closely aligned with Poverty Truth Commission report published locally in 2025 by Good Company[42]. The report highlighted how meaningful change on poverty begins with listening to those who live it. The Commission brought together "Community Commissioners" (people with lived experience of poverty) and "Civic Commissioners" (local leaders and decision-makers) to build understanding, trust and shared action.

The report stressed that poverty is not just about income but about relationships, systems and culture. It argued that services often fail because they work in silos, overlook peoples lived realities and treat poverty as an individual failure rather than a systemic issue. True progress depends on changing mindsets and power dynamics, ensuring that people experiencing poverty are equal partners in designing and shaping policy and services. Overall, the report urged local government and system partners? to move beyond short-term crisis responses and towards long-term, systemic change rooted in dignity, equality and collaboration

Key recommendations include embedding lived experience in decision-making, moving from consultation to genuine co-production and creating more relational, person-centred services. Organisations should challenge stigma, use more respectful language and build cultures based on listening and trust. The report also called for breaking down silos between services, tackling structural inequalities such as housing and employment insecurity and investing in community-led initiatives that build connection and resilience.

6.7 Insights from local research

Impact of the Cost of Living on Surrey Residents in five locations recommendation:

- **Reach the "very stuck"**: Take services into everyday spaces (shops, parks, cafés). Use local co-ordinators and digital neighbourhood channels to connect residents to help.
- **Sustain and grow community infrastructure**: Protect funding for warm hubs and community cafés; extend hours and outreach. Encourage volunteering and partnerships across health, faith and local organisations.
- **Address systemic causes**: Consider rent and council tax freezes, debt consolidation, and flexible work for carers. Expand social prescribing and community-based health outreach and engage businesses on fuel, food, and internet affordability.

Experiences of In-Work Poverty in Surrey recommendations:

- **Reframe and destigmatise support**: Avoid labels like "poverty"; focus on practical help and empowerment. Promote services through community venues (libraries, faith centres, schools).

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[41] Closing the gap: building better child poverty prevention systems.
New Philanthropy Capital (NPC) Ethos Foundation. New Philanthropy Capital (NPC), 2024.
[42] PTC Final Report For Website.pdf - Google Drive

- **Promote long-term financial resilience**: Encourage financial planning and career confidence alongside crisis support. Develop public campaigns showing real stories of residents moving into stability.
- **Invest in career development**: Personalised career coaching for low-income workers to build confidence and skills. Accessible, flexible training that fits around childcare and shift work, aligned with local job demand. Collaborate with employers to create clear pathways to higher-paid, stable roles.

Surrey JSNA-Key Recommendations related to for Priority Population Experiencing Poverty

	People with multiple disadvantages (Adults) • Embed trauma-informed approaches and integrated commissioning. • Invest in early intervention and prevention solutions to reduce the prevalence, duration, and impact of multiple disadvantage. • Improve ease of access to housing and accommodation support and ensure sufficient housing options for people experiencing multiple disadvantage.
	Loneliness and isolation • Recognise loneliness as a structural inequality. • Use a life course approach, improve data and insights. • Embed social connection in prevention strategies
	Housing • Advocate for affordable housing and policy change. • Share best practices to reduce homelessness. • Improve housing security and cross-sector collaboration.
	Economy • Remove barriers to employment, skills and training. • Meet basic needs (housing, food security).
	Migrant Health • Strengthen targeted services (e.g. dental, mental health). • Improve communication, cultural awareness and staff training.
	Food and health • Target programmes like 'Be Your Best' to priority groups (families with young children). • Address food insecurity in deprived areas. • Prioritise nutrition support for low-income families.
	Substance use • Run prevention campaigns and improve education. • Tackle stigma and strengthen dual diagnosis pathways. • Reduce unplanned treatment exits and improve referrals.
	Oral and dental health • Focus on disadvantaged populations.
	Screening • Improve uptake in underserved groups, particularly to improve cervical screening uptake in lower-coverage populations.

6.8 Primary research

Survey

Although participants reported that they had some levels of awareness (Appendix 3, Figure 10), only 20 out of 96 reported that they feel either very confident or confident about approaching

services for money difficulties (Appendix 3, Figure 11). Similarly, only 12.5% said they find easy or very easy to use support services for money difficulties (Appendix 3, Figure12).

Appendix 3, Table 4 identifies the priority populations most at risk of low awareness, low confidence and difficulty using services. Across all three dimensions, those who had experienced financial hardship or money difficulties in the past 12 months consistently appeared as the group most affected. Nearly a third of this group reported being somewhat or very unaware of available services, while close to half indicated low confidence and difficulty in using them. Individuals with long-term health conditions, physical disabilities, or sensory impairments also showed elevated risk across all measures, ranking second for low awareness, low confidence and difficulty accessing services. Carers, those providing unpaid care for a friend or relative, were similarly overrepresented among those with limited awareness and confidence, reflecting the challenges faced by this group in navigating complex support systems while managing caring responsibilities.

In addition, people with a mental illness or disability featured prominently in the group reporting the greatest difficulty using services, suggesting that mental health and cognitive barriers may further complicate service engagement. Overall, the data indicate that financial hardship is strongly linked to reduced service awareness and confidence, while long-term health conditions and caring roles also pose significant barriers. These findings highlight the need for more accessible, tailored and proactive outreach to ensure that those most in need are aware of, feel confident in and can effectively use the support services available to them.

Across nearly all groups, eligibility requirements, complicated forms or paperwork and long waiting times were the most frequently reported barriers (Appendix 3, Figure 13).

Appendix 3, table 5 outlines the most common challenges faced by participants when attempting to access or use support services, with patterns varying across priority populations but showing clear areas of systemic difficulty. Those who had experienced financial hardship or money difficulties in the last 12 months faced the widest range of obstacles, most notably being ineligible for certain services, dealing with complex application processes and enduring long waiting periods. Carers for friends or relatives also reported significant challenges with complicated paperwork and eligibility criteria, suggesting that administrative burdens and unclear requirements hinder their ability to access timely support.

Participants with long-term health conditions, physical disabilities, or sensory impairments most often cited complex forms, long waiting times and restrictive eligibility rules as barriers, reflecting the additional effort required to navigate bureaucratic processes while managing health-related limitations. Similarly, those with a mental illness or disability found paperwork and eligibility criteria particularly challenging, which may be compounded by cognitive or emotional difficulties that make service engagement more demanding. People who were out of work or unemployed also struggled with meeting eligibility requirements, administrative complexity and waiting times, pointing to the difficulties of securing assistance while in financially precarious situations.

Other groups experienced more specific challenges. For instance, domestic abuse survivors most frequently reported long waiting times, indicating potential issues with service capacity

and timely response, while households with two or more children commonly struggled to meet eligibility criteria and cited restrictive opening times as barriers to access. Across all populations, the findings reveal that bureaucratic complexity and access constraints, particularly related to eligibility, administrative processes and waiting times, pose the greatest challenges to those seeking help. These results demonstrate the need for simpler, more inclusive and responsive service systems that reduce administrative barriers and ensure timely support for individuals with the greatest needs.

The most commonly endorsed approaches were for improving the accessibility and usability of support services among different priority populations (Appendix 3, Figure 14).

Across all groups, there was strong consensus around three key themes: the need for clearer information, more local service options and help with paperwork or forms (Table 6). Participants who had experienced financial hardship or money difficulties in the last year were the most vocal in identifying these priorities, particularly clearer information about available services, greater local availability and support with navigating forms and administrative processes. Carers similarly emphasised assistance with paperwork as their top priority, followed by clearer information and more accessible local services, reflecting the challenges they face balancing caring duties with navigating complex service systems (Appendix 3, Table 6).

People with learning disabilities and/or autism and those with long-term health conditions, physical disabilities, or sensory impairments echoed these needs, consistently highlighting the importance of simpler communication, local access and form-filling support. Among individuals out of work or unemployed, greater local availability and clearer information were the most valued improvements, alongside a desire for shorter waiting times. Domestic abuse survivors also prioritised having more local services and clearer information, indicating a need for safe, nearby and easily understood sources of support. Those living with a mental illness or disability endorsed clearer information, help with forms and increased local access as their top three preferences, while households with two or more dependent children expressed similar views (Appendix 3, Table 6).

Overall, the findings demonstrate a clear and consistent message across priority populations: support services must be simpler, clearer and more locally accessible. Participants frequently identified overly complex systems and communication gaps as barriers, suggesting that improvements in service design, communication clarity and local delivery could substantially enhance engagement and effectiveness for those most in need.

The top three changes participants felt would be most effective in preventing money difficulties, revealing a strong consensus across all groups were: more affordable housing, greater help with fuel bills and better funded support services for people with mental and/or physical disabilities (Appendix 3, Figure 15).

More detailed analysis (Appendix 3, Table 7) of the responses by priority populations showed that among those who had experienced financial hardship or money difficulties in the past year, these three measures were most strongly endorsed, reflecting the combined pressures of housing costs, energy expenses and the need for accessible, well-resourced health and

disability support. Carers also identified these same priorities, emphasising how the cost of living and limited support for caring responsibilities contribute to financial strain.

Participants with long-term health conditions, physical disabilities, or sensory impairments highlighted the importance of improved disability support services, along with greater assistance in applying for government benefits and targeted help with fuel costs (Appendix 3, Table 7). Similarly, those out of work or unemployed prioritised better funded mental and physical health support and increased help navigating benefit entitlements, alongside the ongoing need for affordable housing. People with mental illness or disability again emphasised the importance of enhanced disability and mental health services, affordable housing and fuel support, while domestic abuse survivors and households with two or more dependent children identified affordable housing as their highest priority, followed by support with energy costs and disability services (Appendix 3, Table 7).

Across all groups, the findings demonstrate widespread recognition that financial hardship is closely tied to structural factors, particularly housing affordability, energy costs and access to health and disability support. Participants consistently expressed that long-term prevention of money difficulties requires systemic investment in these areas, alongside more accessible welfare and benefit systems. These insights suggest that targeted policy action addressing these fundamental cost pressures could significantly reduce financial vulnerability among the priority populations most at risk.

Focus groups

> ***"I only knew [about food bank & hub] because I had a baby and Health Visitor said "you need food" [...] and then from then on, I came here and then there was the hub here. And then I was like, oh, I can get financial advance. And then I was like, oh, I can get... but if I didn't have a baby and was in crisis, how would I have found out?"***
> *Food bank user, woman.*

Similar themes were highlighted by the focus groups. Participants highlighted the need for structural changes at the **systemic/civic** level that address the root causes of financial hardship. These changes include:

- **Affordable, accessible and stable housing**: High housing costs were consistently cited as a driver of financial hardship. Participants called for more accessible, affordable and stable housing.
- **Improved transport infrastructure**: Free or subsidised public transport was proposed to reduce costs and improve service and support access.
- **Council tax reform**: Participants wanted council tax to be affordable and transparent (delivering visible benefits and outcomes on community level).
- **Digital and language accessibility**: System-wide improvements in how information is presented (including language, non-digital alternatives, and multilingual resources) were seen as cornerstones of equitable information.
- **Recognition of structural causes**: The term "cost of living crisis" was preferred over "poverty". This may be due to its framing of hardship as systemic rather than personal

failure. This suggests that civic messaging should avoid stigmatising and individual language to promote service uptake.

Participants identified several ways **services** could better support those in financial hardship:

- **Co-located and proactive services**: Initial contact with one service (e.g., health visitors, schools) often led to discovery of others. Participants valued proactive referrals and suggested a "benefits lady" model i.e., an in-person advisor who helps navigate eligibility and applications.
- **Face-to-face support**: Participants suggested more in-person services to reduce digital and literacy barriers and receive correct up to date information.
- **Simplified and empathetic application processes**: Many described the current system as opaque and emotionally taxing. Participants proposed clearer eligibility criteria, streamlined forms, and staff trained in empathy.
- **Flexible and inclusive schemes**: Many forms of support were appreciated but often seen as too rigid. Participants wanted schemes that accommodate diverse needs, such as neurodiverse children, or rapidly changing circumstances.

Community-based solutions were seen as vital for both prevention and resilience:

- **Charities and informal networks**: These were described as lifelines, offering emotional support, practical advice, and encouragement. Participants proposed strengthening partnerships between statutory services and VCSEs.
- **Children and Young People (CYP)**: Postcards frequently mentioned play centres, youth groups, and green spaces as essential for wellbeing and cohesiveness.
- **Reducing stigma**: Shame and fear were major barriers to seeking help. Participants proposed educating staff in empathetic communication, and 1-2-1 interpersonal support services.

Visions for a financial hardship-free Surrey (2035):

- **Personal level**: Secure housing, affordable utilities, accessible food and services.
- **Community level**: Equal support for all, reduced crime and inclusive amenities as listed in Table 5.

Table 5 List of desired approaches expressed by focus groups participants to support poverty prevention

Approaches	Food bank users	Banstead residents	People who are racially minoritised	Spelthorne residents
Playcentre/ground for children	X	X	X	
Fresh air			X	
Green spaces	X			
Well-paved and functioning roads		X	X	
Council tax (going far, seeing result of money paid, more affordable)		X	X	
Affordable housing	X	X	X	X
Stable housing	X	X	X	X
Support for people with disabilities	X	X	X	

Face-to-face support services				X
Advertising of financial support services (TV, posters, etc...)				X
Free or cheap public transport	X	X		
Energy bill support/lower cost of utilities	X	X		
Youth groups	X			
Food price reduction	X	X		
Education funding	X			

7. DISCUSSION

RQ1: What support is used, why, and with what effects?

Financial hardship means lacking resources for essentials like food, housing, heating and transport. This often leads to poor nutrition, inadequate housing, worsened physical and mental health and reliance on insufficient benefits and charities.

Research participants described relying on benefits and services to access food, fuel, transport, and housing. However, their accounts revealed that these supports were often insufficient to meet basic needs. As a result, many turned to charitable organisations or simply endured the hardship, which reportedly worsened physical and mental health.

Participants described a complex web of challenges related to meeting their basic needs, maintaining dignity and navigating support systems. Access to food, housing and essential services was a recurring concern. Many rely heavily on food banks, valuing the autonomy to choose food that suits their preferences and dietary needs, an issue especially important for neurodiverse individuals. Rising housing costs and poor living conditions add to financial and emotional strain, while precarious housing arrangements create constant instability. Limited access to fuel and transport further restricts independence, though council and NHS assistance in these areas was appreciated. Carers in particular highlighted the significant amount of time required to navigate fragmented support systems. Overall, the ongoing cost-of-living crisis deepens hardship but is sometimes easier to discuss than "poverty" because it carries less stigma.

Shame and confidence emerged as critical themes. Many participants experience shame when seeking help and rejected applications can reinforce feelings of failure. This can induce a reluctance to seek support. Financial stress also undermines confidence, making it harder to pursue available support. As one participant described:

> ***"I've never asked for help. I've always done things for myself. And then my mum... my mum was always like 'just take it'. I'm always the friend offering to help [...]. but [now] my friends were like 'you just go and take it.... you deserve it. You work, you deserve it.' You just feel like you don't want to ask for help because people might say you're not entitled to it, but just take it, that's what I've learned now."*** Spelthorne resident, woman.

The impact of financial hardship on health is wide-ranging. Poor nutrition, hygiene challenges, and inadequate heating harm physical health, while chronic stress contributes to anxiety and

depression. Participants often felt that medication alone was an insufficient response to mental distress. Feelings of shame and isolation reduce access to social and emotional support networks, further exacerbating these issues.

Employment is not viewed as a reliable escape from financial insecurity. Participants described a strong work ethic and a desire to contribute, yet wages often fail to meet the cost of living, leaving even employed individuals struggling to make ends meet.

Navigating financial hardship involves difficult emotional and practical trade-offs. Seeking support to some can be shameful and people sometimes resort to worsening their circumstances intentionally to qualify for assistance. Others conceal their struggles to maintain dignity, which can cause them to be overlooked by services.

Access to support is hindered by multiple barriers. Information about available services is often hard to find or understand, with digital exclusion and language differences adding further complications. Emotional barriers such as shame, fear, distrust reduce engagement and many find it difficult to assess their own eligibility for support. Application processes are widely viewed as unfair, opaque and intentionally difficult, reinforcing scepticism toward formal systems.

At the same time, several factors can facilitate access. Once people connect with one service, they are often linked to others. Informal networks, friends, family and charities, play a vital role in spreading information and encouragement. Charitable organisations help people navigate complex bureaucracies and fill gaps left by government services. Acts of peer support not only share practical advice but also help restore confidence and a sense of agency. Some participants in the focus groups also described using AI tools to write emails, prepare for difficult phone calls and better understand the support available to them.

The findings from the local focus groups and survey confirmed the findings from the published literature, which highlighted that the effectiveness of key services accessed vary by priority population groups across health, social care, housing and welfare systems. In particular, it showed that while a range of services exists to support priority population groups, their delivery is often inconsistent, underfunded and poorly co-ordinated, leading to significant gaps in outcomes and equity.

For instance, carers face fragmented and under-resourced support, with limited access to respite care contributing to burnout. Care leavers and adults with care experience encounter short-term and geographically variable services, resulting in housing instability and financial hardship. People with learning disabilities and/or autism struggle with long waits and insufficient tailored support, making transitions to employment and independent living difficult.

Individuals with long-term health conditions benefit from services that promote independence but means-testing and rising care charges undermine financial security. Residents in care homes experience wide disparities in care quality and affordability, with many exhausting personal savings due to limited state protection.

Racially minoritised communities and GRT groups face systemic barriers including discrimination, low trust and poor accessibility, which hinder engagement and outcomes.

Unemployed individuals receive conditional and generic support that fails to effectively facilitate re-entry into the workforce.

Survivors of domestic abuse rely on vital but postcode-dependent services, with immigration status (e.g. with no recourse to Public Funds including NHS services) and waiting lists further limiting access. People with mental illness or disability encounter overstretched services and complex benefit systems, exacerbating stress and reducing integration between health and employment support.

Individuals who use alcohol or drugs benefit from effective treatment when engagement is sustained, but stigma and funding cuts restrict reach and overlook housing and employment needs. Homeless people receive emergency aid that prevents rough sleeping, yet long-term progress is constrained by housing shortages and fragmented service delivery.

The evidence highlighted that while services are available, their effectiveness is compromised by structural challenges, funding limitations and lack of co-ordination. Addressing these issues is essential to improving outcomes for priority groups and ensuring equitable access to support.

RQ2: How do experiences of financial hardship vary between priority populations?

Financial hardship is driven by systemic inequalities, health and care costs, unstable employment and exclusion from adequate social security support, with many groups lacking sustained pathways out of poverty. The evidence gathered from the literature review (desk) search and primary research also showed the different priority population groups experience poverty differently. For example, considering some of the Surrey Health and Wellbeing Strategy priority populations, the evidence highlighted that carers often face reduced income and long-term financial insecurity due to low Carer's Allowance and work restrictions. Care leavers struggle with unstable housing, disrupted education and limited financial safety nets. People with disabilities or long-term health conditions experience higher living costs, lower employment rates and insufficient benefits like PIP, DLA and ESA to cover extra expenses.

Those in care homes face large personal care costs, often depleting savings, while racially minoritised and GRT communities experience discrimination, insecure work and barriers to accessing benefits. People who are unemployed face poverty, debt and health decline, relying mainly on Universal Credit or Jobseeker's Allowance.

Survivors of domestic abuse often encounter economic control, housing instability and limited benefit access. Individuals with mental illness, substance dependence, or homelessness face multiple disadvantages, poor health, exclusion from employment and major barriers to claiming benefits or finding stability.

RQ3: How can poverty be prevented or mitigated?

The desk research identified a set of key strategic, evidence-based recommendations to improve outcomes for priority population groups through targeted preventive policies and action plans. The overarching theme across all these recommendations is the need to reduce poverty by improving accessibility of services and promoting long-term wellbeing and social inclusion.

For care leavers, the recommendations focus on sustained financial and housing support, trauma-informed services and improved data tracking to identify areas of greatest need. People with learning disabilities and/or autism should benefit from expanded supported employment, better benefit access and autism-friendly recruitment practices, alongside early education investment.

Individuals with long-term health conditions require integrated health and employment services, reformed social care charges and protection of disability benefits. Care home residents need transparent fee regulation, financial planning support and maintained reforms to reduce catastrophic costs.

Racially minoritised communities should be supported through targeted anti-poverty measures, stronger enforcement of anti-discrimination laws and investment in child poverty reduction. The GRT community requires culturally appropriate outreach, secure site provision, legal protections and tailored education and employment programmes.

Carers need improved access to flexible working, financial credits to offset care-related costs, local respite services and simplified benefit processes. For unemployed individuals, especially those long-term out of work, the document recommends active labour market programmes, income support and integrated health and skills services.

Survivors of domestic abuse should be supported through recognition of economic abuse, emergency financial and housing assistance, debt relief and access to specialist services. People with mental illness require timely mental health care linked to employment support, safe workplace disclosure policies and benefit protections.

Those who use alcohol or drugs should be supported through stable housing, community treatment, employment reintegration and accessible early intervention services. Finally, people experiencing homelessness need preventive housing measures, rapid rehousing, simplified access to benefits and integrated health and employment services, with a focus on long-term solutions.

8. FUTURE RESEARCH

The role of psychological factors as barriers to using support services

One important and interesting finding is that, in addition to identifying structural and contextual barriers to service use, such as eligibility limits, complicated procedures, limited service locations and long waiting times, psychological barriers also emerged. Specifically, up to 60% of participants reported high perceived difficulty (difficult or very difficult) in using services and a similar proportion reported lacking confidence (not confident or not at all confident) to even approach them. The *perceived* difficulty confirms the existence of *real* difficulty (i.e., the identified structural barriers) and shows the extent to which these barriers were subjectively experienced. The issue of confidence and perceived difficulty appear to be a greater issue than awareness, as only 35% reported low awareness of available services. Low levels of confidence and high levels of perceived difficulty may reflect lower self-efficacy which is defined as a person's belief in their capability to successfully carry out a task or behaviour, or achieve a specific outcome. In addition to low self-efficacy, participants may also have low perceived

control, meaning they believe the outcome of seeking support is outside their control due to the structural barriers mentioned above, leading to low motivation or intention to approach services. Future research can consider including more complete measures of self-efficacy and perceived life controllability to better assess their role in shaping engagement with support services and how these effects may vary across populations. These findings may help inform interventions designed to strengthen self-efficacy and perceived control in specific groups.

Potential influence of the interaction between structural and psychological factors on engagement with support services

Future research can also consider investigating how structural and psychological factors interact to influence service engagement. Structural barriers may heighten psychological barriers, reducing intentions to seek support. In addition, individuals with low self-efficacy or perceived control may not seek out or even notice service improvements once they are introduced. This means that improvements such as shorter waiting times or additional help with paperwork may have limited impact if psychological barriers remain unaddressed.

Other factors influencing the use of support services

It can also be valuable to assess whether the identified structural and psychological barriers sufficiently account for the low use of services, particularly local government services. Many public services, such as council led support services, appear to have the capacity to assist financial difficulties, yet they are sometimes underused by the local population. Future research can consider examining additional factors that may contribute to low uptake, such as stigma, previous negative experiences (like judgement from service providers), complex pathway or system navigation, misinformation, mistrust, or uncertainty about eligibility.

Identify service-specific barriers

Our survey provided a comprehensive assessment of experiences with three types of services (governmental, community based, and informal or alternative services), covering frequency of use, user experience, and overall ratings by service type. However, questions on barriers and challenges to accessing services did not distinguish between service types, due to survey length considerations. Future research can consider examining how barriers and challenges apply to specifically governmental or community-based services. This distinction is important because both types of services may benefit from increased use. For example, although around 70% reported difficulty buying enough food, only 43% had used food banks and while 40% reported difficulty repaying debt, only 10% had used governmental debt advice services. Distinguishing barriers by service type may also help clarify why uptake of governmental services appears lower and therefore inform targeted evaluation or service journey mapping.

