

Poverty in Northampton



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CONTENTS

Executive Summary	4
1. INTRODUCTION	5
1.1. Purpose of this report	
1.2. Introduction to poverty	
1.3. Research objectives and questions	
2. METHODOLOGY	9
2.1. Focus group workshops	
2.2. Key informant interviews	
2.3. Household interviews	
3. ASSESSED GROUPS AND COMMUNITIES	12
3.1. African communities	
3.2. African Muslim communities	
3.3. Eastern European communities	
3.4. Households facing food poverty	
3.5. Hope homelessness service users	
4. KEY ISSUES	16
4.1. Support in the community	
4.2. Access to external information and support	
4.3. Food poverty and basic needs	
4.4. Housing	
4.5. Access to healthcare	
4.6. Safety	
4.7. Exploitation in work	
5. ROUTES OUT OF POVERTY	39
6. ADVOCACY AND REPRESENTATION	43
7. CONCLUSIONS	44
8. RECOMMENDATIONS	45
Case Studies and Workshop notes	50
Appendices	56

Executive Summary

This report was commissioned by Northampton Hope Centre as the first waves of the impact of covid receded, to identify need and provide understanding of the reality of local poverty. The purpose was to help shape public responses to poverty by Hope and other organisations.

Extensive fieldwork, both group and individual, supported by desktop research, was conducted for Hope by Bishop Andrew Proud and Emma Matthews, working through and with local communities. People were interviewed by community or specific service use or need (such as those experiencing homelessness or food poverty), and there was a focus on the most marginalised communities, especially black, Asian and EU groups, whose needs were greatest of all and poverty most prevalent.

Using **rapid participatory appraisal** research methods, the review highlighted widespread and profound poverty and marginalisation in all groups consulted, and this was not just financial, though the level of income provided by benefits was not enough to enable anything like full participation in society and anything other than survival.

For those with no access to benefits, this level of **financial destitution** was appalling. Across all the groups reviewed there was a clear finding that whilst all people in poverty were excluded, marginalised and suffering, beyond them was another level of **'super-poverty'** amongst those with no income whatsoever, nor access to services, and at the mercy of those seeking to exploit them.

There were significant issues with **housing** and the availability of suitable, social rent housing was a real issue.

Healthcare, especially for those with no recourse to public funds, or NRPF, yet experiencing profound health issues, was a challenge, compounded by language barriers. People lacked access to information and there was a lack of education and awareness.

There are serious issues with people's perceptions of **safety** and issues for the police to consider.

Work, although potentially offering a route out of poverty, was often marked by insecurity and exploitation, with low wages, multiple jobs, and long hours being very common.

The report also highlighted the complete marginalisation of these communities from **representation** and engagement in civil and public life. They have no voice and they believe nobody listens or cares about their needs. Each community to different degrees has a very variable and unsupported set of loose and unstructured community groups, some ad hoc, some religious, to whom they turn, which could provide much more if better supported and recognised.

The report concludes with a detailed set of **recommendations** for all organisations locally, including the local council and the voluntary sector, that should be incorporated into policy, funding and practice.

1. INTRODUCTION

1.1. PURPOSE OF THIS REPORT

The Northampton Hope Centre charity and social enterprise has been working to address the most acute forms of poverty in Northampton for nearly fifty years. During this time we have gained real insight into its impact, based on working daily with the most vulnerable. As society moves forward away from the most acute period of the covid-19 pandemic, we wanted to review the impact it had had on people and communities, to hear their stories and to campaign for action.

We should be under no illusions: there were significant levels of poverty in Northampton prior to covid 19. But the pandemic has had a significant impact on the scale and impact of poverty on the lives of those most vulnerable which we see each day in our work.

Northampton Hope Centre, although always working closely in collaboration and partnership with many other organisations, formed new and deeper relationships and partnerships with a number of new organisations during the Covid-19 pandemic. Whilst many of these have a general focus in helping people from all communities, some of these organisations are specifically supporting migrant communities which are not only often disproportionately impacted by poverty, and which also face the greatest barriers to accessing support services. Hope made strenuous efforts to reach out and engage with these groups.

Having gained, through collaboration and service delivery, an insight into some of the additional impacts and challenges experienced by members of these marginalised communities during the pandemic, the Hope Centre saw the value of mapping poverty more systematically through this review. Our hope is that this review will bring to light the challenges and lived experiences of those in poverty in the town, to ensure people and households do not remain hidden, and get the support they require. The distinct voices within these groups and communities have been captured by using rapid participatory appraisal methods in a series of workshops and interviews, run in partnership with community organisations.

This review sought to fulfil two key purposes:

- a) To inform Hope's work and to identify priorities for new projects as we move forward from the first impact of the pandemic, and
- b) To offer recommendations to our partners and other organisations as to local need, including other anti-poverty projects and West Northamptonshire Council.

This research project was led by Bishop Andrew Proud on behalf of Hope.

This report was written by Emma Matthews, who carried out the fieldwork with Bishop Proud, and with support from Robin Burgess, CEO of Hope, both of whom contributed to editing.

Thanks to all those community leaders who facilitated the fieldwork, especially Anne Wankiiri.

1.2. INTRODUCTION TO POVERTY

POVERTY IN THE UK

According to the Joseph Rowntree Foundation, poverty means:

“Not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation – and even discrimination – because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society.”¹

Almost anyone can experience poverty, with unexpected events, such as illness, losing a job, or the breakdown of a relationship, pushing them into a situation that is hard to escape. However, poverty is also very much a structural issue, and therefore as a result of inequalities such as ethnicity, disability and gender. Certain groups are not only more at risk than others of being in poverty, but also are less able to escape. Research by the Social Metrics Commission in 2020 has shown that in the UK Poverty rates are far higher for Black and Minority Ethnic Families. Nearly half (46%) of all people living in families where the household head is Black/ African/Caribbean/Black British were in poverty, compared to just under one in five (19%) of those living in families where the head of household is White². Moreover, people in Black and Minority Ethnic families were found to be between two and three times as likely to be in persistent poverty than those in white families³.

The neighbourhood people live in can also be a determinant of poverty. Not only does it affect people’s chance of being in poverty, due to factors such as employment opportunities, and the cost of living, but it also effects the ability of people to cope with poverty, or escape it, depending on the access to support services.

POVERTY IN NORTHAMPTON

Poverty is a significant problem in our community. The impact of such levels of poverty and deprivation have been shown to be devastating.⁴

In West Northamptonshire poverty and income deprivation is largely concentrated around Northampton town. In the Index of Multiple Deprivation in 2019, which looks at deprivation of small areas (LSOAs) across England, 31 out of 32 of the most deprived LSOAs (lowest 20% nationally) in West Northamptonshire were found in Northampton⁵. It was for this reason that this assessment chose to focus its attention on Northampton only.

¹ Quote from the Joseph Rowntree Foundation. *What is poverty?* Accessible from: <https://www.jrf.org.uk/our-work/what-is-poverty>

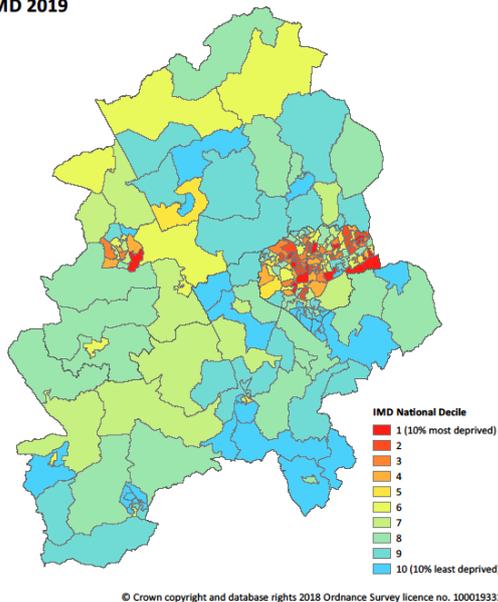
²Social Metrics Commission. *Measuring Poverty 2020*.

³Social Metrics Commission. *Measuring Poverty 2020*.

⁴. <https://www.bbc.co.uk/news/uk-england-northamptonshire-59564875#:~:text=Northamptonshire%20reviews%20show%20parents%20were%20drunk%20when%20babies%20died,-8%20December%202021&text=Extreme%20poverty%20and%20excessive%20alcohol,weeks%2C%20died%20in%20October%202019.>

⁵ Statistics from the 2019 release of the English Indices of Deprivation, data sourced by the Ministry of Housing, Communities and Local government. Published in the Index of Multiple Deprivation 2019 Profile, West Northamptonshire. Available at:

**West Northamptonshire
IMD 2019**



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Fig 1. Distribution of deprivation across West Northamptonshire ⁶

In the Index of Multiple Deprivation, 23.3% of LSOA's in Northampton were in the highest 20% of deprivation nationally⁷. This suggests that approximately 50,000 people in Northampton may be suffering from significant income deprivation. As of August , 2021, 21,808 households in West Northamptonshire were claiming Universal Credit ⁸.

Whilst this proportion of people in highly deprived areas is similar to the national average (of 20%), the scale of income deprivation and people on universal credit, highlights that the issue of poverty in the town cannot be ignored. Furthermore in 2016, 16 % of dependent children under 20 in Northampton, were in low-income families, affecting their education attainment and life chances. ⁹

There has been a fairly long history of immigration to Northampton, and for some time there has been a sizeable African and Bangladeshi community. More recently there has also been a significant increase in the number of migrants from Eastern Europe, many of whom work in the growing distribution industry. Estimates from the Annual Population Survey suggest that 15.5% of Northampton's population is comprised of ethnic minorities¹⁰. However, BAME and ethnic minorities in Northampton are more likely to experience income deprivation. As of 2015 there was a considerably greater proportion of BAME residents living in the deprived areas of Northampton. In particular 6.1% of the population in deprived areas were Black, opposed to just 1.8% in non-deprived areas ¹¹.

<file:///C:/Users/Emma%20Matthews/Documents/Assessment/5.%20Research%20resources/IMD%20Profile%20WEST%20Northamptonshire%20-%20Oct%202019.pdf>

⁶ Idlib

⁷ Idlib

⁸ Universal Credit Statistics from the Department of Work and Pensions. Available through the Stat-Xplore platform accessed from: <https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-11-november-2021>

⁹ From the Northamptonshire Director of Public Health Annual Report 2019/20. Northamptonshire County Council, 2021, p58. Accessed by: <https://www.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Documents/2019-20%20DPH%20Annual%20Report.pdf>

¹⁰ Equalities information about the people of Northampton. Accessible from:

<https://www.northampton.gov.uk/downloads/file/8346/equalities-information-about-the-people-of-northampton>

¹¹ Northamptonshire County Council. English Indices of Deprivation 2015

THE IMPACT OF COVID

As in other areas marked by lower levels of income and skills, and with specific needs created by the mix of communities within them, levels of poverty in the town have apparently increased during the pandemic, as employment opportunities have dwindled and household finances have weakened, and which has been evident by the increased demand for local food aid services. National research bears this out¹².

