



Get Talking  
Hardship

# Hardship Commission Stoke-on-Trent

## Get Talking Hardship

July 2019

Nic Gratton

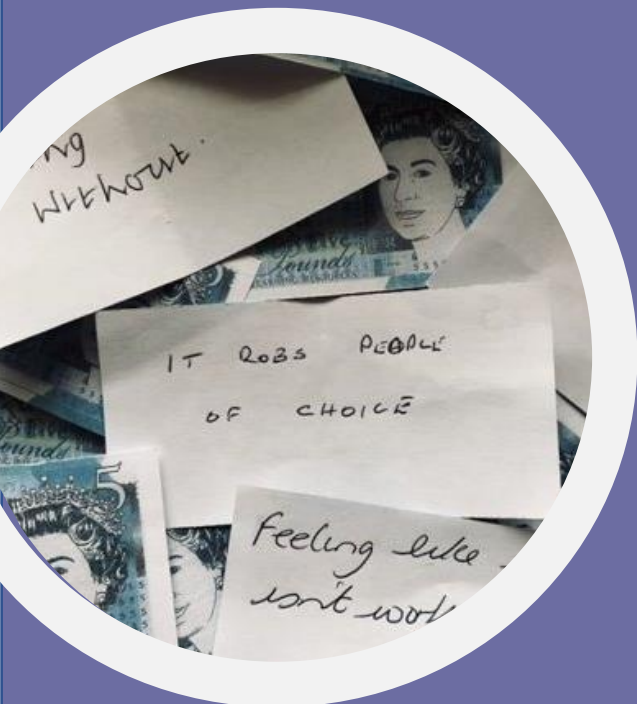
Penny Vincent

Lotika Singha

Ros Beddows

Adrian Ball

Get Talking Hardship Community Researchers





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## Executive Summary

### Introduction

Get Talking Hardship was a community research project commissioned by the Hardship Commission in Stoke-on-Trent and funded by The National Lottery Community Fund through VOICES. The research was led by Staffordshire University. The lead researchers recruited a team of 43 community researchers who were trained and supported to conduct research with over 250 across Stoke-on-Trent between February and June 2019. The findings from the research will inform the Hardship Commission's five-year priorities.

### Project aims

The project aimed to find out:

- what people think about hardship and poverty in Stoke-on-Trent
- and
- people's ideas for what can be done to make life fairer and easier for people

### Causes of hardship

At the root of poverty and hardship in Stoke-on-Trent appears to be lack of an adequate amount of money that allows people to take actions and make choices to lead healthy and fulfilled lives, and consequent social exclusion.

The lack of money can happen:

- at an individual level, e.g. due to job loss or working without earning a living wage

or

- it can be due to funding cuts to community-building services. In both cases people can experience a reduction in quality of life and social exclusion.

The research showed that people in Stoke-on-Trent may fall into hardship and/or poverty due to a range of different but intersecting reasons. These causes can be divided into 'push' factors, that is, wider national and local institutional and policy decisions or structural changes and developments, and 'pull' factors, that is, personal causes. The effects of poverty and hardship, however, become increasingly similar as people continue to experience hardship or poverty. The Joseph Rowntree Foundation<sup>1</sup> defines social exclusion as having four dimensions - impoverishment, labour market exclusion, service exclusion, and exclusion from social relations. Our collaborative analysis revealed these dimensions could be broadly categorised into three areas:

- Practical effects
- Well-being (health) effects
- Social effects

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<sup>1</sup> Gordon, D. et al. (2000) *Poverty and social exclusion in Britain*. York, Joseph Rowntree Foundation, p. 54.

There is also a 'ripple effect' among these, so there are many overlaps between the three areas. Effects of hardship can turn into pull factors, further deepening hardship or poverty. In sum, the experience of poverty and hardship is complex, multi-factorial and multi-dimensional.

Often this situation may remain 'invisible', behind closed doors. But the inability to maintain properties or spend money affects the community as a whole. Combined with council cuts, a general sense of deprivation pervades some areas of Stoke-on-Trent. Services for people in hardship and poverty are increasingly stretched while funding is reducing. Many frontline workers are feeling the pressure of reducing resources while trying to help an increasing number of clients. At the same time, many people in hardship and poverty are trying to do what they can to make ends meet, using services, food banks and support networks that are available, and trying to keep positive to stay out of the spiral of practical and health problems worsening each other.

The long-term solution to reducing hardship and poverty in Stoke-on-Trent would involve:

- culture change at individual, local and national levels because of the multi-factorial and multi-dimensional nature of hardship and poverty
- greater investment in work-related and life-skills education
- greater investment in local economy with better local work opportunities, increase in wages and more secure jobs

- more affordable housing and childcare facilities
- sharing information so everyone has access to same information and people are aware of what they are entitled to, with a stable and accessible benefits system
- collaborative working across agencies, organisations and communities

## Recommendations

From the findings of this research it is recommended that the Hardship Commission adopt the participatory and asset-based approach underpinning this research in amplifying the voices of people experiencing hardship and poverty in Stoke-on-Trent.

This includes working directly with people with lived experience of hardship and poverty, building on existing services, and raising awareness of initiatives to tackle the issues highlighted in this report.

To develop this asset-based approach it is recommended that they:

1. Continue the Get Talking Hardship network and support their ongoing research into hardship and poverty in Stoke-on-Trent by:
  - Establishing a working group to develop the findings into themes and issues with a cross check against available quantitative evidence.
  - Looking in more depth into each issue with community researchers, including the experiences of children

and young people as well as isolated older people.

- Considering whether there are geographic hot spots within each theme.
  - Documenting what is already being done to tackle each issue.
  - Identifying gaps and potential mitigations.
  - Identifying measures that would demonstrate improvement.
  - Documenting, publishing, and communicating a thematic report to key stakeholders.
2. Develop a rolling schedule of inquiries into each of the themes identified, initially over five years.
  3. Encourage representation from the Get Talking Hardship network on the Hardship Commission.
  4. Work through the Get Talking Hardship network to create opportunities for people in hardship and poverty to share their experiences with decision makers and lobby for them to be involved in the formal structures of decision-making processes.
  5. Develop an educational programme to highlight the realities of hardship and poverty and the actions needed to address it.



## Introduction

The Hardship Commission is made up of a cross section of organisations and services from across Stoke-on-Trent. The aim of the Hardship Commission is “to minimize poverty and its impact and to strengthen the support for those who suffer it.”<sup>2</sup> This research was led by Staffordshire University, commissioned by the Hardship Commission and funded by The National Big Lottery Community Fund through VOICES.

This report presents the full analysis of the Get Talking Hardship community research project. We first present the aims of the research and the key findings. The next section describes the Get Talking methodology, followed by the demographic details of the people who took part in the

research. We then describe the findings and the solutions offered by the participants for reducing hardship and poverty. Finally, the report concludes with recommendations for action.

Aims of the research and overview of findings

The project aimed to find out:

- what people think about hardship and poverty in Stoke-on-Trent

and

- people’s ideas for what can be done to make life fairer and easier for people.

The information gathered and presented here will be used by the Hardship

<sup>2</sup> City of Stoke-on-Trent (2015) *Hardship Commission Stoke-on-Trent Initial Report*.

Commission along with quantitative data<sup>3</sup> to inform their priorities for the next five years.

### The research team

The research was led by a team of full time, part time and associate researchers at Staffordshire University. All were experienced community practitioners with specific experience of participatory action research. The lead researchers recruited a team of community researchers to support the investigation.

We worked with a total of 43 community researchers on the Get Talking Hardship project. The team was made up of a diverse group of people from Stoke-on-Trent and North Staffordshire.

The community research team included residents of Stoke-on-Trent, people who supported others in hardship as part of their work, public sector workers, users of support services, students, volunteers and retired people. Some of the team had experienced homelessness, debt or unemployment during their lifetime. A number of the group were experiencing hardship and used foodbanks at the time of the research.

The main motivation for people joining the community research team was that they wanted to make a difference to hardship and poverty in Stoke-on-Trent. Many felt powerless in what they felt was increasing levels of hardship and poverty and they saw the opportunity of joining the research

team as a positive move to make a difference to their city.



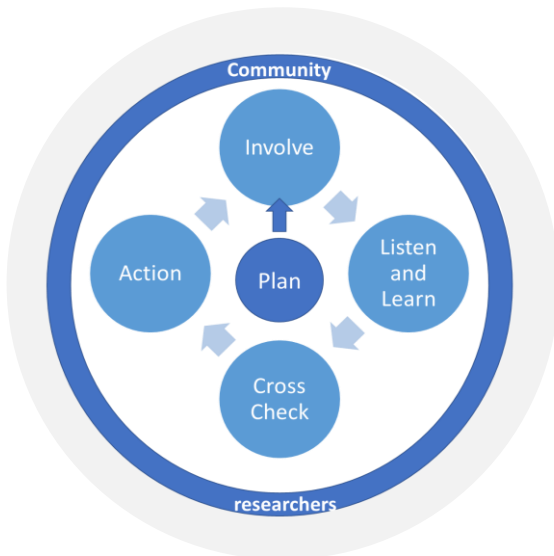
<sup>3</sup> For example, reports and data emerging from the North Staffordshire Financial Inclusion Group.



