



Cost of Living & MLTCs

February 2023

In partnership with

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on **Urban
Health**

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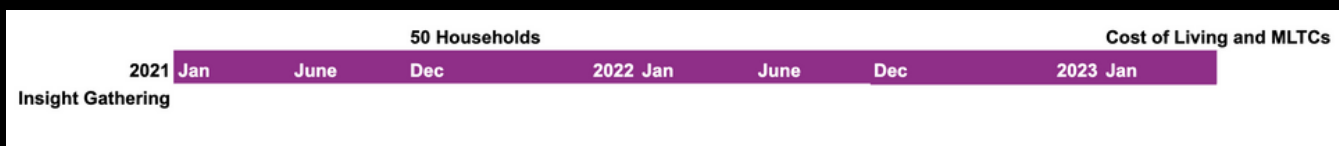
Households in the UK, more than any other Western European country, are being hit particularly hard by the energy and cost of living crisis. Moreover, the cost burden is largely taken on by the most deprived households in the country, with even the International Monetary Fund expressing concerns about this.

It is against this backdrop that this project was developed by Impact on Urban Health and Centric in order to document the experiences of financial precarity and increases in the cost of living on people at risk of, and/or living with, multiple long-term conditions (MLTCs) in Lambeth and Southwark, two boroughs which have considerable levels of deprivation.

The findings from the research may help to influence the responses of stakeholders to the crisis and then inform tangible interventions to reduce the progression to MLTCs within these communities.

Centric started working on a COVID-19 Insight Gathering project¹ in 2021 and discovered there was a missing element of how households were being impacted by COVID. This then led us to embark on our 50 Households project.²

This Project was looking at how 50 households in Lambeth and Southwark were being affected by the Omicron variant and also the associated economic fallout of lockdowns. During our 50 Households project we discovered, along with partners from Impact on Urban Health, that financial precarity was affecting households more than expected and that people with multiple long-term conditions were particularly impacted. This research allowed us to dive in deeper.



The cost of living has increased exponentially this year (2022). The poverty level in London has increased by 28% (2.5 million) of people living in London now compared to 22% in the UK. The costs of living in London are 15-58% higher than the rest of the UK.³

With inflation in the UK rising to over 11.1%, the highest on record,⁴ the energy price gap is said to have plunged over two million households into fuel poverty.

The economy is also at risk of falling into a summer recession with the increased strain on incomes, the largest since the 1950s, impacting consumer spending power.

This has particularly affected residents with disabilities/conditions - where current expenses are higher than in the rest of the population. with the likelihood of increasing in-patients admissions to hospitals due to them being less able to access needs due to the higher cost of living.⁵





Centric Approach

Centric Community Research is a Research Hub developed, owned, and operated by the communities of Lambeth and Southwark. Informed by a history of racism and discrimination against people of colour and our lived experience of racial inequities that we still face to this day, we aspire to empower diverse communities of colour across the urban landscape. Our communities and researchers are important to the work we do.

Our DNA consistently strives and drives our communities and researchers to upskill, going beyond just research through the incubation of entrepreneurship, mentoring, and training which is all part of our mission to make impactful change in the society we live in today.

We connect, engage, and activate the community by upskilling those from the community with lived experience. These lived experiences are a crucial element to our research as its a unique touch on how research is currently conducted ,as we re think research.

APC Model

APC gives us unique, sustainable and dynamic access across the urban locale. The far-removed intervention approach of traditional institutions is too outdated to make real change.

We socially broker between organisations and communities to co-design, co-produce and co-evaluate.



Our equitable collaboration framework provides mutual value by rebuilding trust and creating platforms for equitable knowledge and skills exchange.

Accessibility

We specialise in delving into the heart of 'hard to reach' communities across the distrust nexus that traditional institutions struggle to access.

Positionality

We utilise an 'inbetween approach' in which we straddle between institutions and underserved communities

Credibility

We hold a valued, relevant and healing voice within the urban locale that allows our work to have a desired impact. Empowerment of various types of community leaders give us a consistent audience, sense of ethics and direction.

According to the IMF, average UK households in 2022 lost 8.3% of their total spending power largely as a result of higher energy bills. These rising energy costs lead to other goods going up as consumers take on the additional costs which sellers have incurred - yet in doing so contributing to another 2% being subtracted from money which UK households could spend in 2022.

Moreover, the gap between the most well-off households and low-income households is becoming quite stark in the UK in comparison to other countries within Europe, largely as a result of the UK being more dependent on gas and where 85% of homes are heated by gas. Conversely, in France and Germany less than 50% of homes are heated via gas.

The UK's annual inflation rate has reached its highest level in three decades as fuel prices surge, food and drink costs soar and energy bills rise. It is within this context that Britain is facing the biggest hit to living standards since the mid-1950s.

This has a significant impact on those in precarious employment, those without formal qualifications, those on low incomes and renters. Yet with October 'mini budget' fiasco, those paying mortgages were also hit with increased monthly payments.

Yet those who will face the most difficulty are those who not only fall into what was mentioned above but are also vulnerable as a result of multiple long-term conditions (MLTCs).





Cost of Living & MLTCs

The Interviews

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At Centric, interviews are a core part of the community research process as it allows us to engage with our participants in a meaningful way which in return provides us with more in-depth insights.

The key objective of the interviews in this project was to get a fuller understanding of how the increases in the cost of living affected Lambeth & Southwark residents with multiple long term conditions. We looked at different aspects of their lives to gain a deeper understanding of their current situation and used their lived experiences to produce a set of insights which were used for further discussion and reflection during the focus groups, in the second stage of the project.

Our community research team was made up of 8 community researchers (CRs) from Lambeth and Southwark. They are all part of a wide demographic range and conducted 39 interviews. The team consists of trainees and senior CRs. They ensured that we delivered high quality research while actively creating opportunities to gather a wider understanding of issues for our trainee CRs to learn on the job.



Our community research team recognised that speaking about one's health issues and personal finances could still be considered a taboo within our communities and that therefore recruitment might not be straightforward.

We discussed potential objections and created guidance on how to open up a conversation in an authentic way along with a list of some of the more common conditions in our communities to better prepare our community researchers for these conversations.

Our team reached out to their personal and professional networks and were able to recruit family members, friends and acquaintances that fitted the project criteria.

We also reached out to some of the individuals whom we had spoken to during our 50 Households project, as some of the residents in this project had already indicated some financial difficulty at the start of increased living costs as well as having health concerns.

We developed the topic guide by modifying the initial questions by breaking down what we learnt from the 50 Households project along with some hypotheses.



We kept in mind the current financial pressures and the increase in the cost of living in different aspects of life and created a range of questions around these areas.

We carefully documented the participant demographics by using an Airtable form to capture participants' age, gender, ethnicity, disability, marital status, sexuality, religion & borough of residence.

This allowed us to better understand the different nuances between different demographics and intersectionalities. The form also outlined the rationale of the research, the scope and our GDPR and privacy policy.



The Interview Questions

Our interview questions were shaped to cover various areas of life that can be affected by the increase in the cost of living. We created the following categories:

Homelife & Housing

The purpose of these questions was to understand people's household composition and how the increase in cost of living is affecting people's homelife. We also tried to understand their housing conditions and how these conditions might affect their energy bills, their health and conditions and mental health.

Food & Shopping

With inflation now hitting 11.1%, shopping prices across the board have increased drastically with many people now struggling to pay for basics and essentials. We developed a range of questions to better understand if and how the cost of living increase is changing people's shopping habits and how this may be affecting their health.

Work & Income

Getting a clear understanding how work and income are affected by the cost of living increase is essential to understanding the difficulties that some of our participants may be dealing with. We therefore created a set of questions to discuss income and employment and also available support, if any.

Personal Finances

With everyone feeling the squeeze, it was important for us to understand if and how people are changing how they are managing their money, if they are using any tools to do so and how they prioritise certain bills or expenses over others. We also drafted questions around available support and the support they feel they may need.

Health & Healthcare

With our participants already dealing with multiple long term conditions, it was essential for us to understand their current health situation and if and how their physical and/or mental health have been affected by the current financial pressures.

Energy & Related Support

With energy being one of the main causes of the increased cost of living, we wanted to gauge how this is affecting people's personal finances but also if and how people were making changes to their energy usage and if and how that is impacting their physical and mental wellbeing.

As in the case of all research projects and assignments, there were challenges. For the scope of this particular project, there were a few challenges, some recurring in other spheres.

- From the outset the team was concerned that potential participants would be apprehensive about discussing the intricacies of their finances with others
- Challenging opening up conversations with people about their health conditions
- It was much harder to recruit male participants for interviews

Our Successes

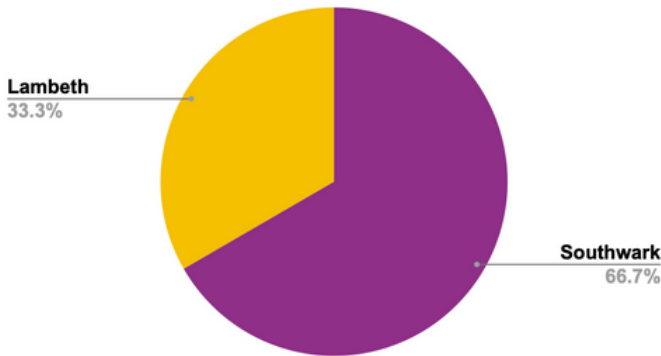
- The community research team, via their networks, were able to engage a range of participants from Lambeth and Southwark who were struggling with long-term conditions
- We exceeded the number of interviews and conducted 40 interviews instead of 35
- The participants opened up about their situations more freely than expected
- The participants were very keen to stay informed and involved with the project



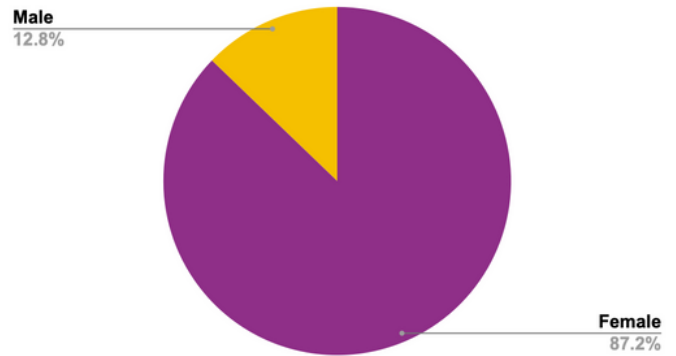
Participant Demographics

For this project, we focused on Black and ethnic minority residents from Lambeth and Southwark with multiple long term conditions. We were able to capture a wide range of demographics and intersectionalities, which allowed us to get a nuanced insight into how different groups deal with the current financial pressures.