Locally a number of new organisations, working with the co-ordinating group for local food poverty, FAAWN, have been established in Northampton to help meet the new demand since March 2020. Their anecdotal self-collected data speaks to a large and continuing level of need. Even as covid restrictions ease, demand for their services remains higher than pre-pandemic, suggesting that the proportion of people facing poverty continue to rise.

There is no other local research evidence since the pandemic hit that has been compiled that we have identified. This lack in evidence provided the context for this piece of work.

1.3. RESEARCH OBJECTIVES AND QUESTIONS

We sought to identify a core set of research questions.

a) IMMEDIATE NEEDS

What are the immediate needs of community members? (For example: food, housing, physical and mental health, economic security, childcare, wellbeing and belonging.)

- How is the community already meeting these needs themselves?
- What services are being used outside of the community to help meet these needs, and what are the barriers to accessing these?

b) ROUTES OUT OF POVERTY

Potential routes out of poverty include: employment, alternative types of work, volunteering, social enterprises, adult education and training (including English classes and literacy).

- What are the barriers to escaping poverty?
- How is the community already helping its own members escape poverty?
- What services are being used outside of the community to help escape poverty, and what are the barriers to accessing these?

c) REPRESENTATION AND ADVOCACY

- Is the community able to advocate for their own needs? Are they aware of processes and are they sufficiently represented in the council?

¹² NBC scrutiny committee report:

file:///C:/Users/CATHER~1/AppData/Local/Temp/Food_Poverty_Pack_final_version_partially_accessible.pdf ; Guardian: <https://www.theguardian.com/society/2020/nov/30/almost-700000-driven-poverty-covid-crisis-uk-study> ; SPERI <http://speri.dept.shef.ac.uk/2022/02/10/new-report-local-responses-to-household-food-insecurity-across-the-uk-during-the-covid-19-pandemic/>

2. METHODOLOGY

2.1 RAPID PARTICIPATORY APPRAISAL

A rapid participatory appraisal methodology was selected as it enables the required information to be collected over a short period with the involvement of community members, whilst being deliberately action-focussed. Developed by Robert Chambers, participatory appraisal methodologies have been extensively used in the international development sector to gain insights into the communities' own perspective of its needs¹³. A rapid participatory appraisal methodology places emphasis on listening, with the role of the researcher being that of a facilitator. Three modalities of data collection were selected to be undertaken with each community/group of interest to enable sufficient depth and breadth of data to be collected and facilitate triangulation. This included focus group workshops, and semi-structured interviews with both key-informants and households.

2.2 FOCUS GROUP WORKSHOPS

At least one focus-group workshop was conducted with each of the communities/groups of interest. The workshops brought members of the community/groups together, in an environment of co-production to not just examine the needs of their respective community/group but also generate ideas for routes out of poverty. The following format was used for the workshops (see **Appendix A** for the full workshop process).

- a) Introductions and ice breaker mapping activity.** Participants place markers on the map of Northampton for a number of criteria, including where people in their community/group live and work, and the services that are important to them. This acts as a warmup, to encourage discussion and participation before more potentially sensitive topics are breached in the following activities.
- b) Immediate needs and challenges.** Participants brainstorm and explore the immediate needs and challenges faced by the members of their group/community in poverty, under a number of pre-defined themes, including in regard to wellbeing. They are then asked to explore where these members go for support, both within and outside of their community, and what the barriers are to seeking this support.
- c) Routes out of poverty.** Participants explored routes out of poverty, using a matrix to place each route on the scale. They were asked whether the routes could be considered positive (such as obtaining a degree) or negative (such as selling illegal substances) and whether they required active or passive participation.

¹³ Chambers, R. (1994). *The Origins and Practice of Participatory Rural Appraisal*. Retrieved from <https://www.alnap.org/help-library/the-origins-and-practice-of-participatory-rural-appraisal>

The workshops conducted:

	Community	Number of participants	Description
1.	Sub-Saharan African	11	Workshop included community organisation leaders, as well as some community members. Countries represented include: Zimbabwe, Kenya, Ghana,
2.	African Muslim Women	2	Somali and Kenyan women struggling with a low-income, and reliant on universal credit. Both had caring responsibilities for family members.
3.	Homelessness/housing Service users	11	Mixed gender group, all were without current employment. Northampton Hope Centre users, with some accommodated in supported living and others in social housing.
4.	Food Club	5	Mixed gender group, currently using Northampton Hope Centre's foodbank. All were without current employment.
5	Eastern Europeans	12	Two groups, one of mixed background, both men and women [Poles, a Russian and Romanians]; the other, a group of women [Russian, Moldovan, Latvian, Romanian]. Although this group is more settled in the UK, and there is a culture of mutual support, many find themselves struggling alone.

Note: From the start of this research we identified the Bangladeshi community as one especially marked by poverty. The Bangladeshi community represents 1.6% of the total population of Northampton [ie. 3,700 of the 219,500 who live here]. Because their presence is not insignificant, and national research points to levels of poverty in this community¹⁴, we wanted to include them formally in this process as with other groups, but were unable to do so in a structured way, despite several attempts. It is our intention to continue to reach out, in the hope of including them in whatever community action might ensue.

2.3 KEY INFORMANT INTERVIEWS

“They pay £60 for two kids, you have electrics to pay you have council tax, you have water, you have a lot of stuff, and they need food an everything, can you imagine, I was crying for the whole night, I didn’t know what to do.”¹⁵

To support direct research with individuals in poverty within communities, semi-structured interviews were also conducted with key-informants from different communities. These individuals were selected as they have considerable knowledge of the needs and challenges of communities and

¹⁴ <https://irr.org.uk/research/statistics/poverty/>

¹⁵ Key informant interview: Somali community

therefore able to give an overall perspective based on their own experiences, often as the leaders of community-based organisations and groups. To avoid biases this data could then be triangulated with the data collected through the focus group workshops. Questions covered the immediate needs of the members of the community of interest, examples of when members had found a route out of poverty, and how the key informant would advocate for members of their community (see **Appendix B** for the interview questions).

Assessment Community/ Group	Name	Organisation/ Group	Description of community they represent
SS Africans	Anne Wankiiri	United African Association (UAA)	UAA beneficiaries, largely African
SS Africans	Rev Amanda Tandoh	Northampton Life Chapel and Amalgamation Community Group	Church and community group members
SS Africans	Ayo Ogunbuyide	Shine Development Concept	Shine beneficiaries, largely African includes roughly 20% NRPF
African Muslim Women	Leila	Distributing United African Association food parcels to African Muslim Women	African Muslim Women
Eastern Europeans	Andrzej Tkaczuk	Polak W Northampton Facebook group	Polish community
Eastern Europeans	Elena Symeou	St Anne's Orthodox Church	Eastern and Central European community, and women in particular

2.4 HOUSEHOLD INTERVIEWS

Semi-structured interviews were also conducted with a small number of members from each community/group of interest, to capture the lived experiences in poverty of individuals and households in Northampton. The 1-1 nature of the interviews allowed for personal stories and experiences to be shared. The questions asked the interviewees about the immediate challenges of their household, their coping mechanisms and what support services they use, and their hopes for the future (see **Appendix C** for the interview questions).

Assessment Community/ Group	Description	Age group	Gender	Nationality
SS Africans	UAA beneficiary. NRPF. Mobility challenges. Looking after granddaughter with wife	65+	Male	Kenyan

SS Africans	UAA beneficiary, NRPF. Married to white British individual.	65+	Female	Kenyan
African Muslim Women	UAA beneficiary. Single parent mother on Universal Credit.	30-45	Female	Tanzanian (Pemba Island)
Eastern Europeans	UAA beneficiary. 2 children, on Universal Credit	30-45	Female	Romanian
Eastern Europeans	Attends St Anne's Orthodox church. Employed in distribution.	20-30	Female	Latvian
Eastern Europeans	Attends St Anne's Orthodox church. On Universal Credit.	30-45	Female	Moldovan

3. ASSESSED GROUPS AND COMMUNITIES

3.1. AFRICAN COMMUNITY

“When you are not a citizen you don't get enough support from the surrounding, from the police, from the hospital, you don't get enough support because they learn that you are not allowed to be in this country, so they support you very little”.¹⁶

There is a sizeable Sub-Saharan African community in Northampton. In the 2011 census, the country of birth of 14,256 of Northamptonshire's residents was in Africa.¹⁷ More specifically there is a high number of Zimbabweans (2916 people's country of birth), Kenyans (1648 people's country of birth), Nigerians (1504 people's country of birth), and Ghanaians (1000 people's country of birth).¹⁸ These numbers are almost certain to be much larger now (and will be shown in the 2021 census data), and also larger than the official data given that there are a number of people not registered.

The church is central to many African communities in Northampton, with activities revolving around them – very often focused on specific communities. Local community churches range hugely in size of congregation, with some small churches without a formal building having small congregations of less than 50 and other larger churches having congregations over 200+.

The United African Association (UAA), who are a key partner on this project, were able to provide invaluable insight into the African communities, and played a critical role in bringing together

¹⁶ Key informant Interview, see case studies

¹⁷ Data from the 2011 National Census, made available from the Office for National Statistics. Accessible from:

<https://www.nomisweb.co.uk/census/2011/ot203ew>

¹⁸ Idlib

community leaders and community members for the workshop. UAA has been providing much needed support to local Africans during the pandemic, distributing information, helping people to sort out their challenges, and providing food. Key informant interviews were also undertaken with Ayo Ogunbuyide from Shine development Concept and Reverend Amanda Tahoma from Northampton Life Chapel.

A significant proportion of Sub-Saharan Africans in Northampton are on minimum wage, and zero-hour contracts, with many working in care agencies. As a result, the pandemic has been very problematic for these communities. People have gone from having shifts 6-7 days a week, to only having shifts 2-3 days a week, which has placed many in a situation of poverty. Africans also often face additional barriers in accessing services. Misinformation within the community is common, and many people are unable to use IT.