9. RECOMMENDATIONS

9.1 System / Civic Level: All Surrey partners, local authorities, strategy and policy, working together

Goal: Address local structural drivers of financial hardship and co-ordinate strategic action.

Recommendations:

- **Integrated strategy development**: Develop a cross-Surrey Strategic Poverty Framework that aligns health, social care, housing, employment and education policies/services to reduce financial hardship.
- **Funding & resource allocation**: Ensure consistent and sustainable funding for priority populations, including carers, care leavers, people with disabilities, racially minoritised communities and residents of Key Neighbourhoods.
- **Policy reform**:
    - Strengthen the implementation of Equity Impact Assessment and EDI policies across key services such as housing and employment to address stigma locally
    - Advocate to central government with regards to the national benefits system to ensure allowances are sufficient and keep people out of poverty. Removal of the child benefit cap is an example.
- **Data monitoring and evaluation of service provision**: Effective use of Surrey-wide monitoring systems, e.g. Low-Income Family Tracker (LIFT, HWB Strategy Index and Scorecard), alongside service user feedback to track inequalities, equity of access, unmet needs and service outcomes for priority populations in or at risk of financial hardship, informing targeted interventions.
- **Population and joint strategic needs assessments**: include the impact of local infrastructure and built environment (such as transport, access to care facilities, internet and WiFi connections) on health inequalities as one of the drives of health inequalities and poverty.
- **Cross-sector co-ordination**: Establish multi-agency partnerships to reduce service fragmentation, simplify benefit access and create seamless and effective referral pathways across health, social care, housing and employment so that people do not fall through the gaps.

9.2 Service / Operational Level: Operational, public-facing services within organisations

Goal: Improve accessibility, responsiveness and equity in service delivery.

Recommendations:

- **Simplified access & navigation**: Streamline application processes for local grants, , housing, NHS and health/well-being support; provide multilingual and digital inclusion support.
- **Tailored support:**
    - Develop autism-friendly, neurodiverse-sensitive, and trauma-informed services.
    - Provide flexible respite, financial and social support for carers.
    - Ensure employment support programs meet the specific needs of priority populations, including people who are long-term unemployed and/or disabled.
- **Integrated service delivery**: Co-locate health, social care, housing and employment support services to reduce bureaucratic complexity and improve timely support.
- **Early intervention**: Implement proactive outreach for people at risk of financial hardship, homelessness or health deterioration.

- **Capacity building**: Train staff in cultural competence, economic abuse awareness, trauma-informed approaches and mental health first aid responses to reduce stigma and improve engagement.

9.3 Community / Lived Experience Level: Empowered communities, community leadership, lived experience focus)

Goal: Communities are empowered to participate in solutions, strengthen self-efficacy and social resilience.

Recommendations:

- **Community engagement and leadership**: Involve residents, especially from the priority populations, in co-designing, co-producing and evaluating financial and other support services for those in or at risk of financial hardship to ensure relevance and accessibility.
- **Peer support networks**: Encourage peer mentoring and community navigators to help people understand available financial support pathways, resources, increase self-efficacy and reduce isolation.
- **Local awareness campaigns**: Increase visibility of services and financial support through trusted community channels to reduce shame and stigma.
- **Digital & practical skills support**: Provide training for community members to access online financial support services, apply for benefits and explore employment opportunities.
- **Community-led prevention initiatives**: Support grassroots, asset-based community development programmes addressing poverty, food insecurity, fuel poverty, housing stability, digital exclusion, and mental well-being.

10. STUDY LIMITATIONS

Whilst the "Exploring financial hardship and money difficulties in Surrey" online survey provided many insights into Surrey's residents' experience of financial hardship and related support services, as with all research projects and their methodologies there are limitations that might inform future studies and work.

The first limitation is that although the insights provide a view of services by a relevant sample of residents, this sample is small and as such this dataset cannot claim to be representative of, or generalisable to, the larger Surrey-wide population of residents who are experiencing financial hardship. For example, for the survey's priority population "I am out of work / unemployed", there were 19 participants from a total estimated wider unemployed Surrey population of 17,660 individuals (according to census data[43],[44]). This priority population's response rate of 0.12% subsequently increases margins of error, and reduces confidence levels, for this group's survey responses. Future projects would be well-served by allocating a longer time span between finalising survey design/ publishing survey and its closing date.

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[43] https://www.nomisweb.co.uk/sources/cc
[44] https://www.surreyi.gov.uk/dataset/unemployment-claimant-count-in-surrey-2z6dk

A second related limitation is the survey's completion rate. The survey design was developed in collaboration with the Surrey Health and Wellbeing Team in Surrey County Council and was based on gaps in the available local evidence, priority populations and a need for insights to help shape interventions at a system/civic, service and community level. A total of 182 participants opened the first page to the survey and, on reviewing the introduction page, only two individuals selected "No - I do not wish to participate" to the survey's first question that established free and informed consent (for the purpose of research ethics). Adjusted for test responses (n=1) and those who did not want to participate (n=2), this means a total of 96 participants completed the survey with an accompanying 83 participants who started the survey but dropped out before finishing all of the questions. Online survey attrition rates have been found to range between 10%[45] and 30% at the upper end[46], so this study's dropout rate of 46.4% would be regarded as high. Typical causes of high dropout/attrition rates include participant response fatigue as an artefact of survey design, alongside other sampling factors[47,48]. It could also be due to the sensitivity of some of the questions.

A third limitation related to the barriers of robustly and reliably identifying the 21 key neighbourhoods contained within the Surrey County Council Health and Wellbeing Strategy. An aspiration of the research was to attempt to map participants' experiences of financial hardship, and the services they received or attempted to access, via participants' full post code data. However, the 21 key neighbourhoods are spatially aligned to electoral wards which have been identified as a "key neighbourhood" based on Indices of Multiple Deprivation (IMD) within Lower Super Output Areas (LSOA). LSOAs were introduced by the Office of National Statistics (ONS) as part of their three-tier hierarchy of 'statistical geographies' and they do not, unfortunately, match post code data. For example, the key neighbourhood "Goldsworth Park" is based on the ONS's LSOA "Woking 005B" which in turn covers overlapping postcodes for GU21 (specifically parts of GU21 3xx and GU21 4xx). Secondly, for the purpose of ethics and data protection, there are limits to what data a research organisation can collect related to ensuring participants' confidentiality and anonymity. The UK GDPR and Data Protection Act 2018 contains principles such as purpose (e.g. why is the data being collected), and necessity (e.g. is the data fit for purpose vis-a-vis is it needed) which are linked to an overarching obligation to maintain participants' anonymity. The more data that is collected for a participant (e.g. location, demographic information), and the smaller the sample (e.g. the number of participants taking part in a study), the more reducing traceability and maintaining anonymity become a challenge. This remains a challenge to future studies that collect primary data from the field where, perhaps, a possible solution might be to utilise existing secondary data that may hold reliable and robust geospatial data that are complementary to identifying and mapping patterns of poverty across Surrey's 21 key neighbourhoods.

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[45] https://pmc.ncbi.nlm.nih.gov/articles/PMC4367493/
[46] https://www.scb.se/contentassets/ca21efb41fee47d293bbee5bf7be7fb3/dropouts-on-the-web-effects-of-interest-and-burden-experienced-during-an-online-survey.pdf
[47] https://survicate.com/blog/survey-completion-rate/
[48] https://www.kantar.com/inspiration/research-services/what-is-a-good-survey-response-rate-pf

Future studies and work in this area, that employ an online survey, would benefit from fewer questions with less word content that would require less reading by participants for them to provide a response. Additionally, a more focused approach to specific priority populations and/or intersections between specific priority populations would increase response rates and improve representativeness and generalisability. Similarly, the generalisability of the qualitative data derived from the focus groups is limited due to overlapping participant identities across priority populations and the purposive sampling strategy coupled with a fairly small sample size. To improve the generalisability, the findings from primary research in the project was triangulated with previous local and national published research to provide a comprehensive analysis and answer the research questions as effectively as possible.

Appendix 1 - Survey Questions

Exploring financial hardship and money difficulties in Surrey

This survey is part of a project by the Health Determinants Research Collaboration (HDRC) Surrey - a partnership between Surrey County Council, the University of Surrey, other local organisations. Together, we are looking at everyday issues that affect people's standard of living like jobs, housing and money.

This project is about listening to people in Surrey who are facing money difficulties or financial hardship. By hearing directly from residents, we want to better understand the impact of money difficulties on their lives so we can improve support and help make things fairer for everyone.

Your voice matters.

The information you share will help shape Surrey County Council's Poverty Action Plan 2026/27. This plan will set out what the Council is going to do to support those in financial hardship now, and guide where and how services care delivered across the county in the future. It will be shared with local leaders, including Councillors, in 2025/26.

Who can take part?

If you live or work in Surrey, are older than 18 years of age, and have experienced money difficulties. You may relate to situations such as:
- Constant stress or worry about money
- Spending more money than you have coming in most months (e.g. going into debt)
- Finding it hard to pay essential and / or unexpected bills
- Not turning on heating to save money
- Skipping meals to cut costs
- Borrowing money to make ends meet

Are there any potential risks involved?

Some of the questions in this survey may touch on sensitive topics, depending on your personal experiences. If you'd prefer not to answer a particular question you can select the 'prefer not to say' option. If taking part in this survey brings up any difficult feelings or concerns, at the end of this survey there is a list of organisations that can offer support.

What happens with my answers?

The survey is estimated to take approximately 10-15 minutes to complete, depending on your responses. Some questions may ask about personal information, but your responses will be kept anonymous and grouped together so no one can identify you. Surrey County Council will store this anonymous information securely for up to 3 years before it's deleted.

Consent
Please read the statements below. If you have any questions, contact HDRC Surrey (HDRCSurrey@surreycc.gov.uk) before continuing. If you agree, click the link below to start the survey. This means you give voluntary consent to take part.

- I confirm that I have read and understood the information about this research and know how to contact HDRC Surrey if I have questions.
- I understand that taking part is voluntary and I can stop the survey at any time and my data will not be used in the analysis. As all responses are anonymised, withdrawal of responses after they have been submitted is not possible.
- I understand my answers will be used anonymously in reports (including anonymised quotes), publications and presentations.

- I know my data will be stored securely in line with data protection guidelines and only accessed by the HDRC Surrey team or responsible staff.
- I agree for my survey responses to be used as described.
- I agree to take part in this research.

Please Note: this survey closes at midnight on Sunday 12th October 2025.

Additionally, for every completed survey, we'll donate 50p to charity. If you have any questions, or if you would like to request different accessibility versions of this survey (e.g. screen reader, easy read), please email the HDRC Team inbox at "HDRCSurrey@surreycc.gov.uk". Thank you for your time and valuable input.

Free and Informed Consent:

- **Yes** – I wish to participate and have read and understood the above information.
- **No** – I do not wish to participate.

Your situation

Q1. Surrey services currently focus on the needs of specific groups in the community (listed below), which of the following do you belong to?

- I have experienced financial hardship / money difficulties in the last 12 months
- I am a carer (for a friend or relative, including my child / children with a disability)
- I am a care leaver / an adult (18 years+) with care experience
- I have a learning disability and / or autism
- I have a long-term health condition, physical disability, and / or a sensory impairment
- I live in care home
- I am from a racially minoritised community
- I am from the Gypsy, Roma or Traveller community
- I am out of work / unemployed
- I am experiencing domestic abuse / am a domestic abuse survivor
- I have a mental illness / disability
- I use alcohol / drugs and require support with this
- I am homeless
- Other (please specify)
- Prefer not to say
- Please provide details about your "Other" response above:

Q2. Do you have children that are financially dependent on you?

- Yes
- No
- Prefer not to say

Q2a. How many children do you have (**under 18 years of age**) that are financially dependent on you?

- 1 child
- 2 children
- More than 2 children
- No financially dependent children under 18 years of age
- Prefer not to say

Q2b. How many children do you have (**over 18 years of age**) that are financially dependent on you?

- 1 child
- 2 children
- More than 2 children
- No financially dependent children over 18 years of age
- Prefer not to say

Q3. What is your main source of income?

- I am working full-time on a permanent contract
- I am working full-time on a temporary contract
- I am working part-time on a permanent contract
- I am working part-time on a temporary contract
- I am working full-time on a zero hours contract
- I am working part-time on a zero hours contract
- I am unemployed
- Other (please specify)
- Prefer not to say

Q3a. Which of the following fits your situation?

- I am working and receive some government benefits / financial support
- I am working and receive no government benefits / financial support
- Prefer not to say

Q3b. Which of the following fits your situation.

- I am unemployed and receive some government benefits / financial support
- I am unemployed and receive no government benefits / financial
- Prefer not to say
- My "Other" main source of income is:

Q4. What is your current housing / accommodation situation?

- I own my home outright (with no mortgage)
- I own my home (with a mortgage)
- I rent my home from a Council or Housing Association
- I rent my home from a private landlord / agency
- I live in temporary accommodation organised by myself (e.g. an "Air BnB")
- I live in temporary accommodation organised by a Council (e.g. a hostel or supported housing)
- I live with family / friends but not by choice
- I live with family / friends by choice
- I am homeless (e.g. rough sleeping)
- Other (please specify)
- Prefer not to say
- Please provide details about your "Other" housing / accommodation situation:

Q5. Please can you confirm the first part of your post code? (e.g. "*GU1*" or "*KT18*"). This helps us understand if we are capturing the views of people living in different parts of Surrey without identifying individuals.

- Yes (please specify below)
- No (Prefer not to say)

The first part of your post code is:

Q6. In the last year, how often have you experienced money difficulties (e.g. difficulty paying for food, medication, housing, bills, transport, loans or credit)?

- Very often (weekly - fortnightly)
- Often (every month)
- Occasionally (every couple of months)
- Rarely (a few times in the year)
- Very rarely (one significant time)
- Never (no money difficulties)
- Prefer not to say

Q7. In the last year, which of the following money difficulties have you faced? Please tick all that apply.

- Difficulty paying your rent
- Difficulty paying your mortgage
- Difficulty paying for childcare
- Difficulty paying fuel bills (e.g. electricity, gas, heating)
- Difficulty paying non-fuel bills (e.g. water, internet, council tax)
- Difficulty buying enough food
- Difficulty paying for transport
- Difficulty paying for NHS prescriptions and / or other medication / medical aids
- Difficulty repaying debt (e.g. loans, credit cards, etc.)
- Other (please specify)
- Prefer not to say
- "Other" money difficulties that you have faced include:

Your experience of support services

Q8. Have you approached or used any of the following **government / council / NHS (Health) support services** in the last 12 months when having money difficulties? Please tick all that apply.

- Jobcentre
- Council housing support
- Council social services support
- Other Council provided advice and support (e.g. council helpline, library, community hub)
- Libraries or community centres
- Debt advice services (e.g. council tax debt)
- NHS / hospital / General Practitioner (GP) services
- NHS / mental health services
- Other specialist NHS medical services (e.g. related to a disability)
- School and/or education providers
- Other (please specify)
- I have not used government / council / NHS (Health) support services
- Prefer not to say
- "Other" government / council / NHS (Health) support services you have used include:

Q9. How would you rate your overall experience of these services?

- I have not used government / council / NHS (Health) support services
- Very good

- Good
- Neither good nor bad
- Bad
- Very bad
- Prefer not to say

Please share any of your good or bad experiences of these services (please remember to mention the name of these services if applicable):

Q10. Have you approached or used any of the following **community-based support services** in the last 12 months when having money difficulties? Please tick all that apply.

- Food banks, community fridges, pantry services
- Charity shops
- High street bank / building society
- Licensed loan facilities (e.g. Credit Unions / "payday lender" companies)
- Shelters or crisis accommodation services
- Local voluntary or community groups
- Faith groups or faith-based organisations
- Citizen's advice services (e.g. CAB)
- Parent / family support groups
- Carer support groups
- Local helpline
- Other (please specify)
- I have not used community-based support services
- Prefer not to say
- "Other" community-based support services you have used include:

Q11. How would you rate your overall experience of these services?

- I have not used community-based support services
- Very good
- Good
- Neither good nor bad
- Bad
- Very bad
- Prefer not to say

Please share any of your good or bad experiences of these services (please remember to mention the name of the services if applicable):

Q12. Have you approached or used any of the following **informal / alternative sources of support** in the last 12 months when having money difficulties? Please tick all that apply.

- Money loans from family / friends
- Other support from family / friends (e.g. food, furniture)
- Online financial tools or apps (e.g. budgeting apps, debt calculators)
- Social media and / or online forums
- Online sources of financial advice
- Unlicensed / unofficial loan facilities
- Casual work
- Other (please specify)
- I have not used informal / alternative sources of support

- Prefer not to say
- "Other" informal / alternative sources of support you have used include:

Q13. How would you rate your overall experience this support?

- I have not used informal / alternative sources of support
- Very good
- Good
- Neither good nor bad
- Bad
- Very bad
- Prefer not to say

Please share any of your good or bad experiences of this support (please remember to mention the name of the services if applicable):

Accessing support services

Q14. How aware are you of the services that are available to support you with your money difficulties?

- Very aware
- Somewhat aware
- Neither aware nor unaware
- Somewhat unaware
- Very unaware
- Prefer not to say

Q15. How confident do you feel about approaching services to support you with your money difficulties?

- Very confident
- Confident
- Neither confident nor not confident
- Not confident
- Not at all confident
- Prefer not to say

Q16. How easy or difficult do you find it to use services to support you with your money difficulties?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult
- Prefer not to say

Q17. In the last year, have you faced any challenges when trying to approach or use services to support you with your money difficulties? Please tick all that apply.

- Services were not easily available (opening times)
- Services difficult to get into / use (disabled access facilities restrictions)
- Services difficult to get into / use (language barrier facilities restrictions)
- Complicated forms or paperwork (online or on paper)
- No access to / data for a phone or computer to complete online forms / paperwork

- Long waiting times
  Appointments too short
- Was passed on to another service
- Not enough information provided
- Information not suitable or relevant to my experience
- Feeling judged by staff
- Services in a difficult location / too far away / travel was difficult
- I / we didn't meet eligibility requirements
- I did not face any challenges
- Other (please specify)
- Prefer not to say
- "Other" challenges experienced when trying to approach or use services to support you with your money difficulties include:

Q18. What would make it easier for you to approach and use these support services? Please select the **three most important** answers.

- Clearer information
- More places to go locally
- Shorter waiting times
- Less judgemental support service staff
- Help with paperwork or forms
- Access (equipment / data) to a phone / computer for online forms / paperwork
- Confidentiality and privacy
- Support in different languages
- More suitable opening times
- Disabled access facilities / buildings
- There is nothing needed to make access easier
- Other (please specify)
- Prefer not to say
- "Other" things that would make access to / use of support services easier for you include:

Looking forward to the future

Q19. Do you feel that current support services meet your needs regarding money difficulties?

- My needs are completely met
- My needs are partly met
- My needs are neither met nor unmet
- My needs are partly not met
- My needs are not at all met
- Prefer not to say

Q20. What three changes do you think should be made to prevent people experiencing money difficulties in the future? Please select the **three most important** answers.

- Better access to decently paid work
- Better support for getting a job / staying in a job / career progression
- More affordable housing
- More food banks / community fridges / food pantries
- More help with fuel bills (e.g., grants for energy efficient heating/fuel vouchers)

- More / better funded mental and / or physical disability support services
- More education about finances, budgeting, and debt
- Increases in levels of government benefits and/or financial support
- More support when applying for government benefits and/or financial support I'm entitled to
- Access to internet and digital services when needed
- Affordable childcare (under 5s) and/or clubs (before and after school / during school holidays) for dependent children / dependent others when needed
- More financial support available in my local area (e.g. community centres, community workers, advice drop-in)
- Nothing needs to be done
- Other (please specify)
- Prefer not to say
- "Other" things that could be done include:

Q21. If you could change ONE thing in Surrey to make it easier for you and/or other people with money difficulties, what would it be and why?

Q22. Finally, please use the following space if you have any other thoughts or comments that you would like to share about money difficulties and related support services in Surrey.

Equal opportunities information

The following questions will allow us to understand how residents in Surrey different and/or similar experiences of money difficulties and access to support services have - these questions are completely voluntary; all responses are anonymous and are held in complete confidence.

What is your year of birth?

- Prefer not to say
- After 2007
- 2006 (19 years)
- 2005 – to 1925
- Before 1925
- Prefer not to say

What is your sex?

- Female
- Male
- Other (please describe below)
- Prefer not to say
- What is your "Other" sex:

Is the gender you identify with the same as your sex registered at birth?

- Yes
- No
- Prefer not to say

What is your gender identity?

What is your ethnic group?

- White - English / Welsh / Scottish / Northern Irish / British
- White - Irish
- White - Gypsy or Irish Traveller

- Any other White background (please describe below)
- Mixed / Multiple ethnic groups - White and Black Caribbean
- Mixed / Multiple ethnic groups - White and Black African
- Mixed / Multiple ethnic groups - White and Asian
- Any other Mixed / Multiple ethnic background (please describe below)
- Asian / Asian British - Indian
- Asian / Asian British - Pakistani
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Chinese
- Any other Asian background (please describe below)
- Black / African / Caribbean / Black British - African
- Black / African / Caribbean / Black British - Caribbean
- Any other Black / African / Caribbean background (please describe below)
- Other ethnic group - Arabic
- Any other ethnic group (please describe below)
- Prefer not to say
- Please provide details of your 'any other' ethnic group here:

Do you have any physical or mental health conditions or illnesses lasting, or expected to last, for 12 months or more?

- Yes
- No
- Prefer not to say

Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- Yes, a lot
- Yes, a little
- Not at all
- Prefer not to say

What is your main language?

English
- ¡Other main language (please specify)
- Prefer not to say
- Your 'Other' main language is:

What is your religion?

- No Religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please describe below)
- Prefer not to say
- Your 'Other' religion is:

Thank you for taking part in the “Exploring financial hardship and money difficulties in Surrey” survey. Your time and participation are very much appreciated and will help shape Surrey County Council’s plan to tackle financial hardship. Additionally, for every survey completed, we’ll donate 50p (within an available budget) as a token of our appreciation for your participation.

Please select which of the following charities you would like your participation to count towards. Alternatively, you can select “*both are good causes, please share between the two charities*” where after the survey closes, your choice will enter a pool of completed responses that are counted and then shared evenly between each charity.

Please count my completed survey questionnaire towards:

- Caterham & District Foodbank (part of the Trussell Trust foodbank network in Surrey)
- Stripey Stork (Surrey-based baby bank)
- Both are good causes, please share between the two charities
- No thanks, I do not wish to participate

Appendix 2 - Focus Group Report

Qualitative methodology and findings to inform Surrey County Council's Poverty Action Plan 2025, Dr. Frida Timan

Methodology

This research project aimed to uncover how poverty can be prevented in Surrey, and how Surrey County Council can reduce negative effects of living in financial hardship. The research will inform Surrey County Council's Poverty Action Plan and was conducted between August-December of 2025 (inclusive of planning, data collection, analysis and report writing). Throughout the research process, the terms "financial hardship" and/or "money troubles" have been used to refer to "poverty". This terminology was chosen to avoid stigmatisation, based on a consultation with, and subsequent recommendations by the HDRC Surrey Public Involvement Panel.

This report details qualitative research methodology and findings. The project's research questions were:

> ***RQ1. What support for managing financial hardship is used by priority populations with lived experience of poverty in Surrey? Why, and with what effects?***
>
> ***RQ2. How do experiences of financial hardship vary between priority populations with lived experience of poverty in Surrey?***
>
> ***RQ3. How can poverty be prevented and the effects of poverty mitigated in Surrey at system/civic, service and community level?***

Qualitative research design

Qualitative data collection methods were employed to identify, uncover and understand the complexity and nuance of experiencing financial hardship in Surrey. Qualitative methods are well-equipped to uncover complex insights and bring previously unidentified aspects of the research topic to light. Therefore, qualitative focus groups and an activity where research participants did creative writing were conducted to collect relevant data.