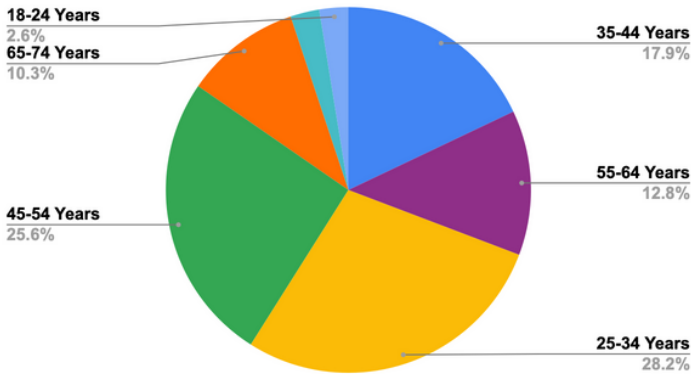
Borough of Residence



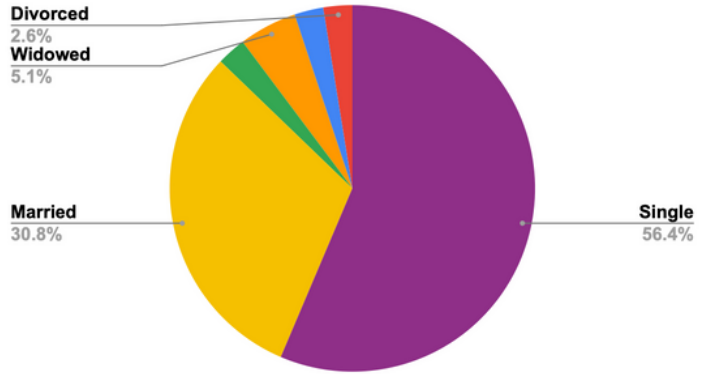
Gender



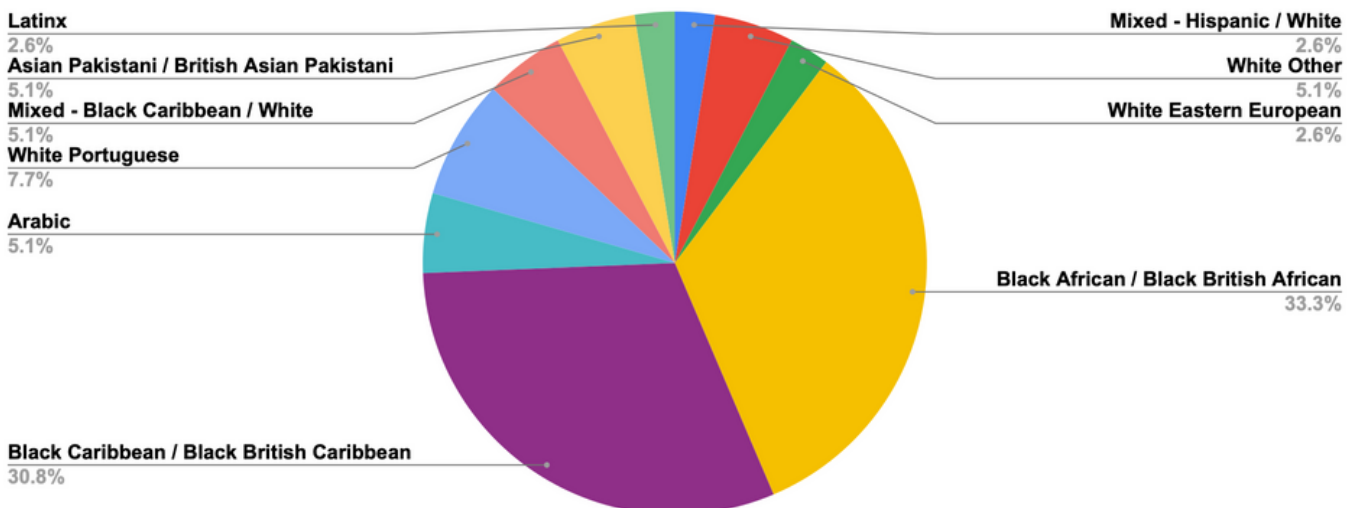
Resident Age Range



Marital Status

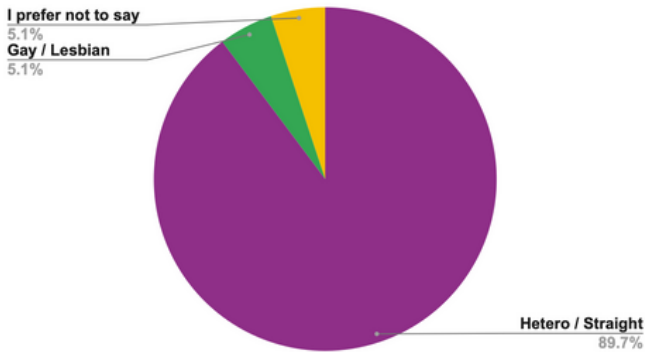


Resident Ethnicities

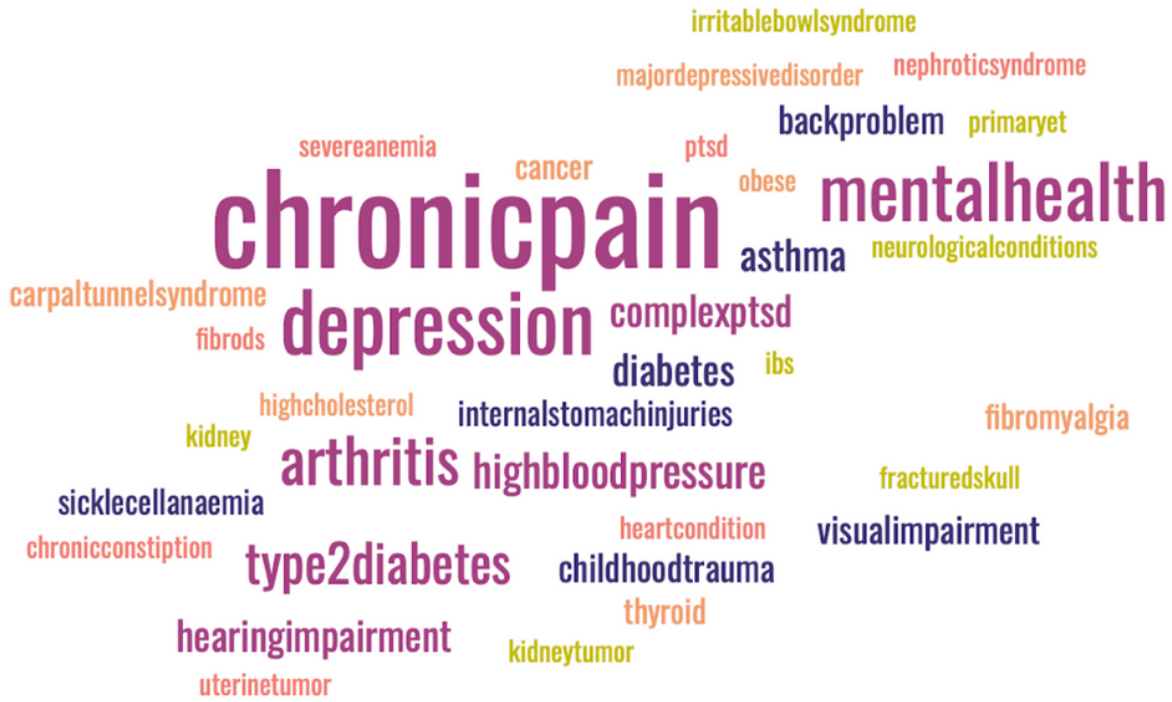
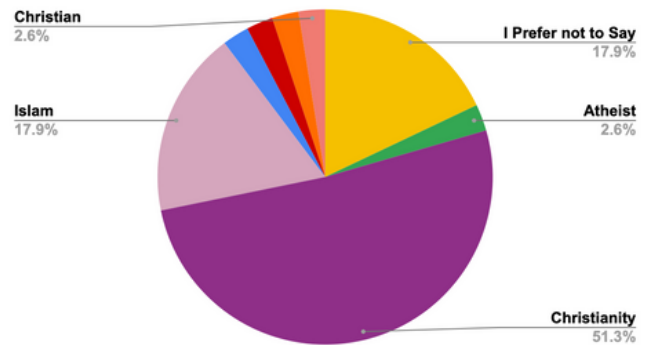


Demographics Cont'd

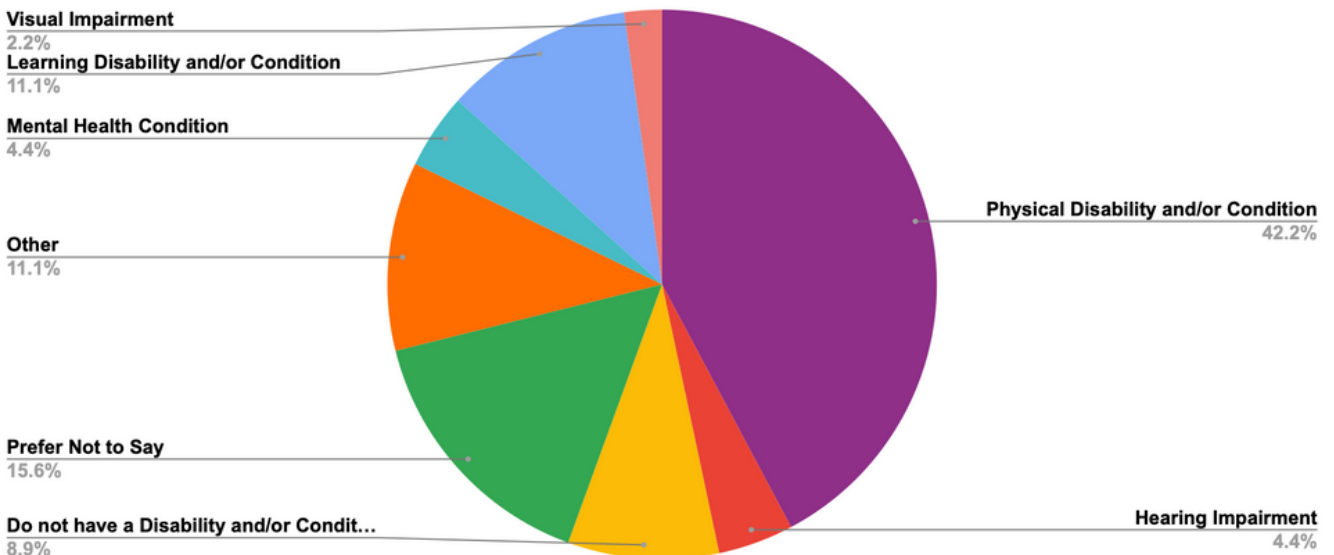
Sexuality



Religion



Disability Range





Cost of Living & MLTCs

Interview Insights

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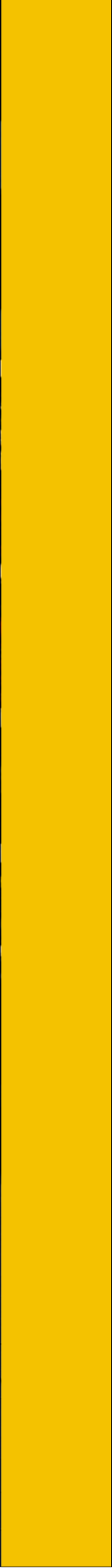


Insight 1

Change in Shopping Habits

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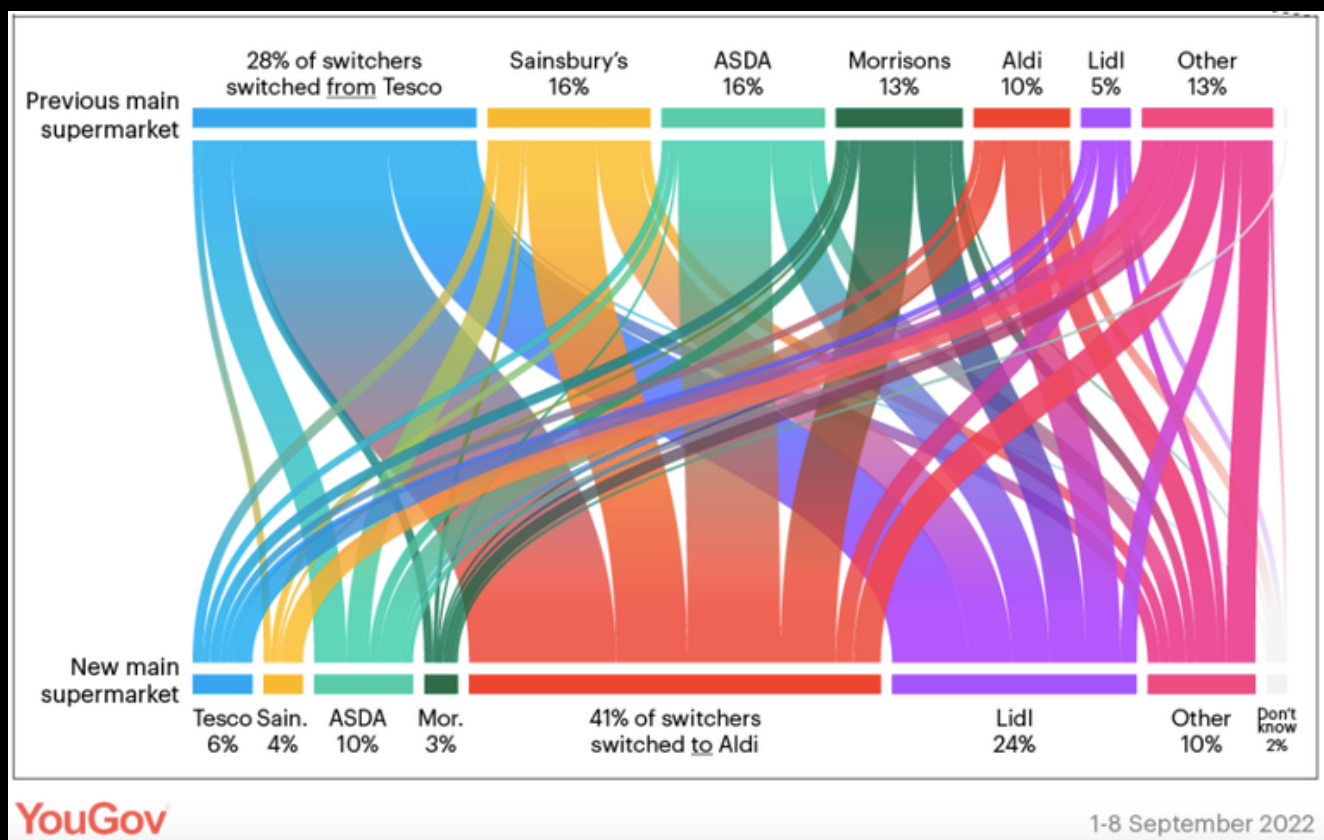
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The weekly shop was found to be considerably impacted by the current financial crisis, with the supermarket inflation driving up the average annual shopping bill by nearly £700 (Kantar, 2022).