## Methodology

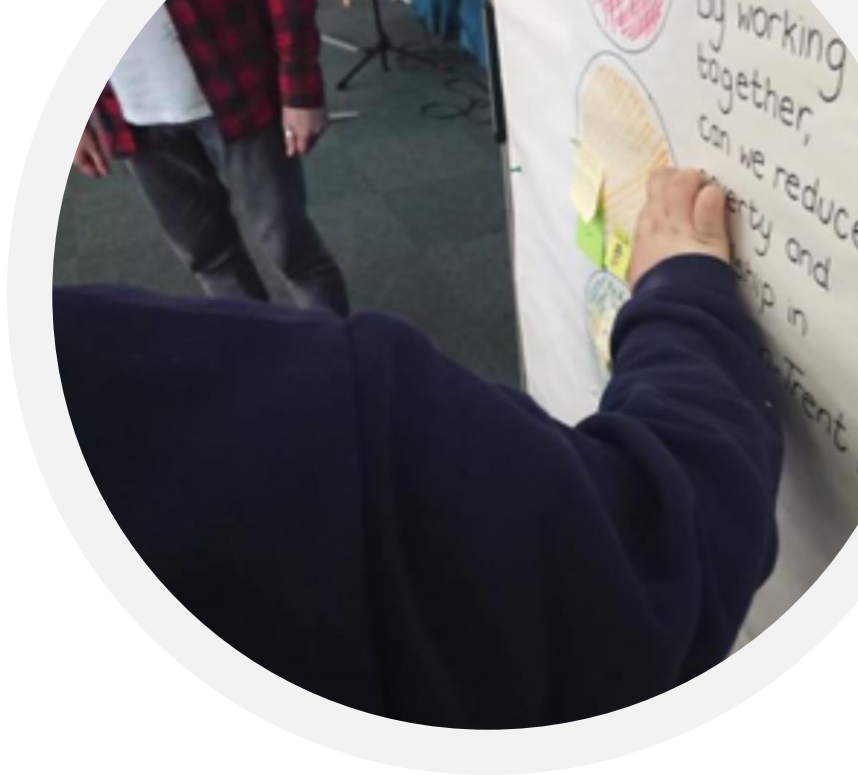
To ensure the voices of people most affected by hardship and poverty in Stoke-on-Trent were included in this research we involved local people as researchers in the project. We used Get Talking, an approach to Participatory Action Research, to ensure we worked with a diverse range of people to conduct the research.

Get Talking involves recruiting, training and supporting community researchers to work alongside lead researchers throughout the research process. In Get Talking, community researchers are involved in all stages of the research processing from planning, involving stakeholders, listening and learning, cross checking and action.



## Plan

The initial planning phase involved Staffordshire University, the Hardship Commission and VOICES. It was established early on in the process that a participatory approach which involved local people as research would be beneficial to ensuring



A team of community researchers were recruited to join the research team. We approached services, voluntary organisations, and community networks to invite local people to get involved. People who joined the community research team were also offered the opportunity to gain a level 3 qualification in Get Talking: Community Consultation and all community researchers were trained and supported to conduct the research by experienced lead researchers. The community research team helped to refine the research questions, develop the research tools and decide who the research should include. They met regularly throughout the whole research process.





### Involve

It was important that a broad range of people were included in as research participants. Community researchers collectively mapped relevant stakeholders for the research based on local knowledge. In order to reach broad and diverse communities, including people who experience hardship and those who do not, a number of strategies were identified. These included:

- Generating interest by involving frontline staff of services that support people experiencing hardship.
- Conducting research in community settings and through people who have existing relationships with community members.
- Using creative tools to engage people often excluded from the research process.

- Using a survey to ensure people who feel uncomfortable discussing hardship were able to share their opinions.

### Listen and learn

Community researchers were supported by the lead research team to deliver the research. We conducted interviews and focus groups in a range of community settings and held open consultation sessions. We recorded our findings and reflected as a team after each session.

Analysis of findings was also carried out by the community research team during the Get Talking workshop sessions, in which we shared our learning and formulated our results.

### Cross checking

Cross checking our findings helps to understand whether there are any gaps in our knowledge and that our findings are accurate. Part way through the process we reviewed the demographics of our research participants and identified gaps in our sample. As we analysed our findings, we also identified areas where further information would help our understanding of hardship and poverty in the Stoke-on-Trent. We conducted further interviews and focus groups to help cross check our findings and aimed to reach as many under-represented groups as possible.

We held a Get Talking Hardship event where we invited local stakeholders, including voluntary and public sector organisations, members of the public and people who had taken part in the research, to discuss our findings. The audience were

asked to respond to the findings at the event. These responses were added to the overall findings for this report.

### Planning for Action

The recommendations for action have been established through:

- A reflection of the Get Talking Hardship process and impact of this on the team of community researchers.
- Reflection on the findings by lead researchers and the community research team.
- Reflections of the findings by the participation in Get Talking Hardship event.

### Supporting our team

A number of the community research team were experiencing hardship at the time of this research taking place. To ease the financial pressure on the community research team we therefore:

- Reimbursed out of pocket expenses, including travel and childcare.
- Offered a free qualification.
- Paid community researchers to conduct interviews.
- Ensured food was available for community researchers at training sessions and consultation events.

Hardship and poverty are emotive issues and many of our team were emotionally affected by the stories and experiences of people experiencing them. It was important to ensure all community researchers were supported throughout the research. The team met regularly and received full training to conduct participatory research, including how to support distressed participants and how to refer issues of safeguarding.

In addition, community researchers were paired with a lead research to conduct interviews. Where this was not practical, all community researchers were required to meet with one of the lead researchers immediately after each interview or focus group and were given free access to Staffordshire University's Employee Assistance Scheme.



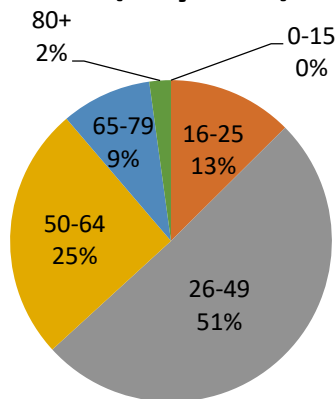
## Research Participants

Over 250 people took part in the Get Talking hardship project. We conducted research in range of community venues in order to reach people who are often under-represented in the research process.

A list of organisations involved is included in appendix 1.

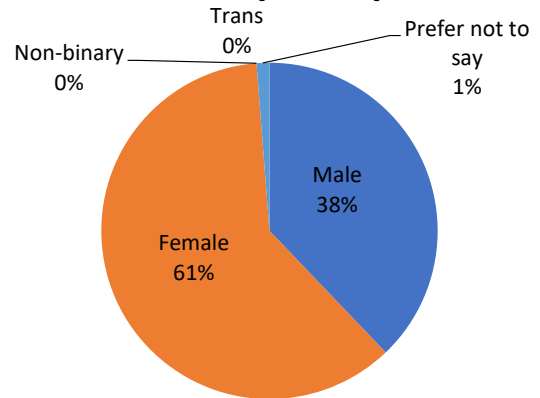
Most research participants were from Stoke-on-Trent or North Staffordshire. Just over a quarter (28%) lived in the ST1 area (City Centre, Hanley), a quarter (25%) in ST5 (Newcastle-under Lyme) and ST6 (Tunstall) and 19% in ST4 (Stoke). Half of participants were aged between 26 and 49 years, and a quarter were aged between 50 and 64 years. 13% of participants were under the age of 25 and 11% were over the age of 65.

### Age range of participants (in years)



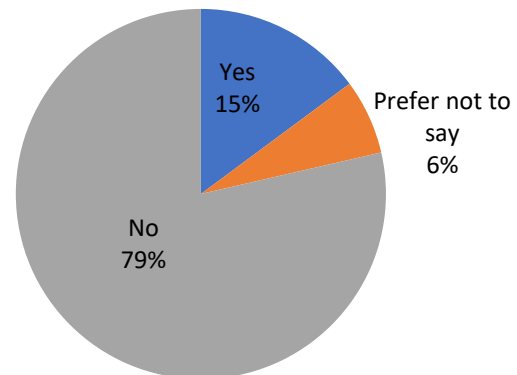
Over half the participants (61%) were female and 38% were male. 1% of participants preferred not to identify their gender.