This review has shown that the most vulnerable group in the African communities are those with the NRPF (no recourse to public funds) status. This group is entitled to only £35 a week in benefits if they have a good relationship with the Home Office. As a result, they have no safety net if they are not in formal or informal employment, then making them completely reliant on charity and support from family, friends and churches. The no-recourse to public funds condition does just not just affect irregular migrants, but a wide spectrum of migrants within the UK. This includes those with the right to remain such as those on spouse and student visas, and asylum seekers who have applied after entering the UK¹⁹. The number of people within this group who have little to no source of income has increased during the pandemic as a result of job losses, leading to destitution for many. Not only does this group face extreme food poverty due to a lack of financial means, but fear of deportation as a result of the hostile environment make them often more reluctant to access services. As a result, the true scale of need within this group is likely not known.

3.2. AFRICAN MUSLIM WOMEN

There is also a significant African Muslim population in Northampton, and in particular Somali. In the 2011 census, the country of birth of 1084 of Northamptonshire's residents was Somalia.²⁰ Religion is highly valued by these communities, and a large proportion of the African Muslim community attend the Northampton Mosque and Islamic Centre on Clare Street.

A women only workshop was conducted with this community, due to the cultural norms that may prevent women from engaging in open and honest discussion in the presence of men. A key informant interview was also conducted with Leila, who had been distributing food parcels to this group on behalf of the United African Association.

Whilst this group experienced similar challenges to the African community, there were some additional challenges as a result of cultural norms. For example, a number of the participants were carers for elderly relatives with extreme health conditions. However, whilst this prevented the participants from finding employment opportunities, and created challenging living situations,

¹⁹ NRPF Network. *Immigration status and entitlements*. <https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements/who-has-no-recourse-to-public-funds-nrpf#guide-sections>

²⁰ Data from the 2011 National Census, made available from the Office for National Statistics. Accessible from: <https://www.nomisweb.co.uk/census/2011/ot203ew>

cultural expectations to look after elderly family members, meant that participants were receiving little support.

3.3. EASTERN EUROPEAN COMMUNITY

The Eastern European communities in Northampton have rapidly grown over the last decade, with many of their members working in Northampton's growing logistics and distribution sectors. For the EU Settlement scheme, 22,300 applications were made by individuals from Romania, 8690 from Poland, 3610 from Lithuania, 3100 from Latvia, and 910 from Bulgaria. This shows the scale of the Romanian community in particular within the town, which has now easily outgrown the older and more well-established Polish Community.

This EU community, given their disproportionate prevalence amongst rough sleepers, has long been a community with which Hope has engaged strongly. However, in the past Eastern Europeans have often been ignored by other services or planning mechanisms, or under consulted in local area decision making. As a result, these communities were a key priority for this assessment. The workshop comprised of various community leaders, including representatives from the Polak W Northampton Facebook group, the Romanian Orthodox Church, and St Anne's Orthodox Church. In addition, a key-informant interview was conducted with the leader of the Polak W Northampton Facebook group. The Polish community rely heavily on this page, with the 16,000 members posting regularly about community issues, or advertising job opportunities and spare rooms. This community is not however replicated in the physical form. In contrast we also undertook a Key-informant interview with Elena Symeou who runs a bible group for women at St Anne's Orthodox church. The women described themselves as being like 'sisters' and the bible group provides a valuable space where women can share their problems and worries, and from which Elena can then signpost people for support.

Since the Eastern European community has largely migrated to the UK for economic opportunities, employment rates are relatively high. However, there are cases of Eastern Europeans suffering from extreme poverty and homelessness in Northampton for a variety of reasons, including single mothers who are reliant on benefits, and those that are homeless as a result of challenges including mental health and substance misuse. In the 2019 review of homelessness in Northampton, 8 of the 28 rough sleepers in Northampton were EU Nationals, and a further 25 Eastern Europeans were sleeping in makeshift shelters or tent encampments on the outskirts of Northampton²¹. These general proportions continue in more recent analyses of homeless populations. Most worryingly, as there are significant barriers preventing the Eastern European community from accessing services, including language barriers, the true scale of need is likely unknown.

²¹ Northampton Borough Council, 2019. *Review of Homelessness in Northampton – 2019*.

3.4. PEOPLE EXPERIENCING FOOD POVERTY

A workshop was undertaken with people who use Northampton Hope Centre's Foodclub service, to enable us to understand the needs of the people facing food poverty in Northampton in more detail. The Foodclub was established to meet the growing demand for food support as food prices and living costs have increased, which have made it challenging for households to live sustainably off Universal Credit in the longer-term. It is a social supermarket, providing a more dignified experience for the customers, who pay £10 a month, for weekly supplies. Since the start of the Covid-19 pandemic, the numbers of people requiring long-term food support has risen sharply from around 400 to over 650 a week, as the number of people on universal credit or having lost jobs has risen. This is similar to increases at other food aid services.

All participants of the workshop were reliant on Universal Credit or State pensions, and were struggling to make ends meet. A number were in a situation of entrenched poverty, and had grown up themselves on benefits. The workshop comprised of an entirely white British group of participants, which means that the collected data from this group provides an interesting comparison to that from the migrant communities assessed.

The notes of this workshop are attached as an appendix below.

3.5. HOPE SERVICE USERS WITH ACUTE NEEDS INCLUDING SUBSTANCE MISUSE, MENTAL HEALTH AND HOMELESSNESS

In order to understand the needs of our own service users, and make a comparison with other communities, a workshop was conducted with this extended group. The participants comprised of people that were using a range of our services, including people that use our Hand Up and Learning 4 Living services, and attendees to our activity classes such as art. None of the participants were in current employment, and there was a mixture of participants that live in supported living, and others who were in social housing. In comparison to other communities, this group had very good access to services, as the majority had support workers or were in regular contact with Northampton Hope Centre.

4. KEY ISSUES

4.1. SUPPORT IN THE COMMUNITY

ABSENCE OF COMMUNITY

Unsurprisingly as a result of Covid-19, isolation was highlighted as a significant and wide-spread problem across communities and groups assessed. Participants from the workshop for people experiencing food poverty, who were all not currently in employment, highlighted that they did not feel part of a community and that neighbours now rarely looked out for one another. A lack of community was also noted as a problem for Polish participants of the Eastern European workshop. Although there is a strong online community, the lack of social space currently means that this is not replicated physically. In his key Informant Interview Andrzej Tkaczuk from the Polak W Northampton Facebook group noted:

“We don’t stick together; many people are lonely”

For these different marginalised communities in particular, participants highlighted the importance of activity/social groups in bringing people together and reducing isolation. Service users from Northampton Hope Centre expressed how much they enjoyed the Monday social night, (which includes social activities such as Quizzes and Karaoke) and the importance of the activity classes such as drama and art in helping improve wellbeing.

However, participants noted a desire for more groups and activities within their own communities, to help build and strengthen social ties. The current limitation to this seems to be in part the lack of community centres, where activities can be run from. Both the African and Polish communities note their desire for a community centre, where people can not only come to for advice and support, but also undertake activities such as art classes. The success of the United African Associations swimming group in bringing together African women, shows the value of running activity groups and their role in developing a sense of community:

“We have the swimming group, who are mainly African women, and it surprising how well they get on, how well they support each other in the pool, and then there are friendships that form in the pool that carry on outside, because we are helping each other, we don’t know how to swim, lets learn, and they just seem to have a lot in common.”²²

RELIGIOUS COMMUNITIES

The review has shown that strong communities are often established around religious institutions, with participants from the majority of migrant communities noting that most of the activities in the

²² From a key informant interview with Anne Wankiiri from the United African Association

community take place around religious institutions. Women from the African Muslim women workshop attend PEARLS (Pearls of Peace), a social coffee meeting for women that acts as an important place of respite, and where friendships can be developed. For the Eastern European communities, a bible study group at St Anne's Orthodox church also fulfils a similar role. During a visit the women described how they were like sisters and supported each other, cooking for each other, or even providing accommodation if they are in need.

“The bible studies sessions are only for women, and we share a lot. We help each other, and it could be from the alcoholic husband, or an abusive husband, or the loss of a child, it is just various problems, and then we can support each other in various ways, and then when they are ready, build them up to go to confession, to go to GP, we will do the interpretation, and translation if we need to.”²³

Elena notes how she is often able to then signpost women in need to the appropriate services to receive the support they require. Although these informal groups often act as important support mechanisms, there are also often more formal structures for offering counselling and conflict resolution within religious institutions. For example, conflict resolution structures within mosques are well known, with the Police often referring people to the mosque first, before intervening in other ways. Participants from all the migrant communities noted the widespread use of religious counsellors. However, informal religious counselling can be hugely problematic and even dangerous, particularly if people go to them with mental health challenges or trauma, as counsellors are rarely trained psychologists.

MONEY AND RELIGIOUS INSTITUTIONS

It was also noted by a number of communities that religious institutions can be exploitative, including financially. This was particularly noted by the African community, who highlighted the common practice of tithe payments to church. Anne Wankiiri from the United African Association noted how it is common for people to give £50 a week, with some giving as much as £200 or £300 per Sunday. There is huge pressure for people to donate, with donations often called out publicly at church, placing pressure on those who cannot afford to.

‘It puts people who don't have money under pressure.’

Furthermore, whilst the fundraising is often legitimate, going to church buildings for example, it is not unheard of for pastors to pocket money for themselves, and many churches are unregulated. Reverend Amanda explained how these practices was one of the reasons that inspired her to become a reverend.

“There is one story that is very sad, this woman got evicted from their council property, it was already cheap, as it is not a private landlord, but this girl and her husband, I saw them go to a particular church, and they pay money. The church does these fundraising things, where they say “we want people to give a thousand, we want people to give this” asking

²³ From a key informant interview with Elena Symeou from St Anne's Orthodox Church

people to pay five hundred, when meanwhile they can't pay their rent. Why do you have to take money from these vulnerable people? This is what I am fighting."

She noted that churches should use donations to support the members that are most in need, but instead pastors are lining their own pockets.

"Those pastors have got some power in their hands, but then they are not helping the people, it is wrong. I hate it, it is abuse."

Requirements to give money and provide gifts was also one of the reasons given by the Polish community, as to why church attendance at the Polish church was so low in comparison to the size of the community. It was suggested that priests have refused to baptise the children of unmarried couples, without a bribe of money.

4.2. ACCESS TO EXTERNAL INFORMATION AND SUPPORT

ACCESSING INFORMATION

Challenges in accessing information was a recurring theme throughout the workshops and interviews, and was experienced not just by community members but also the leaders of community groups. The different sources for information within the town created confusion for all communities, and meant that people were unaware of the breadth of support services available. A number of participants across the communities and groups suggested the need for one overarching source for information, such as community hubs, where information is distributed in person, through leaflets and online through social media.