With the consumer price index (CPI) now hitting a 41 year high of 11.1% in October, up from 10.1% in September, an increase being driven by higher energy and shopping prices, people are now changing their shopping habits to try and control their spending on food and essentials.

In a recent YouGov poll it was found that 16% of shoppers have changed where they shop: "Aldi is by far the biggest recipient of these switchers, with 41% saying they have made the discount retailer their new main supermarket. Lidl comes a distant second at 24%, and ASDA third, taking 10% of switchers." Participants reflected this trend and within the interviews are references to the impact there has been on shopping habits.





Increase in Shopping Prices

Our participants are really feeling the squeeze and are noticing drastic increases in their day-to-day shopping items. Some participants stated that they were finding it increasingly difficult to both maintain healthy diets and keep their grocery bills low.

The lack of healthy foods could potentially have a detrimental impact on their health, when not being able to consume the necessary nutrients to deal with their health conditions. Darmon, N. and Drewnowski, A. (2015) concluded that food and diet cost can contribute to socioeconomic disparities in diet quality and health.⁶

After the recent online shopping boom during the pandemic, it was interesting to note that even shopping online has become a challenge as rising food prices impact even the online domain. The additional cost of having to pay for delivery is now deferring them as they prefer spending that money on other items instead. So the opportunity to buy online for those with MLTCs is now not so appealing, or cost effective, as it once was.

A few participants stated to have noticed an increase in prices for cultural and imported products, with people now having to replace certain ingredients or not buy certain cultural foods at all. Others mentioned that while food prices have gone up, wages and salaries have not gone up in tandem and how this is adding to the squeeze.

Participant Quotes

"And trying to eat healthy food, the cost of food is ridiculous. Especially cultural foods. I found myself, I think it was last week, I was buying some plantain. Plantain is like three for two pounds and like, three for two pounds. And I said to them, man, why? And he was like, Oh, because of the cost of everything. But I was like three for two pounds?"

Female, British/Black Caribbean, 35-44yrs

"Current health isn't too bad, obviously in my notes I told you guys I have.... which can sometimes flare up and then obviously it affects me because I have to go out, you know, I have to go. Whereas before I would think, okay, I've had a flare up, I'm gonna go online, I've gotta shop online. That's now not an option. So it's quite awkward having to go out when I'm in pain basically. Or discomfort just because I can't afford to shop online because of the whole cost of living crisis, you know?"

Female, British/Black Caribbean, 25-34 yrs

"So much so that things have gone up yet salaries or wages are not going up, but you go to the shopping [sic], something that usually cost you £6.99, it's now like £13 or like double the price or three times the price. So it's really affected me."

Female, British/Black African, 45-54yrs



Changed Shops / Shop-hopping

In line with recent ONS findings, we often heard that people were diversifying the supermarkets from which they purchase food and other household items. Whereas before people would have bought most of their shopping in a single supermarket, people are being more flexible in where they shop in order to find the cheaper options.⁷

Some participants mentioned how they will compare certain products online before shopping and then opt for the supermarket with the best offer(s). Local markets are also being mentioned as an option to find specific food items.

Participant Quotes

"Instead of having like one shop that I go to all the time, I need to go to like three, four different ones to get like in one place. Some dairy products are cheaper than in other places. Yeah, I'll go there to get that and then like pasta and stuff, I'll go somewhere else to get that. So it is a lot of going around to different shops and trying to see where it is the cheapest."

Female, White/Portuguese, 25-34 yrs

"I have to go to Tesco for some stuff from Tesco because some things you can't find at Lidl. And some things I have to go to Lidl to and some of the things go to Iceland's [sic] as well. I used to go to one, one store and just buy everything one time and that's it. Now it is different. Now I have to go to find something that is cheaper."

Female, mixed Hispanic/White, 35-44 yrs

"Yeah, before I used to shop in Lidl, that was my main supermarket to go to because it's for budget but now even Lidl increased prices by even 50%, 60% like I don't know cans or faster for basic type of food. So now I don't, I stop trying to shop online because that's super expensive. Plus you have to pay for the delivery. There are a lot of taxes so I prefer to go to the supermarket or market and this is the thing, I cannot even go to the supermarket now because I only have to go to try different other supermarkets to see which one is more cheap.[sic]"

Female, White Eastern European, 25-34 yrs



Shopping Cheaper Brands

Other than switching shops to find cheaper options, participants are now also opting for house brands to reduce their shopping bills. Popular and higher quality brands are now only considered when on special offer.

This affects the quality of food that participants are consuming but they feel that they don't have any other choice. Cheaper brands often tend to contain higher sugar, salt and fat contents, which can lead to worsening of existing conditions or the appearance, new conditions or obesity.⁸

Some participants also mentioned that they are shopping less altogether or buying in bulk with family and friends to try and make savings where possible.

There was also mention on how participants are cutting down on meat and fish and fresh fruits and vegetables with further implications for their health.⁹

Participant Quotes

"But I think that that happened to me, that happened to everybody at this moment. You have to buy exactly what you need and you have to go for supermarket private brands. It's not, yeah, it's not the same thing that you said. Oh my god, I want this. It's not, I want it because you have to, you have to plan before what you need and go so for that.[SIC]"

Female, Mixed Hispanic/White, 35-44 yrs

"And yes, I have changed where I shop because initially I was shopping at Sainsbury's, it was great. Things changed. I started shopping at Morrison's and now it's changed again. I'm now shopping at Asda because it's a lot cheaper. And yes, I'm definitely looking at different brands. I'm looking at own brands, the butter's own brand things. I, you know, I'm doing own brand if it is not a special offer.[SIC]"

Female, Black Caribbean, 55-64 yrs

"And financially, obviously it's affecting everybody in terms of, you know, the food that I buy, what I buy, the quality of the food that I buy now, you know, the option is obviously to go for shop zone brands cause it's cheaper [sic]."

Female, Mixed Black Caribbean/White, 65-74 yrs



Insight 2

The Effects of Increased Energy Prices

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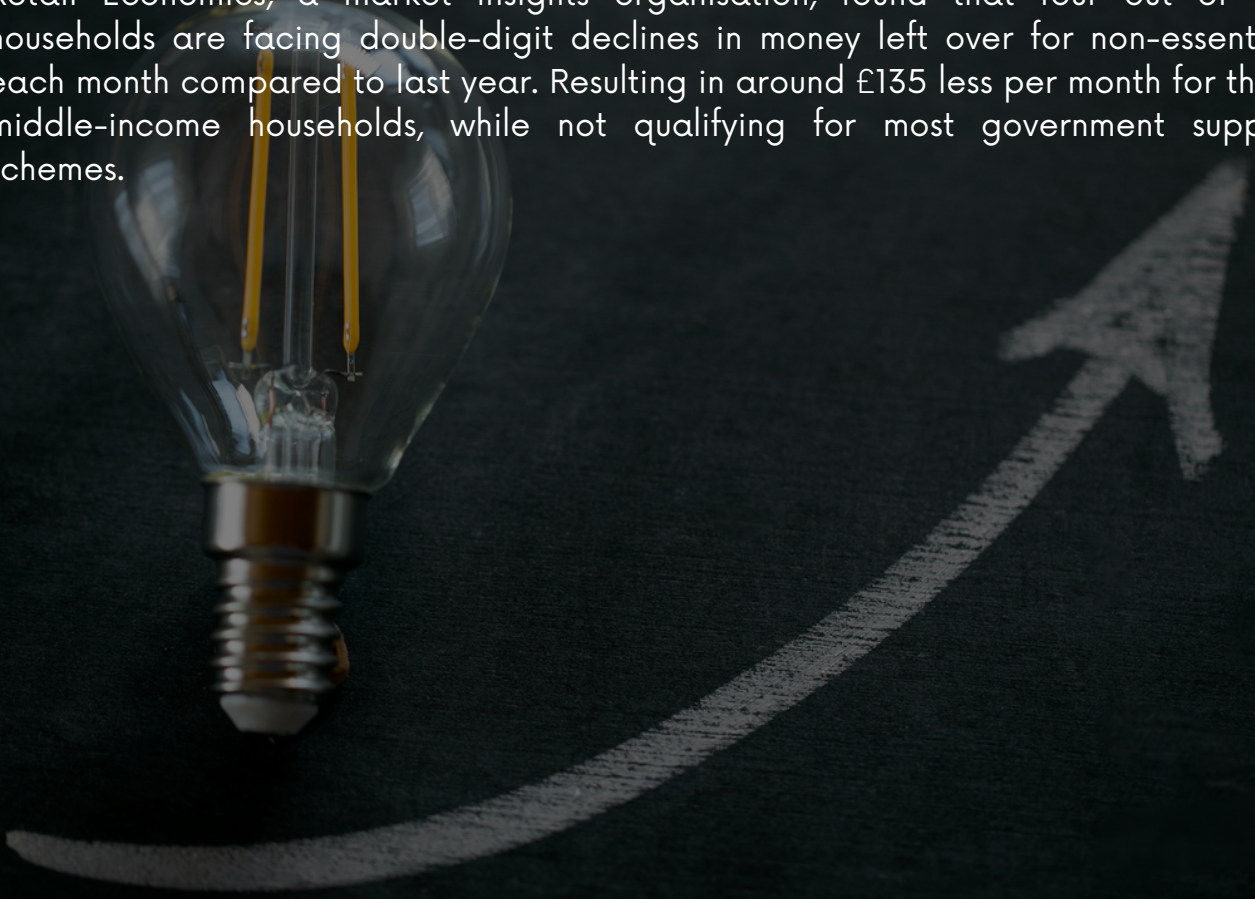
The precarity of energy prices and the uncertainty of prices has been a major cause of worry and concern for people. Two year support for the most vulnerable households was announced in October 2022, only to then be overturned a few weeks later along with the possibility of increased prices in April 2023.

The energy price cap in 2021 was around £1277, by the middle of 2023 this figure is set to rise to possibly £3750. As a result of this, households appear to be self-rationing their heating via opting for alternatives to keep warm, delaying turning the heating on or even avoiding to heat their homes entirely.

Our findings seem to converge with what has also been noted in a [survey of 13,000 people conducted by the Office of National Statistics](#) earlier in 2022

Hence, it is evident that those from low-income communities, and also have MLTCs, are making the toughest choices during this crisis. Yet this is leading to the most vulnerable being susceptible to fuel poverty.

We also interviewed some participants who identified as middle earners and they mentioned that there is no support available to them as all as they are do not qualify for additional government support and are expected to absorb these increases. Retail Economics, a market insights organisation, found that four out of five households are facing double-digit declines in money left over for non-essentials each month compared to last year. Resulting in around £135 less per month for these middle-income households, while not qualifying for most government support schemes.





Turning on the Heating is Avoided or Delayed

We heard from a large number of participants that they are choosing to rather avoid turning the heating on, or to at least reduce or delay turning the heating on, so as to not incur hefty energy bills. What they were essentially describing was fuel poverty, further leading to health inequalities with people having to choose between heating or eating.¹⁰

Some participants dealing with long term health conditions such as arthritis and fibromyalgia are more likely to be sensitive to weather changes and need the warmth to manage their condition during the winter months but feel that their wellbeing is affected by the choices they have to make.

Participant Quotes

"I've never turned on my heater since summer. From now I don't turn on my heater. No, I don't turn it on. I try to wrap myself up in socks and a warm robe. I don't even turn on that heater cause I'm afraid to turn it on cause the bill is gonna be too much [sic] and I can't afford it."

Female, British/Black Caribbean, 45-54yrs

"I write everything down. It's okay. I write everything down. Once I have a little bit of money in my hand, I make sure that, I've got to make sure that the light is there for the week and the gas is there for the week, so. Right. And the gas is on a timer. So what I've done with the, for the heating is that I only put on my heating three times for three hours a day.[sic]"

Female, British/Black African, 45-54 yrs

"I'm thinking about that cause you try not to put the heating on. It's almost like a last resort. Or the heater, that's always a last resort. So you know, layer up a few layers first for deep dressing down, two hot water bottles, things like that. Just, yeah. And then if you're still cold then put the heating on or heater."

Female, British/Asian Pakistani, 35-44 yrs

Alternative Heating Options

Many participants mentioned that they were choosing to wear extra layers of clothing rather than face the prospect of mounting energy bills. Alongside wearing extra layers, some people we interviewed mentioned that they were also resorting to hot water bottles and extra blankets on their beds.

As we have seen, participants have mentioned water bottles, extra layers and also using heating pads - all in order to avoid turning on the heating in their homes. Some participants also spoke about how to better insulate their homes, in the example here the participant mentioned that her household opted for more double glazing.