Research ethics

This research project handled sensitive topics with vulnerable populations, so ethical approval was sought and obtained before any data was collected. All research participants gave informed consent prior to focus group discussions. Confidentiality and anonymity were ensured by not logging or sharing research participants' full names and reminding research participants to not disclose other participants' identities when talking about the focus group after the fact. Focus groups were digitally audio recorded and transcribed, and files are stored solely in a protected online folder. To thank research participants for their time, £40 vouchers were given for participation and £5 for additional travel. To avoid re-traumatisation all participants were reminded that they did not have to answer all focus group questions and were given a post participation sheet with support services' contact information. All five in-person focus groups

were held in venues known to participants for familiarity and comfort. The focus group with carers was held online so home-bound carers could participate.

Sampling, recruitment and participants

This project required data in the form of priority populations' narratives of lived experiences of financial hardship and therefore employed a purposive sampling strategy. Four VCSE partners and one Surrey County Council team recruited a total of 48 participants who took part in focus groups. Participants ranged in age from 18 to 65, with the majority being 25 and older. Most participants referred to themselves as women during discussions. The research team helped residents from Key Neighbourhoods in Reigate and Banstead take part in the focus groups by working with The Good Company and Stanwell Family Centre who support people in these areas. However because postcodes of research participants were not recorded to protect their anonymity, it was not possible to confirm whether they lived in a Key Neighbourhood.

Data collection: Vignette focus groups

A focus group is a conversation between a number (usually 4-10) of participants that researcher/s prompt and guide by asking open questions. This data collection method was selected because it makes it possible for research participants to steer the conversation, make free associations and in other ways make researchers aware of previously unidentified aspects of the topic studied. Focus groups can also uncover differences in opinion and varying experiences of, in the case of this research, financial hardship. Data for this research project was collected in six separate focus groups (90 minutes) focus groups for care leavers, carers, people who are racially minoritised, residents living in or near Key Neighbourhood in Reigate and Banstead or food bank users were delivered.

Priority population	Recruitment partner	HDRC Facilitator	Number of research participants
Food bank users	Good Company & Ellie Thompson (HDRC Surrey)	Frida Timan & Tara Cahill	8
Carers	Action for Carers	Frida Timan & Tara Cahill	5
People who are racially minoritised	Surrey Minority Ethnic Forum	Frida Timan & Tara Cahill	10
Banstead residents	Good Company	Frida Timan & Tara Cahill	11
Spelthorne residents	Stanwell Family Centre	Frida Timan	8
Care leavers	User Voice and Participation (Surrey County Council)	Frida Timan	6
			Total: 48

Given the sensitive topic and vulnerable research population, the focus groups were designed according to a trauma-informed 'vignette' format. 'Vignettes' are stories about fictional

characters (in this case experiencing financial hardship in Surrey) that are written and read out loud to participants, followed by open-ended discussion questions. This approach enabled disclosures of perspectives, knowledge, and personal experiences of financial hardship and support services in a low-pressure setting. Vignettes were sense-checked with recruitment partners prior to focus groups.

Data collection: Creative writing of "Postcard Surrey 2035"

In addition to the discussion, participants completed a creative writing exercise. They were given an A6 blank postcard, instructions to imagine Surrey in 2035 completely absent of financial hardship and asked to write a letter either to 1) someone they know describing life in 2035, or influential changes made to that effect, or 2) a decision maker with a call to action. The individual writing exercise ensured all participants could make their voices heard. Participants in 4 of the 6 focus groups did this writing exercise. The focus group with carers was held online and not suited for writing as many participated via their smartphones, and the focus group with care leavers ran out of time. All participants could choose whether their postcards would be photocopied and included in research reports, online spaces (like a webpage and newsletter) and at in-person events. Most consented to all three, while some requested that their postcard be safely deleted right after analysis.

Analytical approach: Thematic analysis

The data was thematically analysed. Participants' experiences, perspectives and perceptions were identified, along with how these differed and converged between different participants and groups. Themes were identified by reading focus group transcripts and postcards multiple times and grouping experiences and perspectives. These themes were then sense-checked with HDRC Surrey team members to reduce analyst bias.

Validity and reliability

This research project was designed and conducted to ensure both validity and reliability. **Validity** was ensured through purposive sampling of priority populations with lived experience of financial hardship, use of trauma-informed vignette focus groups, and creative writing exercises that enabled authentic and nuanced data collection. Thematic analysis was conducted in multiple stages and sense-checked with HDRC Surrey team members to reduce researcher bias and error.

Reliability was strengthened by a consistent facilitation across focus groups in terms of questions asked and topical areas of focus. The beforementioned ethical safeguards, and the upcoming triangulation of data sources (focus group discussions, written postcards in addition to quantitative survey data and past research review) also supported the reliability of the findings.

Findings: Focus groups

This section details the qualitative findings from this research.

1. FINANCIAL HARDSHIP IN SURREY

This section details what characterises financial hardship in Surrey according to people with lived experience. It confirms prevalent financial hardship in Surrey, and how financial hardship effects or is affected by life circumstances and current systems.

1.1. Financial hardship in Surrey

Financial hardship in Surrey fundamentally means not having enough resources to afford life's essentials. Across the county, people experiencing financial hardship are faced with the impossible task of surviving on inadequate income. This often results in suboptimal nutrition, insufficient heating or cooling, substandard housing, and declining physical, mental and social health.

Participants described relying on benefits and services to access food, fuel, transport, and housing. However, their accounts revealed that this support was often insufficient to meet basic needs. As a result, many turned to charitable organisations or simply endured the hardship, which worsened physical and mental health.

1.2. Basic needs: Food, housing, fuel, time and cost of living

People with lived experience of financial hardship in Surrey report not being able to purchase enough and sufficiently nutritious or necessary **food** products. Which food banks offer the best products for the best price and the highest level of autonomy (ability to peruse and choose food items) was a common topic of discussion in the focus groups among participants. These extensive discussions demonstrate the importance of food banks in people's lives and that the ability to autonomously choose food products is crucial for people's wellbeing across populations. Furthermore, carers of people who are neurodiverse described that they struggle to access and afford food their dependents will eat as many neurodiverse people struggle to eat food with certain textures, temperatures and tastes. Carers with dependents out of school who receive monetary support for lunches stated that suitable food is significantly more expensive.

Housing costs are a major driver of financial hardship. A participant who migrated to the UK over a decade ago described that she, back then, could make her earnings go much further as the cost of housing was significantly lower. With increased housing costs comes increased financial hardship, and dependence on benefits and charitable supports. Housing standards also matters. One Spelthorne resident renting a caravan described that she is unable to keep a hygiene regimen of regular showers. In addition, she pays her rent in cash, and her landlord gives her only handwritten receipts, which she constantly must explain and justify when applying for benefits. The precarity of housing contracts is a source of anxiety for participants, with one stating "you're only one pay check away from being homeless".

Ability to buy enough **fuel** is limited by financial hardship too. Several expressed an appreciation for the contribution towards utilities bills from councils. The NHS transportation service is also appreciated and participants suggested free transport to improve life across the council.

Participants emphasised that living with financial hardship means spending one's **time** constantly searching for work, benefit schemes and other forms of support one may qualify for. Filling out forms, navigating online pages of information, speaking to multiple different agencies and charities, travelling to hubs and food banks all require significant amounts of time. Carers

expressed this the most strongly, and one said: “I mean, my full-time job is going online, seeing what I qualify for”.

Participants describe that financial hardship in Surrey has been worsened by the “**cost of living crisis**” (felt across the UK) but is not solely attributable to it. Importantly, participants are more comfortable speaking about experiences of the cost-of-living crisis compared to “poverty” or “financial hardship” as it appears to be less associated with shame and stigma.

1.3. Shame and confidence

Many participants reported feeling **shame, stigma and embarrassment** about their financial hardship. Participants postpone and avoid seeking support to circumvent these feelings. Being denied help (for instance, when a benefit application is denied) also exacerbates feelings of shame, as described by participants who are racially minoritised, food bank users and Banstead residents.

The shame seems to stem from association between “financial hardship” and lacking a work ethic, something research participants repeatedly debunked. Participants emphasised that they were in financial hardship despite working/having worked and ‘done things right’ (abstained from substance use, paid bills on time). The term “cost of living crisis” did not provoke these self-explanations, perhaps because it highlights structural causes of hardship and thus avoids shame and stigma.

Relatedly, care leavers, food bank users and people who are racially minoritised described that low **confidence** is an effect of financial hardship, and an important point of support interventions. Confidence refers to the distance between knowing what one can do to improve one’s situation and feeling empowered to do it. Participants often described the importance of building confidence to overcome shame associated with asking for help and accessing the services and supports that one needs.

1.4. Physical, mental and social health

Physical health appears to both drive and be impacted by financial hardship. Participants describe an inability to access nutritious food, keep up a hygiene regimen (hot water, shower access, purchasing sanitation products), and maintain a healthy body temperature indoors in colder months. Participants also spoke about how physical conditions like back issues, ADHD and being on the autism spectra made them more susceptible to financial struggles as it impacts ability to work.

On the other hand, participants spoke about **mental health** as impacted by financial hardship. The mental load of losing one’s job, struggling to make ends meet, supporting others financially is seen as taking a significant mental toll on people. Many are unhappy with solely being offered medication by the NHS as a treatment and proposed social gathering interventions in addition to financial hardship reduction initiatives.

Participants argued that **social health** is negatively impacted by financial hardship, particularly leading to **loneliness and social isolation**. As feelings of shame permeate struggling financially, people reported withdrawing from social situations. This, in turn, reduces people’s resilience to financial hardship, both because social connection supports wellbeing, and

provides practical (yet informal) “know-how" of how to access services and support available (like how to fill out benefit application forms).

Living in financial hardship seem to lead to **different mental health experiences for different priority populations**. People who are racially minoritised emphasised the mental burden of supporting others due to cultural expectations while living in financial hardship oneself. Care leavers described feeling that others have a “head’s start” in life and that they themselves “...have to work 10 times harder just to like... stay ... one step behind everyone else”. Care leavers argue this is due to the absence of, for example, parental savings, a home to live in rent-free, or similar forms of familial, material support.

1.5. Employment

Participants did not express that they believed that employment would end their, or others’ financial hardship. Neither did they share success stories of becoming employed after having accessed employment support or services. No participant was surprised by vignettes about employed people who struggled financially. This means that there is little trust in the availability of employment opportunities, and that salaries have not kept up with the cost of living. However, especially people who are racially minoritised expressed the importance of working anyway, in whatever capacity it may be.

2. NAVIGATING FINANCIAL HARDSHIP: MAKING IMPOSSIBLE DECISIONS

People who experience financial hardship in Surrey depend on government, local government and charitable services and support to survive. However, accessing these services and support is not straightforward, and often involves some risk or sacrifice for participants. This section describes the ‘impossible’ decisions participants make.

2.1. Risking stigmatisation, shame and denials for securing benefits

Participants described how seeking out services and support often involved a difficult emotional trade-off. The process of applying could trigger feelings of shame and carried the risk of rejection. As a result, they were frequently faced with an impossible choice: either pursue support and endure the associated shame or avoid shame by not seeking help at the cost of going without essential resources.

Participants’ previous experiences with support services strongly influenced their willingness to seek help. Even a single negative encounter could cause reluctance to reach out again. In this context, charities, friends, and family played a vital role in encouraging seeking access to support. They affirmed individuals’ right to assistance and offered reassurance in moments of doubt. Charities helped normalise the process by explaining that initial applications often are denied and encouraged persistence. Participants also noted that their decision to contact a service was shaped not only by their own experiences but also by those of others. This was particularly discussed by people who are racially minoritised.

2.2. Increasing hardship to access support

A handful of participants described having to deliberately worsen their circumstances to access services and support. For example, one participant shared that her mother had ‘kicked her out’

so that she and her baby would be prioritised for council housing. In response to a vignette about an intergenerational household with a single income earner, participants noted that living together could reduce eligibility for certain benefits and support and do so at the expense of the sole breadwinner's health and well-being. Participants described having to make the difficult choice between enduring short-term hardship to trigger access to support or remaining in a less precarious situation and facing a longer wait.

2.3. Masking struggles for dignity but risking being overlooked for support

Participants described how pride, appearance, and the need to maintain a sense of self often led them to present as coping, even when they were not. This "masking" included, for example, putting on makeup, avoiding emotional disclosure, working despite feeling physical pain, or providing one's child with everything they need (at the expense of one's own health and wellbeing and while experiencing pain). This meant professionals often assumed people were fine. The fear of being judged, especially online or in the media, further discouraged openness about money struggles. In Spelthorne, some participants feared that admitting hardship might lead to the removal of their children from the family home, which reinforced silence.

3. OBSTACLES TO ACCESSING SERVICES AND SUPPORT

Several obstacles to accessing services and support were identified by research participants.

3.1. Information about supports and services

First, participants expressed that services and support **information was hard to find and digest**. In these focus groups, participants often learned new information about services and support from each other. Participants repeatedly expressed a general lack of knowledge about what services and support are available and suggested information campaigns both online and offline.

Participants reported often learning about the types of support and services, how to write effective applications, or fill out a form to get the support requested from people in their social networks. **Friends, family and charities spread this "know-how"**. Without it, many participants reported they would have received less support than they currently do.

A significant obstacle is the **segmentation of support, services and benefits**, forcing participants to read, cross-reference and draw conclusions from different sources of information. Across focus groups, a common suggested improvement was an in-person 1-2-1 service akin to the "benefits lady" where tailored advice would be given on a) what support participants qualify for, b) how to apply, and c) which forms of support one can have at the same time.

In addition, participant narratives demonstrated that significant **digital skills and tools are required to access support and services**. Participants were frustrated by what they saw as excessive amounts of digital texts and long and confusing website link chains. Many did not have access to a computer and attempt to read up and write applications from their smartphones. This demonstrates the digital inaccessibility of information that likely results in people missing out on support and services they would qualify for.

Spelthorne residents, Banstead residents and people who are racially minoritised also emphasised that a **high level of English literacy is needed to access and understand service and support information**. For instance, having English as a second language is seen as an obstacle, participants use AI to formulate emails that sound 'proper', and have postponed filling out forms as the amount of text on them was daunting.

3.2. Shame, stigma and fear

Emotional barriers such as shame, stigma, and fear were frequently cited as obstacles to accessing support. Participants described how asking for help can be difficult, especially the first time, and how negative experiences of services can lead to overarching distrust, particularly among care leavers who may avoid council-run support due to lack of trust.

Fear of **rejection or being judged** also discouraged engagement. Some participants felt that seeking help without receiving it (or being told no help is available) was emotionally draining, making them hesitant to try again. Others worried about financial support being recalled, especially in cases involving Carer's Allowance and employment support, which created uncertainty and stress. Furthermore, Spelthorne residents shared **concerns about losing benefits like Personal Independence Payment (PIP) if they appeared too able**. People who had conditions that vary in intensity felt worried when undertaking proactive behaviours on days they felt better out of fear of losing the benefit.

3.3. Assessing one's own need

Participants described **difficulty in recognising or acknowledging their own need** for support. This was often tied to feelings of pride, shame, or a lack of awareness of eligibility. A Spelthorne resident (among many other participants) reflected that it is hard to think that one's own need is "big enough" to warrant help, especially when comparing oneself to others perceived as worse off. A food bank user shared that she only realised she qualified for support when a health visitor came to her house after childbirth and informed her of the available food services.

Participants also expressed that the process of assessing one's own need is complicated by **unclear eligibility criteria** (especially when using several services and types of supports simultaneously). This uncertainty can lead to delays in seeking help or complete disengagement from support systems. Several depend on friends, family and charities to affirm that they qualify and should apply.

3.4. Distrust in the services and support application process

Overall, there is a **widespread scepticism and distrust about whether applications would be fairly assessed**. Participants described feeling judged based on superficial characteristics, such as appearance, rather than actual circumstances. Participants shared that people judge them based on how they look and behave interpersonally, and that this should not influence decisions about support. One care leaver noted that some people may not ask for support simply because they do not believe they will receive it. This lack of trust is compounded by past negative experiences with services, including perceived lack of empathy from staff.

Participants also voiced **frustration with the complexity and opacity** of support application processes. Several believe that the government intentionally makes it difficult to apply for

benefits to discourage uptake. These reflections underscore a widespread perception that the system lacks humanity and flexibility, and that small mistakes or misinterpretations can lead to significant consequences, including denial of support.

4. FACILITATORS OF ACCESSING SERVICES AND SUPPORT

In contrast to the barriers outlined above, participants also identified a range of facilitators that helped them access services and support.

4.1. One foot in the door....

Participants described how **initial contact with one service often led to discovering additional forms of support**. A food bank user shared that a Health Visitor had visited her home and signposted her to a local food bank. From there, she discovered financial support and a parent's hub. This example highlights the importance of co-located services, where one point of contact can lead to broader support.

4.2. Friends and family

Informal networks played a crucial role in facilitating access. Participants often learned about services through friends, family members, or acquaintances. One carer shared that she learned about Action for Carers through her son's friend, which led to her accessing support. A Spelthorne resident described how her friends encouraged her to seek help, affirming her deservingness. This **emotional validation was key to overcoming feelings of unworthiness**. Participants also noted gendered dynamics in support-seeking: women described coaching their male partners and acquaintances into making benefits calls, but not vice versa.

4.3. Charities

Participants described **charities as essential navigators of the support landscape**. One carer stated that without the charitable sector, she would have had significantly less financial support each month. Charities helped participants understand what they were entitled to and how to access it, often filling any gaps left by statutory services and acting as the "benefits lady" many participants requested.

4.4. Helping others

Helping others was both a source of empowerment and a way to spread knowledge about support systems. Many participants had experience of helping others fill out forms, understand eligibility, and navigate applications. This peer-to-peer support was often informal but effective. Its effects are at least twofold: **creating confidence in the person helping and spread informal and useful "know-how"** to people who need it.

4.5. AI-tools

In one focus group, participants discussed how **AI tools like Gemini helps with service access**. Participants use these tools to map what support was available, craft professional-sounding emails, and generate scripts for phone calls. Participants appreciated the clarity and confidence these tools provided, especially when navigating complex or intimidating systems.

Findings: Postcards

This section details the qualitative findings from the creative writing exercise.

1. VISIONS, SENTIMENTS, PROPOSALS

Postcards often took one of two forms. They were either written as a letter to a loved one that described a Surrey in 2035 where amenities made everyday life less expensive, time and labour intensive, or all-around more pleasant. Other postcards read like lists of suggestions for services, amenities and conditions of life to improve. Postcards described a financial hardship-free Surrey the following way:

1.1. Personal level

The postcards describe that Surrey without financial hardship means accessible and stable foundational components of life, including housing, food provision, temperature regulation in the home (utility bills) and entertainment for children and young people. Information about services is readily available. In summation, life without financial hardship means having a secure and affordable place to live, in a community where it is possible to get around, afford utilities, food and Council tax.

1.2. Community level

The absence of financial hardship also presents on the community level. Across postcards, a Surrey without financial hardship means that more, or all people, who need it are given support. Examples include women writing that men are granted equal support to women, fathers to mothers, and "youth" having access to entertainment and education, sometimes with the purpose of reducing crime. Particularly in the Banstead focus group, participants wrote about crime and "illegal immigration" on postcards. They requested that Surrey 2035 be absent of both but did not disclose why they wrote this.

2. SERVICES AND AMENITIES

The services and amenities that participants mentioned on postcards are listed below.

This list must be read with caution, as participants were prone to write about things that had come up in discussions, and the same services or amenities as other participants in their focus group. However, the list demonstrates which services are top of mind for Surrey residents that took part in this research.

Service / amenity	Food bank users	Banstead residents	People who are racially minoritised	Spelthorne residents
Playcentre/ground for children	X	X	X	
Fresh air			X	
Green spaces	X			
Well-paved and functioning roads		X	X	
Council tax (going far in terms of services/amenities offered, seeing result of money paid, more affordable)		X	X	

Affordable housing	X	X	X	X
Stable housing	X	X	X	X
Support for people with disabilities	X	X	X	
Face-to-face support services				X
Advertising of financial support services (TV, posters, etc...)				X
Free or cheap public transport	X	X		
Energy bill support/lower cost of utilities	X	X		
Youth groups	X			
Food price reduction	X	X		
Education funding	X			

Discussion

RQ1: What support for managing financial hardship is used by priority populations with loved experience of poverty in Surrey? Why, and with what effects?

The focus group participants mentioned several services unprompted which indicates awareness. They also described experiences of services they use or have used in the past. These are listed below. This list should not be read as a complete register of services used, but rather which services are top of mind, remembered, at the forefront of participants' experiences and mentionable in a focus group format.

Service	Number of focus groups mentioning service	Population	Experience
Housing register (council housing)	1	Care leavers	Expressed that this service is helpful for people who get priority, like mothers and care leavers.
	2	Food bank users	Emphasised that one needs to experience tough circumstances to access this housing. Mentioned the risk of people putting themselves in crisis to get support. Personal experience is that last-minute offers and lack of furniture is a problem, and that emergency housing can include mothers but exclude fathers.
	3	Banstead residents	Argued that the priority list is useful, but that despite being prioritised (homeless from social care) waiting times are long (example of 6 months).
	4	Spelthorne residents	Appreciated, discussing who gets priority in que. Describes that one needs one's PIP or other benefits sorted first, and then one can get on the wait list.
Personal advisor (for care leavers)	1	Care leavers	Experiences are mixed. Negative: absent staff, long time between requests and action taken, assigned staff shifting due to leave or resigning. Not respecting personal boundaries, such as entering the semi-independent living of a 16-

			year-old without permission. Negative experiences reduce the incentive to switch PAs and try if another is better. Positive: proactive, identifies and shares information about available support that care leaver did not know they could access or needed.
Universal credit	1	Care leavers	Care leavers: mentioned in passing.
	2	Food bank user	Easier to get than housing support.
	3	People who are racially minoritised	Mentioned in passing.
Council tax exemption	1	Care leavers	Mentioned positively in passing.
Contribution towards gas and electricity bill	1	Carers	Mentioned positively in passing.
Carer's allowance	1	Carers	Experienced as too small an amount to live on with dignity.
	2	Food Bank Users	Appreciated benefit, even if the amount is insufficient. Participants discuss how many hours one has to provide care for to qualify. They guess 30 hours per week.
Employment support, Job Seeker's Allowance (multiple names used)	1	Carers	Too small to live on with dignity.
	2	Banstead residents	Mentioned in passing, emphasis on that one must look for work actively to qualify.
Surrey County Council vouchers for children's activities	1	Carers	Inefficient – not flexible enough to support all kids irrespective of geographical area and preferences. One participant reported that she can't use them for her son due to this inflexibility.
Disability Living Allowance	1	Carers	Too small to live on with dignity. Must describe the worst day and biggest challenge when filling out form to get this support, this is something people learn (from social connections or VCSEs) when their applications are first denied.
Vouchers to replace free school meals for children who don't attend school or during holidays.	1	Carers	Too small to cover the cost of food.
Pension credit	1	Carers	Must apply for this online, and that is bad.
CAHMS – Child and Adolescent Mental Health Services	1	Food Bank Users	This service is seen as non-existent, along with any other form of mental health support. Giving medication is seen as a band aid rather than solution to problems.