Inadequate referral systems were the most commonly expressed frustration, mentioned by all 5 of the communities assessed. All communities said there was an issue with people being sent from pillar to post when trying to access support, which has only got worse since the pandemic as face-to-face meetings have been reduced. It was suggested that many organisations need to take greater responsibility, and provide better follow up and ongoing support. For example, the process of dealing with the council and job centre was also described frequently by participants as being highly stressful.

*"Organisations do not take responsibility"*²⁴

The migrant communities assessed have considerable additional barriers to accessing information and support.

For the African community specifically, a lack of adequate literacy and IT skills further prevented many community members from accessing important information, and made them reliant on word-of-mouth, and who they know. Participants noted that this is problematic as misinformation is

²⁴ Participant from the Eastern European workshop

common within communities. Reverend Amanda highlighted in her key-informant interview that when people arrive in the UK, they often get their information from family and the people they first meet. As a result, they may not be aware of their entitlements, what jobs are available, and the support they can access, if their points of contact have not used these services and are not aware of them.

“People won’t come to access the help...Some of them don’t ask questions and think that this is how the system is.”²⁵

Pride is also a problem in African (and indeed other communities) communities, creating a reluctance to ask for help, particularly from within the community itself where gossip quickly spreads. Within the Somali community in particular participants noted that it was common for people to hide and suppress their challenges in relation to poverty, which can result in considerable stress, and prevent people from accessing the support they need:

“The community hides things that people don’t want to hear, so people are often really depressed.”

“There is a lot of fear and stigma, and people don’t talk.”²⁶

For Eastern European communities, it was not just the low levels of English skills which was noted as problematic, but also a lack of trust in the government and associated organisations and institutions, as a result of the history of communism in the countries they migrated from. Consequently, informal sources of information such as given through the Polak W Northampton Facebook group, was much more trusted than formal sources of information, again creating opportunities for misinformation.

Considering these barriers, considerable outreach is necessary, with organisations and West Northamptonshire Council working with community leaders to ensure important information is shared and accessible to all community leaders. However, currently this is largely not the case. A member of the African workshop noted that *“nobody tells us about things”*, whilst a participant from the Eastern European Workshop noted that she had never been approached and consulted during the 16 years working in the town. Organisations such as Citizen Advice Bureau, have made a concerted effort to undertake outreach, engaging particularly with the African community, and African Muslim women, which has already had a significant impact. However, all organisations, could do more to ensure information is being shared across all communities in Northampton.

4.3. FOOD POVERTY AND BASIC NEEDS

There is not a clear definition for food poverty, but it can be broadly defined as the inability of individuals or households to obtain an adequate and nutritious diet in a socially acceptable way. There were significant numbers of households in all the communities assessed struggling with food

²⁵ From a key informant interview with Reverend Amanda from the Northampton Life Chapel

²⁶ Participant from the African Muslim Women workshop

poverty, and in meeting other day to day needs such as the purchase of toiletries, medicines, clothing, phone credit and bus tickets.

The scale of need has increased sharply during the pandemic, as people have lost sources of income, and living costs have continued to increase. It was therefore unsurprising that a large number of the review's participants across the communities and groups were reliant on food aid of some sort. For the majority of these households the impacts of the pandemic are far from over, despite the reopening of the economy at the time of writing. When asked what the most pressing needs within the African community are, Anne Wankiiri from the United African Association replied with the following:

"I think it is food poverty that is of concern. Things have opened up, and the Government has said that is back to normal, however, we have gone from supporting 30 in April last year to now supporting 100 HHs. We have found that people do really need the food, having checked on an individual basis."²⁷

Despite households across communities and groups being affected by food poverty, the severity of the problem varied considerably, as did the access to food aid.

NO RECOURSE TO PUBLIC FUNDS (NRPF)

People with NRPF were found to be the group struggling the most with food poverty in the review, with many of this group completely reliant on food aid to put any food on the table at all. The United African Association and Shine Development Concept, who both support the African communities with food aid in Northampton, noted that households with NRPF made up over half of the total number of people they were helping. The situation for many in this group has become particularly problematic during the pandemic as people have lost their sources of income or their income has become more irregular. The Trussell Trust notes that nationally, whilst before the pandemic, 2 to 4% of people that were referred to food banks were likely subject to the NRPF condition, this had risen to 11% by mid-2020²⁸.

As NRPF households may have no source of income at all, if they run out of food, they may have to go without or skip meals. An elderly couple who looked after their granddaughter, shared their experiences in a household interview:

"We are eating breakfast, and missing lunch. But what is important is that the grandchild has to have food for lunch, she does not understand, but for her sake".²⁹

Another household interviewee who was 67 and without an income, shared the challenges of rationing her food in the food parcels:

"Eating I try and minimise, because I know if I finish, I don't know where I can get more food. Since the United African Association helped me, it is better, although I don't have the money to buy other items so I don't eat enough, and I am gluten free, so that can be a problem."³⁰

²⁷ From a key informant interview with Anne Wankiiri

²⁸ Trussell Trust. *State of Hunger*. <https://www.trusselltrust.org/2021/07/19/state-of-hunger-its-not-right-that-growing-numbers-of-migrants-without-access-to-benefits-are-being-forced-to-turn-to-food-banks/>

²⁹ From a household interview with an elderly couple with the NRPF condition, who look after their granddaughter

³⁰ 67 year old household interview, from the African Community

In addition, NRPF households often faced longer-term food poverty than other groups, and therefore require long-term support. Ayo Ogunbuyide from Shine Development Concept noted:

“The Challenge for us in no-recourse to public funds, because we can’t push them away, long-term we are supporting them. There is hope, for those with status, they can apply for benefits, and most likely they will get it, but it is those that don’t have the privilege to apply for benefits, that is the challenge”.

He provided an example of one family they are supporting, who have the right to work in the UK, but are now experiencing destitution as they have no recourse to public funds. The father has been unable to work after acquiring breathing issues, when he contracted COVID, and the mother has been unable to find employment as a result of childcare obligations. As a result, they are struggling to feed their children.

UNIVERSAL CREDIT AND FOOD POVERTY

The destitution experienced by some of those with the no recourse to public fund condition, highlights the importance of Universal Credit in acting as a safety net for many households. However, the assessment showed that increased living costs and the rise in food prices, have made it challenging for households to live sustainably off Universal Credit in the longer-term, with many spending all the money they receive each month.

*“Those on long-term benefits, just don’t seem to have access to adequate food”.*³¹

*“I am counting every single penny...It is ok because it is only me, so if I have only two potatoes tonight, it is ok for me, it is enough, tomorrow will be a better day. After paying my bills I am left with 100, £200, for a month, how can I live with this money, you are going to the shop and I buy the food for £50, and I look at it, is this going to be enough for one week? I buy milk only if I know people are coming to my house, because I know people will like a cup of coffee with milk, and I feel bad if I don’t have it. I don’t mind for myself, I can have a black coffee. I have only two pieces of bread for the day, and I think that is enough, I will buy tomorrow. It’s okay, it’s temporary.”*³²

Considering households are spending the entirety of their Universal Credit income each month. it is unsurprising that one of the key concerns brought up by participants across communities was the loss of the COVID-19 grant. At the time of data collection, the cut was just about to be implemented, and participants expressed frustration at the £20 a week cut.

*“The cut will mean I get £86 less Universal Credit each month, I already spend everything I get and what if something goes wrong?”*³³

Participants on Universal Credit also highlighted the problems associated with the five week waiting time for the first payment. In particular this had been problematic to members of the African and Eastern European communities. Many were not aware of the ability to apply for an advance. As a consequence, within the Assessment a number of cases were presented of households facing destitution during the 5-week period prior to receiving their credit. One African Muslim mother of

³¹ From a key informant interview with Ayo Ogunbuyide from Shine Development Concept

³² From a household interview with an Eastern European, who lives on her own and receives Universal Credit.

³³ Participant from the workshop for people experiencing food poverty

two, explained her lived experience of this in a household interview. She only received child benefits amounting to around £120 during these 5 weeks.

“The whole month they only paid me £120. Imagine you have kids, and bills that you want to pay, and you are waiting for the whole month and then you receive £120. I called them, but they didn’t help me. For £120 how are you supposed to pay the rent. You have electrics to pay, you have council tax, you have water, you have a lot of stuff, and the kids need food and everything, can you imagine, I was crying for the whole night, I didn’t know what to do. Normally if you have family members, you have a mother and father that can help, but when your family members are very far away from you, and you don’t either have a husband, you don’t know what to do. I think some people here die of stress. There are a lot of people here with a lot of stress. You don’t know what to do. I don’t know.”³⁴

Even for the households that successfully acquire an advance, this is still problematic, as the advance becomes a debt to the Department of Work and Pensions. Payments are deducted from the forthcoming Universal Credit payments, of already struggling families, leaving many in the situation of ongoing food poverty.

FAMILIES

Single parent households were also a key group across the 5 assessed communities, which were often struggling with food poverty and meeting basic needs. This included both families receiving universal credit, and those on low-paying jobs.

“Single headed African HHs are often doing 2-3 jobs on minimum wage and are still struggling to provide food for their families”.³⁵

Since the limit on benefits to 2 children was introduced in 2017, large families in particular are struggling.

“If you cannot work, and then you can’t get enough benefits maybe. And sometimes you know when you have a kid, maybe you have 4 or 5 kids, and you are on universal credit. And you know with universal credit they pay you only for 2 kids, and you get the money it is not enough, and you need money maybe to buy some stuff. I don’t know for some, but for me it was like that.”³⁶

Families face additional costs that only add to the struggle.

“Single mums are struggling due to the cost of nappies, and children’s toiletries are expensive”.³⁷

When children reach school age, they require uniforms and school supplies, which can be particularly problematic as the costs come all at once at the beginning of the school year. One participant noted that blazers alone can be £35. One interviewee explained how she could not afford new shoes for her child, and had to send a note into school to explain why her daughter had worn

³⁴ From a household interview with an African Muslim Woman from Pemba, Tanzania

³⁵ From a key informant interview with Anne Wankiiri from the United African Association

³⁶ From a household interview with an African Muslim Woman from Pemba, Tanzania

³⁷ From a key informant interview with Anne Wankiiri from the United African Association

through shoes, and that she would replace them when she had been paid³⁸. Participants therefore highlighted the importance of services which give away free items and clothing for families such as those available from Re:store's Growbaby project or school uniform swaps. Despite support like this, being hugely important, community members also noted the pressure they felt to give their children branded clothing and toys, especially at Christmas. This highlights the emotional impact of poverty on parents who want to give their children the best that they can. One participant noted.