Although alternative heating options are a great way to keep warm, it will have a negative impact on the home if these are not heated properly. This will increase humidity in the home, which often leads to condensation, mould and other humidity related issues. These issues can further affect people's conditions and their health.¹¹

Participant Quotes

"I'm just budgeting my money. It's a bit of a nightmare with these gas and electric bills and not knowing if we can put the heating on it. It's quite frightening. So I, I'm literally not switching it on just keeping it off and until it becomes too unbearable. But I've been able to manage so far. I just put extra socks on and look like in the house and you know, trousers and jeans. And have that additional clothing to put on. [SIC]"

Female, British/Black African, 55-64yrs

"Yeah, so I bought a lot of water bottles, hot water bottles and I'm pretty happy to them just sort of like my bed in or eat a lot more blankets on my beds and space in the living room and close the windows when I'm showering because obviously gets too cold in between showering or before. So just those little things."

Female, British/Black African, 18-24 yrs

"It does make me very nervous. I'm very grateful that this October hasn't been, you know, we've had sort of higher temperatures. It helps a lot. Again, it'll be the, I bought an extra thick dressing gown. I have three hot water bottles at home, so I normally use two when I'm very cold. So there's, but there's an option, room for the third one and in my bedroom I have two heating pads. So just making sure, literally I feel better knowing I've got that stuff."

Female, British/Asian Pakistani, 35-44 yrs



The Energy Price Cap & Associated Support

National Energy Action (NEA) recently warned that the poorest and most vulnerable people in the UK risk missing out on the energy bill support and cost of living payments they are entitled to, because of a lack of clarity over what is available from the government and how to get it.

This seems to be echoed by some of our participants who are unclear as to what some of the language, terminology and vocabulary around the support available even means or when they will be paid.

Those on pre-paid meters seem to be affected the most as they are unable to access or use the vouchers provided by the Government. Those on smart meters risk being moved to prepaid meters, even by force.¹²

Others are not convinced that the energy cap is far reaching enough and are worried about what will happen when energy support ends. The extent of the increasing energy bills has caused people to even consider leaving the country.

Participant Quotes

"Do you know what, I don't actually really understand it if I'm gonna be honest. Like what that, what that even means. I don't really know what that even does. Is it just like a, like when your bill is a certain amount? [sic] That's it?"

Female, White Other, 25-34 yrs

"Well, I've not seen the money they said they would give us for the light or whatever. Is it the light or the gas? I haven't seen any money. So I don't know which one, where they're giving the £400 [sic]"

Female, Black African, 45-54 yrs

"I am worried at the same time about how these energy prices will affect me because I'm on a fixed income. It is taking a third of my income when it was only taking 10% of it before. It has an effect on my mental health because I am afraid. It's just that simple. Because you've gone from £1500 cap to £6,000 and I don't earn that much a year. So I have no idea what will happen next year. And in fact, I'll be honest with you, I wanted to leave the country. It's only the medicine that's kept me here. I'm not here by choice. These are the cards I've been dealt and I'm just making the best of it."

Female, British/Black African, 55-64yrs



Insight 3

The Effects on Health & Healthcare

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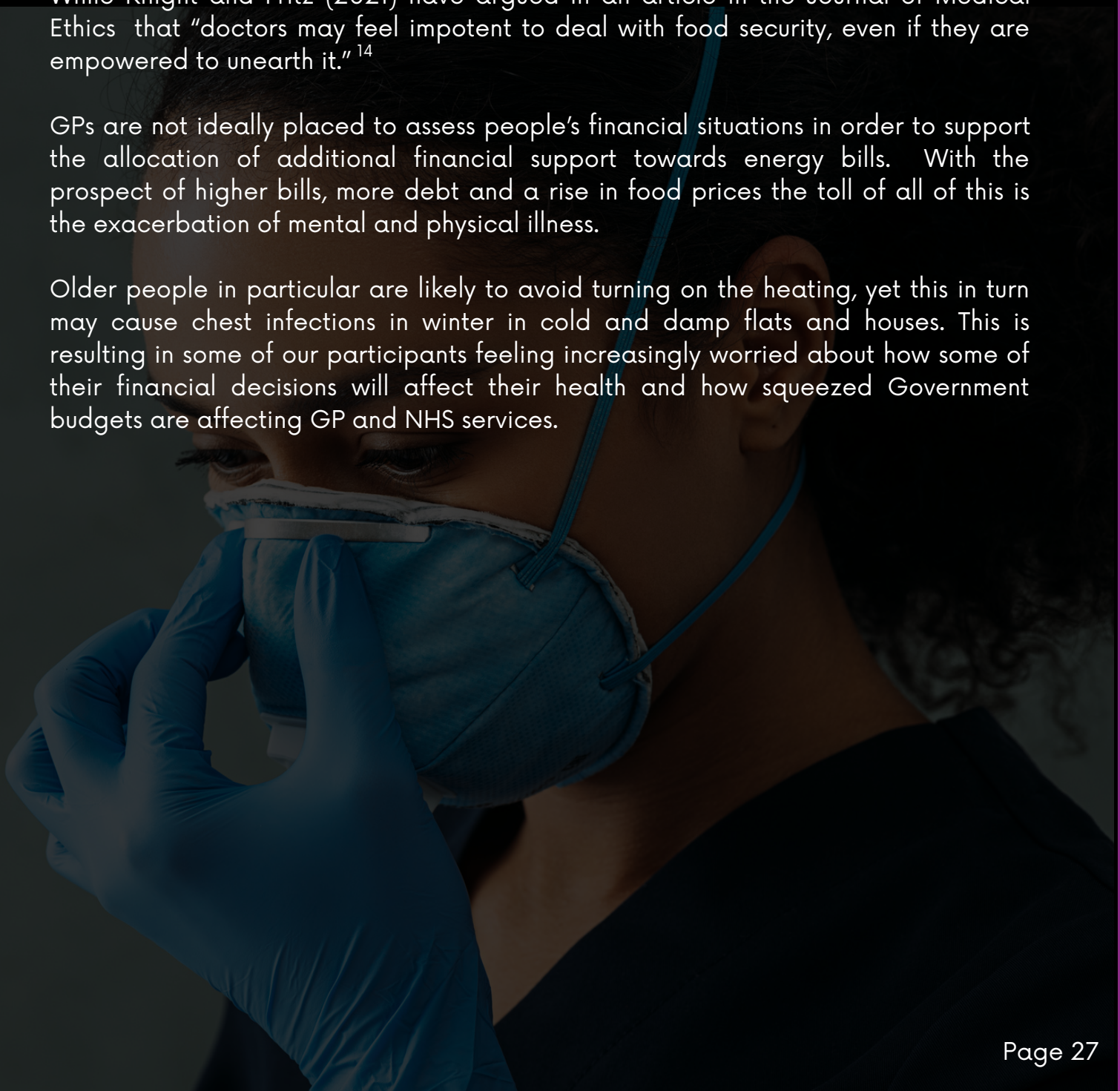
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The impact of financial precarity on health is both prevalent and noticeable. The impact on healthcare services and treatments may not always be as identifiable. Some doctors have reported that a rising number of patients are experiencing stress, anxiety and pressure largely resulting from financial difficulties over the last 1-2 years. Yet the Royal College of General Practitioners has noted that action on tackling the current cost of living crisis cannot be simply placed at the feet of GPs to address.¹³

While Knight and Fritz (2021) have argued in an article in the Journal of Medical Ethics that “doctors may feel impotent to deal with food security, even if they are empowered to unearth it.”¹⁴

GPs are not ideally placed to assess people’s financial situations in order to support the allocation of additional financial support towards energy bills. With the prospect of higher bills, more debt and a rise in food prices the toll of all of this is the exacerbation of mental and physical illness.

Older people in particular are likely to avoid turning on the heating, yet this in turn may cause chest infections in winter in cold and damp flats and houses. This is resulting in some of our participants feeling increasingly worried about how some of their financial decisions will affect their health and how squeezed Government budgets are affecting GP and NHS services.





Experiences with GP Services

With GPs still dealing with the after effects of the Covid pandemic, and having changed if and how patients are being seen, it is clear that they are struggling. With there also being fewer GPs than eight years ago, along with strains on the NHS, this is compounding the challenges.

Our participants spoke about how they struggled to even get through to the GP surgery, often then only to be given phone appointments in a few weeks time. They also spoke about their worries of having GPs conducting their assessments through the phone, and therefore risking the chance of late and misdiagnosis and worsening of their existing conditions.

Participant Quotes

“Well, when you see the GP you can talk to them about what you have, and if they don't see you, only by phone, they don't know, they don't see your face. They can't tell I got pain here or there. But they never get that. They will only see by phone.[SIC]”

Female, British/Black African, 25-34 yrs

“Oh, you know, the GP, you know, from Covid it just, it's just a, like now, you know, just to call them you have to wait on the phone for like 40 minutes just to, for the reception to pick up the phone and you will not have a face-to-face appointment with the GP and just to request a request to [get a] call back from the GP. They will call you in one week or something. And they said if you have anything you need, you can call 111 or go to the A&E which is sometimes I just don't bother to call them at all.[SIC]”

Female, British/Arabic, 45-54 yrs

“So if I call the GP today, which I need to do anyway, the first point would be to get a telephone appointment. So I wouldn't get a direct, it depends what I'm calling for. I might be lucky to get a direct, no, actually I won't. It's a telephone appointment first. If I call now for a telephone appointment, [the] doctor will call me back maybe [in] two weeks time if I'm lucky. And then they would decide if I need to come in.”

Female, British/Black Caribbean, 35-44 yrs



Appointments, Waiting Times & Opting for Private Healthcare

Many participants complained of not being able to get the regular GP appointments necessary to monitor and manage their conditions. Participants mentioned waiting times ranging from weeks to months, increasing the risk of worsening health conditions.

They also mentioned that the quality of service is decreasing, with appointment times reduced leaving participants feeling that they are not receiving the same quality of care that they used to experience.

It was noticeable from the interviews that people from low and middle-income families and communities were so frustrated with the inability to even get an appointment with their GPs - that some of them opted for private healthcare in order to get a more rapid service.

The vast majority of NHS trust leaders (95%) said that the cost of living had either significantly or severely worsened health inequalities in their local area. As rising housing, energy and food costs put more people in the position of making difficult choices about heating or eating, trust leaders expect to see more people pushed into poverty and its health consequences.¹⁵

Participant Quotes

"Yeah, it's a struggle to get like an appointment and then to get through as well, through the lines. So yeah, it's like when you call you, you're not put onto a waiting list or waiting line. You call, it's 'line busy' so you have to hang up and call again and it's constant and it's time consuming. And if you've got the kids in the morning to get ready, by the time you get through, eventually all the appointments are gone. So that can be really frustrating."

Female, White/Portuguese, 25-34 yrs

"Always very difficult. After six weeks, sometimes four weeks. It's difficult. Three weeks. My god, it's wow, difficult now. But I think it's, everybody complains [about the] same. But even me, sometimes I keep myself but then I say I must go, I phone, spend some time 20 minutes on a bloody phone in the queue to speak with the doctor and sometimes speak with the doctor. Sometimes it's not enough. Better to see properly doctor, face to face. Not by phone. For me it's very, very, very, very bad. Very bad."

Female, White/Portuguese, 65-74 yrs

"The last time I had a toothache I couldn't get any NHS dental appointments. I had to do private and I have to pay so much for it. Yeah. To pay nearly £250. It was like, oh my gosh. I didn't have the money but because I was in so much pain, much pain I had to borrow to then see a dentist.[sic]"

Female, British/Black African, 55-64 yrs

"Because of the inadequacies, with the public health sector, like with myself and my wife, you have to go private, which is costing a leg and an arm because the NHS wouldn't be willing to give you regular appointments."

Male, Black African, 25-34 yrs

Medication & Treatment

During this period of financial precarity, some individuals also have to pay for medication and treatment - which is an issue which is given scant attention. Some participants are worried that they will have to get into debt in order to be able to afford their medication.

Others will struggle to pay for the aids and treatments that they need due to the current cost of living situation. One participant mentioned that they opted for an over the counter medication as a cheaper alternative to prescription medication, therefore affecting the quality of their treatment.

Older people are now also reducing or stopping their social care altogether as they struggle with the rising cost of living. (AgeUK, 2022)¹⁶

Participant Quotes

"Yeah, so if I do need medication then it will need to be prescription only through the GP and we would struggle to pay [for] that. So then if that does happen then we might most likely have to like go into a bit of debt or something or stop or something else would have to stop or get more tight with like on food or something. So [I] would have to sort of figure out how to manage it to get that paid."

Female, White/Portuguese, 25-34 yrs

"So yes it is but the coverage that they give you don't get like free prescriptions or cheap prescriptions. So with the kidney issue, yeah I've to take this medication and I've now been told I need to take it for at least another year or so and that medication I'm spending about a grand a month just on that medication. Obviously if it was with the NHS then it would either be free or very, it won't be a grant basically. So that's the sort of downside. But then the care you receive kind of to an extent outweighs that."