Healthy Start	1	Food Bank Users	Participants think and question why this is limited to the first child.
GP	1	Food Bank Users	The community mental health team can support in times of financial strain, and potential domestic abuse.
	2	Carers	Appreciate the £300 grant for carers they have learned about through posters in GPs offices.
	3	Spelthorne residents	Describing having to fight for ADHD diagnosis, being prescribed antidepressants rather than taken seriously as neurodiverse.
Citizen's Advice	1	Food Bank Users	Find it unhelpful because they could not suggest more actions for the person to take to improve their situation. Another failing is the interpersonal contact, and that they lack psychological training. However, this is more acceptable than local authority or government systems as they are not nice to speak to and the former is a charity.
	2	People who are racially minoritised	Appreciated for being a charity that gives advice.
Health Visitor	1	Food Bank Users	Appreciated for identifying need for food and signposting to the food bank. This was experienced as helpful, both for food access and access to co-located support.
NHS Transportation Service	1	Food Bank Users	Positive - appreciated service but thought to not be advertised well enough. Participant found out about this "by accident".
	2	Banstead residents	Appreciated service but thought not to be advertised enough. People have learned about it via word of mouth.
School staff	1	Food Bank Users	Participant described that her child's teachers realised she was not coping well and connected/activates support services. This proactiveness was appreciated.
Job Centre	1	People who are racially minoritised	Mentioned in passing.
	2	Banstead residents	Mentioned in passing as a place one goes to when one is out of work because "half a loaf is better than none".
	3	Spelthorne residents	Mentioned the Flexible Support Fund (FSF) in relation to purchasing a laptop. Only one person in the focus group (1/8 people) knew about this and appreciated having received it. Described tough experience whereby one job centre employee had promised support, and then another employee said that information was mistaken, and support non-existent.
Personal Independence Payment (PIP)	1	Spelthorne residents	Appreciated, but not an amount that can be lived on with dignity, difficult to apply for and secure, risk of losing and having to pay back.
Disability badge (for parking)	1	Spelthorne residents	Mentioned in passing.

In summation, the reasons for and effects of the use of services and supports can be summarised the following way.

Financial need drives identifying and applying for several services and support: Participants turn to the services and support systems they do to maximise financial means or other forms of support (like appropriate education for children, free school meals, or social health support at a family hub). As people struggle to afford basic needs (demonstrated above), participants try to make use of as many services and support systems as possible. They spend time searching for support and services online and assessing whether they meet eligibility criteria.

The effects of service and support use and access are both negative and positive. **Negative effects** include the prevalent risk of negative emotional experiences of shame, stigmatisation, a loss of identity, and fear as one applies for support and accesses services. Another negative effect is the potential loss of another form of support (caused either by putting oneself in a worse situation than before or having another benefit/support recalled). **Positive effects** include having a bit more money and more basic needs met than before and learning about other support and services from people and VCSEs one meets through asking for help.

Data indicates that **which services and supports are used by priority populations** is impacted by:

a) **Qualifications and eligibility**: The strongest predictor of service/support use appears to be whether someone meets eligibility criteria, and by extension, how eligibility is qualified. Services that are tailored for a specific priority population, like support for care leavers are both appreciated (for staff knowledge) but also questioned as it may increase feelings of stigmatisation, and that one's experience or identity invertedly will lead to a life lived in hardship.

b) **Social networks** as this is where information, informal know-how, encouragement to submit applications, and emotional validation of need is found.

c) **Connection to charities**, as they provide information, informal know-how, encouragement through application processes, and emotional validation of need. Participants describe both that charities can be lifelines but do not offer much new information.

d) **Existing use of other services and supports**, as several services are co-located. This is mostly reported by women with children who have had GPs, Health Visitors, and school staff point them in the direction of other opportunities.

e) **Willingness to experience shame for long-term improvement**. It cannot be understated just how much feelings of shame inhibit people from seeking services and support and are endured when support is sought.

f) **Literacy, language and digital skill level**, as navigating the support and benefits landscape, for instance, often involves filling out dense forms and reading vast amounts of online text.

RQ2: How do experiences of financial hardship vary between priority populations with lived experience of poverty in Surrey?

From focus groups, we can infer that **the experience of financial hardship in Surrey varies across priority populations, but that significant overlap exists**. It is likely that efforts to improve, for example, the legibility of digital information will benefit both people with English as their second language, and those with a lower literacy level.

As participants can experience overlapping priority population identities, for instance being a carer who is racially minoritised, the data collected in this research project cannot, in full, provide conclusions on how identity drives different experiences of financial hardship. However, participants' narratives on how their identity and life circumstances shapes their financial hardship illuminate the following trends:

I. **People who are racially minoritised** described how cultural expectations around self-reliance and caregiving can discourage help-seeking, and how migration experiences shapes ability to access support. Several described arriving in the UK, learning English, supporting children through education and having to navigate unfamiliar societal systems. Language barriers were a recurring theme, with participants noting that not having English as a first language made it harder to understand and apply for services.

One participant stated that 'tolerance' has declined recently, exemplified by a more demanding citizenship processes and criteria. In the creative writing exercise, one participant wrote that they wanted Surrey to become more "tolerant". Read alongside other postcard narratives that expressed that "illegal immigration" must end, we may infer that people experience interpersonal racism which may drive unequal service and support access.

II. **Carers** described spending most of their time caring and searching & applying for support. Carers were especially prone to calling out the limits of one-size-fits-all support, for example through describing their neurodiverse dependents' particular food requirements. Carers often had to act as advocates, navigating multiple systems on behalf of others. The time it takes to care makes working or job searching next to impossible, and the carers allowance is too low to live off, according to carers. The interest in participating in this research (and receiving the voucher) was high, which demonstrates both the willingness to raise awareness of issues and the potential of the voucher to contribute to income.

III. **Care leavers** shared unique challenges, including stigma and a lack of safety nets. For instance, stigma looked like being stereotyped as having had a traumatic upbringing. Consequentially, not all felt comfortable identifying as a care leaver, and some struggled with feeling demoralised. One participant described that hearing statistics that say many care leavers end up in prison left her feeling undermined in terms of motivation. Care leavers also described a sense of being behind in life, lacking familial financial safety nets and having to work harder to achieve the same outcomes as their peers.

IV. **Residents of Spelthorne & Banstead** did not make references to area specific experiences more than any other focus group. Some themes were more prevalent in these groups, but this could be due to the people present rather than reflective of the

areas. **Spelthorne** residents, attending the focus group at Stanwell Family Centre, mentioned literacy and inability to navigate text information more than others. In the focus group which took part in the Banstead Pantry with **Banstead residents**, one participant wrote on their postcard that they had as a goal to move from their borough, and this group mentioned that they wanted to see "illegal immigration" reduced more than other groups.

V. **Food bank users are not a Priority Population** but emphasise the importance of co-located resources and proactive outreach (such as Health Visitors) to encourage people to access food banks and associated hubs.

VI. **Other observations: Gender & family structure** impacts the experience of financial hardship. Women, particularly mothers and carers, described sacrificing employment for caregiving, which jeopardised both current and future financial security and independence. Men were perceived as less likely to seek help, often requiring coaching from female partners. Both men and women felt the pressure of providing for their households. However, pregnancy and parenthood were discussed as a gendered experience. Pregnant people were given more leeway when not employed, while fathers (or fathers-to-be) were expected to be in employment or otherwise considered lazy. Participants noted that services and courts often reflected this assumption that women are the primary care giver, which reinforces unequal access to support. No reflection was made on the gender non-binary or LGBTQIA+ experience.

Having children was consistently described as intensifying financial hardship. Participants emphasised high costs of basic needs when raising children. While schemes like free school meals and activity support funds were appreciated, they were seen as insufficient. Single parenthood was seen as a particularly vulnerable circumstance, especially among racially minoritised participants. The dual pressure of caregiving and financial provision was described as overwhelming and unsupported. Notably, having children could also act as a gateway to services, both by creating eligibility, a feeling of deservingness, motivation and introduction to co-located services.

VII. **Other observations: Disability -** Participants with disabilities described how their access to support was shaped by how they presented their condition. For example, those applying for Personal Independence Payment (PIP) felt they had to describe their condition at its worst iteration to qualify and abstain from proactive behaviour to prove their continued right to the benefit.

RQ3: How can poverty be prevented and the effects of poverty mitigated in Surrey at systemic/civic, service and community level?

First, participants highlighted the need for **structural changes at the systemic/civic level** that address the root causes of financial hardship:

- **Affordable, accessible and stable housing**: High housing costs were consistently cited as a driver of financial hardship. Participants called for more accessible, affordable and stable housing.

- **Improved transport infrastructure**: Free or subsidised public transport was proposed to reduce costs and improve service and support access.
- **Council tax reform**: Participants wanted council tax to be affordable and transparent (delivering visible benefits and outcomes on community level).
- **Digital and language accessibility**: System-wide improvements in how information is presented (including language, non-digital alternatives, and multilingual resources) were seen as cornerstones of equitable information.
- **Recognition of structural causes**: The term "cost of living crisis" was preferred over "poverty". This may be due to its framing of hardship as systemic rather than personal failure. This suggests that civic messaging should avoid stigmatising and individual language to promote service uptake.

Participants identified several ways **services** could better support those in financial hardship:

- **Co-located and proactive services**: Initial contact with one service (e.g., health visitors, schools) often led to discovery of others. Participants valued proactive referrals and suggested a "benefits lady" model—an in-person advisor who helps navigate all eligibility and applications.
- **Face-to-face support**: Participants suggested more in-person services to reduce digital and literacy barriers and receive correct up to date information.
- **Simplified and empathetic application processes**: Many described the current system as opaque and emotionally taxing. Participants proposed clearer eligibility criteria, streamlined forms, and staff trained in empathy.
- **Flexible and inclusive schemes**: Many forms of support were appreciated but often seen as too rigid. Participants wanted schemes that accommodate diverse needs, such as neurodiverse children, or rapidly changing circumstances.

Community-based solutions were seen as vital for both prevention and resilience:

- **Charities and informal networks**: These were described as lifelines, offering emotional support, practical advice, and encouragement. Participants proposed strengthening partnerships between statutory services and VCSEs.
- **Children and Young People (CYP)**: Postcards frequently mentioned play centres, youth groups, and green spaces as essential for wellbeing and cohesiveness.
- **Reducing stigma**: Shame and fear were major barriers to seeking help. Participants proposed educating staff in empathetic communication, and 1-2-1 interpersonal support services.

Limitations

Generalisability and intersectionality of priority populations

The generalisability of the qualitative data presented in this report alone is limited due to overlapping participant identities across priority populations, and the purposive sampling

strategy coupled with a fairly small sample size compared to all Surrey residents that have priority population status, live in Banstead or Spelthorne, or use a food bank.

This also results in that the qualitative component of this research project alone cannot provide a definitive response to research question 2. This is because of the inevitable fact that several research participants possess identities across multiple priority populations at once. This research aimed to understand how priority populations' identities impact the experience of financial hardship, and this qualitative research can only provide indicative findings in response to this question. To address this quantitative primary data from the survey and past research have been triangulated with findings from this research to provide a more reliable answer to research question 2. However, accounting for intersectional identities remains a research challenge in understanding the needs and experiences of the priority populations in Surrey.

Limited depth of answers to RQ3

This research project employed a creative methodology to facilitative individual and confidential contributions in a focus group setting. While these written statements added insights, the research would have benefited from a discussion between participants and researcher about the services, supports and reflections mentioned in writing. The research would also have benefited from seeking clarification and contextualisation to some of the things mentioned on the postcards while the focus group was in session. For instance, what makes a participant believe that council tax is not "going far" currently? Why did multiple participants write similar things as the focus group peers? Doing so would have deepened the answers to research question 3.

Proposals for future research

Literacy level, information, and digital accessibility

Levels of literacy, textual presentation of information and digital information depositories matter tremendously for services access and support. This research calls for future work on how these three can be addressed simultaneously in a cost-effective manner across Surrey.

Finding language for financial hardship that does not induce shame

Participants' comfort with speaking about the cost-of-living crisis and inflation was a stark contrast to the shame associated with the terms "financial hardship" or "poverty". It appears the former term is associated with structural forces being at play in communities and therefore isn't shame inducing. As shame is a significant obstacle to service and support access, there is incentive to do research on which language should be used in strategy, policy, services and communications/information.

Focus Group Topic Guide

Financial Hardship focus groups
HDRC Fall 2025

Section	Time	Aim	Script
Welcome	**As people enter**	• Make people feel welcome, comfortable	*Hi everyone and thank you very much for joining us today.* *Please take a seat, help yourself to X.*
Opening	**5-10 min**	• Research aim • Introductions • Focus group plan • Consent • Compensation • Right to withdraw • In-session issues	*Let's get started. Thank you all very much for coming to this focus group. Before we start our conversation, I want to tell you about who I am, who my colleagues here today are, why Surrey County Council is doing this focus group and the rights you have as focus group participants today.* *My name is Frida Timan, I am a researcher at the Surrey Health Determinants Research Collaboration that is part of Surrey County Council. We are called HDRC Surrey for short. HDRC Surrey is a programme working to make Surrey a healthier place for everyone. We're doing this by helping the council use research (people's thoughts, feelings, attitudes and opinions) in smarter ways, so decisions better reflect what local people really need and care about.* *I'll let my coworker [Tara] introduce themselves. [Add].* *So, in this focus group, we are going to discuss financial hardship. Financial hardship can mean anything from feeling very worried or concerned about making ends meet, having to go into overdraft, struggling to pay for essentials or borrowing to make ends meet. We will have this discussion to learn what Surrey County Council and other services and community networks locally should do to best support people in financial hardship, but also what they can do to make sure people do not end up in financial hardship in the first place.*

			What you say today will inform a Surrey wide action plan, but you, and your answers/responses will be completely anonymous. I also ask that you do not tell anyone outside this focus group who else took part, or what someone else said. *We will record today's conversation so that we are sure we have heard what you say. When we write it down, we will not use your names so you will be completely anonymous.* *You do not have to partake in this research; you are free to leave at any time. If I ask a question that you do not want to answer that is also ok. You can simply be quiet or tell me that you do not want to answer the question, and I will respect that.* *I'll start by sharing a couple of stories that reflect the real experiences of Surrey residents. These aren't real individuals, but they're based on what people have told us and are designed to help us explore the kinds of challenges people face and needs they have. Then I will ask you about what you think the people should do, what they might be thinking, or why they act the way they do. We will do this for about an hour.* *As we speak, [Tara] will ask some follow up questions and take notes in case our audio recording should break down or fail or similar.* *Then we will do an exercise that we call "postcards from the future" and fill out these postcards (show postcards), but I will tell you more about that when we get there.* *Also, before we start, the fire exits are there [X], and the bathrooms are [X]. Over [there] we have space to sit down and take a moment should you*

			want to pause from the conversation for a while.
Q&A	**2 min**	• Make sure all are on board	*Are there any questions before we begin? Anything you'd like me to describe or explain further?*
Icebreaker	**10 min**	• Building familiarity • Hearing people's names/nick names	*Let's start by introducing ourselves. I'd like to start us off with an icebreaker. Let's go around the circle and say our name or nickname and…* [choose 1 icebreaker that suits the group at hand from the below] *1) - Which is your favourite season and why?* *2) - What is the weirdest food you ever tried? How was it?* *3) - Are you a texter or caller? Why?* *4) - If you were a vegetable, which one would you be?*
Vignettes & discussion	**50 min**	• Answering RQ 1 & 2	*I will now share two stories that reflect real Surrey experiences. And as a reminder, these aren't real individuals, but they're based on what people have told us about their lives.* *So, think of them as personas, and then I'll ask you a couple of questions about what you think this person might feel and go through, what support they might need, and anything else that comes to mind for you.* *You are very welcome to speak about just the person or tell us about your personal experience too.*
Postcard	**20 min**	• Answering RQ 3	[script below]
Wrap-up	**5 min**	• Info research outcomes	*We'll stay around to answer any potential questions. You also have the email address to the HDRC team on the consent form and participant information sheet that you filled out before coming here today if you have any questions after you leave today.*

Vignettes: Principles and tailored details

All vignettes are built around 4 dyadic principles (8 characteristics) that pertain to the experience of financial hardship in Surrey and beyond. All 8 characteristics are represented across the two focus group vignettes. This approach facilitates both tailored vignettes and analysing the separate focus groups in conjuncture. Exceptions are made for carers and care-experienced to make these vignettes relatable to focus group participants. The term 'vignette' is used internally to reflect methodological literature on vignette focus groups, while the term 'stories' is used in communications with the public to facilitate understanding.

Principle	Affirmative characteristic	Negating characteristic
Dependents	Has dependents or caring responsibilities	Does not have dependents or caring responsibilities
Employment and income	Is employed or on benefits	Is not employed or not on benefits
Accessing local services and support (Local government)	Has accessed services and/or support	Has not accessed services and/or support
Community support (Voluntary/social/cultural/faith-based)	Participates in voluntary/social/cultural/faith-based community	Does not participate in voluntary/social/cultural/faith-based community

Population / place	Principles tweaked?	Vignette 1	Vignette 2
Carers	Yes		
		Lena is 38 years old, and the single parent of 2 primary school children. She lives in Shepperton in a 2-bed flat that she's privately rented for the last 10 years. Lena is the carer for her 60-year-old dad who lives nearby and has long COVID. Since he got sick in 2021, he hasn't been able to work and now depends on Lena to chip in for bills. His electricity bill is especially high as he has to heat and cool his home due to his illness. Lena usually works part time at the local post office. She mainly takes day shifts when her children are at school. This summer, like the other ones, she had to quit her job to care for her children. She hopes to return to work in the fall, but there are no guarantees. Lena struggles to make ends meet. Lena's kids usually get free school meals, so Lena's food costs are higher over the	Devon is 25 years old, and lives with his mum and younger brother (23) who has autism. Devon and his mum have always worked together to care for his brother. This means helping with meals, going to doctor's appointments, helping with personal care and hygiene, and doing the washing. Devon also tries to make sure his brother doesn't feel lonely, so he plans fun things for them to do together, like going to the cinema. Devon has a zero-hour contract working as a cashier at a local supermarket. His income was important to paying household bills and rent. Over the past six months, Devon's mum has developed arthritis, which causes her joint pain. Because of this, Devon now does more to care for his brother, like changing his beddings, helping him shower every morning, doing the weekly food shop, cleaning, and going out for walks. Devon has had to say no to extra shifts at work because of his caring

		summer. Lena receives Job Seeker's Allowance to help with her cost of living, but it is insufficient. Lena is aware of a family hub in her area that is run by a group of volunteers. She doesn't really know who the volunteers are but has seen a sign that they do activities for children twice a week and give out a free lunch during the summer holidays. Lena has not yet gone to the hub.	responsibilities. Now, his manager doesn't call him as often to offer shifts. The few shifts he works help pay for essentials, but the family has to use the overdraft on their account most months to make ends meet. Devon hasn't used any support services. He feels lucky to have a good group of friends who check in on him. They understand his situation and make time to see him in the afternoons or evenings when his mum is looking after his brother. Sometimes they come to his house so Devon can stay close in case his brother needs him. Devon worries about the future, especially what will happen when his mum gets older and might need care too.
Care leavers	Yes		
		Tasha is 19 and lives in Woking. She used to be in foster care and lived with three different families between the ages of 13 and18. The past year has been tough for Tasha. Since leaving care, she no longer has the support she used to rely on. Now, she shares a small flat with three other girls who are also care-leavers. It's crowded, but it feels safe, and she's slowly getting used to living on her own. Tasha works part-time as a playgroup assistant at a local pre-school and wants to work towards a Level 2 qualification in Childcare. She earns enough to make ends meet, but there is no wiggle room for unexpected bills or saving. She hopes to one day become a children's social worker. Tasha has turned to Surrey County Council to make a Pathway Plan for her future, including finding a good place to live and getting into work. She found out about this support from her social worker just before turning 18.	Anthony is 24 and grew up in different children's homes across Surrey. He had a tough time in care and started working early so he could move out. At 17, he got a job and was able to rent his own place. He worked in the kitchen at a local chicken shop for several years, but the shop closed about four months ago and he lost his job. Anthony hasn't asked for help like Job Seeker's Allowance because he feels unsure about dealing with official services, especially after having a tough time in care. He is now behind on rent payments but hopes he will get a new job soon. When he was little, Anthony used to go to church with his grandma. He still goes and helps out after the service –preparing food, cleaning the room, and washing up. Sometimes he's offered leftovers to take home, which helps with meals during the week. Anthony wouldn't ask anyone at church for help finding work, but he's glad to have a place where he feels welcome. He likes that people know his name and that it feels familiar and social.

		Tasha knows there's a local group that runs support cafés for care-leavers, but she feels nervous about going alone. She's not sure what she'd say to people there. Tasha doesn't enjoy big groups – she prefers one-on-one chats. Her flatmates aren't interested in going either.	
People who are racially minoritised	No		
		Shabana is 42 and lives in Sheerwater in Woking. She has two children in their early 20s who still live at home. She is the only person who works, and solely responsible for paying the rent. Recently, Shabana's daughter became pregnant, and her boyfriend moved in with them. Shabana works shifts as a health care assistant at a hospital. Her job is secure, but she's worried about having another adult in the house and how they'll afford everything the baby needs. Shabana encouraged her daughter to apply for "Healthy Start" food vouchers. Healthy Start is a government program food voucher program for people who are pregnant and have small children. She has found a Surrey County Council Community helpline and asked her daughter to give them a call and ask what support is available. Her daughter was unsure at first but agreed in the end. Shabana would love to meet other people in a similar situation to her and get support with essentials like nappies, food, and toys. But she's not sure where to go or if any help is available nearby.	Adeel is 30 and lives in Canalside in Woking. He's lived in Surrey his whole life and now shares a flat with his grandparents, parents, and two sisters. A few months ago, Adeel lost his job at Gatwick Airport admin team when his company made staff redundant. At first, he didn't tell his family because he felt embarrassed. His grandparents believe it's easy to find work in the UK, so he hoped to get a new job quickly without worrying them. But over time, it became hard to hide, and he eventually told them he was unemployed and looking for work. Since Adeel stopped earning, the family has struggled more with money. They can't afford petrol for the car anymore, which means they can't do big food shops at bigger supermarkets that offer discounts. Now, their grocery costs have gone up. Adeel hasn't applied for support like Universal Credit or Job Seeker's Allowance. He knows help is out there, but he's unsure how to access it and feels uncomfortable about being on a government list. Adeel goes to the mosque with his family every week. But since losing his job, he finds it harder to be social there. He feels ashamed and hopes no one finds out he's unemployed.
Food bank users	No		

		Shabana is 42 and lives in Leatherhead. She has two children in their early 20s who still live at home. Recently, Shabana's 's daughter became pregnant, and her daughter's boyfriend moved in with them. Shabana works shifts at a hospital. Her job is secure, but she wishes it paid more. She will help support the baby and worries about how they'll afford everything the baby needs. Shabana has found a Surrey County Council Community helpline and asked her daughter to give them a call and ask what support is available. Her daughter was unsure at first but agreed to call and ask for information in the end. Shabana would love to meet other people in a similar situation to her and get support with essentials and stuff for the baby like nappies, food, and toys. But she's not sure where to go or if any help is available nearby.	Kwame is 51 and lives in Ewell. He lives alone in a flat. His dad lives nearby. Kwame's dad has kidney problems and needs to go to the hospital twice a month. Kwame always drives him there and pays for petrol. Kwame lost his full-time job in construction seven months ago and hasn't been able to find new work. To save money, Kwame hasn't used the heating much during winter. His main focus is keeping the car running so he can help his dad with hospital visits. Kwame earns a bit of money by doing odd jobs for neighbours, like a handyman. He's done this for years, but it's not enough to live on. He is now receiving Job Seeker's Allowance, but it's still not enough to cover his costs and he is running out of savings. Kwame is well-liked by his neighbours but isn't religious and isn't involved with any groups or community events.
Banstead residents	No		
		Shabana is 42 and lives near Redhill. She has two children in their early 20s who still live at home. Recently, Shabana's 's daughter became pregnant, and her daughter's boyfriend moved in with them. Shabana works shifts at a hospital. Her job is secure, but she wishes it paid more. She will help support the baby and worries about how they'll afford everything the baby needs. Shabana has found a Surrey County Council Community helpline and asked her daughter to give them a call and ask what support is available. Her daughter was unsure at first but agreed to call and ask for information in the end.	Kwame is 51 and lives in Merstham. He lives alone in a flat. His dad lives nearby. Kwame's dad has kidney problems and needs to go to the hospital twice a month. Kwame always drives him there in the family car and pays for petrol. Kwame lost his full-time job in construction seven months ago and hasn't been able to find new work. To save money, Kwame hasn't used the heating much during winter. His main focus is keeping the car running so he can help his dad with hospital visits. Kwame earns a bit of money by doing odd jobs for neighbours, like a handyman. He's done this for years, but it's not enough to live on. He is now receiving Job Seeker's

		Shabana would love to meet other people in a similar situation to her and get support with essentials and stuff for the baby like nappies, food, and toys. But she's not sure where to go or if any help is available nearby.	Allowance, but it's still not enough to cover his costs and he is running out of savings. Kwame is well-liked by his neighbours but isn't religious and isn't involved with any groups or community events.
Spelthorne residents	No		
		Shabana is 42 and lives near Stanwell. She has two children in their early 20s who still live at home. She is the only person who works, and solely responsible for paying the rent. Recently, Shabana's 's daughter became pregnant, and her boyfriend moved in with them. Shabana works shifts as a health care assistant at a hospital. Her job is secure, but she wishes it paid more, especially now that there's a baby on the way. She's worried about having another adult in the house and how they'll afford everything the baby needs. Shabana has found a Surrey County Council Community helpline and asked her daughter to give them a call and ask what support is available. Her daughter was unsure at first but agreed to call and ask for information in the end. Shabana would love to meet other people in a similar situation to her and get support with essentials and stuff for the baby like nappies, food, and toys. But she's not sure where to go or if any help is available nearby.	Kwame is 51 and lives in Stanwell. He lives alone in a flat. His dad lives nearby in the council flat where Kwame grew up. Kwame's dad has kidney problems and needs to go to the hospital twice a month for dialysis. Thomas always drives him there in the family car and pays for petrol, insurance, and repairs. Kwame lost his full-time job in building maintenance seven months ago and hasn't been able to find new work. He's worried because no one seems to be hiring people with his experience. To save money, Kwame hasn't used the heating much during winter. His main focus is keeping the car running so he can help his dad with hospital visits. Kwame earns a bit of money by doing odd jobs for neighbours, like a handyman. He's done this for years, but it's not enough to live on. He is now receiving Job Seeker's Allowance, but it's still not enough to cover his costs and he is running out of savings. Now he's also worried the government might check his finances and find out about the cash-in-hand jobs he's done. Kwame doesn't know about the NHS scheme that helps with travel costs for medical appointments, and even if he did, he might avoid it to stay off official records. People in well-liked by his neighbourhood and old work colleagues, but he mostly keeps to himself. He's not religious and doesn't go to local coffee mornings or local community events as he's not sure what he'd do there.