### Gender of participants



Less than one in five participants had a disability. Three members of the Community Research team were members of Reach, an advocacy group for people with Learning disabilities in Stoke-on-Trent. They conducted research with peers and in total they spoke to 22 people with learning disabilities, 8 women and 14 men.

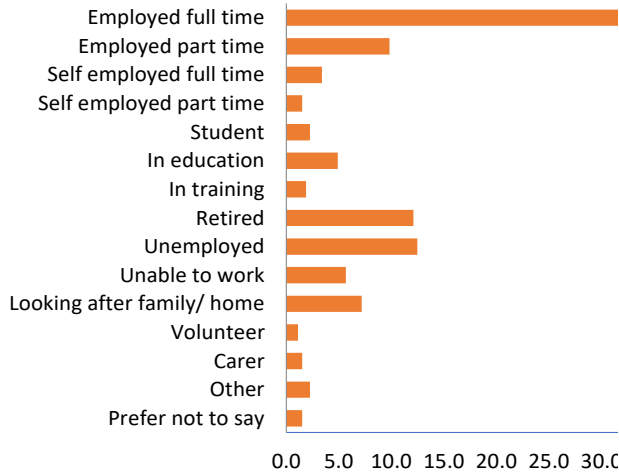
### Presence of disability



One-third (32%) of the people were employed full-time and 10% part-time. This relatively high number was a result of front-line workers from service organisations that support people in poverty and hardship taking part in the

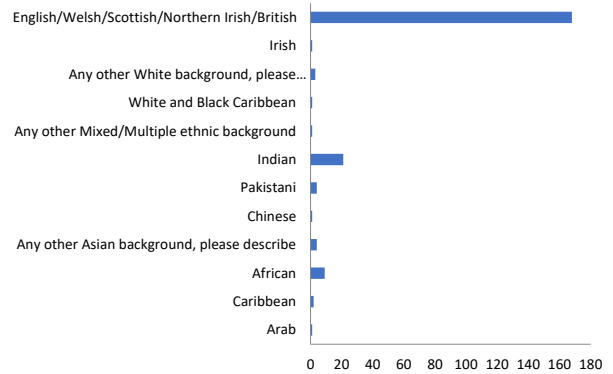
research. Very few were self-employed and just under one in five were unemployed or unable to work or retired. We also talked to a few people in education or training (~10%) and those with caring responsibilities (~9%).

### Work status of participants



Most of the people identified as White (English/Welsh/Scottish/Northern Irish/British). Among the other ethnic groups, a focus group with people of Indian origin was well attended (21 people). Due to shortage of time, we were not able to reach people from other ethnic groups living in Stoke-on-Trent. Thus, again, it cannot be assumed that fewer people from other ethnic backgrounds are experiencing hardship or poverty. Further research is needed to understand the experiences of people with different ethnicities in relation to poverty and hardship.

### Ethnic background of participants



We did not ask about living arrangements or household composition. In hindsight, our research revealed that this information would have benefited the research because it can make difference to the level of hardship or poverty experienced by people.

Nearly a third of the people who completed the online survey were staff and volunteers working in organisations supporting people in hardship or poverty filled in the online survey. The online survey revealed that a fifth of people had experienced hardship themselves, a fifth had friends who had experienced hardship, 14% had family members who had experienced hardship and 14% felt their whole community was affected by hardship. Only 3.6 of online respondents said they did not know anyone in Stoke-on-Trent affected by hardship.

### Online survey responses to question about whom hardship has affected

Hardship has affected:	%
Me	18.2
My whole family	14.3
My friends	19.5
My whole community	14.0
People I support in my job (paid or volunteer)	30.5
Nobody I know in Stoke-on-Trent	3.6



## Findings of the research

*“Hardship is when you have to be all excited with your kids about going round for Grandma’s for tea but really it’s because you can’t afford to feed them.”*

Hardship and poverty are difficult subjects to talk about, however, the approach adopted by this research helped people to “get talking”.

The points included here may affect any person regardless of background characteristics: age, gender, ethnicity, disability, religion, citizenship status. But these characteristics may affect the degree to which the effects are experienced. A few issues are particularly pertinent to some groups and these have been highlighted.

### Causes of hardship and poverty in Stoke-on-Trent

The causes of hardship revealed by our research can be broadly divided into ‘push’ factors, that is, wider national and local institutional and policy decisions or structural changes and developments, and ‘pull’ factors, that is, causes at an individual level. If a person experiences hardship as a result of a ‘pull’ factor, this does not suggest that the individual is in any way in control of the situation that has led to hardship or has made a choice which has led them to hardship. There is some level of overlap between ‘push’ and ‘pull’ factors. Commonly, there are multiple reasons why someone may fall into hardship or poverty.

*“What is hardship? Choices. Limited spending. Fun. Special occasions like Christmas [and] birthdays. Arguments as people can’t go out or on day trip... it always has to be something that’s free or close by. Stress over how we going to afford our next bills or kid’s uniforms or if we need to replace like a sofa or tv. You fall into a pit of self-destruction with your personal wellbeing and health. You always have to have disappointment on your shoulders, always telling friends you can’t go out or your kids that they can’t have a simple ice cream because you can’t afford it. People often call you tramps and poor, its often your kids that get bullied by others. Can’t afford to eat good, as these days healthy food is dear and junk food is cheap. Embarrassment of going to the check out in a supermarket with all supermarket’s home brand cheap crap because that’s all you can afford. All this is caused by lack of jobs and people willing to train new people up to give them the knowledge and experience they need for the job. Too many drugs and drinkers making all innocent people fall into the same brand as them. Childcare is to expensive so many parents can’t go to work as they can’t afford to live and pay childcare. People being given wrong information and directions on how to get a job how to train and go back college... Most people want young people working or experience [for them to be able to] to start a job straight away. A lot of this is also caused by broken families.”*

### Push factors

People talked about how government and council policies around employment, income, education, the welfare system, housing and local authority services had affected them.

### *Employment, income and education*

The most common causes of hardship in the research relate to employment, income and education. People talked about a shift in Stoke-on-Trent from manufacturing to service industries. That is, a shift:

- from reasonably well-paid secure jobs to low-paid, insecure jobs and zero-hour contracts
- from a situation where a single 'breadwinner' could provide reasonably good living conditions for a family to examples of families with two people earning having to apply for benefits.

People said they were not enough well-paid and permanent job opportunities in Stoke-on-Trent. Zero-hour contract and agency jobs appear to have increased. Several young people also said "job cuts" had increased hardship and poverty. Agencies may refuse to sign on asylum seekers and refugees with "poor" English language skills, and people talked about how people's skills were not recognised.

Some people said many jobs pay a minimum wage, but this is not a living wage. At the same time, wages have remained relatively stagnant while the cost of living continues to rise, from food to energy to fuel to child-care and school costs, and so on. One person commented, how most people are "three pay cheques

away from homelessness, [it's a] chain reaction".

People also mentioned a lack of good overall education and training opportunities in Stoke-on-Trent around which could help people to attain skills for good, better-paid jobs. There was a concern that even in schools the numbers of students per teacher have gone up.

Some people said they would not consider going into higher education because they are worried about the debt they will incur.

People also mentioned a lack in education around basic life skills, such as cooking and budgeting. There was also a sense that having basic cooking skills could help to alleviate some of the effects of hardship, supporting families to provide low cost but nutritious meals. Several young people talked about having more tailored learning needs and services.