Female, Black African, 25-34 yrs

"Yeah, so I've got, I've been diagnosed with diabetes type two and chronic constipation. Because I'm not on any benefit, I've got to pay for prescriptions and stuff. So at the minute I'm not on any medication for my diabetes. I'm trying to control it with diet and exercise. That's been the last, especially the last five, six months, it's been really difficult. So I've been putting on weight so of losing, which is another thing that I'm worried about that might need medication soon. And then with the chronic constipation I get, occasionally I get stuff over the counter cause it's cheaper than trying to get it through prescription.[SIC]"

Female, White/Portuguese, 25-34 yrs



Experiences in Mental Health Services

Research participants dealing with anxiety and depression and in need of mental health support indicated that they were struggling to get support and that even when getting support was provided, it often wasn't what they needed. Some participants are using their personal relationships as an alternative support mechanism to help them cope with their mental wellbeing.

These concerns, and the associated stress, can also have the knock-on effect of diverting people away from both their physical and mental health. In a context of financial precarity there are also less likely to be people able to pay for therapy services.¹⁷

Participant Quotes

"No, I'm paying it, 45 pound every session. No, and during Covid they stopped counselling. Some services they cut during Covid, so they don't offer counselling anymore. They do this thing called talking CBT, which is basically cognitive behaviour therapy. So you go in and you learn strategies on how to utilise your time better. Where I'm like, I am dealing with internal things, issues I don't wanna sit there and learn how I can make a timetable or what I'm gonna do today. Does that make sense? So it's just not effective. I wanna like talk and figure out somebody who can, knows how to talk to me.[SIC]"

Female, British/Black African, 25-34 yrs

"Cause someone like me, I don't like talking about my problems. I'll just keep it to myself. And that was what affected me to go through that anxiety and depression that I went through, that I'm dealing with at the moment. Do you get it? It's the system. The system, the system that is meant to work is not working because it messes you up.[SIC]"

Male, British/Black African, 25-34 yrs

"No, I'm not getting no support at the moment. Well, well in fact I shouldn't say no. I'm, I've been to the doctors, the doctors gave me some counselling and, but it's not come through yet. But I think it would be good for me to be able to speak to somebody who, have someone to talk to. Try and help you find, you know, coping mechanisms. But apart from that, I just try to manage the best I can. Yeah, you've got one or two friends that you could have that's close by that you could confide in. So I find that's very helpful as well.[SIC]"

Female, British/Black African, 55-64yrs



Insight 4

Income, Employment & Personal Finances

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The theme of income and personal finances has been quite a sensitive subject for some participants whom we have interviewed, but many still opted to share their personal circumstances to support this research.

In this research we interviewed participants with low and middle incomes, who are all affected in their own ways due to their individual finances and health conditions. Lower income households already struggling are worried if the current support will be sufficient and middle income earners are struggling due to them not qualifying for government support, yet also not earning enough to soften the blow of the sustained increases in living costs.

Moreover, due to the rising prices people are falling into debt in order to cover essentials and to also keep afloat financially. This debt may also open up the risk to increased use of unsecured loans, loan sharks or high interest bearing credit cards further adding to the financial pressures.



Barriers to Work

Female participants are experiencing barriers to work due to the high cost of childcare. Some of our participants are dealing with additional difficulties with finding the right care for their children who have special needs, making it harder for them to find employment that would allow them the flexibility to deal with potential emergencies.

Other participants are dealing with chronic pain, making it hard for them to work consistently with sometimes even having to quit their job.

A strong correlation has been established between socio-economic disadvantage and negative health outcomes is one that has been highly considered in research to date.¹⁸

Some studies in this area have looked more specifically at the role of wealth and higher incomes on wellbeing and mortality, and the relationship between deprivation and lower life expectancy is one that has been consistent in this country for the last few decades.

Participant Quotes

"Yeah, but I can't work. If I had to get childcare for my child, I would have to pay a lot of money. Where now he gets carer hours. So, which is good for me because whoever will help me in what I need to do for myself, they will get paid. The council will pay. So 15 hours a week is how much they, the council will pay. So that's about just under 700 pound a month.[SIC]"

Female, British/Black African, 25-34 yrs

"If I, I'm thinking to get like a job, but it's really hard, even if it's flexible. It was, it would be still, because sometimes they call me from school or he don't want to go to school. Sometimes they stay home at the end the week because [they] still don't have the one-to-one for him. Still waiting for the ECHP.[SIC]"

Female, Arabic, 45-54 yrs

"At the moment I am not working. I had to leave my job last week because the pain cause[d] me to give up the job. And I am taking maybe this month maybe to sort out, because for example, yesterday all day, because it was painful. I didn't get tablets, I couldn't today and I am still in pain but I can move. My plan is to get a job and maybe in two weeks I'm thinking about just thinking maybe in two weeks I can find a job. But I'm very concerned because of it, this problem I have in my bone and muscle is worse. What's gonna happen? I don't know. That's my plan, but I don't know how my body is gonna respond. [SIC]"

Female, White Other, 55-64 yrs



Effects of Increasing Bills

The relationship between financial health and physical and mental health is particularly acute for people living with multiple long-term conditions (MLTCs). The life circumstances of people living in urban areas with multiple long-term conditions can mean they are more likely to have fewer healthy years than others.

Living with MLTCs may severely impact quality of life, and can trigger vulnerability to other social risk factors associated with poor health, such as financial insecurity and unemployment. People with MLTCs often have increased financial pressures as they may be less able to work regular hours, or at all, and face increased expenses. Simultaneously, financial stresses can impact on food, heating and housing, and increase anxiety.¹⁹

Our participants are feeling worried about the increasingly high bills that are leaving them with not much left to spend on food and other essentials after having paid their bills.

Some of them are not only dealing with their own health conditions, but also with the challenges of raising a child with special needs, leading to additional pressures to their financial situation.

Participant Quotes

“Like literally when I pay like council tax, rent, all of that stuff. Yeah there's not much money left to be, to do anything. So like yeah we don't, there used to be a point where we do food shop but now we don't really do food shop now cause I can't afford that. Most time I pay the bills and then yeah, there'll be very little amount to be doing anything else.[SIC]”

Female, British/Black Caribbean, 35-44 yrs

“But I feel like if I take it that step forward to do, to work, to you know, contribute to society, pay tax, whatever, then it's like, then there's this bills, you know, £200 a month that you're paying for gas, electricity on top of, you know, taking care of a child who's got such high needs. You know? So it's like that's the one thing that worries [me]. So I would decide is it even worth working? [SIC]”

Female, British/Black African, 25-34 yrs

“That's piling up. Cause it's nothing I could do about it [sic]. I can't afford to pay because I still have to pay my council tax. I still have to pay all of these things. My water bill, my phone bill, my TV licence. And on top of that, having a child who has got very high needs that depends on me to such an extreme length and my car I take to school, he goes to a special school that's a bit a bit far, about [a] 20 minute drive. So I have to take him to school and pick him up and then I have to pay for my car finance to pay petrol, gas and electricity.”

Female, British/Black African, 25-34yrs



Budgeting & Tools

People are monitoring more closely what they spend and ensuring that they stay within set expenditures. Moreover, a larger number of people appear to be deliberating on new strategies to save money, cut costs and budget in order to bolster personal financial resilience.

Starting with friends simply sharing ideas with each other, to people using social media to spread unique ways to save money, to community initiatives and support - the notion of budgeting has taken to new levels of ingenuity.

According to the Centre of Social Justice Lowell, nearly half of UK adults (44%) want urgent help in managing their own money, according to a new opinion poll highlighting the dire state of the personal finances of millions of people. They said that if they were better taught how to manage their household budgets and bills they would be in much better shape financially.

This is particularly acute among young people with two thirds (68%) saying a lack of money management skills is a key factor in driving them into debt. So too are many people taking on new forms of debt with almost one in ten (9%) respondents saying they would use a Buy Now Pay Later product at Christmas, rising to one in five (17%) of 18-34 year olds.²⁰

Participant Quotes

"Well, what I've done, one thing I never used to do, I never used to follow shopping list[s]. I would still buy. But now the list are following loyally, strictly[sic]. Exactly what is on my list is what I buy.

It's working. It has to work because if it doesn't work, if it doesn't work, you end up with a hole in your pocket for the week. And then you only have yourself to blame.[SIC]"

Female, British/Black African, 45-54 yrs

"I've set budgets for myself as well. So if I go a bit over, it's not the end of the world but I'm able to assess what my outgoing are for the week, for the month to ever help me to budget if I help me to save for short term and long term. So yeah, it's just me being a lifestyle as a whole.[SIC]"

Female, British/Black African, 25-34 yrs

"I do write that, I do it like without the app. I have to write down and try to, yeah. That's part [of the] way I budget my money.

As a notebook, I have to put on what I need to spend this month and if I can manage just the things that I can do this month, what the things that I can wait for next time. Cause I'm a mum, you know, you don't want to be broke.[SIC]"

Female, British/Arabic, 45-54 yrs



Debt & Rent Arrears

The present financial precarity is sending more people into rent arrears, with low incomes and unstable employment coupled with increasing costs being the main factors causing renting to fall into rent arrears.

This was also noted by Jeyabraba and Glover (2022) in a report entitled *The Bottom Line: An Investigation of Rent Arrears in Social Housing*.

The Demos report emphasised also that rising living costs will exacerbate these factors for the most vulnerable falling into rent arrears. This may therefore lead to a rent arrears crisis, despite people otherwise managing their money.

Participant Quotes

"The rent arrears are so much that they, and, and the stress and harassment, the stress that I'm experiencing and the harassment that I'm having to endure is so much. And I'm just thinking to myself, what are you actually there to assist or are you not there to assist? I mean, how, I don't know. To me, to me we shouldn't be relying on the state because they [are] abusive, very abusive.[sic]"

I'm scared. I'm really scared about it. It's frightening. I just think [it] seems like they're using us, they're playing with us like we're just puppets. They don't realise there's a lot of people who hate debt. [sic]"

Female, British/Black Caribbean, 55-64yrs

"Yeah. Okay. You do have a choice in lowering. You can say I can only, you can only, you do have a choice in pay what you can afford. But then you are left with being in arrears. So far I'm literally over £700 in arrears because I chose to pay a £100. And that's just gonna keep piling up when I should be paying £224. So there's £124 that I'm not paying every month. So that piles up. So by the end of the year I have a lot of money that I'm in a risk.[SIC]"

Female, British/Black African, 25-34 yrs

"I'm always in debt, that[']s [be]cause of the cost of living. Things are so high and like I stated earlier, salaries or wages remain the same. So it's like you're always in overdraft, you're always overdrawing. So it's really not helping, it's affecting me.[SIC]"

Female, British/Black African, 45-54 yrs

Concerns for the Future

Participants expressed many worries about what lies ahead in terms of rising bills, employment, energy costs, cuts in healthcare provision and government policy.

These concerns align with projections that rising costs are likely to last until the end of 2023 due to surges in inflation, steep drops in household income and recession. Household real disposable incomes are also unlikely to rise until the second half of 2024.

Participant Quotes

“Hopefully I never will be in the point that I will need that help. In this moment I'm happy that [I'm] able to pay [for] everything, but that's why it's really, really stressful [to] think about the future because the prices, they [are] going higher than ever. Now when you going to the supermarket, it's crazy when you see the prices with the product[s] that normally work for you.[SIC]”

Female, Mixed White/Hispanic, 35-44 yrs

“And everything. But I'm in the future if I'm going deaf and going to go to work. How it[s] going to affect my work just so you cannot work and it's hard to find a job if you are completely deaf. So yeah I don't want to adapt or rely on the government of course. So yeah.[SIC]”

Female, White/Eastern European, 25-34 yrs

“Because I'm working and I manage my work. But what I'm concerned now is the way the economy is going, is it going to affect our jobs? Because if we are made redundant or we lose our job, what's next? What is going to happen? How are we going to live? How are we going to survive? So that is the fear I have, losing your job. But now I have a job going. So at least at the moment I know that I will be able to manage, but I still think about what is going to happen. This is our job. Say, are we going to still have jobs in the near future? We dunno.[SIC]”

Female, British/Black African, 55-64 yrs



Insight 5

Homelife & Housing

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There were also sentiments expressed that indicated that participants had significantly reduced the quality time spent on socialising, outdoor activities and excursions with their families. Moreover, it was as if the propensity to reduce social activities was compounded by recent lockdowns. In this way, reductions in social activities have become part of life.

Increases in energy prices mean that travels to visit family, friends or days out have been impacted, while some outings have gone up in the cost to a family. Family functions have to be budgeted for in advance which can often result in turning down attendance to such events. This is concerning as the lack of adequate social activities can be detrimental to one's health (Wilkinson and Pickett, 2009).