Vignettes discussion: Universal questions & prompts

These questions will be asked after both the vignettes. These questions are uniform across all focus groups and enable consistent answers to the research questions. The prompts are tweaked by delivery partners to suit and resonate with their network, i.e., focus group participants. 'Themes to consider' acts as reminders for the focus group leaders of potential topics that are of interest to the research. Participants should not be pushed/led to speak about any or all of them.

No.	Question	Prompt	Themes to consider
0. Optional question.	What issues make X's experience of financial hardship particularly difficult?		• Being a priority population (carer, care leaver, person who is racially minoritised, food bank or pantry user) • Being a resident of Reigate & Banstead or Spelthorne
1.	Do you think X has had the right support? If not, why do you think this might be?	Think about what local support matches their needs.	• **Central government support**: Employment, economy, benefits, childcare, housing and transport • **Formal services**: Council & Voluntary sector • **Informal community networks and connections**: Social/cultural/faith groups.
2.	Can you think of any support X could have used?		
3.	Why do you think X hasn't approached anyone for support? What difference do you think any additional or alternative help through local support and services could make to X?		
4.	What should the experience of accessing support feel like?		• Are/what makes services welcoming/judging? • Experiences of follow-up or referrals. • Experiences of culture of the organisation.
5.	How do you think someone like X could have been supported better before their financial situation got to point of X's??		• Consider changes to benefits/childcare/support back into employment/awareness of access to local services/support for volunteers that might support others in danger of experiencing similar situations.

Vignette discussion prompts: Population or place specific

Population / place	Q0	Q1	Q2	Q3	Q4	Q5	GENERAL
Carers							
Care leavers							1. Start with info about the topics of the study. 2. Ask open-ended questions including: a) Does anyone have anything else to add... b) Does anyone have a different opinion... c) Can you expand on that a bit...
Racially minoritised							
Food bank / pantry users	How have the financial issues happened? Is there more that could have been done to prevent this? What can they do now? Could SCC have made a difference at any stage, and how?		What more support could have been accessed and who should have told them about this? Remember NHS ride support – omitted from vignette to test awareness.		If a participant says: "They should have got help from X" -> follow up and say: "If X goes into x, can you describe how that would work/what happens when he goes in, how he is greeted…".		
Banstead residents	[Same as above]		[Same as above]		[Same as above]		
Spelthorne residents							

Instructions: Creative writing "Postcard Surrey 2035"

Sub-section	RQ	Task	Script
Overview	**3**	• Introduction • Admin	*Thank you very much for your thoughts you just shared. Now, I we will get into the second part*

		• Exercise for imagination	*of this focus group. As I told you earlier, I will now ask you to fill out these postcards.* *I would like you to take a moment and imagine its 2035, and a major change has happened in Surrey that has made people's lives better across the county. There is now sufficient support for anyone in financial hardship. It could be that neighbours help each other out more, or that the local governments here have updated the services they offer like free school lunches, better employment opportunities for all or that all primary schools have a breakfast club.*
Writing	**3**	• Participants writing • Repeat prompts • Give time indications	*Take a moment to imagine what life is like in 2035 after this big change. What does Surrey look like? What does it feel like to live here? What is possible now that wasn't possible before?* *I'll give you time to imagine that.* *Now, please take out your postcard and write a letter or note to someone who you think has the power to make this change or describe the change to a family member or friend. Please do not include your own name, or any info that can identify you like your address.* *I will not ask you to read out loud what you wrote on your postcard, but I will collect them after our session today and analyse them to inform Surrey County Council's financial hardship prevention actions moving forward.* [Allow time for people to write, repeat prompts, ask if anyone needs clarification].
Collectin g/ photogra phing		• Info on sharing postcards post focus group • Consent for sharing/analysing postcards	*Thank you all very much.* *Now, I would like to collect the postcards for data analysis. If you would like to, we can scan and post it online so people can read your calls to action. We can also include them as an image in our final research report. You do not have to do this at all. Know that if you do it, it will be completely anonymous.* *Thank you all so much for participating in this focus group! We will send out the research report and a potential e-exhibit of the postcards via [FG/partner specific]. And now we are done. Please make sure to collect your voucher before you leave. [Tara] and I will be here in case you have any questions.*

Research question alignment

Research question	Segment	Checklist to cover
What support for managing financial hardship is used by priority populations with lived experience of poverty in Surrey? Why, and with what effects?	Direct: Vignette 1 & 2	• System/Civic level – [all Surrey partners/all local authorities/strategy and policy/working together] • Service [operational/public facing services within organisations] level – examples include • Community [focus on lived experience/empowered communities/community leadership] level
How do experiences of financial hardship vary between priority populations with lived experience of poverty in Surrey?	Indirect & potentially direct: Vignette 1 & 2	• Follow up on experiences that reference personal identity/status.
How can poverty be prevented and the effects of poverty mitigated in Surrey at system/civic, service and community level?	Postcard	• Voluntary scanning and sharing of postcards. • Creative exercise, doing rather than producing.

Appendix 3 - Survey results

Table 1
Characteristics of survey sample (Total number of participants = 96)

Characteristics	*Frequency*	*Percentage*
Priority populations (multiple-choice)		
Experienced financial hardship / money difficulties in the last 12 months	72	75%
Carer (for a friend or relative, not including own child / children)	26	27.1%
Care leaver / an adult (18 years or above) with care experience	< 5	< 5.2%
Learning disability and / or autism	10	10.4%
Long-term health condition, physical disability, and / or a sensory impairment	35	36.5%
Live in care home	—	—
From a racially minoritised community	< 5	< 5.2%
From the Gypsy, Roma or Traveller community	—	—
Out of work / unemployed	19	19.8%
Experiencing domestic abuse / am a domestic abuse survivor	10	10.4%
Have a mental illness / disability	28	29.2%
Use alcohol / drugs and require support with this	—	—
Homeless	< 5	< 5.2%
Other	6	6.3%
Prefer not to say	< 5	< 5.2%
Having financially dependent children		
Yes	44	45.8%
No	50	52.1%
Prefer not to say	< 5	< 5.2%
Number of financially dependent children under 18 years of age		
0	57	59.4%
1	19	19.8%
2	13	13.5%
More than 2	< 5	< 5.2%
Prefer not to say	—	—
Number of financially dependent children over 18 years of age		
0	80	83.3%
1	9	9.4%
2	< 5	< 5.2%
More than 2	< 5	< 5.2%
Prefer not to say	< 5	< 5.2%
Main sources of income		
Working full-time on a permanent contract	30	31.3%
Working full-time on a temporary contract	< 5	< 5.2%
Working full-time on a zero hours contract	—	—
Working part-time on a permanent contract	14	14.6%
Working part-time on a temporary contract	< 5	< 5.2%
Working part-time on a zero hours contract	< 5	< 5.2%
Unemployed	22	22.9%
Other	20	20.8%
Prefer not to say	< 5	< 5.2%
Housing situation		
Owning home outright (with no mortgage)	15	15.6%

Table 1
Characteristics of survey sample (Total number of participants = 96)

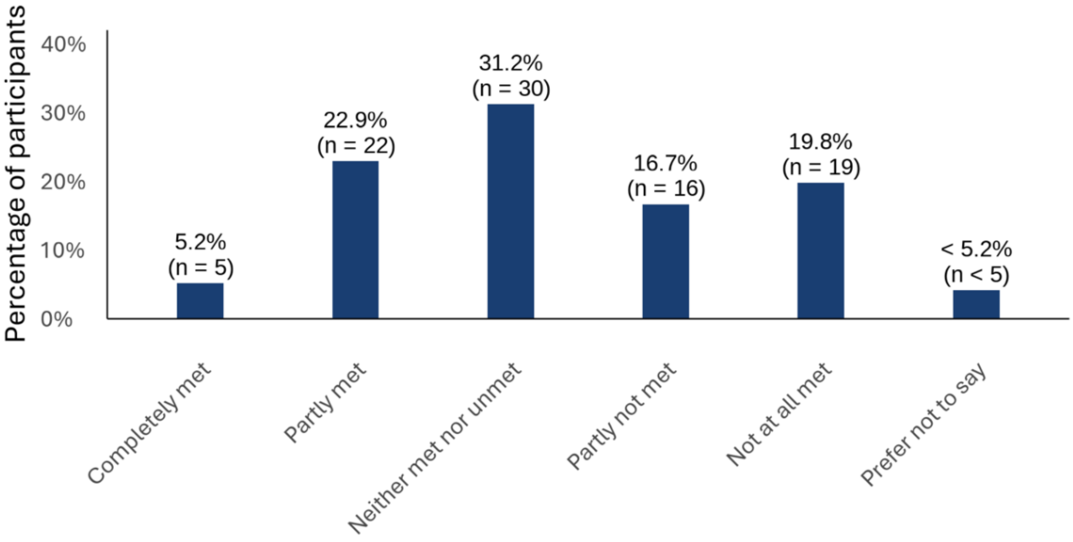
Owning home with a mortgage	25	26.0%
Renting home from a Council or Housing Association	25	26.0%
Renting home from a private landlord / agency	20	20.8%
Temporary accommodation organised by oneself (e.g., an “Air BnB”)	—	—
Temporary accommodation organised by a Council (e.g., a hostel or supported housing)	< 5	< 5.2%
Living with family / friends by choice	< 5	< 5.2%
Living with family / friends not by choice	5	5.2%
Homeless (e.g., rough sleeping)	—	—
Other	< 5	< 5.2%
Prefer not to say	—	—
Year of birth (age estimated with 2025 as the reference year)	*Range*: 1936–2005	
1936–1965 (60 to 89 years old)	22	22.9%
1966–1985 (40 to 59 years old)	46	47.9%
1986–2000 (25 to 39 years old)	20	20.8%
2001–2005 (20 to 24 years old)	< 5	< 5.2%
Prefer not to say	5	5.2%
Sex		
Female	71	74.0%
Male	18	18.8%
Other	< 5	< 5.2%
Prefer not to say	5	5.2%
Gender identity the same as sex registered at birth		
Yes	89	92.7%
No	< 5	< 5.2%
Prefer not to say	< 5	< 5.2%
Ethnic group		
White	80	83.3%
Mixed/Multiple ethnic groups	5	5.2%
Asian	< 5	< 5.2%
Black/African/Caribbean	< 5	< 5.2%
Other	< 5	< 5.2%
Prefer not to say	< 5	< 5.2%
Having physical or mental health conditions or illnesses lasting, or expected to last, for 12 months or more		
Yes	66	68.8%
No	25	26.0%
Prefer not to say	5	5.2%
Main language		
English	92	95.8%
Other	< 5	< 5.2%
Prefer not to say	< 5	< 5.2%
Religion		
No religion	43	44.8%
Christian	45	46.9%
Buddhist	—	—
Hindu	—	—

Table 1 ***Characteristics of survey sample (Total number of participants = 96)***		
Jewish	—	—
Muslim	< 5	< 5.2%
Sikh	—	—
Other	< 5	< 5.2%
Prefer not to say	5	5.2%
Note. Categories selected by 1 to 4 participants are reported as fewer than 5 (< 5; < 5.2 %). Categories with no entries (—) indicate they were not selected by any participant. Participants could identify with multiple priority populations, so percentages (proportion of the total sample selecting each population) may sum to more than 100. Three priority populations were not represented in the sample and therefore are not included in the descriptive analyses that follow in this report: individuals living in care homes; individuals from Gypsy, Roma, or Traveller communities; and individuals using alcohol or drugs who require support with this.		

Research question 1: "What support for managing financial hardship is used by priority populations with lived experience of poverty in Surrey? Why, and with what effects?"

Figure 1

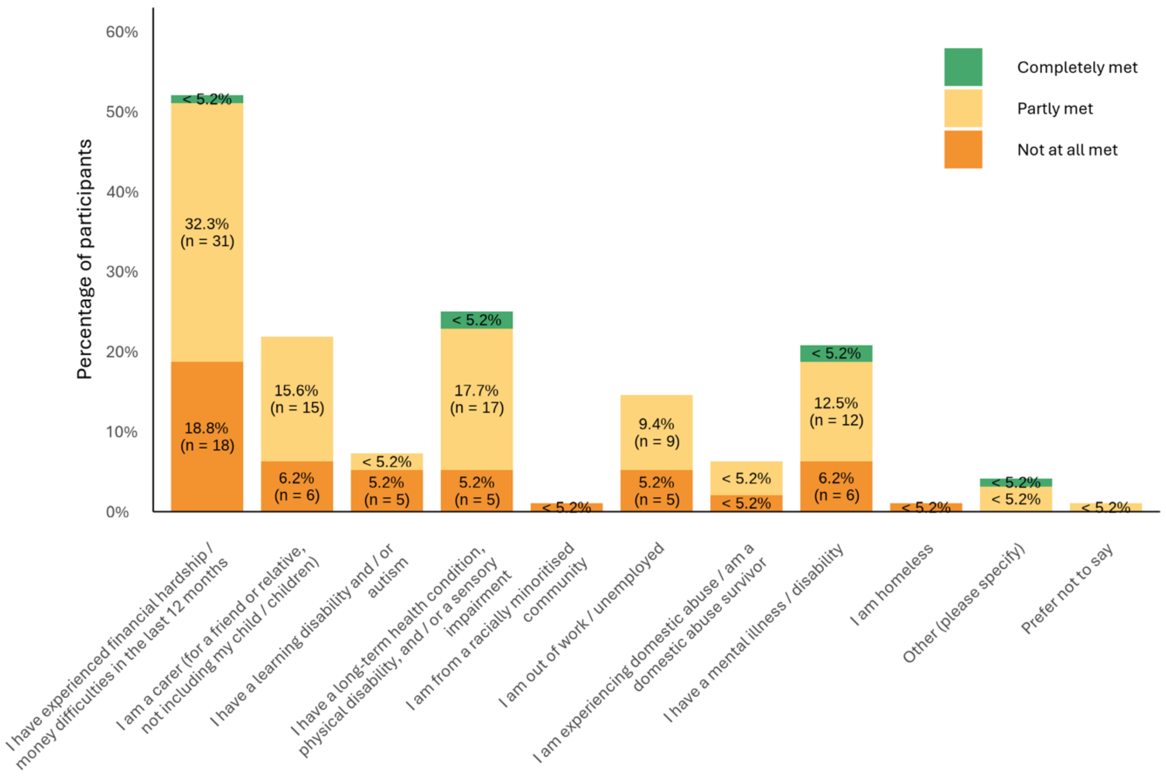
Extent to which participants (N = 96) feel current services meet their needs regarding money difficulties



Comment. Over one third of participants indicated their needs around financial difficulties were not sufficiently met by the current services. Less than one third of participants suggested their needs were partly met by the services. This highlights the need to strengthen support for Surrey residents experiencing financial difficulties.

Figure 2

Extent to which needs were met among participants (N = 96) by priority populations

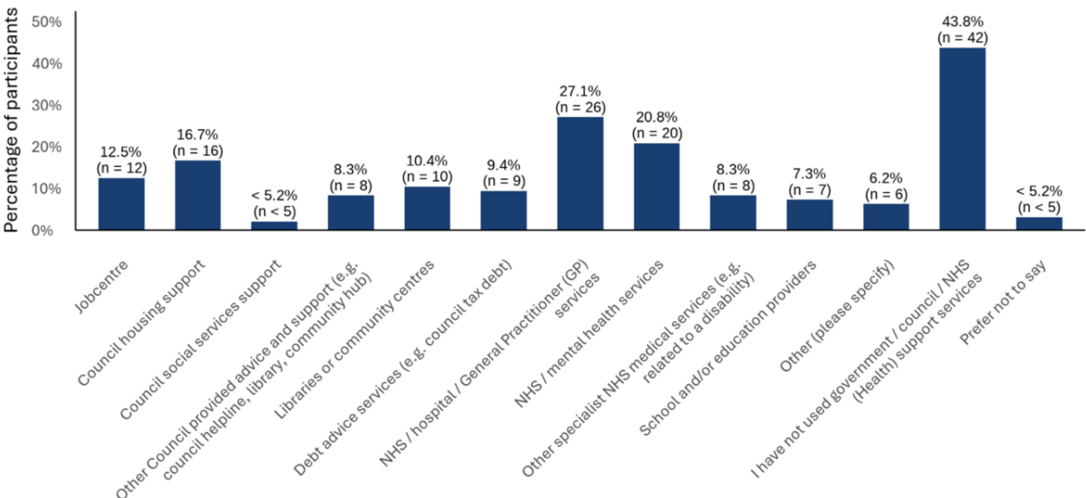


Note. Participants could identify themselves as belonging to more than one priority population. Four priority populations are not reported. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this. One group did not have participants indicating any of the three responses (completely met, partly met, not met at all): care leaver or adult (18 years and older) with care experience.

Comment. Nearly one third of participants who reported experiencing financial hardship in the last 12 months indicated that their financial needs were not met at all by existing services. This further highlights the need to address financial difficulties among Surrey residents.

Figure 3

Percentage of participants (N = 96) who have approached or used governmental support services in the last 12 months when having money difficulties

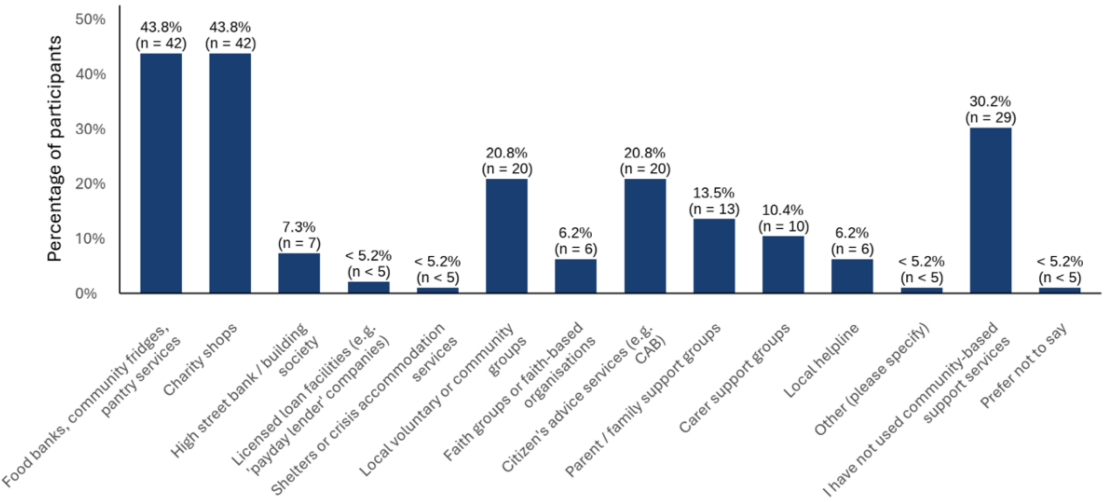


Note. Participants could select multiple services, so percentages (proportion of the total sample selecting each service) may sum to more than 100.

Comment. Over 40 percent of the participants had not used any governmental service. Among those who did, NHS services were most commonly used, followed by council housing support. This indicates a need to improve both awareness and accessibility of other governmental services, especially non-health services related to financial support, including council social services support, council-provided advice and support, and debt advice services.

Figure 4

Percentage of participants (N = 96) who have approached or used community-based support services in the last 12 months when having money difficulties

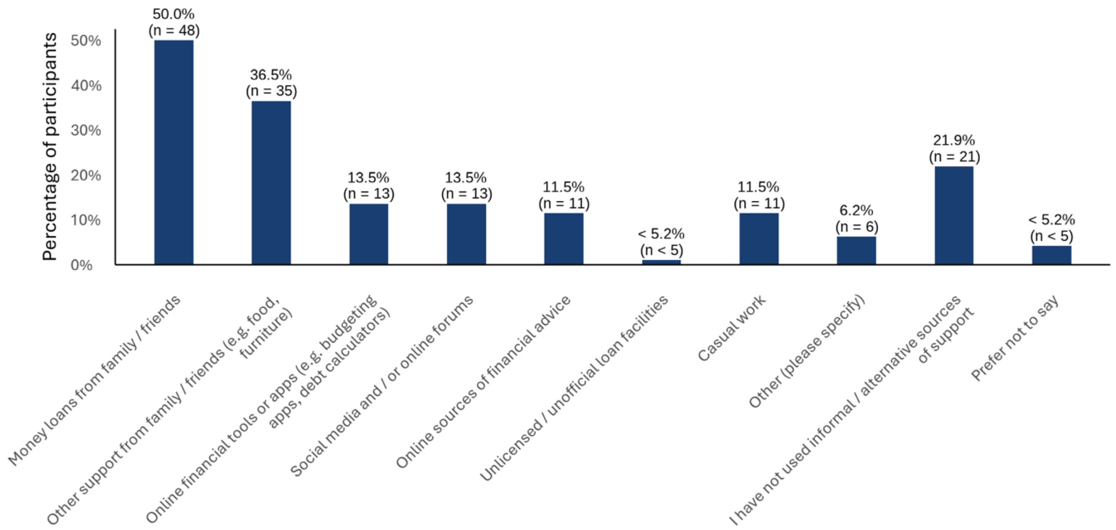


Note. Participants could select multiple services, so percentages (proportion of the total sample selecting each service) may sum to more than 100.