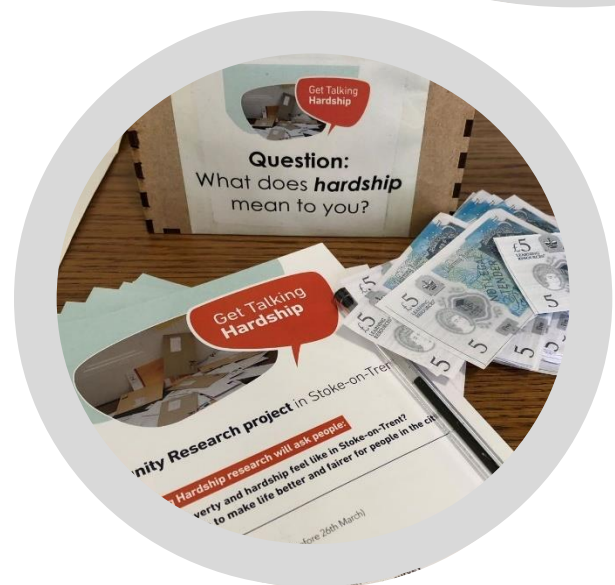
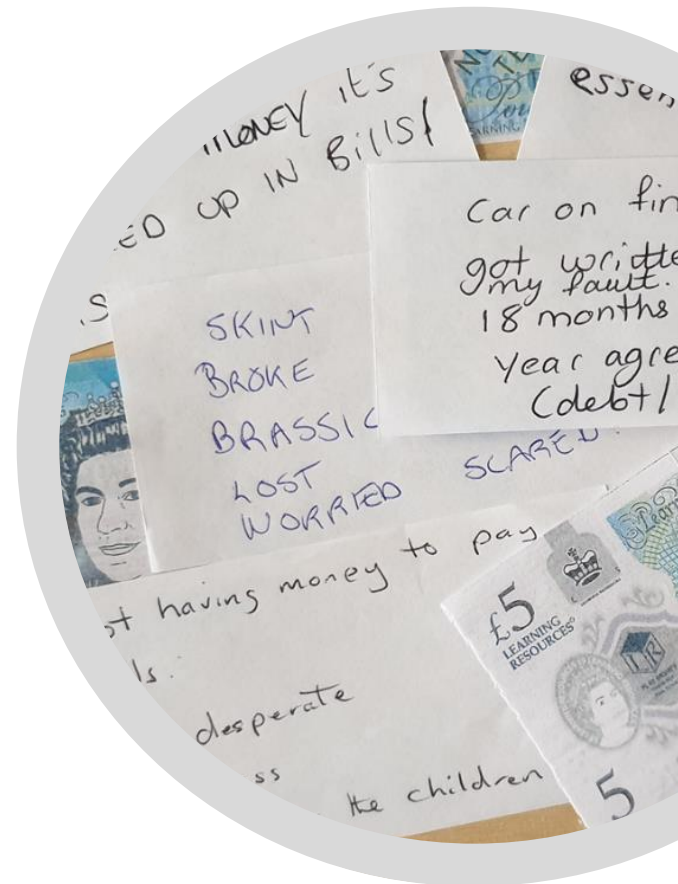
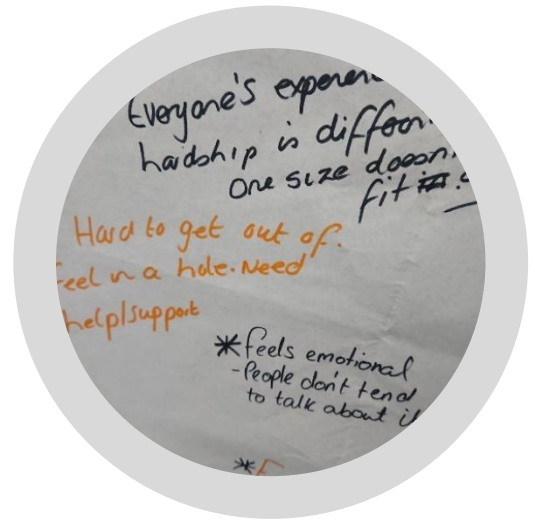
Job insecurity, and the threat of redundancy we also a significant concern for participants in this research. Many people had either experienced redundancy themselves or knew others who had been made redundant. If people do not have job security, and if their wages do not keep up with inflation, it might be difficult to:

- plan ahead
- take out a loan
- get a mortgage
- predictably afford basic necessities.

*“The potbank in Scotia Road, Dudson’s, that’s closed and people there are out of jobs.”*

A local market trader said that out-of-town shopping and internet trading have diluted their customer base.

Fewer people mentioned unemployment as a push factor. Carers of children with special needs mentioned not being able to work because of their caring responsibilities, from which getting respite or taking time out to work has become more difficult due to cuts in supporting services such as closure of some children’s centres. There are also issues around support for people with disabilities who can and want to work.





## The welfare system

Many people talked about how welfare reforms following austerity were "hostile" to those who needed to use the system. This is relevant to both working and unemployed people, to those with and without disabilities, and also affects people across age groups. There was a perception that there's been some prioritisation of households with families with children over other living arrangements.

Some support workers said that the benefits system, including Universal Credit, is complex, which makes it difficult to access and/or maintain claims for many people. For example, the Universal Credit system is accessed online, but some people don't have easy access to the internet or continuously topped-up mobile phones. This then either makes the system inaccessible or extends the time it takes to make a claim. Transport was also a barrier to claiming benefits as some people do not have the money to pay for transport to access a support service to help them access their benefits.

Other aspects of the welfare system that were identified as contributing to hardship included:

- benefit sanctions which cause a reduction in income.
- bedroom tax, which is a particular problem for single people on Universal Credit whose income may not cover the bedroom tax, for some people where Universal Credit was being used for debt repayments, for people having difficulty

finding work and for others who were unable work due to ill health.

- the benefit freeze, reduction in benefits and the benefit cap. The rate for asylum seekers and refugees has been frozen for many years. Both the freeze and cap do not consider the rising costs of living.
- change in benefit rules for EU citizens who have been in the UK for less than five years.
- Moving from Employment and Support Allowance to Universal Credit. Since it takes five weeks for Universal Credit to start, there is a period without income, when people have to take out an advance, which then needs to be paid back. There were reports of this leading to people having to live on less than the Universal Credit allowance because part of it is being used to pay back the 'advance' amount; or otherwise end up with rent and council tax arrears.

*"I moved out of my parents and into semi-independent living. For about 8 weeks, I had no money at all. My benefits hadn't come through. Didn't even have money to spend on food or shampoo. It stressed me out and really affected how I was doing at college. I got really stressed out when I was going to meetings about my Universal Credit and they weren't listening to me."*

- cuts to housing benefit, and benefits calculations not including housing costs.
- PIPs (Personal Independence Payments) being turned down – this is a particular problem for people with disabilities.

*"PIP is also very difficult to claim with the claimants having to provide their own medical evidence and being subjected to intimidation in DSS medical examinations."*

*"They put me in this house, it was very dear, you couldn't eat properly, living off snacks, bills have got to be paid. I had no money, you can't go out with an empty purse so I didn't go out. I've got no social life. I keep running out of money so I can't put money on my phone. I can't text and phone so I couldn't get in touch with anyone. I felt people laughing at me. There is light at the end of the tunnel but I'm still waiting but they've stopped my money."*

Young people receive lower benefits than the older people and are eligible for only the shared rate for housing benefit unless they've lived in hostels for 3 months.

### Housing

Many people said there was a lack of affordable, decent social housing in Stoke-on-Trent, while council tax has increased. Private renting is often associated with insecure tenancies. People may become vulnerable in several ways:

- Poor conditions at the property, which may lead to health problems.
- Eviction through Section 21 enforcement –landlords can refuse to wait for new housing benefits claims to come or when people fall into arrears with rent. Or landlords can simply evict tenants at the end of tenancies, which might leave families struggling to find alternative accommodation and single people can end up on the streets.

- Landlords requesting two months' rent in advance
- Landlords over-charging and increasing rents while the local housing allowance has remained static.
- Young asylum seekers and refugees struggle to claim housing until 21, unless out of care.
- Asylum seekers and refugees are also vulnerable to being moved around without any consultation.
- A person with a conviction history may be excluded from social housing altogether.

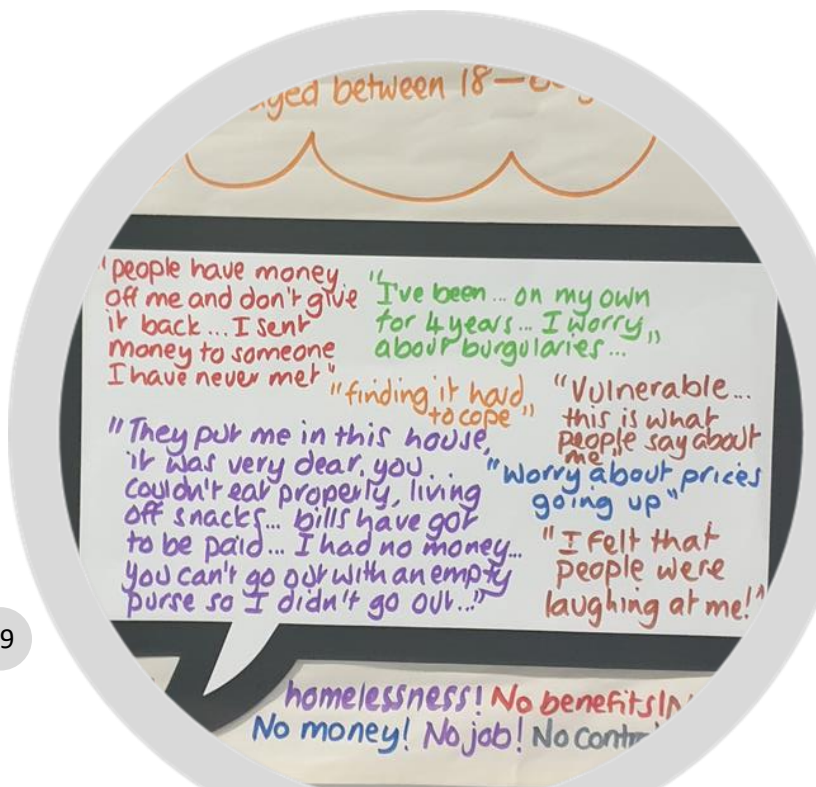
Young people interviewed emphasised the need for greater supported accommodation (hostels) for those needing support and rehabilitation and night shelters for homeless people.