Effects on Social Activities

Increases in energy prices mean that travels to visit family, friends or days out have been impacted, family outings have risen in cost resulting in reducing beneficial experiences for all. Family functions have to be budgeted for in advance which can often result in turning down attendance to such events.

This is concerning as the lack of adequate social activities can be detrimental to one's health (Wilkinson and Pickett, 2009).

Participant Quotes

"Now sometime I have to don't go out to see my friends or to, I don't know, I, it's because I have to cut from one category to be able to afford something another, another category like I'm not going out even before I used to go out but I didn't spend too much money going out. But now I should stop going out completely, probably just to be able to afford more to eat or to [pay] for the bills or I don't know. And heard about the other people that sometime they don't know if shouldn't eat today just to have more money for the bills, which is more sadder.[SIC]"

Female, White/Eastern European, 25-34 yrs

"Of course they have, everything is you're paying double for most things. The opportunity to save isn't really there anymore, the opportunity to look at longer term I guess, or even find it or exposing the kids to fun and experiential things. They're no longer priorities because the money has to be used on other things.[SIC]"

Female, British/Black African, 35-44 yrs

"After the, the Covid 19, I didn't go out. I'm always at home because it is represent for the money. I am here this week here, I didn't go out because I had to pay for transport. The bus, the price increase it is just five pounds, nearly five pounds. But that five pounds I needed for food. So I didn't go out. I prefer to stay at home.[SIC]"

Female, White Other, 55-64 yrs

"I used to go like, sometimes I need to go and I just meet some friends and have coffee and order. I reduced that yes, from the time when they start school I didn't meet anyone. Cause you need to go and have coffee, you have to spend some money. And after that you maybe you will go and have lunch or something. So I'm avoiding that in, in this time because I can't afford it.[SIC]"

Female, British/Arabic, 45-54 yrs



The Effects on Children

TAs can be observed here, there is a distinct reduction in children participating in extracurricular activities and also in being able to access a range of services, equipment, and interventions that can aid their wellbeing for the better. This appears to be more pervasive during this current period of financial precarity.

The Royal College of Paediatrics and Child Health (RCPCH) has noted that the cost of living crisis is impacting the health and wellbeing of children. The RCPCH concluded that data has revealed that poverty and inequality affect not only health outcomes but also social environment, housing and education.

In a recent survey which the RCPCH conducted found that 64% of parents and guardians caring for at least one child under the age of 18 said the cost of living crisis was having a 'fairly negative' or 'very negative' impact on their health.²²

In this way, a person's future is often affected by experiences during childhood of health inequality and disparity.

Participant Quotes

"Like my son is in year nine. He wants to join a football club, but we can't afford, can't afford anymore. I said to him you play football with the Oasis football club, just forget about it for the moment. Because we just started, you know, it's just to be entering winter. So I don't know how I'm going to cope.[SIC]"

Female, British/Arabic, 45-54 yrs

"Well, I'm a single mum and I have a child who has special needs. My son has, he's autistic and he's got [a] range of other issues regarding with the cost of living. You know, I don't know if you've seen kids who are autistic with their sensory [sensitivity], they tend to like certain things. Yeah. Certain like equipment, like making the house accessible for him. Making, you know, buying sensory equipment for him cause these are very expensive, like calming toys, things like that. I mean just this July I had to take out a loan because I just couldn't afford [it].[SIC]"

Female, British/Black African, 25-34 yrs

"Yeah, so the children, they have various extracurricular activities that they participate in, well they did previously and now I've had to reduce it to one thing per child, whereas before they were doing up to two, three play things, ballet and aspects and things like that.[SIC]"

Female, British/Black African, 35-44 yrs

"You know, kids, they just put on light subconsciously they don't know or whatever. But I've reeducated my daughter. Look, the cost of living, everybody's going through some kind of crisis. And you have to be considerate, you know, you see how when I put money on the key, how it goes so fast, it's because of the cost of living has gone up. I listen to the news, hear what's going on. So she too, she's hearing it. So she understands now.[SIC]"

Female, Black African, 45-54 yrs



The Effects of Inadequate Housing

Those with MLTCs have seen a drastic decline in living standards and are suffering the consequences. Residents reported bearing the brunt of having inadequate housing which is draughty during winter and poorly ventilated which results in mould and humidity. Poor quality housing has affected the quality of living in the short-term, and in the long-term could further affect their health and safety.

An Evidence Review on Housing and Health Inequalities in London said: "Many more households are likely to be living in cold homes, with increased damp and mould, as household energy bills continue to rise into 2023."²³

Although London had lower rates of fuel poverty than the average for England in 2020, it has much higher rates of poverty calculated after taking account of housing costs, which leaves people with less disposable income to afford the rising cost of living.

Participant Quotes

"...at a temporary accommodation...when we moved here, they did provide beds for us. But because they are cheap, you know, they've broken both of them. And now I called them and I said, 'they've broken, you can provide a back frame for me and my daughter and my son?' And they said 'no, we only provided for the first time. Now you have to buy one, you have to, you have to buy your own one'.

I did buy some warm pajamas, but I still don't, you know, when, when you wake up at night and go, it is really freezing here. The place, this place is really, really cold. 'Cause [it's] an old [tower]block. Yeah. And it's, is humidity on it as well. And it's mould as well, more than in the ceiling. So that's make[s] it...really, really cold."

Female, Arabic, 45-54yrs

"Cause I was looking at it. This is a cold house. It's an old house. So when it's cold, it's cold...and with listed buildings you can't do, you can't do certain things"

Female, British/Black African, 45-54yrs



Support from Family & Friends

Financial precarity at present has meant that people with MLTCs are struggling more with their daily activities and require increased support for their wellbeing.

During this research, residents with MLTCs seem to have a relatively small support network, with most of them mainly relying on friends and family to provide the extra support they need. So a cup of tea and a chat may provide informal therapy for some, while bulk-buying to soften the blow of rising prices provides solace for others.

Meanwhile, other means of support in the community have not reached those most vulnerable.

Participant Quotes

"Know what I've done with my mental health? So I feel that I have another friend, we always talk and she always asks about.... I might ask her how she [is], she too is a single mom. Then we're like three of us. We're the ones that we know if one person's going to Costco. Check hold a list of this. And then we divide. So the three of us, we've been, we've learned to work with each other and then say, hello, this is going on. Stock it. And you know, they're doing offers on this. Do you want any these that, and I think it's working well for both of [us], for the three of us."

Female, British/Black African, 44-54yrs

"It's nice to be around other mothers, you just need something to moan. It feels good. I noticed speaking to my friend, you know, my friend today, she was like we need to get together to vent and get us out of the house and that. So I'm like well, anything you want. Just message me and we can just sit in the park, I'm not bothered."

Female, British/Black Caribbean, 35-44 yrs

"It has affected me a lot, but thanks to my children and my grandchildren, they support me. When they're doing their food shopping, you know, they phone me up and say, mummy, do you need this or that. I used to be an independent person before, but now you know, all of them do chip in to make sure that I'm okay, especially because of my health issues."

Female, British/Black African, 65-74 yrs

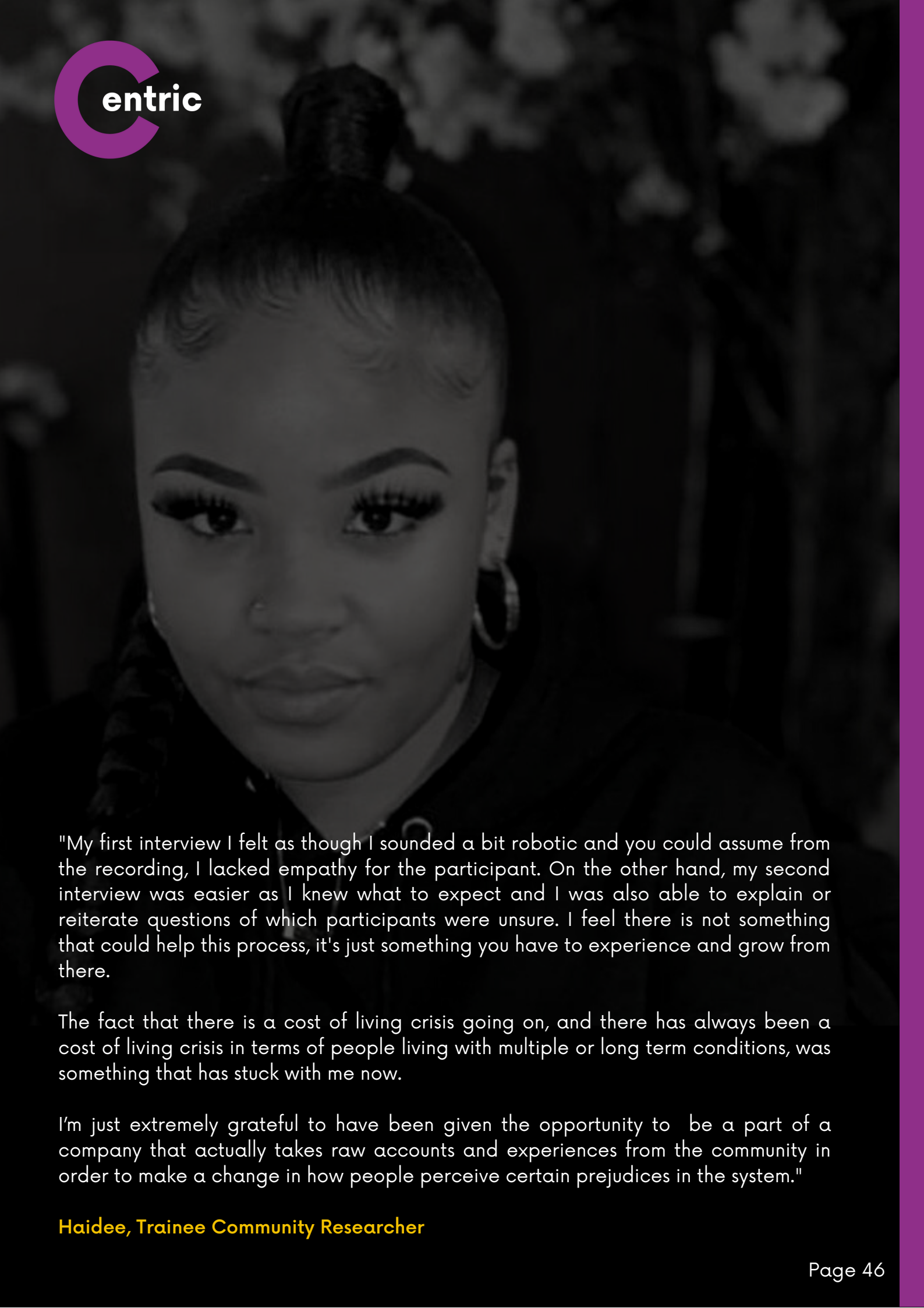


Cost of Living & MLTCs

CR Interview Reflections

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A grayscale portrait of a woman with her hair pulled back, looking directly at the camera with a neutral expression. The background is blurred, showing other people in a crowd.

"My first interview I felt as though I sounded a bit robotic and you could assume from the recording, I lacked empathy for the participant. On the other hand, my second interview was easier as I knew what to expect and I was also able to explain or reiterate questions of which participants were unsure. I feel there is not something that could help this process, it's just something you have to experience and grow from there.

The fact that there is a cost of living crisis going on, and there has always been a cost of living crisis in terms of people living with multiple or long term conditions, was something that has stuck with me now.

I'm just extremely grateful to have been given the opportunity to be a part of a company that actually takes raw accounts and experiences from the community in order to make a change in how people perceive certain prejudices in the system."

Haidee, Trainee Community Researcher

"During the interviews, I could better understand how the cost of living affects people with long-term conditions and consequently affects their lifestyle, making it harder to cope with this problem. The interviews allowed me to become more aware of the system, which could do more for the community.

People are struggling and trying to adapt the best they can. Unfortunately, this will negatively impact health in the long term, and possibly with irreversible damage. Hence, the urgent need to prioritise solutions due to the cost of living situation impacting on, and being reflected in, our health.

The participants shared the implementation of different measures and strategies to alleviate this situation. Families and single people experienced this in various ways. Nevertheless, they still are all affected.

On the other hand, the psychological effects and stress that is also being caused was reflected in their opinions and insights which participants transmitted during reflective questions posed in our focus group. This was done with total honesty and in a safe space where they could be heard."

Yazmin, Community Researcher

"Although the interviews were awesome but intriguing, which caught my attention. It was very compelling and mind-blowing to hear what others were experiencing. The interview stage was very important because it appealed to me personally in an emotional way.