Comment. Around 70 percent of participants had used at least one community-based service. Foodbanks, community fridges, pantry services, and charity shops were the most commonly used community-based services, accessed by over 40 percent of participants. These were followed by local voluntary or community groups and citizen's advice services, each used by approximately 20 percent of participants.

Figure 5

Percentage of participants (N = 96) who have approached or used alternative support services in the last 12 months when having money difficulties



Note. Participants could select multiple services, so percentages (proportion of the total sample selecting each service) may sum to more than 100.

Comment. Nearly 80 percent of participants had used informal or alternative sources of financial support. Half of the participants had borrowed money from family or friends, and around 40 percent had received other forms of support from them, such as food or furniture.

Table 2
Top three services most widely used by priority populations

Priority population	Government/ Council /NHS (Health) Support Services	Community-based Support Services	Informal / Alternative Support Services
Experienced financial hardship / money difficulties in the last 12 months	1. NHS / hospital / General Practitioner (GP) services (22, 22.9%) 2. NHS / mental health services (17, 17.7% 3. Council housing support (14, 14.6%)	1. Food banks, community fridges, pantry services (31, 32.3%) 2. Charity shops (29, 30.2%) 3. Local voluntary or community groups (15, 15.6%)	1. Money loans from family / friends (40, 41.7%) 2. Other support from family / friends (e.g. food, furniture) (27, 28.1%) 3. Online financial tools or apps (e.g. budgeting apps, debt calculators) (12, 12.5%)
Carer (for a friend or relative, not including own child / children)	1. NHS / hospital / General Practitioner (GP) services (9, 9.4%) 2. NHS / mental health services (8, 8.3%) 3. Jobcentre (6, 6.2%)	1. Charity shops (13, 13.5%) 2. Food banks, community fridges, pantry services (11, 11.5%) 3. Local voluntary or community groups (9, 9.4%)	1. Money loans from family / friends (17, 17.7%) 2. Other support from family / friends (e.g. food, furniture) (17, 17.7%) 3. Social media and / or online forums (6, 6.2%)
Learning disability and / or autism	1. NHS / mental health services (5, 5.2%)	1. Charity shops (6, 6.2%)	1. Money loans from family / friends (8, 8.3%) 2. Other support from family / friends (e.g. food, furniture) (6, 6.2%)
Long-term health condition, physical disability, and / or a sensory impairment	1. NHS / hospital / General Practitioner (GP) services (11, 11.5%) 2. Council housing support (10, 10.4%) 3. NHS / mental health services (9, 9.4%)	1. Food banks, community fridges, pantry services (21, 21.9%) 2. Charity shops (18, 18.8%) 3. Citizen's advice services (e.g. CAB) (13, 13.5%)	1. Money loans from family / friends (15, 15.6%) 2. Other support from family / friends (e.g. food, furniture) (14, 14.6%) 3. Online sources of financial advice (7, 7.3%)
Out of work / unemployed	1. NHS / hospital / General Practitioner (GP) services (9, 9.4%) 2. Jobcentre (7, 7.3%) 3. Council housing support (7, 7.3%)	1. Food banks, community fridges, pantry services (15, 15.6%) 2. Charity shops (11, 11.5%) 3. Local voluntary or community groups (10, 10.4%)	1. Money loans from family / friends (10, 10.4%) 2. Other support from family / friends (e.g. food, furniture) (10, 10.4%) 3. Online sources of financial advice (5, 5.2%)
Experiencing domestic abuse / am a domestic abuse survivor	—	1. Food banks, community fridges, pantry services (5, 5.2%) 2. Charity shops (5, 5.2%) 3. Citizen's advice services (e.g. CAB) (5, 5.2%)	1. Other support from family / friends (e.g. food, furniture) (6, 6.2%) 2. Money loans from family / friends (5, 5.2%)

Table 2

Top three services most widely used by priority populations

Priority population	Government/ Council /NHS (Health) Support Services	Community-based Support Services	Informal / Alternative Support Services
Have a mental illness / disability	1. NHS / mental health services (15, 15.6%) 2. NHS / hospital / General Practitioner (GP) services (12, 12.5%) 3. Council housing support (8, 8.3%)	1. Food banks, community fridges, pantry services (17, 17.7%) 2. Charity shops (12, 12.5%) 3. Local voluntary or community groups (10, 10.4%)	1. Money loans from family / friends (14, 14.6%) 2. Other support from family / friends (e.g. food, furniture) (13, 13.5%) 3. Social media and / or online forums (5, 5.2%)
Have 2 or more children (under 18 years of age) that are financially dependent	—	1. Food banks, community fridges, pantry services (6, 6.2%) 2. Charity shops (6, 6.2%)	1. Money loans from family / friends (10, 10.4%) 2. Other support from family / friends (e.g. food, furniture) (7, 7.3%)

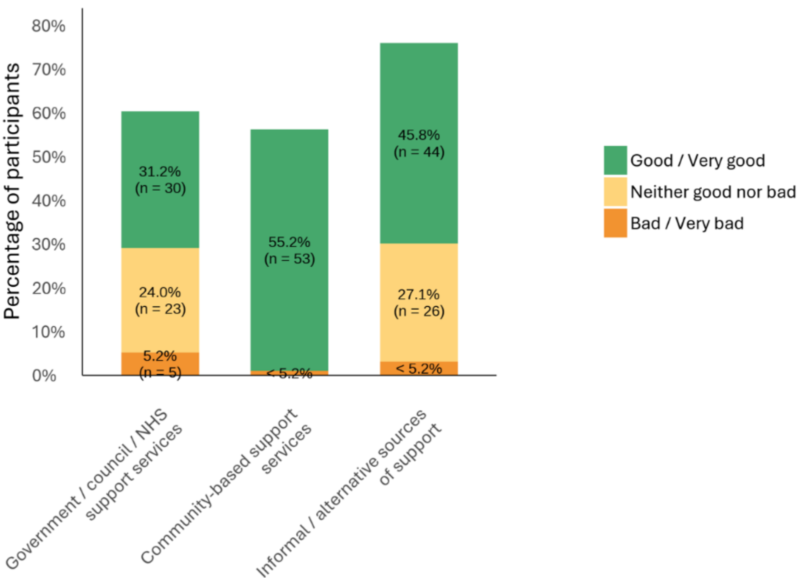
Note. Six priority populations are not reported. Three groups included fewer than five participants: care leaver or adult (18 years and older) with care experience; from a racially minoritised community; homeless. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this. Cells with fewer than three services, including empty cells, indicate that fewer than three services were used by five or more participants in that population.

Comment. Most priority populations accessed services from governmental, community-based, and informal or alternative sources, indicating engagement with multiple forms of support. Exceptions were those experiencing domestic abuse and those with two or more financially dependent children, who did not report using governmental services. This suggests a potential need to increase the availability of targeted governmental services for these two populations.

It is notable that the most frequently used services were similar across priority populations. This may reflect overlap between the groups, as participants could identify with multiple populations and therefore may share similar service pathways. However, it may also indicate limited availability of tailored support, leading individuals with different needs to rely on the same types of services.

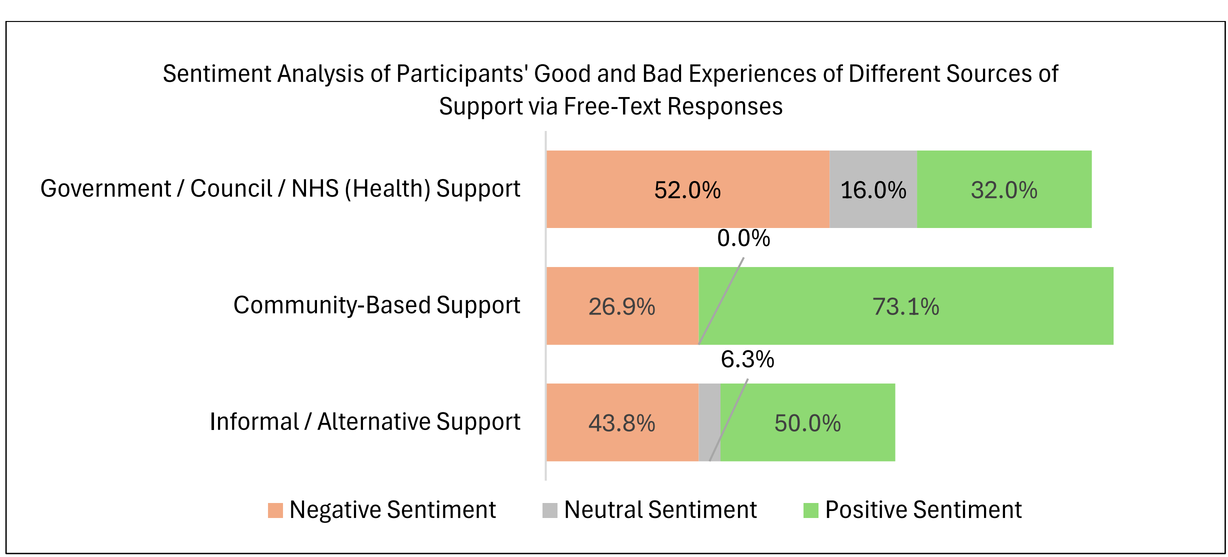
Figure 6a

Rating of overall experience using governmental, community-based, and alternative support services (N = 96)



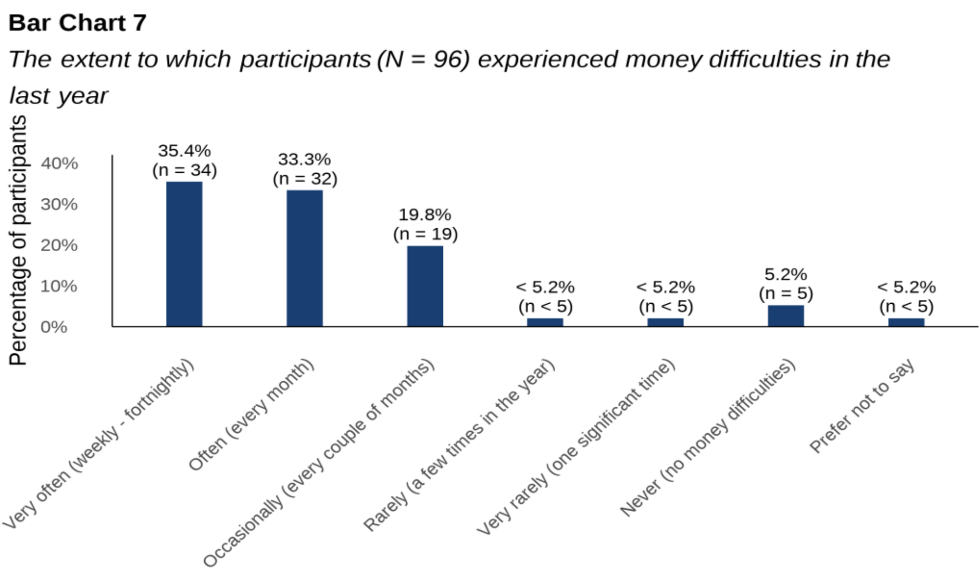
Comment. Overall, community-based services were evaluated most positively, with predominantly favourable ratings. In comparison, both governmental services and informal or alternative sources received some neutral (neither good or bad) evaluations. Governmental services had the lowest proportion of participants rating them as good or very good, suggesting they were perceived the least positively. However, across all service types, positive evaluations still outweighed neutral or negative evaluations, indicating generally favourable perceptions overall. This was in-line with the free text analysis (Figure 6b).

Figure 6b



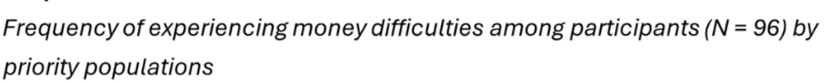
RQ2: "How do experiences of financial hardship vary between priority populations with lived experience of poverty in Surrey?"

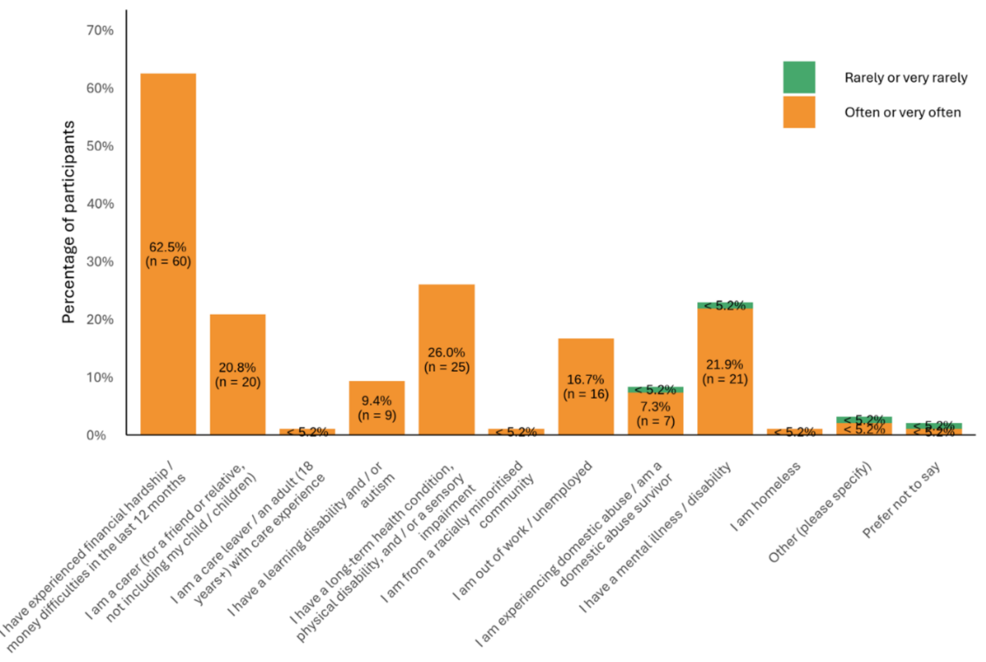
Figure 7



Comment: Nearly 70% of participants reported experiencing money difficulties every month or more frequently in the past year.

Figure 8



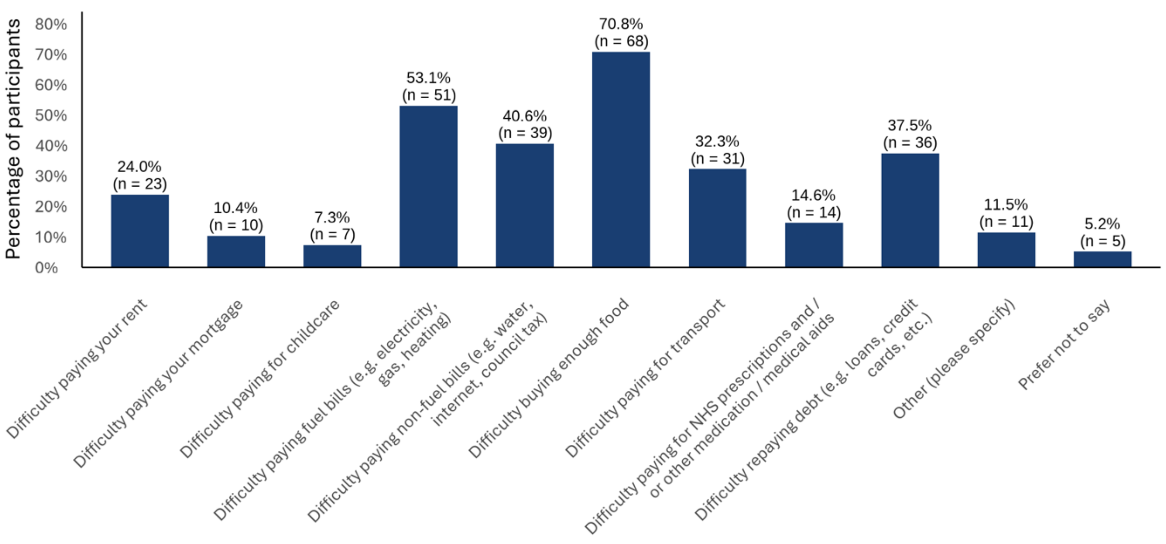


Note. Participants could identify themselves as belonging to more than one priority population. Three priority populations are not reported. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this.

Comment: Across priority populations, participants predominantly indicated they experienced money difficulties every month or more frequently.

Figure 9

Percentage of participants (N = 96) reporting different types of money difficulties experienced in the last 12 months



Note. Participants could select multiple difficulties, so percentages (proportion of the total sample selecting each difficulty) may sum to more than 100.

Comment: The most commonly experienced money difficulty was not being able to buy enough food (70.8%). Over half of participants reported difficulty paying fuel bills. Around 40% reported difficulty paying non-fuel bills or repaying debt. Notably, only 43 percent reported using food bank assistance, and 10 percent reported using governmental debt advice services.

Table 3: Top three commonly reported financial difficulties among participants by priority populations	
Priority population	**Money difficulties**
Experienced financial hardship / money difficulties in the last 12 months	1. Difficulty buying enough food (56, 58.3%) 2. Difficulty paying fuel bills (e.g. electricity, gas, heating) (39, 40.6%) 3. Difficulty paying non-fuel bills (e.g. water, internet, council tax) (34, 35.4%)
Carer (for a friend or relative, not including own child / children)	1. Difficulty buying enough food (18, 18.8%) 2. Difficulty paying fuel bills (e.g. electricity, gas, heating) (17, 17.7%) 3. Difficulty paying non-fuel bills (e.g. water, internet, council tax) (14, 14.6%)
Learning disability and / or autism	1. Difficulty buying enough food (9, 9.4%) 2. Difficulty paying fuel bills (e.g. electricity, gas, heating) (7, 7.3%) 3. Difficulty paying for transport (7, 7.3%)
Long-term health condition, physical disability, and / or a sensory impairment	1. Difficulty buying enough food (28, 29.2%) 2. Difficulty paying fuel bills (e.g. electricity, gas, heating) (20, 20.8%) 3. Difficulty paying non-fuel bills (e.g. water, internet, council tax) (15, 15.6%)
Out of work / unemployed	1. Difficulty buying enough food (16, 16.7%) 2. Difficulty paying for transport (11, 11.5%) 3. Difficulty paying fuel bills (e.g. electricity, gas, heating) (9, 9.4%)
Experiencing domestic abuse / am a domestic abuse survivor	1. Difficulty paying fuel bills (e.g. electricity, gas, heating) (7, 7.3%) 2. Difficulty paying non-fuel bills (e.g. water, internet, council tax) (7, 7.3%) 3. Difficulty buying enough food (7, 7.3%)
Have a mental illness / disability	1. Difficulty buying enough food (23, 24%) 2. Difficulty paying fuel bills (e.g. electricity, gas, heating) (15, 15.6%) 3. Difficulty paying non-fuel bills (e.g. water, internet, council tax) (12, 12.5%)
Have 2 or more children (under 18 years of age) that are financially dependent	1. Difficulty buying enough food (8, 8.3%) 2. Difficulty repaying debt (e.g. loans, credit cards, etc.) (6, 6.2%) 3. Difficulty paying fuel bills (e.g. electricity, gas, heating) (5, 5.2%)
Note. Six priority populations are not reported. Three groups included fewer than five participants: care leaver or adult (18 years and older) with care experience; from a racially minoritised community; homeless. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this.	

Comment: Difficulty buying enough food and paying bills was reported across all priority populations. Difficulty paying for transport was also mentioned by those with learning disability and or autism, and by those out of work or unemployed. Participants with two or more financially dependent children also reported difficulty repaying debt.

RQ3: "How can poverty be prevented and the effects of poverty mitigated in Surrey at system/civic, service and community level?"

Figure 10

How aware participants (N = 96) are of existing support services for money difficulties

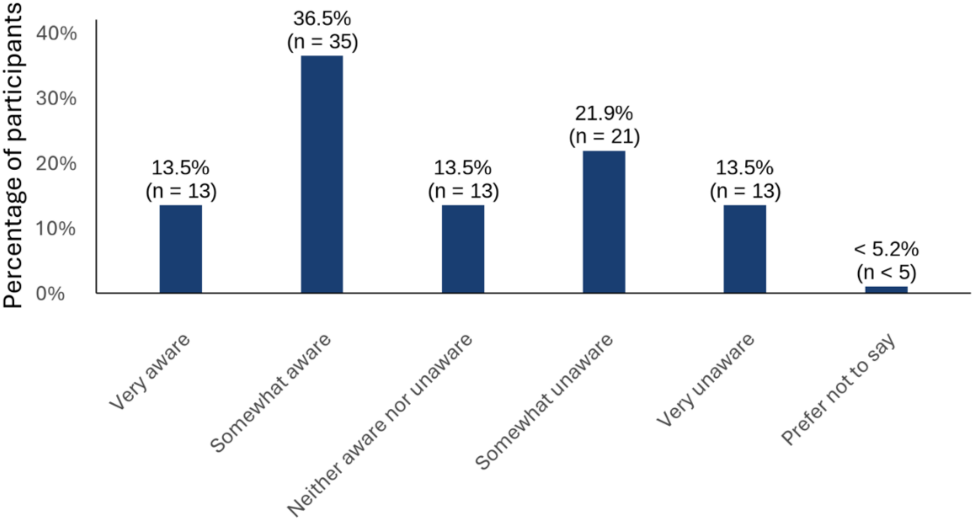


Figure 11

How confident participants (N = 96) feel about approaching support services for money difficulties

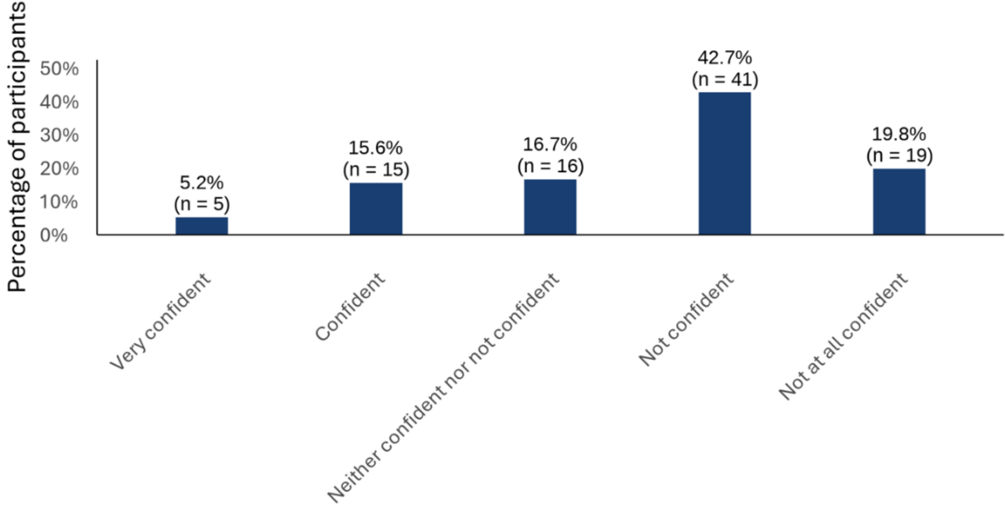


Figure 12

How easy participants (N = 96) find it to use support services for money difficulties