*“My child was bullied for taking a toy from a foodbank, as he told boys at school where he had got it. He was also bullied for wearing clothes from Primark, but I cannot afford to get him branded clothes”.*³⁹

BARRIERS TO SEEKING SUPPORT AND APPROPRIATENESS OF SUPPORT

For all of the assessed communities, there were some barriers that prevented people from seeking support for food poverty and other basic needs, such as fear from not knowing what to expect. However, there were some significant additional barriers prohibiting migrant communities from accessing support.

The concept of foodbanks is unfamiliar to Eastern Europeans, where they do not exist. Participants from the Eastern European communities therefore didn't just not know where they can go to receive support, but also didn't even know to look for it. One participant noted:

*“How can we ask for more, we are trying to help each other in this country, without asking more from the government or other people... We are trying to survive, and people are offering help, and I can't believe someone is offering this help, because I had to fight for every single thing, and I still have to fight, it is a shocking surprise in a good way.”*⁴⁰

Instead of accessing support from foodbanks, the strong sense of hospitality within Eastern European cultures means that support usually comes from friends and family, who cook large portions of meals to share. However, in the UK where support networks are often less extensive as people may not have family here, this can be problematic and leave some without support.

In the African communities pride is a significant barrier, as in many cultures you are brought up not to complain, but to just live with your challenges. Anne Wankiiri, from the United African Association, presented a case of one man who she had found collapsed on the floor, after not eating for 4 days. He had not sought help and asked for support as a result of pride. In addition, the African Muslim Women noted that a number of Somali families had turned away the food support provided by the school during the pandemic as a result of pride, despite having considerable need.

The African community also noted issues with the contents of parcels not being suitable to cultural needs. For example, participants from the African community highlighted that many community members do not know how to cook with 'British' food items, such as tinned food, and what their nutritional value is. They also noted a widespread belief that British food causes Autism, due to the prevalence of the developmental disorder in the African community in the UK. It is therefore important to the African community that African foods are included within parcels, as is being

³⁸ Participant from the workshop for African Muslim Women

³⁹ Participant from the workshop for people experiencing food poverty

⁴⁰ From a household interview with an Eastern European woman from Romania, with 2 children

achieved by the United African Association, to ensure the nutritional needs of household members are being met. There is clearly a need for education here too.

4.4. HOUSING

The review has found housing to be one of the most significant issues for people experiencing poverty in Northampton. This is unsurprising considering the nationwide shortage of social housing. From the housing register, Northampton Partnership Homes has identified a need of over 3,650 housing units in Northampton. Within this assessment all communities have shared numerous experiences of households living in inadequate accommodation, sometimes for years, whilst they have struggled to acquire suitable housing, either from the council or private landlords.⁴¹ Housing issues can have wide reaching implications, and participants highlighted the mental and physical health impacts of poor housing conditions, and challenging application processes.⁴²

ACQUIRING SOCIAL HOUSING

Participants across the assessed communities shared how applying for social housing was a lengthy and bureaucratic process, with waitlists lasting for years. The shortages of large houses and long waiting lists for families in particular is problematic, often creating a lack of stability for children. Many participants felt frustrated that they had not been listened to and that they had not been adequately supported and advised during the process.

“There are standard forms, it is not personal, and they don’t listen to the story.”⁴³

“Whenever we go to the Council, we come away feeling rejected, or they push you on from pillar to post”.⁴⁴

In one workshop it was suggested that the council purposely made problems to delay applications, such as asking for photos when they had already been uploaded.

ADDITIONAL BARRIERS EXPERIENCED BY BAME AND MIGRANT COMMUNITIES

The three migrant communities in particular found the process challenging, noting the additional barriers they faced. The documentation required by the council are difficult to acquire if you have not lived in the UK for a long time such as bills and credit scores. In addition, it is fairly common for individuals within the African community to have low literacy skills or be unable to use IT, whilst a

⁴¹ Northampton Partnerships Homes (2020). *Development Strategy 2020-2025*. Accessible from:

<https://www.nph.org.u.k/sites/default/files/Development%20Strategy%20-%20Latest%20-%2009062020.pdf>

⁴² The link between housing issues and mental health is supported by the research undertaken by Shelter who found that 1 in 5 adults had found housing issues to have negatively impacted their mental health in the last 5 years. Shelter (2013) *Housing and Mental Health*. Accessible from: https://england.shelter.org.uk/professional_resources/housing_and_mental_health

⁴³ Participant from the workshop with Eastern Europeans

⁴⁴ Participants from the workshop with households experiencing food poverty

significant proportion of the Eastern European community have poor English skills. As a result, participants suggested that community members required additional support and advice, not just in undertaking the application process but also in following up their progress, to create more equitable access to housing.

Eligibility requirements related to local connection to housing, the requirement to be resident in an area for a given specified period of time, also reduced access to housing further for members of these communities, who are unable to join the housing register if they had been in the UK for less than three years and if they do not have any healthcare concerns or other vulnerabilities. A number of cases were shared in this assessment of vulnerable migrant households being refused housing, including a case of a domestic violence victim being told to return back to her home country, Poland. There was a common feeling of lack of transparency about eligibility.

As a result, many households with low-incomes and benefits have been forced to turn to the vastly more expensive private rental market, which in itself can be challenging to access. Those on benefits face challenges in acquiring houses, having to pay large advances and find guarantors. The high rents of private rentals can cause households to face poverty and even destitution.

“I am paying £900 out of the £1500 I get, on my house. After paying bills, I don’t have much left for clothing and food for my two children. I reduce costs by walking everywhere and cooking large batches of meals for the week and now the United African Association helps me with food parcels.”

Furthermore, since the Right to Rent legislation⁴⁵ was implemented in 2017, migrant and BAME communities have faced considerable discrimination in accessing the private rental market, even if they have a right to remain. Landlord and agents, who often lack a sufficient legal understanding of the immigration system with the UK, can be hesitant to let to migrants for fear of receiving the high fines and prison sentences associated with renting to irregular migrants. Nationally, the JCWI found that a BME tenant was 14% more likely to receive a negative response from a landlord, or not to receive a response at all⁴⁶. Participants from the African and Eastern European communities, noted how they often had to give more documentation than others, such as proof of job and renting history, and pay large advances for rent. This prevented some from accessing the private sector at all.

“You can’t rent in Northampton.”⁴⁷

Within the private rental market, eviction on short notice periods was also raised as an issue. One participant from the Eastern European workshop, shared her personal experience of this.

“My landlord decided to sell our house and did not give us much notice period, so I was not able to find a new house. The children found it very hard, as we did not have a house for 7 months. It was very hard to find a new house, because I needed a lot of documentation and proof that covered 5 years, such as payslips, so it was 7 months before we got help.”⁴⁸

⁴⁵ <https://www.gov.uk/check-tenant-right-to-rent-documents>

⁴⁶ Joint Council for the Welfare of Immigrants (2017). Passport Please: The impact of the Right to Rent checks on migrants and ethnic minorities in England. Accessible from: <https://www.jcwi.org.uk/passport-please>

⁴⁷ Participant from the African Muslim Women workshop

⁴⁸ Participant from the Eastern European workshop

The participant noted that during these 7 months they were completely reliant on friends and family for accommodation. The lack of stability was challenging for the children, and the participant experienced significant stress and anxiety during the process, whilst they lived in overcrowded accommodation. This was a problem highlighted repeatedly. Through undertaking the review, it was clear that many of the participants from the migrant communities were not aware of their rights as a tenant, and many were unaware of the additional legal rights provided during the pandemic, such as the longer notice periods.

Accessing housing is the most challenging for those without a right to rent, such as irregular migrants. The vast majority of this group in Northampton are within the African community, however, since the UK left the EU there are now some Europeans without the right to rent, if they haven't acquired settled status. Key informants from the African communities noted that these individuals were reluctant to approach landlords, for fear of being reported. As a result, there have been some cases within the African community in Northampton of individuals and in one case a family, becoming street homeless.

SUPPORT WITHIN THE COMMUNITY AND HOMELESSNESS

However, participants of the migrant communities, noted that street homelessness is in fact rare due to the strong support structures within extended families, and a culture of hospitality and mutual aid within many communities. A key informant representing the Eastern European community noted:

*“It is a very close community, and people are usually not here on their own, but have uncles or cousins here, and so support each other. Sofa surfing from household to household is common and can last for months.”*⁴⁹

Whilst this is an important lifeline for many, it does not come without its problems, both for those hosting as well as those in need. The African community conveyed how there are frequent issues of overcrowding, with multiple households sharing one house a common occurrence. Although it was noted as being unusual to have more than 8 people sharing one house, cases were shared of houses accommodating up to double this number. This creates health and safety issues, particularly during the Covid pandemic, where it can increase the spread of infection. This reliance on friends and family, can also place individuals in vulnerable situations.

One irregular migrant interviewed, who is completely reliant on her British husband for accommodation and financial support, described her experiences when her husband started a relationship with another woman. She asked for accommodation but was not able to acquire any due to her lack of status.

*“So I lived in trauma, because I was depressed, he was abusing me, bullying me, and I had nowhere to go, I talked to some people and they couldn't take me, it was last year... I really suffered.”*⁵⁰

⁴⁹ Key Informant from St Anne's Orthodox church representing the Eastern European Community

⁵⁰ Interviewee from the African Community

Workshops with Northampton Hope’s service users showed that a lack of available housing was also an issue for this group, who whilst waiting for social housing availability often spent unnecessary lengths of time in supported housing. Although the quality of accommodation is often good, this stagnation can cause numerous issues for some individuals. In most supported housing people are disincentivised from finding employment due to the high costs of tenancy or licence if employed. They are also surrounded by other people with mental health or substance misuse challenges, so spending extended periods of time in supported housing can encourage relapse. Nonetheless, the nature of this group meant that the individuals had much better access to support and advice than the other communities and groups assessed. Participants noted the value of organisations such as Northampton Hope Centre, in not just providing 1-1 support in the process of applying for housing, but also following up its progress.