Listening to the participants during my interview with them has shaped my view on how people want to live their lives and survive with their health conditions notwithstanding. Cost of living & MLCT is an effective and meaningful project that enables people to express their emotions and situations through networking. It also supports people living with multiple long-term conditions. The interviews have made me understand that people living with multiple long-term conditions experience care and attention that is inadequate for their needs. The multi-ill health affects them as an individual, mentally, financially, emotionally and otherwise.

As a person experiencing multiple long-term health conditions, the participants' stories and the impact of their health conditions resonate with me emotionally. Although these conditions cluster together, people could be experiencing different mixtures of conditions which differ from person to person and the effect of these combinations may vary. My overall view about the project is that people with multiple conditions are more likely to have poorer health, poorer quality of life. They have increased risk of being lonely and isolated."

Grace, Community Researcher



Cost of Living & MLTCs

Focus Groups

In partnership with

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Focus groups play a pivotal role in progressing community research at Centric. We use them as an opportunity to extrapolate existing and new insights, post-interviews.

Our main objective for the online focus groups was to enable Southwark and Lambeth participants to share their perspectives and reflections on some of the preliminary insights obtained during our interviews.

There were also some areas that we felt didn't get covered enough, so to reach this objective, we structured the focus groups as follows:

Focus Group 1 - Online

Homelife & Shopping

Focus Group 2 - Online

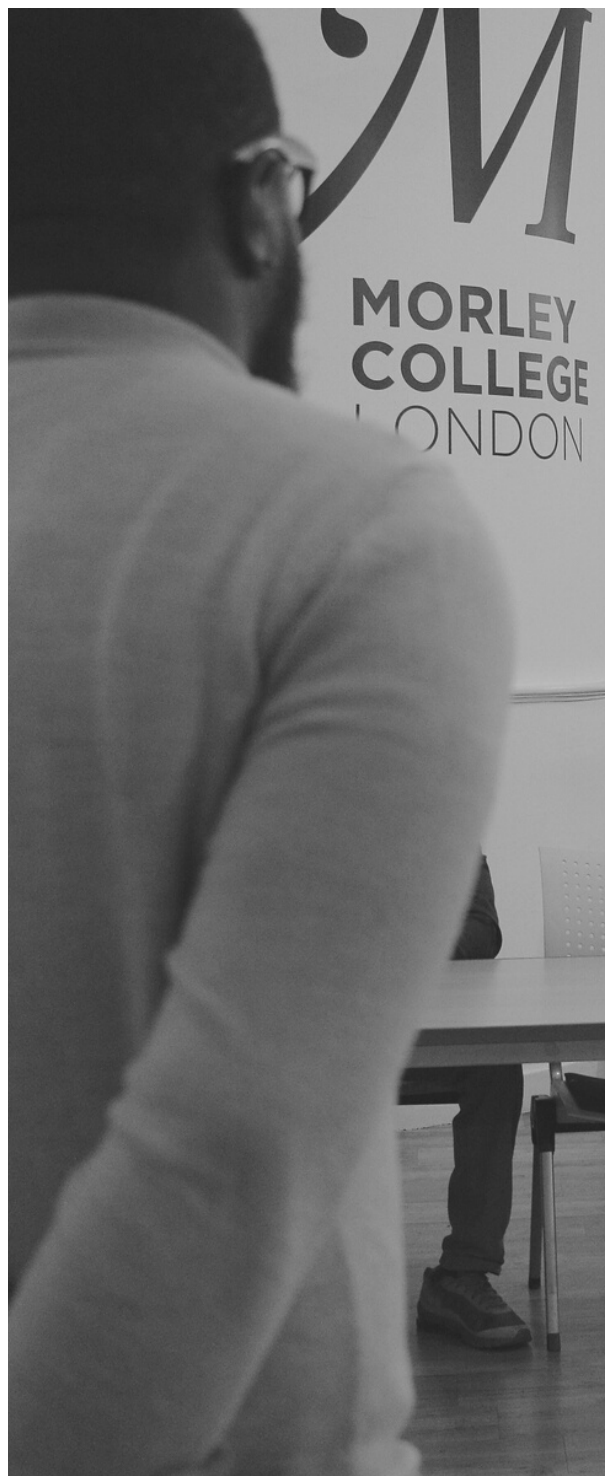
Housing & Energy

Focus Group 3 - In Person

Income, Employment & Personal Finances

The focus groups we're co-facilitated between senior CRs and trainee CRs, allowing them to actively learn and participate in the process while ensuring that we delivered well-run sessions.

We thank **Morley College** in Stockwell for making the space available to us.





Initially, the participants we approached were mostly within our networks which consisted of family, friends, and acquaintances. After the 1-2-1 interviews, participants expressed they were eager to continue conversations using a bigger forum.

We, therefore, reached out to previous participants who had been part of the first recruitment phase for the Cost of Living project, who shared their experiences in in-person interviews.

We also reached out to local organisations with relevant target audiences to broaden the range of participants.

Our initial plan was to have two focused groups, (one in-person and one online). However, after sending out recruitment advertisements, both sessions became oversubscribed which meant we had to create a second online focus group. We had over 50 registered participants in just 48 hours and had to turn down some participants due to time constraints.

We created session plans for each of the focus groups which contained questions that had been created by breaking down insights from the CoL project interview questions along with some hypotheses. We kept in mind sensitivities around current financial pressures which could affect how open participants were in their responses.

Throughout the online facilitation of focus groups, participants were encouraged to disclose information about their financial challenges in a way they identified as comfortable. The use of the chat function on Zoom was frequently suggested to ensure participants were able to share privately.

For the in-person focus group, we opted for a community centre that was easy to reach by public transport, ensuring that we make these in-person sessions as accessible as possible for participants with physical disabilities. The team created a relaxed atmosphere and safe space that allowed participants to speak about their situation and experiences freely.

Participant backgrounds were carefully recorded using Airtable to capture the following demographics: age, gender, ethnicity, disability, marital status, sexuality, religion & borough of residents. This enables us to identify similarities and differences in personal experiences. We will also be able to assess how experiences are interconnected.

Focus Group 1: Homelife & Shopping (21 participants)

The questions for this particular focus group focused on specific insights around home life and shopping obtained during the interviews to gauge if the experiences were the same. We also created some questions to better understand people's homelife situations, which we felt hadn't come out enough during the interviews.

Focus Group 2: Housing & Energy (15 participants)

The questions for this focus group were focused on getting a better understanding of people's housing conditions and if and how the quality of their homes affected their energy consumption and bills. We also formed questions around the energy cap to gauge if people understand what it means and how to access it.

Focus Group 3: Income, Employment & Personal Finances (9 participants)

For this focus group questions were created to understand people's financial circumstances and how they are coping with the current increases in the cost of living. We also focused on what type of support they felt they would need right now. As this was our in-person session, we ensured that questions were structured in a way that people would feel comfortable sharing in an open setting.



Challenges:

- Some participants used the chat function to message members of the team privately due to the sensitivities around finances
- If given more time, it would have been useful to have delved into some of the sub-nuances which have emerged. These areas for future investigation will be mentioned below.

Our Successes

- Participants were open about health being compromised as a result of the current economic climate. Some participants highlighted that they were struggling to maintain their current diets due to increased food prices which could cause a decline in their health progression
- Participants expressed their appreciation in having an open forum to discuss challenges experienced in the cost of living crisis
- We were oversubscribed for both online focus groups as we had X participants sign up to suggest their interest in 48 hours of advertising
- We were able to recruit more male participants to ensure their voices were captured too
- We facilitated 3 reflection sessions with impact in Urban health and Community Researchers

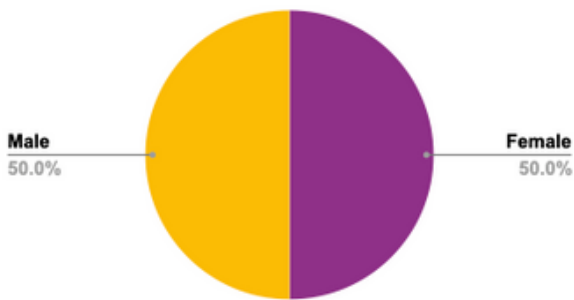




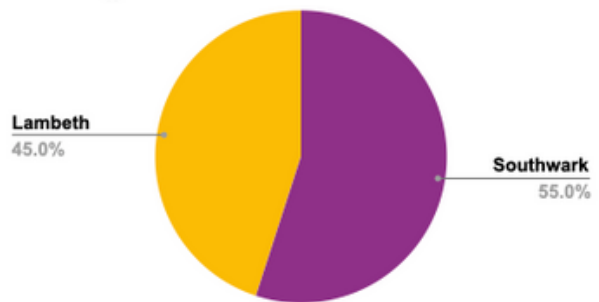
Participant Demographics

For this project, we focused on Black and ethnic minority residents from Lambeth and Southwark with multiple long term conditions. We were able to capture a wide range of demographics and intersectionalities, which allowed us to get a nuanced insight into how different groups deal with the current financial pressures.

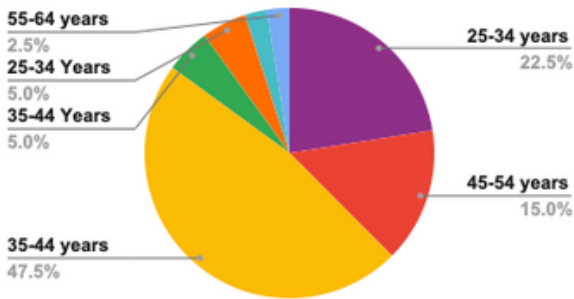
Gender Ratio



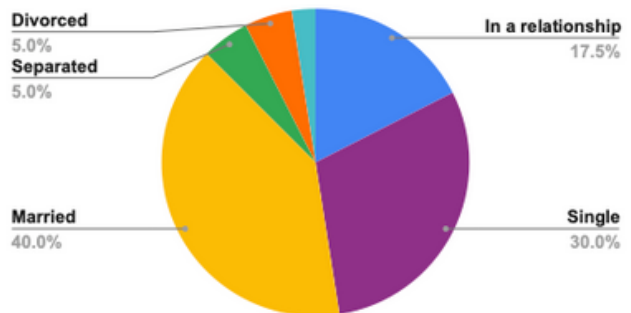
Borough of Residence



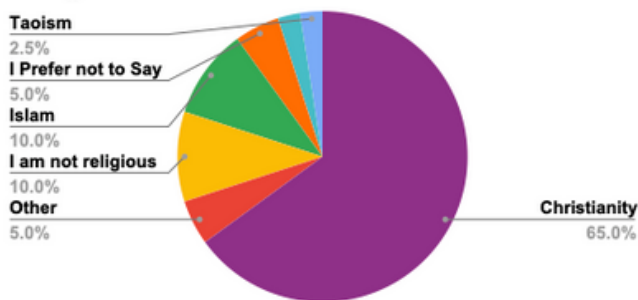
Resident Age Range



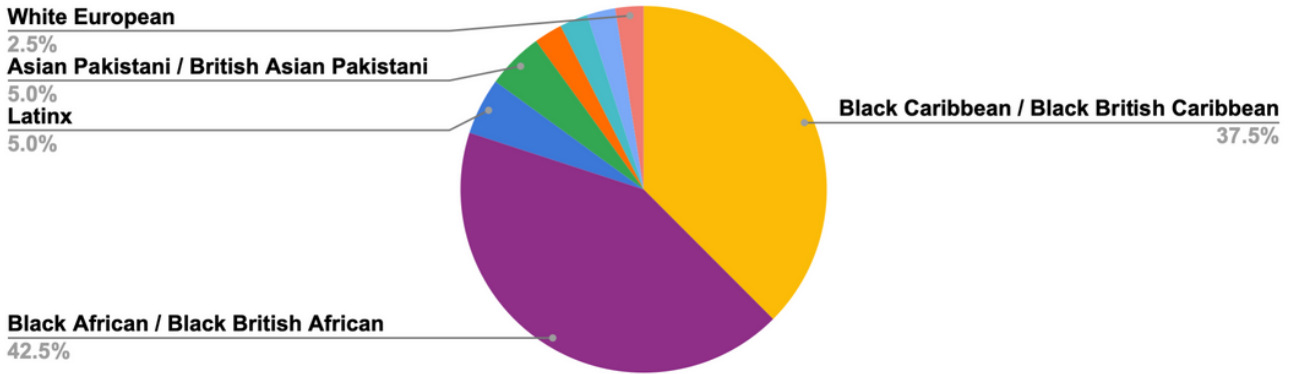
Resident Marital Status



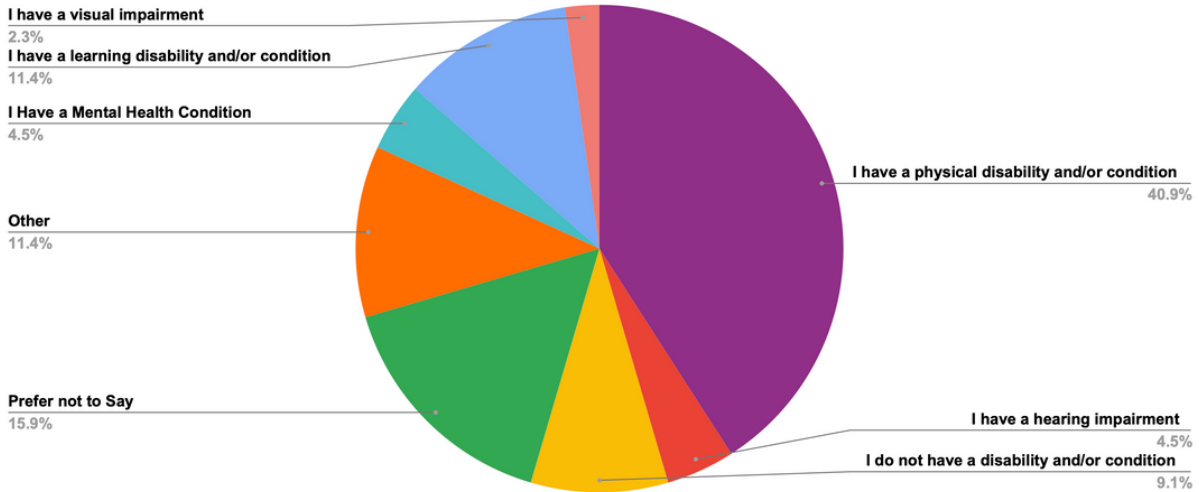
Religion



Resident Ethnicities



Disability Range





Cost of Living & MLTCs

Focus Group Insights

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Focus Group 1

Homelife & Shopping Insights

In partnership with

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Focus Group 1 Homelife & Shopping Insights

Within this focus group, participants explained that they could feel the strain and the effect on family life and mental health. Residents have had to make tough choices to keep their health and environment under control. There was a worry about how they will afford their essentials, let alone Christmas, with food, gifts and more.