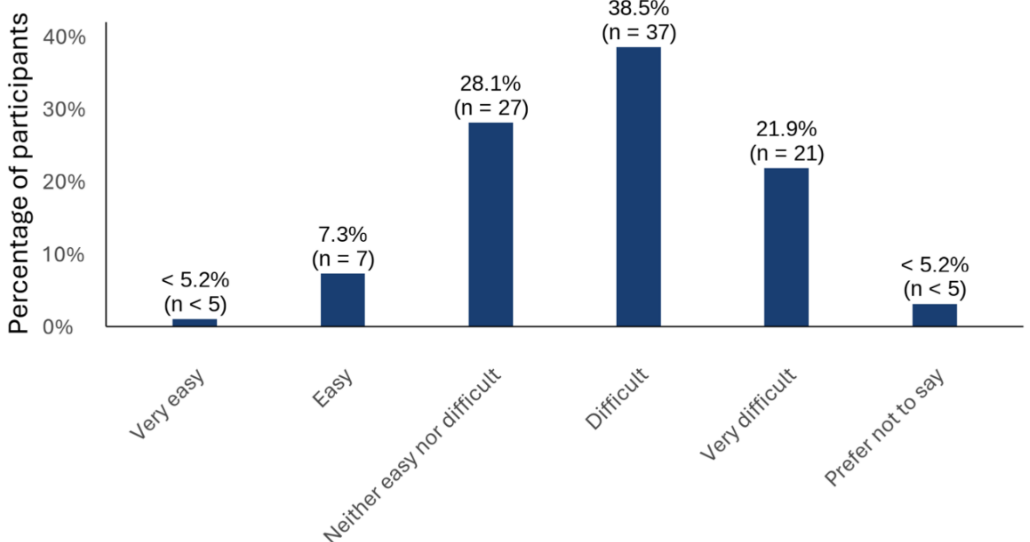
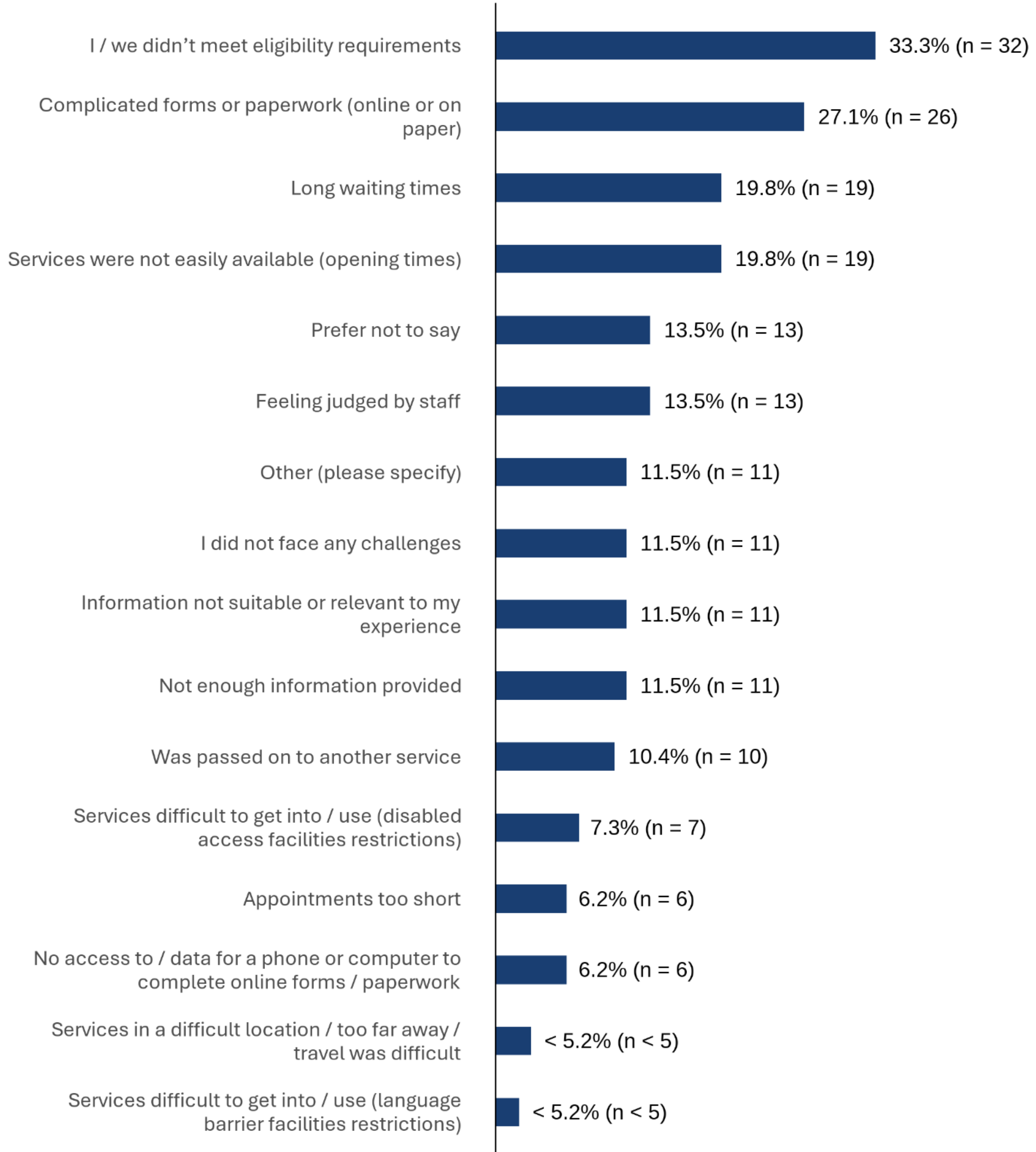


Table 4: Top three priority populations most at risk of low awareness, low confidence, and difficulty using services		
Somewhat unaware or very unaware	**Not confident or not at all confident**	**Difficult or very difficult**
1. I have experienced financial hardship / money difficulties in the last 12 months (28, 29.2%) 2. I have a long-term health condition, physical disability, and / or a sensory impairment (10, 10.4%) 3. I am a carer (for a friend or relative, not including my child / children) (9, 9.4%)	1. I have experienced financial hardship / money difficulties in the last 12 months (47, 49%) 2. I have a long-term health condition, physical disability, and / or a sensory impairment (17, 17.7%) 3. I am a carer (for a friend or relative, not including my child / children) (16, 16.7%)	1. I have experienced financial hardship / money difficulties in the last 12 months (46, 47.9%) 2. I have a long-term health condition, physical disability, and / or a sensory impairment (19, 19.8%) 3. I have a mental illness / disability (18, 18.8%)

Figure 13

Percentage of participants (N = 96) facing different challenges when trying to approach or use support services for money difficulties in the last year

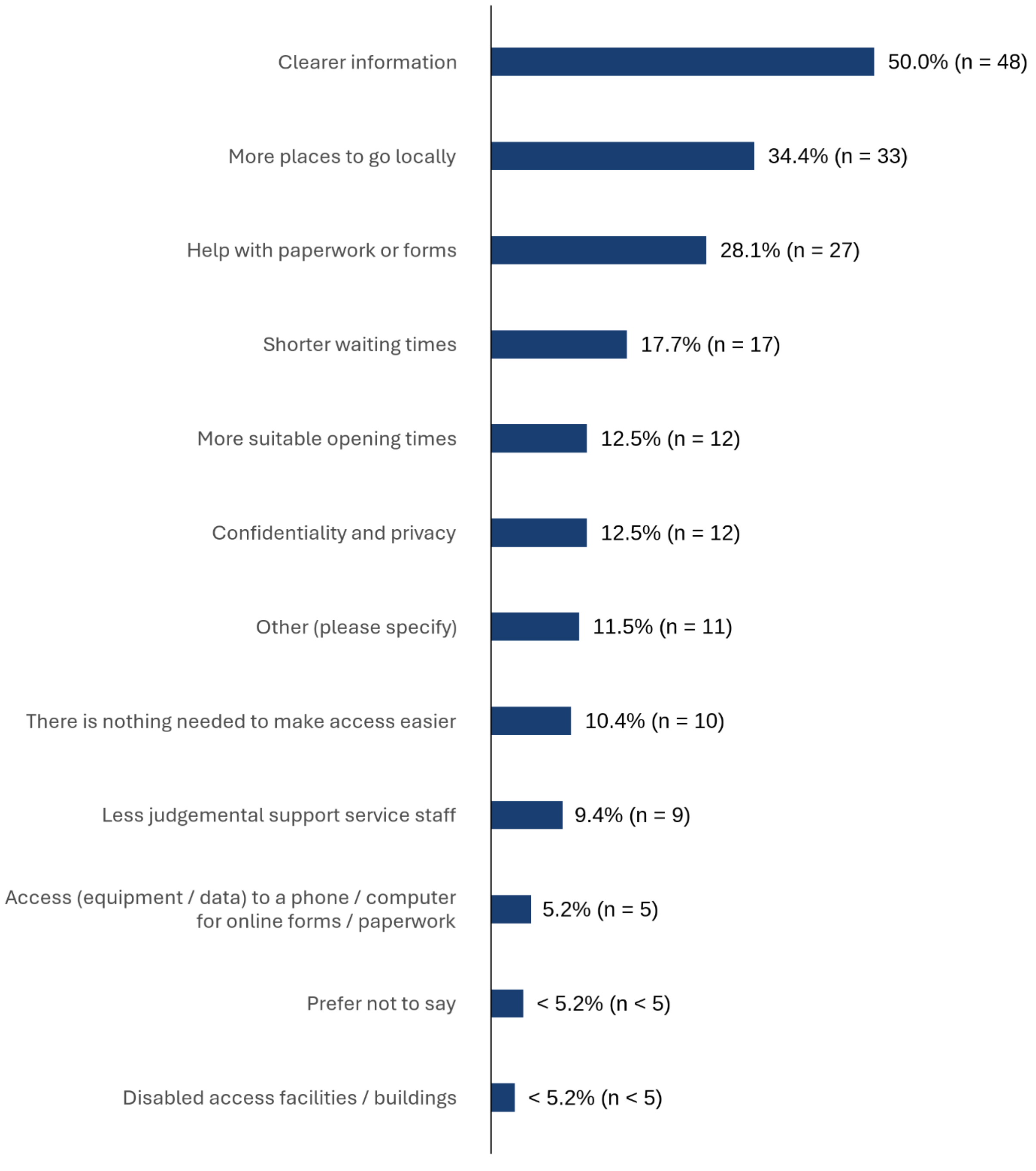


Note. Participants could select multiple challenges, so percentages (proportion of the total sample selecting each challenge) may sum to more than 100.

Table 5: Top three most commonly faced challenges among participants (N = 96) when trying to use support services by priority populations	
Priority population	**Challenges**
I have experienced financial hardship / money difficulties in the last 12 months	1. I / we didn't meet eligibility requirements (27, 28.1%) 2. Complicated forms or paperwork (online or on paper) (20, 20.8%) 3. Long waiting times (15, 15.6%)
I am a carer (for a friend or relative, not including my child / children)	1. Complicated forms or paperwork (online or on paper) (10, 10.4%) 2. I / we didn't meet eligibility requirements (9, 9.4%) 3. Long waiting times (6, 6.2%)
I have a learning disability and / or autism	1. Complicated forms or paperwork (online or on paper) (5, 5.2%)
I have a long-term health condition, physical disability, and / or a sensory impairment	1. Complicated forms or paperwork (online or on paper) (14, 14.6%) 2. Long waiting times (11, 11.5%) 3. I / we didn't meet eligibility requirements (11, 11.5%)
I am out of work / unemployed	1. I / we didn't meet eligibility requirements (9, 9.4%) 2. Complicated forms or paperwork (online or on paper) (7, 7.3%) 3. Long waiting times (7, 7.3%)
I am experiencing domestic abuse / am a domestic abuse survivor	1. Long waiting times (6, 6.2%)
I have a mental illness / disability	1. Complicated forms or paperwork (online or on paper) (10, 10.4%) 2. I / we didn't meet eligibility requirements (10, 10.4%) 3. Long waiting times (8, 8.3%)
Have 2 or more children (under 18 years of age) that are financially dependent	1. I / we didn't meet eligibility requirements (7, 7.3%) 2. Services were not easily available (opening times) (5, 5.2%)
Note. Six priority populations are not reported. Three groups included fewer than five participants: care leaver or adult (18 years and older) with care experience; from a racially minoritised community; homeless. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this. Cells with fewer than three entries indicate that fewer than three challenges were selected by five or more participants in that population.	

Figure 14

Percentage of participants (N = 96) endorsing different approaches to make support services easier to approach or use

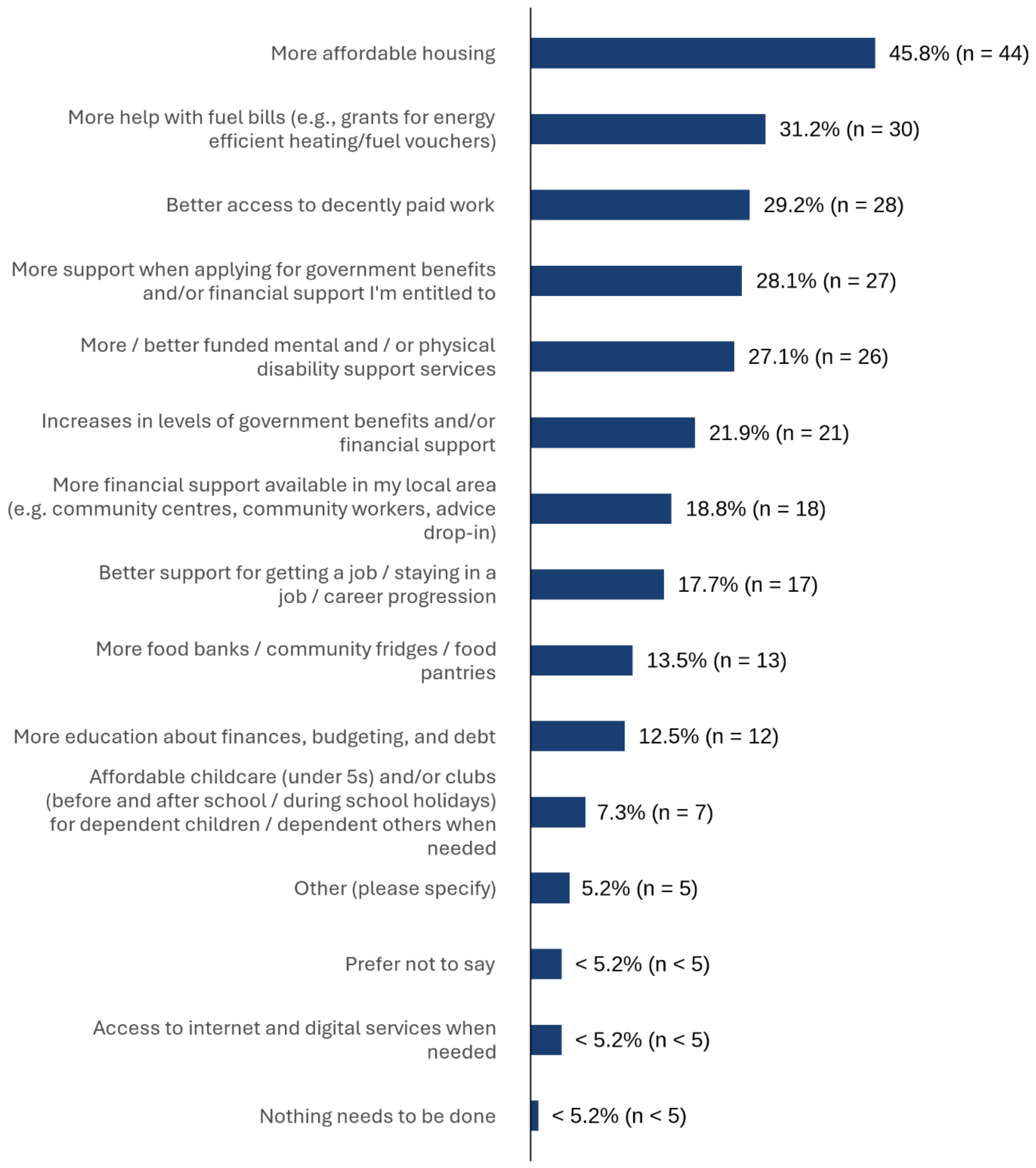


Note. Participants were told to select the three most important approaches, so percentages (proportion of the total sample selecting each approach) may sum to more than 100.

Table 6: Top three most endorsed approaches for making support services easier to use among participants (N = 96) by priority populations	
Priority population	**Endorsed approaches**
I have experienced financial hardship / money difficulties in the last 12 months	1. Clearer information (36, 37.5%) 2. More places to go locally (26, 27.1%) 3. Help with paperwork or forms (20, 20.8%)
I am a carer (for a friend or relative, not including my child / children)	1. Help with paperwork or forms (11, 11.5%) 2. Clearer information (9, 9.4%) 3. More places to go locally (6, 6.2%)
I have a learning disability and / or autism	1. Clearer information (6, 6.2%) 2. More places to go locally (5, 5.2%) 3. Help with paperwork or forms (5, 5.2%)
I have a long-term health condition, physical disability, and / or a sensory impairment	1. Clearer information (18, 18.8%) 2. More places to go locally (18, 18.8%) 3. Help with paperwork or forms (13, 13.5%)
I am out of work / unemployed	1. More places to go locally (10, 10.4%) 2. Clearer information (8, 8.3%) 3. Shorter waiting times (6, 6.2%)
I am experiencing domestic abuse / am a domestic abuse survivor	1. More places to go locally (7, 7.3%) 2. Clearer information (5, 5.2%)
I have a mental illness / disability	1. Clearer information (13, 13.5%) 2. Help with paperwork or forms (12, 12.5%) 3. More places to go locally (11, 11.5%)
Have 2 or more children (under 18 years of age) that are financially dependent	1. Clearer information (9, 9.4%) 2. More places to go locally (8, 8.3%)
Note. Six priority populations are not reported. Three groups included fewer than five participants: care leaver or adult (18 years and older) with care experience; from a racially minoritised community; homeless. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this. Cells with fewer than three entries indicate that fewer than three approaches were selected by five or more participants in that population.	

Figure 15

Percentage of participants (N = 96) endorsing different changes needed for preventing money difficulties



***Note*.** Participants were asked to select the three most important changes needed, so percentages (proportion of the total sample selecting each change) may sum to more than 100.

Table 7: Top three most endorsed changes for preventing money difficulties among participants (N = 96) by priority populations

Priority population	Endorsed changes
I have experienced financial hardship / money difficulties in the last 12 months	1. More affordable housing (33, 34.4%) 2. More help with fuel bills (e.g., grants for energy efficient heating/fuel vouchers) (24, 25%) 3. More / better funded mental and / or physical disability support services (21, 21.9%)
I am a carer (for a friend or relative, not including my child / children)	1. More affordable housing (11, 11.5%) 2. More help with fuel bills (e.g., grants for energy efficient heating/fuel vouchers) (11, 11.5%) 3. More / better funded mental and / or physical disability support services (10, 10.4%)
I have a learning disability and / or autism	1. More affordable housing (5, 5.2%)
I have a long-term health condition, physical disability, and / or a sensory impairment	1. More / better funded mental and / or physical disability support services (15, 15.6%) 2. More support when applying for government benefits and/or financial support I'm entitled to (15, 15.6%) 3. More help with fuel bills (e.g., grants for energy efficient heating/fuel vouchers) (10, 10.4%)
I am out of work / unemployed	1. More / better funded mental and / or physical disability support services (12, 12.5%) 2. More support when applying for government benefits and/or financial support I'm entitled to (8, 8.3%) 3. More affordable housing (6, 6.2%)
I am experiencing domestic abuse / am a domestic abuse survivor	1. More affordable housing (7, 7.3%) 2. More / better funded mental and / or physical disability support services (5, 5.2%)
I have a mental illness / disability	1. More / better funded mental and / or physical disability support services (14, 14.6%) 2. More affordable housing (13, 13.5%) 3. More help with fuel bills (e.g., grants for energy efficient heating/fuel vouchers) (9, 9.4%)
Have 2 or more children (under 18 years of age) that are financially dependent	1. More affordable housing (9, 9.4%) 2. More help with fuel bills (e.g., grants for energy efficient heating/fuel vouchers) (6, 6.2%) 3. More / better funded mental and / or physical disability support services (6, 6.2%)

Note. Six priority populations are not reported. Three groups included fewer than five participants: care leaver or adult (18 years and older) with care experience; from a racially minoritised community; homeless. Three groups had no participants: live in a care home; from the Gypsy, Roma, or Traveller community; use alcohol or drugs and require support with this.

Table 7: Top three most endorsed changes for preventing money difficulties among participants (N = 96) by priority populations	
Priority population	**Endorsed changes**
Cells with fewer than three entries indicate that fewer than three changes were selected by five or more participants in that population.	

Appendix 4 - Evidence review

Strategies for reducing poverty and its impact on health outcomes in Surrey: A brief evidence review, Dr. Frida Timan, July-August 2025

Based on existing evidence, what interventions should the Surrey system / Surrey County Council consider for reducing poverty, health inequalities, and adverse health outcomes?

BACKGROUND

Surrey as a county has relatively low levels of unemployment, high earnings and high educational attainment compared to the UK national average. However, poverty has increased across the county in recent years. In 2022, Rhiannon Ford (then Principal Policy and Strategy Lead at Surrey County Council) presented a report to the cabinet demonstrating increased poverty, and need for support of Surrey's low-income and Priority Populations. In July 2024, the Surrey Health and Well-being Board/Surrey Heartlands Integrated Care Partnership (ICP) signed Good Company's 'End Poverty Pledge'. In October of 2024, Surrey County Council approved a motion to sign the pledge . By signing, the Surrey system and Surrey County Council affirmed their commitment to preventing and mitigating poverty and its effects across the county. The next step for SCC has involved developing a SCC Poverty Action Plan for 2026/27 (its last full financial year before the creation of two unitary authorities across Surrey) which is currently in the process of being approved

This evidence review supports this work by demonstrating how poverty impacts health, summarising insights from evaluations of interventions to reduced, mitigated and prevented poverty in local authorities, and what criteria should be considered when policy is developed in Surrey. This evidence review understands poverty as the inability to afford an acceptable standard of living, and subsequently lead a life of mental, physical and emotional health. It approaches poverty as an experience of having to make impossible choices due to limited financial means. While poverty is primarily a financial concern, this review recognises the complex ways in which poverty intersects with gender, disability, ethnicity, employment, education and age to shape people's lives, health and well-being.

WHY LOOK AT POVERTY?

At large, this evidence review demonstrates that poverty drives health inequalities and comprises a health risk factor. It aims to provide Surrey County Council with evidence-based recommendations for poverty and health inequality reduction policy and research that centres the community voice. To this end, primary research, published systematic reviews and grey literature (including government, local authority and voluntary, community and social enterpr sector publications, policy briefs/statements, research reports and evaluations) were critically appraised to investigate how health inequalities and adverse health outcomes driven by poverty can be reduced.

This evidence review has been completed by the **Health Determinants Research Collaboration (HDRC) Surrey**, as part of its strategic aim to reduce poverty led health inequalities by supporting evidence informed decision making and planning through research.

The purpose of this review is to inform the Surrey Strategic Poverty Framework being developed by the Surrey HWB Board and Surrey Heartlands Integrated Care Partnership.

SCOPE OF THE REVIEW

- Definitions, health effects and interventions of/in different types of poverty experienced in the UK were included.
- Evaluations and recommendations for local authority interventions to reduce adverse health outcomes for people experiencing poverty were included.
- Publications including grey literature, systematic reviews, and qualitative and quantitative primary research on poverty were included.

REVIEW QUESTIONS

1) What is poverty and how does it drive health inequality in the UK today?