### *Changes to council services and local spending decisions*

Like in other areas, Stoke-on-Trent Council has also been affected by the central government's austerity drive due to cuts in funding. However, people taking part in the research said the decisions around cuts at the local level appear to have overlooked the effects of the national austerity campaign on people at an individual level. While new buildings in the city are clearly evident, the Citizens' Advice Bureau "is so busy that you can sit for hours and still not be seen". The most common concerns noted were a lack of proper signposting to support that still exists, lack of free activities, and increase in transport costs. People who most need public transport, including people in financial hardship, older people and people with disabilities, are often unable to use it.

Participants talked about problems in accessing services and the challenge of activities spread out over six towns. The bus pass policy was also creating problems. As one person noted: "People at Waterside on work placements can't get there on time because of the rules about when they can use their bus pass."

The older members of an Asian ethnic community group used to regularly meet at a community centre for an exercise class and a dietary advice and health check programme. Some had disabilities and the council-funded taxi service and a bus service with a stop just opposite the centre made it possible for the people to attend the sessions. Participating in these activities had had a positive effect on the well-being of the people. Both services were withdrawn as well as funding for the leaders of the sessions. People then found it difficult to attend the centre, as the closest bus stop involved considerable walking to and from the centre. Another community activity people from this group took part in, run by an older people's charity also stopped, which had reduced contact with people from other ethnic communities. The people said these changes have resulted in social isolation, depression and exacerbated some physical health problems.



Families not able to find school places in their area also need to travel and might struggle consequently. Bus concessions are available for people with physical health problems but not those with mental health problems.

Closures of affordable child-care services and children's centres have affected families with children both in terms of child-care costs and transport costs. They have also created a loss of community cohesion and opportunities for peer support for those with children. This was especially pertinent to parents of children with additional learning needs.

Reductions in council led practical support, for example life skills programmes, "result in customers experiencing issues maintaining and sustaining tenancies due to not having the practical skills in managing a property."

Other problems of local authority funding cuts included a reductions in health-care resources and long waiting lists, in particular mental health support services. People with mental ill health may descend into hardship and poverty because of lack of mental health support. People needing the support of a community psychiatric nurse or social worker may be put on a waiting list. Greater numbers of people in poverty and hardship and with mental health issues are now being seen by mental health charities. Some of them may be being discharged too quickly or were not being referred to secondary mental health services. Due to the strict acceptant criteria of Improving Access to Psychological Therapies (IAPT), people with severe mental

health problems (such as people who are suicidal or those with anger management issues) may turn to mental health charities instead. A loss of community matrons addressing the health needs of homeless people was also mentioned.

Some people felt there had not been sufficient financial investment in:

- early intervention and prevention services
- foster care and for care leavers
- good rehabilitation services.

*"I don't understand how they keep putting up sculptures and new paths. They need to get their priorities right".*



### *Societal stigmatisation and stereotyping*

People talked about being affected by the wider social assumptions about people in poverty and hardship, which can feed into policymaking. Such negative views about people in hardship and poverty were shared by some of the participants in this research. For example, some people questioned whether some people were in real need, arguing, "they can't be in that much need because they are chubby or they have an iPhone". Even people in hardship and poverty stigmatised others experiencing similar issues to themselves.

Equally, people's perceptions differed and sometimes contradicted each other. It is worth remembering that each person's perception is their reality. This makes communication essential between communities, researchers, policymakers, and practitioners.

*"Some beggars have got houses but they still go and beg for money in the street."*

Participants talked about the media reinforcing messages such as:

- the 'deserving' and 'undeserving' poor.
- a "culture" of worklessness among families experiencing hardships and poverty alongside a benefit system that is too 'soft'.
- people made vulnerable by addiction are culpable and less deserving.

There is no regard in these messages about the 'invisible' pressures that people are also put under at the same time, such as advertising and the endless push towards consumerism. Increased availability and use of drugs and alcohol, with pubs open for long hours, can make some vulnerable people more vulnerable. At a more local level, there may be preconceptions about certain postcode areas and a lack of empathy among "normal" society.

The media messages and wider anti-welfare stigma also filter down to people facing hardship and poverty so that they themselves become divided into those who see themselves as belong to the 'deserving' group who are working hard and the other as rightly being 'undeserving' because they have a negative "mind-set" or "blinkered outlook" or are living off benefits. In this, people also talked about widespread low social aspiration in Stoke-on-Trent.

In the case of asylum seekers and refugees, the stereotyping by politicians and the media adds another layer of complication to the stigmatisation, creating "hostility" in the local communities. At the same time, this group also may view the city as a place of low aspirations, with little opportunity for them to find their feet in the country.

### **Pull factors**

Pull factors are present at the level of the person although they are independent of the 'push' factors discussed above. If a wealthy person is suddenly ill, they may not be at risk of destitution at all. But when a sudden illness happens in a situation where



such a person is already affected by push factors, like earning a low wage for many years, they can be pulled into destitution. The pull factors mentioned in this research can be divided into employment- and income-related, health-related, household-related and factors related to life choices and attitudes.

Inherited social disadvantage

*“Many of our service users have grown up with a sense of being different from others and this is entrenched when people cannot meet their basic needs”*

Inherited social disadvantage, including access to drugs from a young age and lack of guidance were mentioned as reasons for hardship and poverty passing down in families.

Employment- and income-related  
These were the most common pull factors mentioned. They included:

- Loss of income, for example being made redundant
- Unexpected costs/changes
- Existing debts

Among families, the higher taxes to be paid if both parents are working can reduce disposable income significantly for some households. Women going back to work after maternity leave might find that most of their income is taken up by childcare costs.

*“It affected my family when I came back from maternity leave. Having to put small children into childcare whilst working and earning minimum wage meant that as a family if 4 we would have £60 for the whole month as spare income. This situation lasted for years with both myself & my husband working long hours just to scrape by. Incredibly stressful.”*

There may be a lack of awareness among people in work about how to find alternative work if their situation changes, for example through a new disability or mental ill health. For people on benefits, not knowing how to make the transition from benefits to paid work can result in loss of income. Some people newly claiming benefits may not be given information by the job centre that they have to claim housing benefit and council tax benefit.



People with disabilities mentioned a lack of support in this area.

#### Health-related

Both mental and physical ill health, including disabilities, were considered equally likely to result in people facing poverty or hardship. Mental ill health can lead to self-neglect and isolation. Some physical conditions mentioned were obesity, presence of a disability and different kinds of illness.

#### Household-related: unexpected troubles

The death of the provider of the main household income can quickly spiral into increasing financial hardship. Domestic violence and breakdowns in relationships/family breakdowns, communication breakdown and divorce can also have the same effect. The effect of domestic violence of individuals, combined with the financial hardship this can bring can have a long-term impact on survivors.

*"I was in domestic violence. [They] control your finances. You have no self-esteem, even after you have left".*

Single parents can struggle, especially if they lack support from family and friends. Parents of children with special needs may not be able to work because of lack of support and end up "trapped" in benefits. At the same time equipment and uniforms for children costly.

#### Life choices and attitudes.

Choices made by people in hardship were, in particular, mentioned by young people.

They included having a lack of work ethic, aspirations or hope for the future, and making 'wrong' choices, such as:

- substance misuse
- giving in to consumerism
- gambling
- keeping the wrong company
- religion

#### Summary of causes of poverty and hardship

Significantly more push factors than pull factors were noted in this research and they were also mentioned much more frequently. In addition, support workers answering the online survey have noted that they are now seeing more younger people, more women and people who were doing well but now struggling because of the complexity and interconnectivity of the factors above.



### Effects of hardship and poverty

Our analysis revealed that regardless of the causes, the effects of hardship and poverty are experienced in three broad areas:

- Practical effects
- Well-being (health) effects
- Social effects

There is overlap between these effects as well as a 'ripple effect' of most causes. Effects can also turn into pull factors, further deepening hardship or poverty.

#### Practical effects

Practical effects of hardship and poverty can be experienced by a person or household or the wider community.

#### *At individual or household level*

Household composition and living arrangements will impact on how these effects are experienced, with some things more problematic for families (with one or two parents) with children, others more difficult for single people or even two older people living together.