“The Hope Centre you can go to for support with things, and they will help you. Like with housing, they helped me find housing, and would keep ringing for me.”⁵¹

POOR CONDITIONS

The high demand for housing, has resulted in many households living in inadequate housing in Northampton, both in the social and private housing markets. This is concerning, as poor housing has been found to have considerable physical and mental health implications. Kevin Fenton from Public Health England, notes that *“Our home is not just a dwelling place. It should be a place of comfort, shelter, safety and warmth...it is the main setting for our health throughout our lives”⁵²*. Shelter has found that the health of 1.9 million renting households is being harmed by poor housing⁵³. A number of the participants in social housing, shared their lived experiences of living in or unsuitable housing and poor conditions. Frequent issues included damp and mould, a lack of furniture and overcrowding. Fuel poverty is unsurprisingly exacerbating the issue, and across communities’ participants highlighted their inability to afford fuel as energy prices increase sharply. In 2017, approximately (12,861 households (7.9%) in West Northamptonshire households were in fuel poverty.⁵⁴ This will only increase in the next year⁵⁵.

People were often living in poor conditions for extended periods, as repairs take a long time to be sorted, and households were not prioritised by the council as they were not homeless. Participants had the perception that there were people living in inadequate housing for 3 or 4 years whilst new migrants were housed quickly, which had led to both physical and mental health conditions.

Maintenance and upkeep of social housing was also a recurring problem, with tenants noting that they had to wait a long-time for problems to be repaired.

⁵¹ Participant from the workshop with service users

⁵² . Fenton, K. Bringing together housing and public health. 2015. Public Health Matters, Public Health England. [Online] Available from <https://publichealthmatters.blog.gov.uk/2015/10/21/bringing-together-housing-andpublic-health/>

⁵³ Shelter (2021). Health of one in five renters harmed from their home. https://england.shelter.org.uk/media/press_release/health_of_one_in_five_renters_harmed_by_their_home

⁵⁴ From the Northamptonshire Director of Public Health Annual Report 2019/20. Northamptonshire County Council, 2021, p58. Accessed by: <https://www.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Documents/2019-20%20DPH%20Annual%20Report.pdf>

⁵⁵ This fieldwork was carried out prior to the announcements about increases in fuel poverty

One participant, an African Muslim single mother with two young children, shared her experiences of having to live in a house with a leaking pipe, which had no working toilet and no heating. Despite complaining to the council many times, she was told that they did not have a house for her and her children and was only provided with small electric heaters. It wasn't until four years later, after her children were hospitalised and she ended up in hospital with Pneumonia, that she was eventually provided with suitable accommodation.

“ There was no heater, I stayed with kids in one room, because there was no heating... I stayed there for 4 years. The council visited here to check and did nothing, and only gave me small heaters. I was going everywhere to complaining about the house, that there is no heater in the house. And when you go to the toilet, the toilet is not working, and sometimes when you turn on the light there is fire (spark) because the water was leaking. Sometimes, I got shock on my hand. It was very hard for me to be honest. They know my situation, but they say “we don't have a house to give to you, you have to manage, through the winter”. It was very cold, it sent my kids to hospital. Even me I had the problem, I was getting water in my lungs (pneumonia). I was in hospital it was very hard for me. It was very painful for me. I was having to go to emergency many times.”⁵⁶

These problems are not just limited to tenants, with even homeowners facing challenges if they have insufficient incomes to fund maintenance costs and repairs. One elderly participant who was using Hope's food club services, noted how her bungalow was rapidly deteriorating, as she was unable to undertake repairs and afford the heating for her home.

Unfurnished houses can also be problematic for those facing poverty, and who are unable to afford basic items. Participants noted their reliance on charity shops such as The British Heart Foundation, and Spencer Contact. However, they also highlighted that even from these shops, the cost can add up when multiple items are needed at once, or the more expensive white goods. A key informant from the African community noted:

“I help a woman who does not have an oven, nothing, and she is a single parent, and they are sleeping on the bare floor.”⁵⁷

CHANGES IN CIRCUMSTANCES AND HOUSEHOLD SIZE

For several of the participants within the assessment, housing had become unsuitable because their household had grown as a result of changes in circumstances such as from taking in children or elderly parents, or additional family members migrating to the UK. This creates problems of overcrowding and privacy. For example, one participant, who was experiencing food poverty, was having to sleep on the sofa, after his fourteen-year-old daughter had moved into their one bed flat. However, participants noted that once you have a house by the council it is very hard to move, even if it later becomes unsuitable.

Although this issue was brought up in a number of workshops and interviews across the different communities, it was particularly highlighted as being common within the African community, where

⁵⁶ From a household interview with an African Muslim Woman, from Pemba, Tanzania, who had two young children

⁵⁷ From a key-informant interview with Reverend Amanda Tandoh from Northampton Life Chapel

for many cultures, such as the Somali community, it is commonplace to care for elderly relatives. One participant, who was an African-Muslim single mother conveyed the challenges she was experiencing after her mother with severe health conditions moved into their house, and she became her full-time carer.

“My mother has to sleep in the living room as she can’t move, she can’t even move her arm, so she can’t go upstairs to use the toilet, and has to use a commode.”⁵⁸

This has resulted in a loss of dignity for the mother and placed stress on the whole family including her children who have lost their living space. However, she has been refused applications for more appropriate housing, as their household.

4.5. ACCESS TO HEALTHCARE

There is a well-known relationship between health and poverty, with poor health and disability often leading to poverty, and poverty being a driver of both physical and mental health conditions. The Trussell Trust has found that people that reported that they had poor health were six times more likely to be food insecure than people reporting ‘excellent’ health⁵⁹. Persons with disabilities and long-term health conditions, in particular can end up in long-term poverty, with society’s inability to be accommodating reducing employment opportunities and creating few routes out of poverty. In 2018, the Joseph Rowntree Foundation found that 49% of working-age people with disabilities were not working in comparison to 19% of people that were non-disabled⁶⁰. This has of course been exacerbated during the pandemic, as the clinically vulnerably have been less able to leave their homes. In a key informant interview, Ayo Ogunbuyide from Shine Development Concept, a social enterprise providing food aid, noted:

“A lot of clients who come to us are unable to work as a result of health status. For example, we help one immigrant man who had a lifechanging accident and can’t work now.”⁶¹

Likewise, findings from this assessment support research demonstrating the role of poverty in causing both physical and mental health conditions. Section 4.4. describes the lived experiences of a number of participants who have suffered from health conditions as a result of poor-quality housing. In addition, many participants noted how poverty can cause mental health challenges. Many of the drivers of stress and poor mental health were the same across groups and communities, for example participants across the assessment shared how they constantly worried whether they could pay their bills or put food on the table each month. Some participants, particularly single-parent mothers from the migrant communities assessed, were stressed and worn out, from working long hours and multiple low wage jobs to feed their family, whilst balancing caring obligations. Whilst conversely, those that are not working in all noted their experiences of boredom and loneliness, which has only got worse during the pandemic.

⁵⁸ Participant from the workshop with African Muslim Women

⁵⁹ Trussell Trust State of Hunger

⁶⁰ Joseph Rowntree Foundation (2019). *Employment among disabled people*. Accessed through: <https://www.jrf.org.uk/data/employment-among-disabled-people>

⁶¹ From a key informant interview with Ayo Ogunbuyide from Shine Development Concept

The strong relationship between health and poverty shows how important it is that those in poverty have good access to healthcare. This therefore makes it a concern that members of all the assessed communities and groups have recently found both health and mental health services very hard to access as a result of the ongoing pandemic, with in-person appointments particularly challenging to come by. However, of most concern is the considerable additional barriers described by the assessed migrant communities, which prevent a very significant number of them from accessing healthcare service at all.

ACCESS TO HEALTHCARE FOR PEOPLE WITH NO RECOURSE TO PUBLIC FUNDS

The group with the most barriers to accessing healthcare, are those with no recourse to public funds, many of which are from the African communities in Northampton. This is problematic as this group is also particularly reliant on their health. Some of the most vulnerable households interviewed as part of this assessment were those with no recourse to public funds, that also had healthcare issues, as this prevented them from undertaking informal work, and obtaining a source of income.

One participant noted

“In a week I used to work 70 hours, 60-70 hours, to help those back home... I used to have good weekly money”.

However, after developing health conditions in 2015, she is now unable to work.

“Now I can’t stand for long, I can’t lift, so I can’t work.”⁶²

Although those with the NRPF condition have the legal right to access primary care services including the GP, misinformation has meant that many of the participants of the assessment were unaware of this, including community leaders. The belief that you cannot register to a GP has also been compounded by frequent accounts from members of the community of being refused registration. One participant explained how they were unable to register for two years, as they were continuously denied, despite being eligible. These issues were described by Anne Wankiiri from the United African Association in a key informant interview.

“I only realised people could register with a GP 3 weeks ago, when we were doing the vaccination clinic... but people are not believing me that you can.

We maybe need to find out which GPs are most accommodating as that is the last thing we want people to do, to go to the GP, and be stopped from registering, and then get put off.”⁶³

There is a real fear of those with the NRPF condition of detention or deportation, and a belief that hospitals and medical facilities can track you. Participants were fearful as they had heard rumours of people accessing health services and going straight into detention.

“People from hospitals can track you.”⁶⁴

⁶² From a household interview from the African Community, with a 67 year old Kenyan woman with NRPF

⁶³ From a key informant interview with Anne Wankiiri from the United African Association

⁶⁴ From a household interview from the African Community, with a 67 year old Kenyan woman with NRPF

This reiterates the findings from the JCWI, which showed that 58% of respondents to their survey with NRPF, feared accessing healthcare.⁶⁵

As a result of these factors, it has been common practice within the community for individuals to share IDs. However, the shared medical history between individuals can become very problematic. Anne Wankiiri noted that one lady had gone to the GP to find that her medical history now included an abortion, that she had never had.

An additional problem for irregular migrants without leave to remain, or a pending asylum application is the high costs for many hospital treatments, even if lifesaving. They are required to pay 150% of the standard cost of these treatments, and if unable to, are left with debts that significantly impede immigration applications.⁶⁶ The costs are often confusing and unclear, putting people off from seeking hospital treatment altogether, even if the treatment would be free, such as for accident and emergency services. A case was shared by participants of a homeless man, with really bad sores, refusing to go and visit the hospitals because of fear of the costs, and detention as a result of his NRPF condition.⁶⁷ Participants noted that people with NRPF often don't get treatment until it becomes an emergency and life threatening. In fact, participants noted that confusion surrounding hospital costs had an impact on even those that are eligible for treatment. Migrants are often asked for proof of eligibility before treatment can be conducted if it is not a critical emergency, and possibly delaying their treatment⁶⁸. There is also confusion and misinformation surrounding who is eligible for free treatment.