2) What local authority interventions in poverty have been trialled, evaluated, and hold promise for poverty reduction in Surrey?

METHODOLOGY

Aim: The quality and strength of evidence was assessed to provide balanced recommendations to inform the Surrey Strategic Poverty Framework and reduce poverty driven health inequalities in Surrey.

Process: An evidence search request was submitted to Surrey & Sussex Library & Knowledge Services. The collected publications were reviewed against a hierarchy of evidence (below) to assess strengths, weaknesses and relevant conclusions for poverty reduction in Surrey.

Inclusion criteria: The publications reviewed were selected by Surrey & Sussex Library & Knowledge Services. A request for publications to review was submitted by HDRC Surrey on the 11th of November 2024 and returned 17th of December 2024. 10-20 resources on the following search terms were requested:

- Experiences of poverty (effects of poverty on individuals and community)
- Causes and determinants of poverty
- Effects of poverty on health outcomes
- Fuel poverty
- Food insecurity and diet
- Childhood poverty
- Employment and working conditions
- Economy
- Relationship between poverty and crime
- Impact of climate change in areas/communities of deprivation

All search terms were reflected in the selected publications. Working conditions and the relationship between poverty and crime were minimally covered. The wider term "experiences of poverty" enabled this critical appraisal to identify transportation and digital poverty as wider determinants of health. To adequately address transportation and digital poverty, two additional

sources were appraised (the SCC report on Digital Inclusion, and an independent review by NatCen for TfL, cited in full below).

Hierarchy of evidence: The evidence was evaluated on the following criteria:

- Research standard and peer review
- Author intent and any potential bias
- Research rigour, validity, reliability
- Generalisability for population studied

The strengths of separate publications are detailed below. Publications have been evaluated according to the type of evidence (Grey literature, Systemic review, Qualitative/Quantitative primary research) they present. Their strengths and weaknesses are often a result of the object of study. For example, a randomised evaluation of universal breakfast in Wales had had to rely on some level of self-reporting of benefits of participating, which reduces the robustness ([i],[ii]).

SUMMARY OF EVIDENCE: POVERTY

- The number of people, households and children living in poverty is increasing in the UK. Experiencing poverty means being unable to afford necessities that supports an acceptable living standard (like fuel to maintain a healthy home temperature or food that satisfies national guidelines for nutrition) (e.g. [iii] & [iv]).

- The growing strain on personal and/or household finances is not caused by the relatively recent cost-of-living crisis and inflation but has been exacerbated by it (iii).

- Researchers, organisations and the current UK Government attribute the rise in UK poverty to cuts in welfare, wage stagnation, and lack of economic growth since 2010. Rates of child poverty were lower following the financial crisis of 2008-2010 than today and the UK's poverty rate and the pace at which it is growing are high compared to other high-income countries. This means that poverty in the UK cannot solely be attributed to economic fluctuations but is also due to domestic policy ([v]).

- Experiencing poverty means having to make impossible choices between different competing needs under budgetary constraints ([vi]).

- Experiencing poverty and accessing support and services can be associated with stigma and shame (e.g. [vii]).

- Evidence tends to focus on different types of poverty and its associated health outcomes/interventions, including: 1) fuel poverty, 2) food poverty/insecurity, 3) transportation poverty, 4) digital poverty, 5) housing and the built environment poverty, 6) employment poverty. This list is non-exhaustive but reflects the evidence reviewed (the impact of gender, disability and ethnicity should be further explored, for instance.)

Cycles of poverty

Evidence suggests that poverty is reproduced on the personal or household level through a range of intersecting mechanisms that are material, social and economic and that impact

health outcomes (vi). For instance, children who experience prolonged poverty are twice as likely to develop emotional and/or behavioural difficulties ([viii]) in their lives, negatively impacting their ability to excel in school, at work and in social relationships. Children who experience poverty are also more likely to adopt risk behaviours (like smoking and/or drinking) and be overweight (iii). Becoming and being unemployed is associated with mental health illness (including depression), which, in turn, makes job searching harder ([ix]). In essence, poverty and its associated health outcomes are systemic rather than the result of individual choices.

Impact of poverty across the life course

The research and evidence reviewed tend to focus on working age adults or children. Evidence supports that age impacts how poverty manifests in a person's life. For instance, children across the UK increasingly grow up food poor, or food insecure (iii, iv). Many have parents who forego their own nutritional needs to safeguard those of their children, make use of food banks or social networks for food access and develop strategies to make small amounts of food go a long way (like thinning formula) ([x]). In 2025, the UK Government launched the Child Poverty Taskforce to address the situation of child poverty specifically. In essence, evidence demonstrates that poverty's health effects are impacted by a person's age, and child poverty is currently at the centre of the policy debate (v).

Different types of poverty

Fuel poverty: Inability to afford enough fuel and electricity is an increasing concern of people who experience poverty in the UK. Evidence suggests that about 13.2% of households in England experience fuel poverty and are unable to heat their homes to a comfortable and safe temperature. Fuel poverty is measured by calculating household income, energy requirement and fuel prices. The number of people affected has risen since spikes in energy prices after COVID-19 and the Russia-Ukraine war (ii, [xi]). In effect, the number of people dying in their homes due to cold temperatures has risen and demonstrates how poverty drives health inequalities and causes preventable death ([xii]). Evidence further indicates that fuel poverty negatively impacts diet, as safe food preparation and storage requires fuel and electricity ([xiii]). Recent research calls for further investigation into how fuel poverty impacts ability to cool one's home during high temperatures ([xiv]).

Food poverty/insecurity: Evidence demonstrates that food poverty is widespread in the UK. The 20% with the lowest incomes in the UK would have to spend 40% of their income on food to meet national nutrition guidelines for a healthy diet. Many people in the UK are therefore unable to access enough or sufficiently nutritious food, or experience uncertainty as to where their next meal will come from. Having a disability, being of a minority background, and in receipt of Universal Credit increases the risk of being food insecure. Evidence demonstrates that people who experience food poverty or food insecurity turn to social networks, food banks, and develop strategies to make the most of a limited food budget (x). Use of services such as these is complex, often involving stigma ([xv], [xvi]). The evidence reviewed suggests that food poverty results in people both having a too small caloric intake, and consuming primarily affordable foods high in fat, sugar and salt which can cause obesity, diabetes and associated illness (x,[xvii]). Evidence has been gathered both on how to increase caloric intake, and how to provide healthier food options to people who experience food poverty (ibid). Evidence shows that people have the

knowledge to make healthy decisions but lack the money, time or physical access to purchase and prepare nutritious food ([xviii]). See also note of Food Provisioning Environments below.

Transportation poverty: Evidence demonstrates that poverty inhibits the ability to afford and access transportation to health intuitions like hospitals, some calling transport a "hidden cost" of healthcare ([xix]). Evidence on transportation poverty was lacking in the evidence/research listed. Expanding the search, evidence synthesis by National Centre for Social Research ([xx]) has demonstrated how transport impacts poverty by limiting access to education, employment, opportunities, and services. Transport access is determined by service coverage, cost, and social factors like gendered safety on public transit.

Digital poverty: Evidence supports that poverty exacerbates health inequalities by limiting access to digital devices ([xxi]). Little evidence on digital poverty was included. The evidence included points out that government services often are digital, and assumes that service users have the skills, products (for instance devices) and services (like wi-fi) necessary to go online. Evidence highlights that lack of access to the digital sphere is a systemic inequality linked to housing tenure and quality, as opposed to age or personality[xxii]).

Surrey County Council conducted research on digital equality that informed policy that increases digital inclusivity across the county ([xxiii], [xxiv]).

Poverty and healthy places: Evidence demonstrates that the built environment including access to, and the state of streets, footpaths, housing, parks, playgrounds and the like shape poverty, impact the experience of poverty and forms its health outcomes. For example, housing quality, cost and occupancy stability impact poverty and drives health outcomes ([xxv]). Lack of affordable and adequate housing is currently an issue facing lower-income people across the UK. Generally, those who rent privately or socially pay a significantly larger portion of their income per month on housing than those who pay a mortgage (ibid).

Access to outdoor space have been studied in relation to overcrowded units, and evidence supports that physical access matter as much as social experiences of belonging and safety for people's use of public spaces (xxv). Additionally, the type of food outlets available (FPEs) impacts food choices, but food outlets on people's route to work, item prices and what items are on sale seem to have a larger impact on diet. Qualitative evidence suggests that keeping to a strict food budget involves travelling to different stores and food outlets to secure the best deal possible. Impacting what items are on sale and making sure food poor or insecure households do not have to travel long distances to access affordable food is an important consideration. Evidence demonstrates that built environment development must consider the social functions food serve among people who experience food poverty/insecurity. For instance, sweet/savoury food items, occasion dinners at affordable take-out places, and letting a child choose a sweet/savoury snack can function as events in families that struggle to afford activities (like trips, cinema, etc), and moments of autonomy for CYP. Any limitation of take-out places should be accompanied with provision of free activities and opportunities to socialise ([xxvi]).

Surrey County Council is currently undertaking an evidence review of affordable housing, health inequalities and poverty that complements this evidence review.

Employment and poverty: Beyond inability to afford the necessities of an acceptable living standard, being unemployed is evidenced to have a negative impact on people's mental health (ix). Structural inequality impacts who can access employment by obtaining the right skills, and women's risk of unemployment or underemployment increase significantly when they have children (Surrey County Council, commissioned research[xxvii]).

SUMMARY OF EVIDENCE: FORMALLY EVALUATED INTERVENTIONS

Type of poverty	Intervention	Strength of evidence and key findings
Child & family	Universal school lunch, free breakfast programmes, holiday club meals.	Evidence of medium to low strength shows i) Free school? meals are a vital form of support for children experiencing poverty. ii) Free school meal uptake increases when provision is universal. iii) Universal free school lunches create physical, mental and social benefits for carers, students and teachers. iv) Food logistics (preparing enough food, ensuring food choice) remain an issue.
	Food vouchers (Healthy Start)	Evidence of medium to low strength shows: i) Recipients of food stamps report increased consumption of fruit and vegetables. ii) Information about Healthy Start must be provided in multiple languages to reach beneficiaries. iii) The monetary value is too low to have substantial impact.
Fuel	Cash payments towards energy bills and housing improvements to reduce fuel costs.	Strong evidence shows: i) Cash payments is proven to increase mental well-being. ii) Refurbishment reduces preventable deaths.
Food insecurity	Interventions such as food banks, holiday clubs, lunch/breakfast provision and vouchers were primarily explored regarding children and young people ([xxviii]). The evidence base that covered adults' food insecurity focused on stigma, and calling for more research to be undertaken.	Medium to strong evidence shows: i) Food bank use is often associated with self-stigma (internalised beliefs that one is lazy, unworthy, unsuccessful) and external stigma (fear of being judged by others). Stigma can be overcome by meeting and seeing others using the same service. ii) while robust evidence on food insecurity interventions for adults is lacking in the UK, The Health Foundation encourages, for instance, cost-of-living and benefit support, implementing full system-approach, use evidence-based approaches once developed and gather information on food insecurity.

Poverty related ill health	Weight management programmes for people who are low-income in the UK. Comparing The Weight Actions Programme (group-based, educational, personalised task and follow-up sessions) with NHS one-to-one meeting between patient and nurse.	Evidence of medium quality shows: i) The Weight Actions Programme was most effective for weight loss. ii) Feedback on patients' progress/choices should be limited?? * This study was published before the wider accessibility of GLP-1 drugs (a new range of hunger supressing medications targeted against obesity and diabetes).
	Self-management of diabetes in the USA among people on low incomes.	Evidence of mixed quality shows: i) Self-management of diabetes is less attainable for people who experience poverty/deprivation given the unaffordability of healthy food. ii) Telling health professionals about budgetary constraints impacting self-management is associated with shame. * This study was published before the wider accessibility of GLP-1 drugs.
	Encouraging lifestyle (diet and exercise) change.	Evidence of medium strength shows: i) Any intervention to promote healthy eating should be delivered face-to-face, avoiding feedback that evaluates food choices made, and be coupled with physical activity interventions. ii) To increase physical activity, locally informed advice and delivery (for instance, walking paths in area people live in, local fitness classes) should be emphasised. iii) Information-campaigns are ineffective, and should be replaced with site-, group- or person-specific know-how and skill-building.
Transport	N/A - no evaluations included	
Digital	N/A - no evaluations included	
Healthy Places	N/A - no evaluations included	
Employment	Job-clubs	Medium strength evidence shows: i) Job-clubs can be affective in helping job-seekers secure positions and avoid depression. ii) Programmes that centre skill development over time appear more effective in preventing mental ill-health among job seekers of low socio-economic status.

Across the board, interventions that are effective share the following criteria:

i) Alleviates strain on budgets/reduces costs by providing essential products (like food), monetary support (like fuel cost compensation) or services (like free school meals).

ii) Provides essential services, products, monetary support universally to 1) avoid shame and stigma associated with accessing services, and 2) avoid limitations in access for non-native speakers of English and 3) any other undisclosed reason people do not access benefits.

iii) Is responsive to the local social context and need, designed in collaboration with local stakeholders, partners and community members.

Builds trust between service provider and user.

iv) Incorporates evaluation to refine interventions and inform best practice

REVIEW OF GREY LITERATURE: LOCAL AUTHORITY LESSONS

The evidence included did not formally evaluate many local authority interventions for poverty prevention, alleviation and mitigation. Exceptions include the food interventions for children and fuel cost support described above. Overall, there appears to be a lack of robust evaluations of local authority interventions on poverty prevention.

Grey literature in the form of local authority, government, NHS and civil society policy and best practice documents was reviewed to identify approaches, best practices and recurring recommendations made for local authority interventions on poverty prevention. Grey literature generally presents less robust (comprehensive and neutral) findings than academic literature but still offers insight into best practices for future potential interventions that can be implemented in Surrey.

Four conclusions stand out from the evidence reviewed.

1. Local authorities play an important role in preventing poverty and supporting people who experience poverty. The Health Foundation has argued that decreased government support has made local authority support and services even more central over the last couple of years (see e.g. [xxix], xii, xvii). Developing interventions and policy is therefore timely and needed for poverty prevention.

2. Interventions reviewed address poverty as a structural phenomenon, and health outcomes as driven by wider determinants of health rather than individual choice/lifestyle. Interventions tend to focus on separate elements of poverty (such as housing, employment, transport) rather than addressing poverty as a whole (i, **Error! Bookmark not defined.**, ii).

3. The evidence includes local authorities evaluations/reporting of their own interventions, and one external evaluation of the Local Authority Child Poverty Innovation Pilot, commissioned by the UK Government (see [xxx],[xxxi]). Therefore, evaluations are not highly robust and impartial which means that caution must be taken when reviewing findings.

4. Despite the low robustness of evidence, the grey literature that is appraised demonstrates that:

    i. Gathering and using locally appropriate data to inform any intervention is essential (**Error! Bookmark not defined.**).

    ii. Poverty is best addressed by a whole systems approach where different local authority departments collaborate on finding solutions, delivering interventions, and sharing data. Cross departmental/sectional collaboration is emphasised to enable a contextual understanding of individuals/households' needs. Sometimes called an "ecosystem approach" (including, for instance, delivering services effectively alongside providing an environment that supports healthy and equitable living) (iii).

RECCOMENDATIONS

1. Conduct further and more detailed evidence review, critical appraisal and primary research to assess the different types of poverty in the Surrey context.
2. Develop a better understanding of what current services and policies are in Surrey to tackle poverty and assess their effectiveness and reach.
3. Collaboratively design interventions with individuals experiencing poverty, underpinned by rigorous evaluation to inform evidence-based policy.
4. Incorporate the key characteristics of effective interventions identified in this review in the design of current services and new interventions.

APPENDIX 2A: DESCRIPTION OF EVIDENCE

Description of evidence

This critical appraisal is based off the standard that high quality evidence means randomised approaches where correlations have been established. While correlations are a gold standard to evaluate the effectiveness of interventions, process evaluations, non-randomised approaches and qualitative research contribute important findings worthy of consideration.

Type of evidence	Quality of evidence	Reference	Article details and poverty type
Grey literature	Medium	New Philanthropy Capital (NPC) Ethos Foundation. 2024. *Closing the Gap*.	Sets out approach to child poverty prevention by evidence review and expert interviews/workshops.
	Medium	Public Health England and UCL Institute of Health Equity. 2014. Fuel poverty and cold home-related health problems.	Sets out recommendations aligned with RCTs on fuel poverty alleviation mentioned above.
	Medium	NatCen (Gates, Shivonne, et al.) 2019. Transport and inequality: An evidence review for the Department of Transport.	Evaluates evidence on transport's bearing on poverty.
	Medium	UNICEF. 2023. Innoceti Report Card 18: Child poverty in the midst of wealth.	Specifies the state of child poverty in high-income countries.
	Low	Southwark Public Health Division. 2019. "Summary of Southwark's progress against the London Food Poverty Profile 2019".	Based on internal evaluation of LA interventions across types of poverty.
	Low	NHS Health Scotland. 2018. "Case studies of local practice to reduce child poverty".	Based on internal reporting on interventions (across types of poverty).
	Low/medium	UK Government. 2025. "Child Poverty Taskforce terms of reference"	Governmental policy responding to increasing number of children in poverty.
		The Health Foundation. 2022. "Building a healthy society: The role of local government"	Commentary on best practices of LAs in response to increased responsibilities for health following 2022 Levelling Up White Paper.

	Low/medium	Pease Please. 2023. Progress report.	Measures consumption of vegetables and identifies cost-of-living-crisis as driver of fewer greens consumed. Food insecurity.
	Low/medium	Institute of Health Equity. 2022. "Fuel Poverty, cold homes and health inequalities in the UK".	Establishes connection between fuel poverty and negative health outcomes and inequality.
	Low/ medium	Local Government Association. 2022. "Impact of the cost of living on public wellbeing".	Call to Government to increase funds available for Free School Meals, Healthy Start (vouchers) and alleviation of the cost-of-living crisis for households and children.
	Low/ medium	The King's Fund. "Poverty and the health and care system".	Definitions of poverty, their strengths and weaknesses.
	Low/ medium	Child Poverty Action Group. 2024. "State of the Nations".	Calling for abolishment of 2-child limit to benefits, and the expansion of welfare functions like daycare.
	Low/ medium	The Health Foundation. 2023. "Briefing: Food insecurity – what can local government do?"	Synthesis of secondary data and research. Highlights "Food Insecurity Risk Index".
	Low/ medium	Greater Manchester Poverty Action. 2023. "Local anti-poverty strategies".	Literature reviews, desk research, expert interviews and focus groups to identify elements of successful anti-poverty action.
Systematic review	Medium	Woodward, et al. 2024.	Synthesis of qualitative evidence about self-management of diabetes among people experiencing socio-economic deprivation. USA focus. Focus on food and income poverty.
	Medium	Holley & Mason. 2019.	Evaluation of studies on effectiveness of food insecurity interventions. Calls for system-based approach to implementation and evaluation of food poverty interventions.
	Medium	Bull et al, 2018.	Synthesis of RCTs on lifestyle change programmes (diet, food, and physical activity) in low-income groups.
	Medium	Moore et al, 2017.	Synthesis of RCTs on employment interventions.
	Medium	Rodrigo et al, 2024.	Synthesis of quantitative research – shows positive outcomes on health

			and wellbeing of recipients of financial support – fuel poverty.
	Medium	Lambie-mumford & Sims, 2018.	Evidence and policy context of breakfast clubs and holiday projects in UK. Supports their increasing importance.
Qualitative approaches	High	Isaacs et al, 2022.	Comparative ethnography in three UK towns. Demonstrates how low-income parents interact with FPEs, and its impact on diet.
	High	Holley et al, 2019.	Focus groups. Identifies opportunities (positive food experiences, social interaction) and challenges (resource constraints) for holiday club food provision.
	High	Garthwaite, 2016.	Use of food banks and charitable activities can be associated with stigma, shame and embarassment. These feelings can be overcome by connecting with other users and exacerbated by practices of othering and poverty porn.
	High	Bidmead et al, 2024.	Analyses barriers to accessing NHS through interviews and focus groups. Finds that despite being free of charge, the NHS is unequally accessible.
	High	Lyall, 2016.	Interviews with Fairness Commissions and mapping of implemented recommendations.
	Medium	Bidmead et al, 2024.	Interviews & focus groups. Identification of barriers to health care access for low-income people: hidden costs, securing appointments and patient-provider relationship.
	Medium	Douglas, 2024.	Review of qualitative evidence demonstrating how food insecurity drives health inequalities.
	Medium	Holmes, 2022.	Expert interviews. Housing impacts digital accessibility/exclusion.
	Medium	Holding et al, 2021.	Demonstrates one local authority's understanding of child poverty, which may impact policy developed.
	Medium	McFadden et al, 2014.	Multimethod approach (focus groups, expert interviews) demonstrates increased food and vegetable intake due to Healthy Start programme, and barriers including language and low monetary value of voucher.

	Low	Jessiman, 2023.	Process evaluation of universal free school meals.
	Low	Ucci, et al. 2022.	Interviews, investigating synergies between public and private space of parents living in areas with high rates of child poverty.
Quantitative approaches	High	McRobbie et al, 2016.	Random control trials comparing two weight management programmes, showing benefits and cost-effectiveness of WAP as opposed to NHS model.
	High	Moore et al, 2014.	Cluster-randomised controlled trial showing that nutritional intake improves and breakfast skipping decreases with free school breakfast programmes.
	Medium	Little, et al. 2024.	Establishing correlations between household characteristics and being fuel poor in Bradford.
	Medium	Stone, et al. 2024.	Survey & regression analysis shows strategies (budgeting, meal planning, low-energy-preparation) among people living with obesity to handle food insecurity and cost-of-living crisis.
	Medium	Adjei, et al. 2021.	Longitudinal data and analysis, demonstrates high likelihood of mental health issues among children who grow up in low-income households.
	Medium	Crilley, et al. 2021.	Compares children's' recalled food intake for holiday club day, and non-holiday club day. Finds that children's dietary behaviour improves on holiday club days, and that programmes therefore are important.
	Medium	Watts et al, 2016.	Co-occurrence analysis of risk behaviours. Finds that being out of/unable to work co-occurs with several other risk behaviours, especially for young white men.
	Medium	Wilsher et al, 2016.	Regression analysis, linking weight with sales of unhealthy foods in supermarket. Shows a co-occurrence that can be further investigated.

APPENDIX 2B: SEARCH TERMS & STRATEGY

A structured literature search was conducted by Surrey & Sussex Library & Knowledge Services as per a request by HDRC Surrey. This section provides detail on their strategy and method, in addition to the methods section above.

Databases searched:

1. Ovid Social Policy & Practice
2. Cochrane Library
3. EBSCO Medline
4. Google advanced

Date range: No limit.

Search strategy summary (as provided by library):

- Line 1: poverty.mp. [mp=abstract, title, publication type, heading word, accession number] 21613
- Line 2: UK.mp. [mp=abstract, title, publication type, heading word, accession number] 36500
- Line 3: 1 and 2 3746
- Line 4: (intervention* or initiative* or approach or programme* or prevention).mp. [mp=abstract, title, publication type, heading word, accession number] 133850
- Line 5: 3 and 4 1123

Search strategy explained:

- Line 1: "Poverty", the search term, was searched for in multiple fields (like abstract, headings, etc.) and found in 21613 items.
- Line 2: "UK" was searched for using the same strategy, retrieving 36500 records.
- Line 3: "Poverty" and "UK" as search terms were combined, resulting in 3746 records being identified.
- Line 4: Items are searched for that include or combine the original terms with intervention/initiative/programme/prevention in any or multiple document field/section.
- Line 5: The identification of records that speak to poverty in the UK and mentioning any of the terms introduced by Line 4. 1,123 records were identified as a result.

APPENDIX 2C: ENDNOTES

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