Not being able to meet basic needs: "making difficult choices"

The most common effect is not being able to meet basic needs. People talked about difficulties paying bills – necessities become luxuries and people need to make choices between 'eating' and 'heating' or having hot water. Food poverty ranked highest problem, and in households with children, parents may not eat to be able to feed their children. Holiday hunger was a significant concern, in particular for frontline service staff. Foodbanks too appear to be serving a rising number of people, although there

were mixed levels of understanding about how these operated.

The next major impact was the threat of or losing one's house. Also, homeless people may struggle to pay service charges for hostel type accommodation.

*"I was fortunate to access children's centre services, cook and eat, baby massage, breastfeeding support, and many holistic courses, it was a huge support and educated me in bringing up my family happy and healthy. I formed bonds with parents, children and went on to help and support other parents using my knowledge and experience. These services have been stripped back and people are isolated with no support it's very sad."*

People also mentioned not being able to afford several essential items, and felt embarrassment about being dependent on, charity shops and donations for:

- Clothing
- Toiletries
- White goods
- Furniture and carpets.

Girls and women may experience period poverty. In households with children, people can fall into debt over lack of money to buy required school equipment and uniforms or paying dinner money.

Others may not have money to pay for topping up mobile phones and internet



access, which can result in isolation due to difficulties in communicating with other people, or an inability to claim Universal Credit.

#### Other expenses

In some stages of hardship, basic needs can be met by prioritising expenses. People might miss out on:

- treats for children.
- buying new things for themselves or the family.
- having a margin for emergencies and unexpected costs.
- house, car or garden maintenance.

People also may find it difficult to go to out-of-town retail centres due to transport costs.

#### Getting into debt

Several people talked about finding themselves in debt. A few mentioned getting caught in the trap of pay day loans or sometimes borrowing from family and friends. Others have credit card debts. This situation may happen due to lack of budgeting skills or lack of advice (see 'Accessing services' below). But some long-term support workers have noted that these are not the only reasons for getting into debt. One support worker talked about noting a shift in debt patterns from people having 'non-priority' debts (e.g. credit cards, store cards) to 'priority' debts (e.g. rent and council tax arrears).

Both young and older people experiencing hardship may end up in debt. Others might

end up selling personal effects to obtain money.

#### Accessing services

People may not be able to access key welfare-related or health-related and counselling services due to:

- transport costs and fuel expenses.
- not having access to the internet.
- not having a phone to speak to an adviser or charity to help with material poverty.
- lack of an address (cannot register with a GP).
- lack of a bank account (requires having an ID, which depends on having an address).

#### Restricted choices

Being in hardship and poverty leads to restricted choices. For example, in households with children, both parents may be forced to work, when one of them would rather be at home to bring up their children or to look after the family. On the other hand, cuts in services, for example for children with special needs, means those with caring responsibilities may have less support as well as little time or money for their own life. Equally, parents may have to make choices about how many children to have based on their financial status.

People may commit crimes or be forced into prostitution in an attempt to overcome hardship and poverty.

*"If you know winter is coming you can either try to do something about it or pay to be in the [Salvation] Army or do something stupid and get a 6 month sentence, and serve 3 to get you through winter".*

*"One of our homeless people found faith and gained comfort from worship. He eventually stopped going to church because everyone was smart and his feet smelt. He is now dead."*

### *At community level*

People talked about a general atmosphere of deprivation and desolation in many areas of Stoke-on-Trent, with a loss of pride in the city, because of cuts impacting on their communities in several ways:

- demise of group activities, leading to increase in social isolation (both personally and communities isolated from each other) and poor health.
- run-down appearance: People may not be able to afford to spruce up the exterior areas of their homes. Others talked about poor maintenance of roads and pavements. Shuttered shops are dotted all over town centres and other community retail areas, as buying power of people has reduced, with begging on the streets.
- lack of community cohesion/spirit: People talked about a feeling of 'everyone for themselves', the economy working against them rather than for them, and anger and resentment between various parts of the communities with stigmatization.
- People might feel 'out of place'.

A few people thought there was an increase in:

- black economy and corruption in some areas
- drug dealing – they may be cheaper to buy than prescription medicines
- rate of crime, with feeling unsafe in certain areas.

Asylum seekers and refugees reported that people might have a lack of empathy.

Young people in particular talked about substance abuse (as cause or effect), crime, gang violence.

In addition, the organisations that are helping people in poverty and support have also seen many changes that linked to austerity and changes to national and local funding cuts.

### *Effects on wellbeing*

Hardship and poverty affects the well-being of the whole household. Both physical and mental well-being may be affected.

### *Physical health issues*

People talked about having poor general health and ageing faster due to food poverty and poor nutrition and life skills such as healthy-eating cooking knowledge.

In children this might present as failure to thrive. Issues to do with being both overweight (due to limited food choices/binge eating, lack of exercise or due to depression) and underweight (due to limited food choices or having to walk everywhere) were mentioned. People can be fatigued due to long working hours or doing more than one job.

Many people also referred to poor personal hygiene and appearance, because of not being able to afford hot water or clothes. This can affect self-esteem.

There may be worsening of treatable conditions such as high blood pressure, ulcers, heart problems, asthma, increase in gastrointestinal, circulatory, respiratory and endocrinal (diabetes) disorders and infectious diseases.

Unsafe sexual practices and death were also mentioned.

### *Mental health issues*

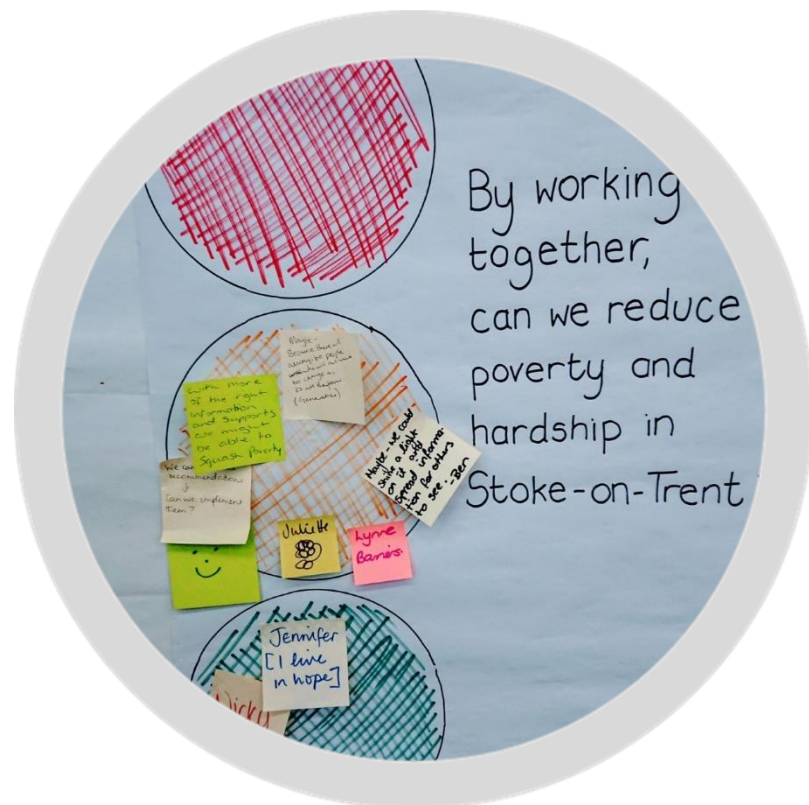
A large number of people talked about developing mental health problems such as:

- Depression, anxiety, hopelessness.
- Stress and worry, anger and frustration.
- Feelings of worthlessness, low self-confidence and self-esteem: I'm not one of the 'deserving poor'; nobody cares about me; I can't contribute to society.
- Fear and insecurity (of destitution; of the unknown; of losing family; of underachievement), embarrassment and shame: "It's going down the pan"; my failure, letting down my family; sense of being judged at having to go to

food banks and local church groups for free meals. Many young people and asylum seekers and refugees mentioned being "fearful" of the unknown.

- Sense of despair and desperation, being "held back" because people cannot do hobbies or feel they have no life.
- Feeling life is not worth living, feeling suicidal.

Mental health issues then "impact on every part of a person's life."



## **Effects of poverty and hardship in Stoke-on-Trent on support organisations: "it's all sticking plasters"**

*"Physically tiring. Mentally draining. Emotionally upsetting. Spiritually frustrating."*

Organisational resources are increasingly strained because of increase in numbers of people and families needing help with, for example addiction issues, financial hardship, threat of homelessness and debt problems needing specialist advice. At the same time organisations are facing a reduction in funding and donations, leading to cuts in services offered. A few support workers mentioned clients being in debt to an organisation, risking its financial stability. Specialist teams are being overwhelmed with clients.