The worry of letting down their children this Christmas because of the effect of COL. For some it affected mostly mental health, trying to juggle finances and family life to ensure all get what they need and want for day-to-day life.

Some explained that support currently is for low-income families as they don't consider those who work may also be affected. Residents don't feel like there is enough support for working families with MLTCs.



Participant Quotes

"My daughter, she's [been] achieving quite well recently. I want to do things to treat her, but it's sort of like, well you have to keep thinking, Christmas is coming up, Christmas is coming up, it makes me sort of hold off."

Female, British/ Black Caribbean, 25-34 yrs

For me this has affected me mentally especially, every single night I think about where I would get extra money? How would I improve things in my life every single night? So I've been thinking about it and I've been thinking [sic] how I am going [to] improve things around me. That really affected me mentally."

Male, British/Black African, 35-44yrs

"You know, some sort of way, whether it be the, the quality or the quantity of food, having to choose whether to turn your heating on or having a bath maybe or you know, just to make your...money. [You have to] stretch that a little bit more."

Female, British/Black Caribbean, 35-44yrs



Focus Group 2

Housing & Energy Insights

In partnership with

Impact
on **Urban
Health**



Focus Group 2 Housing & Energy Insights

In this focus group, we had a mixture of low- and middle-income participants who were all dealing with the challenges of the cost of living increases in their own ways.

Some participants were speaking of how the quality of their homes was not only affecting their bills but also their health.

However, this group was very solution-oriented and when asked what support they would benefit from right now, most of them agreed that upskilling and better employment opportunities would benefit them most.



Participant Quotes

"Adequate housing is one of the necessities of a quality life. It is only next to food and clothing in importance and contributes to the attainment of the physical and moral health of a person."

Male, British/Black Caribbean, 45-54yrs

"Need to change my lifestyle because the standard of living [is] on a very high side. So I need to reduce the course of things and change my priorities of expenditure because of the family, so I really need [to] cut a lot of things out because of the cost of living."

Male, British/Asian Pakistani, 45-54yrs

"For me, in terms of cost of living, I would say, I wouldn't necessarily know where to go and I think simply because I feel like a lot of the help is aimed at people who are, like, maybe low or no income."

Female, British/Black African, 25-34yrs

"I'm living in standard housing, this may be at risk of exposure to a number of potential health [problems]...As a result of this...[it] may cause, or contribute, to many preventable injury [sic] and conditions[s] such as respiratory disease as well as cancer. So living in unsustainable housing, this may lead to bad health."

Male, British/Black Caribbean, 45-54yrs



Focus Group 3

Income, Employment & Personal Finances Insights

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Focus Group 3 Income, Employment & Personal Finances Insights

Residents clearly explained their situation around how the COL has affected their household. So they have had to take drastic actions just to be able to live and have some money for private health care. They have lost trust in the NHS and feel they have no other option but to go private.

One participant expressed that they can't afford childcare for their children and pay for healthcare even though they work extensive hours. They had to make a hard choice to send their children temporarily to Ghana to stay with their grandparents to be able to afford the medication.

The standard of Housing has affected those with MLTC, as there isn't enough disability-friendly housing such as the ground floor properties, space to move freely with aid such as wheelchairs and even getting housing with no steps is a mission in itself. This has affected their overall quality of life not only for them but their families at home.

Those from the MLTC community, worry about how they can charge their machines and the aids they need to survive. MLTC living needs are higher than those who don't have MLTC. Due to high energy prices, they worry more that even though they may work part-time the support isn't there where they need it most.

Participant Quotes

"For me, me and my wife had to take a drastic decision because we've got two kids, a three year old and a one year old. Childcare is ridiculous and then for us to quit our jobs to watch these kids or put them in child minders was ridiculous for us. So we had to take them back home. So as I stance now, my kids are not with me. They're back in Ghana with my mum because it's cheaper out there for me to care for them than to have them here where I need to cut down all my hours to work. This is the decision that..we had to come down with this."

Male, British/Black African. 25-34yrs

"What I would like to say is there's been a systemic failure for people with disability for myself that the government is giving people... but cos' I'm working you don't get the money because I'm working disabled."

Male, 35-44, Black African

"We're not gonna be able to, people with disabilities, so what's gonna happen then? And people with disabilities that need their own machines, yeah. What support is there for them?"

Female, 65-74, Black European

"I also discovered that as society like recently [had] problem[s] in even the temporary accommodations that are not suitable, then you complain and they tell you there's nothing they can do about it. Because there's a high demand for people looking for houses. If it's not suitable, it's not fit for purpose, I can't do nothing [sic] about it."

Male, 35-44, Black African



Cost of Living & MLTCs

CR Focus Group Reflections

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"I felt that the focus groups went extremely well as participants were extremely solutions focused. Many communicated what ideal governmental support should look like. There was an individual who highlighted the power of shared information which could help many people interrogate their energy providers.

Participants identified financial support differently. Some stated a governmental call to decrease energy bills and rent/mortgages would alleviate economic hardship. Others mentioned direct access to employment training in hard skills would be the most effective form of support and sustainable. There was an acknowledgement that higher salaries would better aid managing the cost of living crisis, compared to lower wages."

Cheryl, Community Researcher

"The cost of living project was a big eye opener to see how the community is feeling about the cost of living crisis. It allowed me to see what difficulties and challenges that people are going through relating to price increases.

The interviews was challenging because we was looking for a specific demographic of people which was LTMC within Southwark and Lambeth. We was able to have our interviewees be very open even though we was asking sensitive questions about work, income, shopping and home life.

The focus groups was a success as we had a great turnout from the community especially where travelling is made more difficult for people with LTMC. We had a very open conversation and everyone was able to speak up and voice their opinions and concerns.

We found that many are struggling with the cost of living crisis but there is some organisations that are helping such as food banks which are at capacity and pantry's which give good discounts on basic shopping needs. We also found that work places can offer some more support for employees with LTMC either more flexible hours and paid hospital visits."

Femi, Senior Community Researcher



Cost of Living & MLTCs

Insights & Discussion Event

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Our insight and discussion event was an unintended outcome of the Cost of Living project. Mid-project we started reflecting deeply on the nuances we heard, some of which were around bringing people together to find solutions. We, therefore, focused on Lambeth and Southwark residents, local authorities, public services, and local organisations. With the support of **Hyde Foundation**, we provided a safe space to share our insights and recommendations with the opportunity for all to come together to discuss, network, eat and reflect on the next steps.

Our main objectives for this event were as follows:

- Share insights, and recommendations from our research
- To open the floor to the discussion around the cost of living affecting MLTCs
- Organisations to speak about the services they provide
- Show our journey within the project by creating a short documentary

Our short documentary includes interviews with research participants sharing their views and lived experiences on some of our insights. It also includes reflections from our Community Researchers and Impact on Urban Health, adding even more nuance to our findings.



To open up the conversations and connections, we invited four local organisations to have stands, the Hyde Foundation, Oasis Waterloo, Lambeth Portuguese Wellbeing Alliance, and Southwark Council. This aided networking and awareness of local services available to Lambeth & Southwark residents.

Through the event, we encouraged discussions by opening up a panel of community researchers and a representative of Impact on Urban Health. Facilitators would prompt questions to the panel to help spark ideas and discussions with the audience. This led to the audience expressing what they would like to see happen next.

Some of the recommendations from the audience were as follows:

- A space with expert advice on nutrition for those with MLTCs
- Community gardens to grow vegetables
- Better awareness of local initiatives and receiving support/advice
- More effective communication from local authorities



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 Hyde

 Southwark
Council

 Oasis
hub
waterloo

 LAMBETH
PORTUGUESE
WELLBEING
PARTNERSHIP



Cost of Living & MLTCs

Recommendations

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- Public Health organisations such as the NHS and/or councils to develop an employment support scheme that will support to those with MLTCs find suitable employment that will be flexible and untoward standing towards their medical situation.
- Educational institutions and government organisations working together to develop an upskilling programme for those with MLTCs to help them improve their employability skills and allow them easier to find suitable employment or progress into higher positions.
- Build community networks by the Local Authorities and Housing Associations collaborating effectively with local organisations and working on better engagement methods to increase awareness and participation around local services.
- Educational institutions and Local Authorities working with relevant financial services to develop a financial literacy programme for those with MLTCs to help them better manage their finances and access financial support services confidently.
- Local Authorities, Housing Associations and community organisations making suitable spaces available for community kitchens where people can come together, be warm, have some hot food, and discuss relevant topics presented by local organisations that can help improve their personal circumstances.
- Local Authorities and local charities developing interventions for those with MLTCs that address loneliness and the lack of physical activities caused by reduced social activities due to the increased cost of living.
- Local Authorities to develop a community-led Emergency Fund for those with MLTCs to support with the increased cost of living.
- Local Authorities and Housing Associations developing better support and communication with those with MLTCs with the aim to improve housing and living conditions.
- Local charities and Local Authorities collaborating on providing support for those with MLTCs who have children.

- Continuation of this project at the end of the winter to capture how our participants coped with the continued increases in cost of living and energy during the winter months as this will be the toughest period for people
- A further exploration into informal community savings and credit support systems and mutual aid societies. This has been prevalent within the UK for some time yet has received scant attention. It would be worth exploring whether these informal community support systems have been useful for people during the current wave of financial precarity
- Further research into how some people with MLTCs feel forced to get private care because they feel that they do not receive adequate care from the NHS. This has now been identified across three or four projects and hence there is the need to explore this further and look at ways in which the GP practice and surgery can be re-imagined to better reflect community wellbeing in a holistic and generalist manner
- Further research into the potential health implications caused due to people having to opt for cheap brands and less healthy food options that often contain higher fat, sugar and salt contents.
- Further research into the current housing standard has impacted people with MLTCs. with the aim of exploring the impact of quality of living to appropriate housing



Final Reflections

One of the key reflections of this project for the team has been the positive effects of having regular reflection sessions with our partner, Impact on Urban Health.

At Centric we embedded reflection sessions before and after focus groups facilitated by our Community Research team. This has allowed us to process the information and have different conversions as well as keep improving on how we conduct our projects.

Throughout our project, we embedded three reflection sessions. Within these sessions, our partner (Impact in Urban Health) and our Community research came together.

We feed back our team reflections and individual ones, which opened up the discussion into the real issues affecting those affected by COL and have MLTCs.

During these sessions, we learnt the full value of having open discussions with our clients . This adds a human and community connection to collaboration and co-design.



Feedback from Impact In Urban Health:

"It is the people that, I'm interacting with, whether that's a community researcher, whether that's Grace, whether that's Elaine, whether that's, you know Femi. They are also getting what they want to get out of this stuff and building skills.

You know, I love the fact that when we had our reflection sessions, some of them was saying, this is the first time they did this. You know, I'll never forget what someone said 'it's the first time I conducted an interview and I wasn't going to do it. I was too scared but actually, after a while, I pushed through and I did it.' That's amazing."





Cost of Living & MLTCs

End Notes

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Thank You for your attention!

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