Unsurprisingly the failure to register with GPs for those with NRPF, and a reluctance to attend hospital has had an increased impact during the Covid-19 pandemic and has likely contributed to the higher death toll within BAME communities⁶⁹. Participants noted that individuals with NRPF have not been called for vaccines as they don't have a NHS number, which is particularly problematic for those that are clinically vulnerable, who have been placed in considerable risk from having to wait longer for vaccines. More recently individuals have also faced issues in acquiring vaccine passports if they are not registered, which has been a significant issue for the large proportion of this group who work as carers. The United African Association has undertaken a number of initiatives to reduce the scale and impact of these issues. They have distributed cards from Doctors of the World that individuals can present to GPs explaining the rights of those with NRPF to register, run webinars on how to register with a GP and on healthcare entitlements for those with NRPF, and set up vaccination clinics. Initiatives such as this need to be run by other organisations and communities, to ensure that the most vulnerable get the healthcare support they are entitled to.

LANGUAGE SKILLS AS A BARRIER TO ACCESSING HEALTHCARE

Across the assessed migrant communities, language and literacy skills were reported as being a significant barrier to accessing healthcare services. First and foremost, this prevents many from registering with a GP. Many women in the African communities in Northampton have low literacy skills, and many people in the Eastern European communities lack English skills, making the process

⁶⁵ Statistics from the Joint Council for the Welfare of Immigrants. Migrants with No Recourse to Public Funds' Experiences During the COVID-19 Pandemic. Accessible from: <https://www.jcwi.org.uk/no-recourse-to-public-funds-public-health-risk-destitution>

⁶⁶ From, A Short Guide to Access to NHS Healthcare for Migrants, Doctors of the World Accessed from: https://www.doctorsoftheworld.org.uk/wp-content/uploads/2018/11/A_Short_Guide_to_Access_to_NHS_Health_Care_for_Migrants_JCWI_DOTW.pdf

⁶⁷ Noted by participants from the workshop for African Communities

⁶⁸ <https://www.equalityhumanrights.com/sites/default/files/research-report-122-people-seeking-asylum-access-to-healthcare-lived-experiences.pdf>

⁶⁹ <https://blogs.bmj.com/bmjgh/2020/08/25/the-disproportionate-impact-of-covid-19-on-bame-communities-in-the-uk-an-urgent-research-priority/>

of filling in registration forms challenging. The participants noted that many surgeries don't have translation services that you can select for registration forms, so community members often require support in filling them out.

“People need help in completing forms, and many don't have translation services you can select.”⁷⁰

A number of Eastern European community leaders shared that their most frequent requests for support, were for interpretation and translation for GP registration. Whilst the more established Polish community, were now better able to accommodate this, due to the plethora of people with strong English skills in the community, in other communities this placed considerable pressure on those with language skills such as community leaders.

As well as inhibiting the registration process, a lack of language and literacy skills also hinders access to information. This has been a particular problem during the pandemic, and participants noted that many community members were not aware of test centres or vaccination clinics as a result. Participants from the Romanian community explained that when the Danes Camp test site included Romanian translations on communication materials, there was a huge impact as people became aware of the crucial service. A lack of information means that often people are not even aware that they can get help and may be eligible for certain treatments.

Discrimination based on accent was also brought up as an issue. One key-informant noted that receptionists at GPs can often have a certain attitude, which is problematic, as they are the ones who are able to give out appointments are not.

“There is a kind of a slightly discriminatory side to it, if people don't speak the language, then they will not be offered a similar level of service to if you do. And I have even experienced this on a personal level. Even though my English is not perfect but fluent after 16 years I had to get English friends make an appointment.”⁷¹

Once people do access healthcare services, participants from the African and Eastern European communities, noted that English skills made appointments challenging. People are frequently unable to convey their symptoms sufficiently often as a result of lacking confidence, and struggle to understand what the GP is saying.

“The first time I visited the GP for a problem I was ignored, the GP did not think my problems were bad, but when I went back and I had more confidence to speak up for myself and tell him all my problems, he realised the situation was really bad, and I was taken straight to hospital in an emergency vehicle.”⁷²

Participants noted that local surgeries have to pay interpreters for support, unlike hospitals so are often reluctant to do so, resulting in community members having to again rely on friends and family for translation support, which also brings the risk of mistranslation. Language barriers were also particularly problematic for mental health service, as people are unable to share their experiences and problems in sufficient depth in English, and may be embarrassed about having a friend present. Participants from the Eastern European workshop noted that private psychologists that speak your language are hard to find and can be expensive.

⁷⁰ Participant from the Eastern European workshop

⁷¹ Key informant interview with Elena Symeou from St Anne's Orthodox Church

⁷² Participant from the workshop with members of African communities

CULTURAL BARRIERS TO ACCESSING HEALTHCARE

Cultural barriers further limit access to healthcare for migrant communities. Participants from the African communities, highlighted that Africans were often reluctant to see their GP, resulting in Africans often having the highest rates of emergency admissions as they wait until they have no other option. One of the reasons for this is the stigma attached to poor health, and the lack of discretion and extent of gossip within communities. Participants noted that they would be reluctant to go to the GP or admit to hospital, as they didn't want people to see them and know they were sick. One Zimbabwean participant noted:

“I would ask to change doctor or nurses if they were Zimbabwean... there are doctors who tell the whole community. there was one who even sneaked pictures to share.”⁷³

For certain diseases, the stigma attached is so great that people take secrecy to extreme levels, to avoid gossip within the community. For example, people are so ashamed of HIV, that participants noted that there are cases of children with HIV not even being told that they have the disease by their parents, even when they are being secretly treated. Participant also noted that there was a stigma attached to Autism, despite participants suggesting that there are high levels of autism within the African community.

“Autism is kept under the blanket until it so obvious it can't be hidden as a result of the stigma.”⁷⁴

“There are lots of children with Autism and people ignore it and parents don't understand it...Many parents are in denial as there is a lack of education on the issues, so parents are not accessing the services that are there to support.”⁷⁵

Instead of accessing formal healthcare services, participants noted that many people seek alternative cures, some people ask for pastors to pray them, others go to healers in Luton, and some may get treatments sent from Africa.

“People get their uncle to send herbs from Zimbabwe...DHL must be making so much money, from African medicines being sent to the UK.”⁷⁶

Participants also highlighted the problems of the stigma and religious beliefs surrounding mental health particularly in migrant communities, which mean that many people don't present themselves. For example, participants shared that in many Eastern European communities you are designated as being crazy if you have a mental health condition. Whilst in some African cultures, some of those with mental health conditions are thought of as being possessed by the devil.

“Culturally it is an extremely sensitive subject, because if you mention mental health you will be ostracised and deemed as a crazy person, so people will try and avoid you, there is just such a stigma. It is a huge, huge, huge sort of problem that we are all facing and trying to address, but particularly in the Eastern European communities, it is quite stigmatized, and it is difficult to overcome these cultural barriers”.⁷⁷

⁷³ Participant from the workshop with members of African communities

⁷⁴ Participant from the workshop with members of African communities

⁷⁵ From a key informant interview with Reverend Amanda Tandoh from Northampton Life Chapel

⁷⁶ Participant from the workshop with members of African communities

⁷⁷ From a key informant interview with Elena Symeou from St Anne's Orthodox Church

As a result, examples were given from the African communities workshop of families that have children with mental health issues going to Birmingham to fear of the community finding out if they sought help locally. In addition, the stigma surrounding mental health means that there is a lack of knowledge of where to go for mental health support in these communities, with few talking about issues surrounding mental health to their GP, further preventing people from accessing the support they need.

4.6. SAFETY

Participants across communities noted how unsafe they now felt in Northampton. A number of reasons were given, including a fear of stabbings, verbal abuse, a lack of lighting, and the prevalence of drunk people.

“The town centre is not nice, there are drunk people, it is dirty, the shops are closed.”⁷⁸

“Verbal abuse happens a lot, and I am afraid of stabbings.”⁷⁹

“Northampton does not feel safe. It is not well lit, and there are lots of drug dealers. I walk everywhere, and feel scared to go outside after dark, even to go to the shops, which is a problem in winter. I am particularly scared for my 15 year old daughter who has to walk back from school, for half an hour. I talk to my daughter on the phone the whole way to make sure she is safe.”⁸⁰

Poverty can make it challenging to avoid unsafe situations. People often have less choice as to where they live and therefore are more likely to have to live in the cheaper and less safe neighbourhoods of Northampton. Poverty may also prevent household members from using public transport placing them in more danger after dark. In addition, participants also noted that people are often more vulnerable to be taken advantage of as a result of poverty, such as by drug cartels. Participants from the African and African Muslim Women workshops in particular noted that this was a problem within their communities. One participant noted that her 11- year old black son had already been targeted by people looking for drugs and drug dealers. To protect him she had made the decision to pay for fuel to drive her son to school and ensure he was safe, creating an additional expense in her already stretched budget.

In the migrant communities and Eastern European communities in particular domestic violence was also highlighted as being a significant problem.

“I know a lot of cases, they need to be combated.”⁸¹

It was suggested by participants that this was in part a result of cultural norms, and unsurprisingly noted that the problem had been exacerbated during COVID as people were more confined to their houses. Whilst this issue is not exclusive to those experiencing poverty, those in poverty are often more trapped and less able to escape the situation.

⁷⁸ Eastern European workshop participant

⁷⁹ Participant from the workshop with people experiencing food poverty

⁸⁰ From a household interview with a Romanian woman, with two children on Universal Credit

⁸¹ Eastern European workshop participant

“ I lived in trauma, because I was depressed, he was abusing me, bullying me, and I had nowhere to go, I talked to some people and they couldn’t take me, it was last year, because of status they couldn’t give me accommodation. I really suffered.”⁸²

Notably participants, highlighted a lack of support for victims.

“There are a lot of cases of domestic abuse within community, but there is a lack of provision, and the refuge often turn people away, for example if they have too many children...The system is flawed, people are not represented, and are invisible, and isolated, voices need to be heard.”⁸³

An example was presented of one woman who had escaped domestic violence, but who was not given the support she required, such as accommodation. Instead, a plane ticket was brought for her, and she was told to go back home.

“She had nothing to go back to.”⁸⁴

DISTRUST OF THE POLICE

Participants also highlighted that a number of groups and communities are more vulnerable as a result of distrust of the police. Having lived through communism, Eastern European community members noted that they do not trust the police at all, resulting in a lot of things going unreported.