*"When I first started in advice work supporting people with these problems had no real impact as we were able to sort out problems and relieve the stress that people were under. However, in the last 8 years it has become harder and harder to sort out problems and we are having to tell more and more people that there is nothing we can do and have to send them away hungry. Even the foodbank is restricting the numbers they are helping."*

Organisations may also put in 'mindfulness' spaces for staff because they are increasingly frustrated and stressed with their work. Some staff said it was becoming harder to sort out problems meaningfully because of their increasing complexity. For example, no bank account means a Universal Credit claim cannot be set up. Knowing some clients do not have enough to eat and worrying how clients are going to maintain their tenancies due to their lack of income can be very stressful. Immigration status can cause problems for claiming benefits and knowing some people cannot be helped at all is extra pressure and demoralising for frontline staff.

*"It's soul destroying to not be able to make things better. You feel like you're just mucking about around the edges of a rigged and unjust system. It's all sticking plasters. Not good enough. People deserve better."*

Staff workloads have increased year on year, which means they are not able to provide the level of attention that was afforded previously. At the same time, they may feel being pushed and have a heightened awareness of barriers faced by vulnerable people. They may spend more time on support by applying for grants to charity, and free sites to get things for clients, as well as on sorting benefits and less on improving mental health (even though this might be the purpose of the meeting), or thinking that they should be because the former is priority.

*"Sometimes I feel exhausted by the scale of the task and the small likelihood of any improvements, but then I also feel fiercely determined to make a positive difference!"*

## Social effects

The exclusion of people in poverty or hardship from social relations in Stoke-on-Trent has two levels:

### Community level

At a community level, poverty and hardship in Stoke-on-Trent can be “invisible”. It exists in particular postcode areas and estates and behind closed doors. People might try to maintain appearances in public to avoid societal hostility and stigmatisation and being judged.

Those experiencing hardship may avoid those experiencing poverty because they themselves get caught up in the myths perpetuated by the media mentioned above. Others may exhibit antisocial behaviour born out of turning to substance misuse and frustrations, and turn to drug dealing, crime/shoplifting/fraud, extremism, gang violence, which may result in imprisonment. Young people also talked about stigmatisation.

### Individual level

At the individual level, increasing loneliness, isolation and alienation from family, community, other areas and towns – manifesting in both physical and mental ways – is a major part of the social exclusion experienced by people in hardship or poverty.

*“And we try our best to bring up our children with manners, positive attitudes and hope (when we have none).”*

People talked about:

- a sense of powerlessness (to combat the push factors), lack of control, vulnerability
- being unable to find enjoyment in everyday life
- being made to feel second-class citizens. This was across all groups but in particular was noted by people from ethnic minorities.

*“I remember feeling I am not being heard. No one wants to hear your story... how you got here”.*

Social isolation, including from family and friends, many times followed on from practical issues such as:

- not being able to travel to support groups or access services or social activities or use paid leisure services due to costs including transport.
- poor personal hygiene and an inability to keep the ‘house looking nice’.
- Unaffordable transport costs bring a sense of shame and lowered self-esteem.
- having a focus on simply surviving.
- relationship breakdowns and domestic violence.

Another significant harm of social isolation could be neglect of children and having children taken into care, which can worsen the situation. Lack of social support and

financial constraints may mean no respite is available for parents of children with special needs.

*"Vulnerable...this is the word that people say about me."*

Together, these effects further marginalise individuals and communities. They become hidden, unrepresented, voiceless, inferior, with narrowing world views, and reduced cultural and social capital.

A few people said, "it can push them to make positive changes to their lives".

In sum, the experience of poverty and hardship is complex, multi-factorial and multi-dimensional.

### **Ripple effects of poor mental health and/or physical disabilities arising from poverty and hardship**

In poverty and hardship, physical and mental ill health can worsen each other. When people have difficulty accessing health care (due to transport costs, or not being able to be registered with a GP), or may not be able to afford prescription medicines, they may rely more on the emergency services and stress increases. Social workers may refuse to complete care act assessments if people have no address.

There may also be an increased risk of self-harm, worsening of self-neglect, withdrawal from society and turning to drink/alcohol, poor physical health (not eating/sleeping).

With mental health issues, people may not be able to find employment) or take up opportunities or be able to 'battle' for and maintaining benefit claims. They may have difficulties accessing primary mental health services, difficulties keeping appointments or attending support networks. They may practice ineffective coping strategies, end up in hospital, and children might become disruptive in school.





## The complexity of factors underlying service exclusion

Support workers noted several reasons why people living in hardship or poverty may be seen as wilfully not engaging with available welfare and counselling services. A person may be sanctioned or 'closed' because of missed appointments.

### Why do people miss appointments?

#### *Services-related push factors (includes causes of poverty and hardship)*

- Services can assume people have phones and money for transport to keep appointments all over the city. The transport system in the city was identified as a challenge for many.
- There is a perceived lack of "assertive outreach" for the most vulnerable people.
- There is a perceived lack of flexibility in services – traditional services hours with no person-centred approach, not asking why people miss appointments; the onus is placed on the service-user to access and overcome barriers.
- There is lack of suitable housing options for individual support needs with a reduction in Bond scheme properties.
- There is a lack of support in accessing a complex benefit system, with lack of proper information. People might not be clear about what benefits they are entitled to, they may be confused when benefits are changed.
- Changes in personnel in the system, or no adequate cover when people are off

sick, can cause problems as it takes time to re-establish relationships

- When one-to-one interviews are not possible, "pride" can come in the way and prevent people being helped properly.

#### *Pull factors (the effects of poverty and hardship)*

- Mental ill-health, including anxiety, which can have a debilitating impact on people in hardship.
- Some people have a learned mistrust of the DWP or fatalistic perspective on life.
- People feel that they are not being listened to, which can stop people from engaging.
- People experience practical problems such as homelessness or lack of money for transport. For example, attending counselling services may require regular weekly bus journeys, but a narrow range of people qualify for bus passes.
- People may not have a phone to tell someone you cannot attend an appointment
- For people with dyslexia can lead to difficulties in filling forms.

Actions for change: “there is no single simple solution.”

*"It is harder than ever! I have been a welfare rights worker in Stoke for more than 35 years and it is now harder and less possible to find remedies for people than it ever was."*

This research identified that people want immediate change in their personal circumstances. However, they also recognise the need for systemic change.

Community researchers, research participants and people attending the Get Talking Hardship event identified a series of actions that could help to tackle hardship and poverty in Stoke-on-Trent. These actions, combined with the recommendations at the end of this report, provide helpful guidance to the Hardship Commission regarding the focus of their activity over the next five years.

Like the community researchers, the overall impression of the people attending the feedback day was that reducing hardship and poverty in Stoke-on-Trent would involve:

- collaborative working across agencies and organisations
- culture change and a lot of work because of multi-factorial and multi-impact nature of hardship and poverty
- sharing information so everyone has access to same information and people are aware of what they are entitled to.

On one of our sessions, some community researchers showed how provision of adequate support and working together could help the person(s) to cope in the immediate and medium terms and become empowered in the long-term. Suggestions for support and solutions were offered at three levels: individual, families and community level; local government level and national level. At each level, people identified immediate, medium and long-term needs. More needs to be done at local and national levels, and people suggested links between councils and MPs should be strengthened.

At the individual level, the help provided is more likely to focus on immediate coping rather than long-term empowerment.

*"When I was on Jobseekers my money didn't come through on time. They said it was a computer failure. I had to leave my training course to go and sort it out myself at the job centre. They had to give me an emergency giro. They need make sure the computers and the systems they've got actually work."*





## What is being done at an individual, family or community level?

Many people said they were being helped by families, friends and community in the immediate and medium terms. For example:

- help with payment for basic necessities.
- payment for childcare.
- creating a nurturing, empathetic and positive environment.
- unlearning old habits and behaviours.
- using cognitive behavioural therapies (talking therapies).

These support systems are also very important for people with disabilities facing poverty and hardship. In addition, stigma and stereotypes can be challenged by providing opportunities for listening to other people's experiences of hardship. Formal and informal opportunities to share each other's experiences and to create supportive learning communities could help to change the culture of blame which confounds hardship.

## What is already there or should be done at local level?

A small number of people felt powerless to create change and said they were not sure what could be done. However, many more people came forward with suggestions.

## Immediate and medium term

*"Is a Hilton hotel the answer we need [to the need for] more social housing [and] better landlords [and] safe social places including cultural investment e.g. libraries"*

People noted that the shift in employment prospects in Stoke-on-Trent mentioned earlier was not planned for by the council in a visionary way while being forced to pull back services due to the central government's austerity drive. A few people said a drive for investment appeared to be lacking, alongside a mentality that had not shifted; there was an expectation that people would find good jobs but without the opportunities being created. Other civic decisions that were considered poor were not enough investment in the city's infrastructure such as police and welfare services and facilities while money was spent on new buildings and the service industry.

People overwhelmingly wanted revision of policies concerning support in the face of increasing complexity of problems: trying to make sure the money is used to address problems in a way that has maximum long-term benefit for the client. In other words, to help people to take control over their lives. For example, VOICES now considers it better to use personal budget to access statutory services such as social care and mental health support and intervention than to help clients purchase items, food or electrical equipment. They are also

adopting the housing first model, including securing private rental properties.

Other suggestions to prevent people slipping down the hardship levels into poverty included:

- more and better quality support with benefit claims procedures.
- proper signposting of hidden services.
- giving people the right information.

This requires the council to better understand local people's needs intersectionally and involve people in decision-making about where to invest funding.

*" Disempowerment and hopelessness must be addressed... Working together can bring hope and fairly utilizing resources and showing each other we care about this is a start."*

The people we talked to and our community researchers overwhelmingly argued for better funding for existing charities and other social agencies such as food banks with a voice on behalf of communities. This was appended by a strong desire for connected communities working together and a keen interest in having more community support groups, a single point of contact for clients and more community cohesion. This includes more opportunities for asylum seekers and refugees to participate with the rest of the community. The following suggestions also had strong support:

- More (night) shelters for homeless people and better access to permanent accommodation, as well as supported accommodation or hostels for young people.
- Tailored support packages (e.g. peer mentors and training) for learning budgeting skills and careful spending, and policy around stopping loan sharks.
- Free cooking classes at foodbanks.
- Greater provision of employability support.
- Greater financial support for those with disabilities, for example, an adapted bathroom requires significant expenditure.
- Provision for education regarding reducing food waste, and regarding drug use and effects.
- Greater mental health support.
- Better access to services, bearing in mind that "not everyone has a computer" while others prefer greater online support.
- More free activity clubs, vouchers for school uniforms, and free tampons and deodorants.
- Support for suicide prevention.
- Better information and access to certain funds and benefits.
- Consideration of the whole person. For example, although Universities offer financial help or help with accommodation, but currently this means students may have to move

away from their support network and increase transport costs.

### Longer-term solutions

There was much support for greater joined-up working as well changing the image of Stoke as a low-aspiration and no opportunity area. People said improvements were needed in:

- Local employment prospects, especially for young people, including more training, work experience and upskilling options, more one-to-one support for young people and asylum seekers and refugees
- Support for local start-ups, rather than an increase in franchises.
- Availability of affordable decent housing including for people with disabilities.
- Affordable and efficient transport services, such as free buses.
- Mental health awareness and availability of counselling services.
- Better educational opportunities.
- Better support for people with disabilities.
- Better access to healthcare, doctors, drug and alcohol services.
- Reducing crime rates and increasing police budgets.
- Greater investment at first tier with homelessness and addressing a lack of permanent housing solutions.

*"They're not even solving the housing crisis this way because a lot of newly built homes aren't even wheelchair accessible."*

*"I'd like to see the council set up a programme for people who become disabled, help them to find a way into employment. They should be there to find companies and organisations that are well-adapted to employing people with disabilities. The council also need to support people to stay in employment. They need to help people who are disabled to fulfil their potential. A lot of people in this area are capable of having a job, improving their standard of living. People fall by the wayside. Someone needs to change employers' mindsets about what people with disabilities can do. There's not enough there for people to access that kind of support."*

## What should be done at the national level?

Several people talked about having long-term policies that would sustain improved standards of living. This would require increasing accountability, radical change, lobbying government, positive leadership and cross-party planning for fairer distribution of wealth. Policy changes were required in the following areas:

- Health: Better funding for mental health services – it was felt that mental health waiting lists were too long, and there was a lack of consistency of support by named professionals.
- Employment: Greater investment in deprived areas and in young people, with better regulations around fair pay (a living wage) and contracts. Employers should give feedback on job applications and make long-term investments in people. Promote the notion of secure jobs, not unpaid work and zero-hour contracts, with reduction in inequality.
- Education: Improving access to higher education but also a need to promote alternative forms of education and opportunities (both for young and old people) because not all jobs require a degree. People should be able to earn a good wage without going to university.
- Social inclusion: Raise public awareness of the real face of poverty and hardship, challenge negative media stereotypes.
- Reduce criminalisation of drugs and sex work.

- Quality of life: Make it easier to for supermarkets to donate food to food banks; have a warm home discount.
- Benefits: Have a stable, less complex welfare system.



## Conclusions

This research has used a participatory action research approach to help understand the causes and effects of hardship and poverty in Stoke-on-Trent. This involved working with a team of community researcher, people who live, work or study in Stoke-on-Trent, many of whom were experiencing hardship, poverty at the time of the project. Community researchers membership also included frontline staff working with people in hardship and poverty as well as residents and students in the city.

The community researchers have provided vital insight into the realities of hardship and poverty in Stoke-on-Trent by talking to a broad range of research participants. They have also formed a strong, active and supportive community who are keen to continue their work tackling hardship and poverty in the city. Through sharing their findings with a group of decision makers and support staff, they have acted as a bridge between those experiencing poverty and those with the power to take action to create change.

The project has created a culture of listening to people affected by hardship and poverty by involving people with lived experience of these as researchers in the process. This immediately resulted in a shift in power to people as 'experts through experience'.

## Recommendations for the Hardship Commission

Several actions have been shared above and with decision makers within the city through a Get Talking Hardship event. The key recommendation for the Hardship Commission in Stoke-on-Trent is to build on the participatory approach taken by this research and adopt an asset based approach to tackling hardship and poverty in Stoke-on-Trent.

This includes working directly with people with lived experience of hardship and poverty, building on existing services, and raising awareness of initiatives to tackle the issues highlighted in this report.

To develop this asset-based approach it is recommended that they:

1. Continue the Get Talking Hardship network and support their ongoing research into hardship and poverty in Stoke-on-Trent by:
  - Establishing a working group to develop the findings into themes and issues with a cross check against available quantitative evidence.
  - Looking in more depth into each issue with community researchers, including the experiences of children and young people as well as isolated older people.<sup>4</sup>

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<sup>4</sup> See appendix 2 for an example template

- Considering whether there are geographic hot spots within each theme.
  - Documenting what is already being done to tackle each issue.
  - Identifying gaps and potential mitigations.
  - Identifying measures that would demonstrate improvement.
  - Documenting, publishing, and communicating a thematic report to key stakeholders.
2. Develop a rolling schedule of inquiries into each of the themes identified, initially over five years.
  3. Encourage representation from the Get Talking Hardship network on the Hardship Commission.
  4. Work through the Get Talking Hardship network to create opportunities for people in hardship and poverty to share their experiences with decision makers and lobby for them to be involved in the formal structures of decision-making processes.
  5. Develop an educational programme to highlight the realities of hardship and poverty and the actions needed to address it.

## Appendix 1: Organisations involved

We would like to express our thanks to all of the organisations involved in this research, as participants, community researchers and those who gave us access to their service users and clients. We have listed key organisations here. However, given the participatory approach adopted for this research it is inevitable we have missed some organisations off this list.

Citizens Advice Staffordshire North & Stoke-on-Trent

YMCA

Staffordshire University

Hubb Foundation

VOICES

Expert Citizens

Food Banks

Keele University

Midlands Partnership NHS Foundation Trust

Bethel Church Longton

Staffordshire Buddies

My Community Matters

Middleport Matters

ASHA

Stoke-on-Trent Libraries

Asist

Staffordshire Fire and Rescue Service

Alice Charity

The Angel at Austin's

Groundworks

Guru Nanak Sikh Temple, Liverpool Road

Beth Johnson Foundation

Synectics Solutions

Changes

WEA

PM Training

North Staffs Mind

The Bridge Centre

Saltbox

Reach

Cultural Squatters

Stoke-on-Trent City Council

## Appendix 2: Example template

Theme (e.g. financial inclusion)						
Issue	Evidence	Geographical focus	Existing assets	Gaps	Potential resources and networks	
i.e. descriptions of individual concerns under the theme.	I.e. qualitative and quantitative.	If relevant; e.g. hot spots.	E.g. initiatives, services, strategies, etc.	E.g. not covered by existing assets.	I.e. assets that could be deployed to fill gaps.	







Get Talking Hardship Report, July 2019

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For further information please contact:

Nic Gratton

Staffordshire University

College Road

Stoke-on-Trent

ST3 6PY

T: (01782) 292751

E: [n.gratton@staffs.ac.uk](mailto:n.gratton@staffs.ac.uk)

@nicstaffs

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