“We are a different culture than the English. We have two mafia, firstly is the priest and secondly that is the police, that is why we don’t trust, and we don’t make phone calls to the police, because we have bad memories from Poland.”⁸⁵

One participant noted that she was aware of 3 houses on her street with drug dealers in. She was worried about her children’s safety, and that they might have a bad influence on them, however she would never report them. Participants from the African communities also noted that there is some distrust of the police and a reluctance to report. They highlighted that in particular people with the NRPF condition would not report violence.

“I think most people wouldn’t report it unless it becomes really violent, then they may go to the police. If you are undocumented you don’t go anywhere, you might tell your friends. There is also distrust of the police, as in Africa they are corrupt and not trusted. If you are NRPF, you would never go to the police, just try and stay in the background.”⁸⁶

To address this issue the United African Association have developed links with the community police. Developing such a good relationship, that they have even acted as references for some people’s home office applications. Anne Wankiiri notes.

“It is important to get those links with community police. Then people will come to us, and go “you are friendly with the police I need support”.”⁸⁷

⁸² From a household interview for the African community with a 67 year old Kenyan woman with NRPF

⁸³ From a key informant interview for the Eastern European communities with Elena Symeou from St Anne’s Orthodox Church

⁸⁴ Eastern European workshop participant

⁸⁵ From a key informant interview for the Eastern European communities with Andrzej Tkaczuk from the Polak W Northampton Facebook group

⁸⁶ From a key informant interview with Anne Wankiiri from the United African Association

⁸⁷ From a key informant interview with Anne Wankiiri from the United African Association

The Romanian community have also established some links with the police, inviting a Romanian police officer to the church for example. Improving the links between the police and community organisations is essential to help build trust, and reduce the impact of poverty on people's safety.

4.7. EXPLOITATION IN WORK

Exploitation within the workplace was highlighted by the three migrant communities assessed, as being a common issue, sometimes going so far that it could be considered modern slavery. Cases were shared by the migrant communities of both people inside and outside of their communities taking advantage of individuals in vulnerable situations.

EXPLOITATION OF PEOPLE WITH NO RECOURSE TO PUBLIC FUNDS

In the African community, the participants highlighted that the most vulnerable individuals to exploitation are irregular migrants and asylum seekers who do not have the right to work, and therefore are unable to seek employment through formal routes. Community members are often well aware of the individuals who fall into this category, and therefore exploitation of irregular workers and asylum seekers, often occurs from within the community itself, by small companies and agencies.

“There is a couple, where the husband is a pastor from Ghana, but they don't have papers, so are illegal, people make them feel very little, and give them bad jobs, and all that.”⁸⁸

Employment agencies sometimes support those without a right to work to find employment, issuing fake IDs and creating CVs, which is a lifeline for this group. However, they are also able to easily exploit this group, and often do not issue contracts, pay under minimum wage and do not meet employment rights. Cases were presented of some people being paid only £30-£40 for working all night, through an agency, such as in care homes.

“Some agencies pay fair, but many pay awfully, like £35 for the night. But if you have not been working then £100 a week, is something.”⁸⁹

African community members also noted it was not just those without the right to work that were being exploited by agencies and small companies, but also the wider community of migrants with no recourse to public funds. Their lack of safety net means that many of this community have been forced to take up low paying jobs often on zero-hour contracts and sometimes below minimum wage, rather than face unemployment. People legally here with NRPF, are often working and paying tax, but not earning enough to meet even their most basic needs.

⁸⁸ From a key informant interview with Reverend Amanda Tandoh from Northampton Life Chapel

⁸⁹ From a key informant interview with Anne Wankiiri from the United African Association

“It is not just those with no status that are struggling, some have papers, but are still very poor, it all due to having the wrong information.”⁹⁰

Informal cash-in hand jobs are often undertaken by members of this group within their community, either to supplement their low-incomes, or because they are unable to acquire employment through an agency for reasons such as health conditions and childcare obligations. However, these are rarely remunerated fairly. A Kenyan lady who had no recourse to public funds explained in an interview how she relied on informal cleaning and childcare work, to put food on the table. Since this kind of work had reduced with the pandemic, she had been really struggling. Even though she knew she was being exploited, being paid £20 for ironing that took her 6 hours a day, she told us how important it was for her, and how challenging her life had become, since this kind of work had been hard to find during the pandemic.

“They don’t pay good money, people are also having their own problems with money.”⁹¹

At the most extreme end, participants from the African community noted there were a small number of cases of modern slavery with some individuals not being paid at all.

“There was a woman who worked 500 hours at a restaurant and was never paid, and when she asked for the money she was threatened with being reported.”⁹²

However, community members noted that these exploitative practices are hard to erase because there are disproportionate consequences for those who are unfairly ‘employing’ individuals in comparison to the irregular migrants themselves, who face possible detention and deportation. Irregular migrants are unsurprisingly reluctant to report exploitation due to fear of these consequences. In addition, informal employment is also a lifeline for the irregular migrants and asylum seekers, who have no recourse to public funds and thereby no safety net, so many are also unwilling to lose the source of income, as it is better than nothing.

EXPLOITATION OF EASTERN EUROPEANS

For the Eastern European community poor language skills and inadequate access to information have resulted in many people within the community not being aware of their employment rights, particularly within the less-established Romanian community. Research by the Eastern European Resource Centre showed that only 16% of the Eastern European migrants in their survey knew what the National Minimum Wage was.⁹³ They also found that those individuals who were confident English speakers were far less likely to suffer exploitation at work, with only 3% experiencing exploitation.⁹⁴ Participants highlighted that agencies and businesses are taking advantage of this, not issuing contracts, or providing holiday and sick pay, whilst pushing people to work very hard.

⁹⁰ From a key informant interview with Reverend Amanda Tandoh from Northampton Life Chapel

⁹¹ From a household interview with a 67 year old Kenyan woman with NRPF

⁹² Participant from the African communities workshop

⁹³ Statistics from research conducted by the Eastern European Resource Centre. Zagrodniczek, Katarzyna, 2017. Eastern Europeans at work: Lessons from outreach. Accessed from: <http://www.eerc.org.uk/wordpress/wp-content/uploads/2018/02/Report-Eastern-Europeans-at-work-Lessons-from-outreach.pdf>

⁹⁴ Idlib

“Many Romanians don’t speak English so are being exploited by agencies as they don’t know the rules. Agencies are basically stealing money from employees. Warehouses treat people like rubbish, like labour camps.”⁹⁵

“Another problem that I would love to mention, is employment rights. The discrimination amongst the Russian speaking community, who don’t speak English is unbelievable. People working without contracts... I have tried to help and asked with my English and sort of pressured employers, and I found ACAS. So when I get involved the employers get a bit nervous, but they still fail to fulfil basic employment rights, like holidays, sick pay, things they have to do by law. People are being exploited in the 21st century, to a horrendous level, and there is no accountability for it. It is so unfair.”⁹⁶

“People are not getting paid holidays and sick pay, and have no contracts. However, they are not aware of their rights.

“90% of these cases are often cleaning businesses, but also warehouses. as they are small companies and can get away with it.

“I know of people working double shifts, doing their boss’s hours as well as their own and then only being paid for theirs. Also, working 8 hours, and only being paid for 4”⁹⁷

Participants noted that this was happening across many industries, including in the distribution sector, which is particularly problematic given the sheer number of Eastern Europeans employed in warehouses in Northampton. However, some of the worst cases were in small businesses, with people often exploiting members of their own community. Participants of the workshop gave the example of car washes, where it is not uncommon for people to only be paid £40, after working the whole day from 8-5. In addition, a key informant noted the exploitative practices of small cleaning businesses.

“Many of these cases are often cleaning businesses, as they are small companies and can get away with it. There was one women who works as a cleaner, she was working double shifts, doing her bossed hours as well, but not being paid for it. So she was working 8 hours a day and only being paid for 4.”⁹⁸

There has been some success in addressing these challenges by the community itself, particularly within the more established Polish community. Voting poles have been created on the Polak W Northampton Facebook group of the worst warehouses to work in, which is helping people to make more informed decisions about where they work. In addition, some former employees have recently submitted tribunals, although they point out the size of the business they are dealing with, makes success unlikely. However, greater support and engagement with the Eastern European communities is required, to ensure that all Eastern Europeans employment rights are being met in Northampton.

⁹⁵ From a key informant interview for the Eastern European community with Andrzej Tkaczuk from the Polak W Northampton Facebook group.

⁹⁶ From a key informant interview for the Eastern European community with Elena Symeou from St Anne’s Orthodox Church

⁹⁷ Key informant, Russian community (see appendix)

⁹⁸ Idlib

5. ROUTES OUT OF POVERTY

In addition to looking at immediate needs the assessment also explored routes out of poverty, and the barriers preventing community members from achieving them. Understandably the reception to this topic varied considerably amongst participants. In some workshops and interviews, such as those with members of the African communities, the conversation was very positive. The workshop became a space for idea generation and co-learning as community leaders and members discussed how people could be better supported to enable them to achieve their goals. However, for others the conversation was challenging, particularly for those facing entrenched poverty, who saw no way out of their current situation.

EMPLOYMENT

Well-paid employment is perhaps the most obvious route out of poverty, However, for some households, including those in entrenched poverty, considerable barriers prevent them from obtaining it. For example, in the UK only 52.3% of persons with disabilities were in employment in 2020.⁹⁹ Other groups facing barriers include single parents who are often prevented from obtaining shifts as a result of childcare obligations. One interviewee noted:

*“I have to pick up my young daughter from nursery, so I find it impossible to find a job between 9 and 3 from the job centre and from agencies”.*¹⁰⁰

For those that do have a job, but which is low-paid, time can be a significant barrier to finding a route out of poverty. Participants from the African communities highlighted that many women are working multiple jobs on minimum wage, or sometimes less. When their long shifts are combined with care obligations, many people are too tired to explore better employment opportunities.

*“For those that are working many hours they don’t have the energy or time to explore other avenues. So what they are making just covers their food, rent and bills, and that is a cycle of 6 or 7 days a week, and Sunday you go to church, so it is a cycle, and they kind of survive.”*¹⁰¹

Participants from the migrant communities also highlighted the prevalence of racism and discrimination and its role in hindering the ability to obtain jobs and later, potentially being promoted though their evidence was anecdotal it confirms national studies that show that problems continue¹⁰². Members of the African communities noted that people often stereotype, so for example, if an employer has had a black employee in the past that wasn’t very good, they may be reluctant to hire others.

“When I worked in a healthcare place, the manager was white, and the other workers. When it came to promotion, I was more than qualified for promotion, because I worked

⁹⁹ Statistics from the UK Parliament. Powell, Andrzej Tkaczuk . 2021. Research Briefing: Disabled people in Employment. Accessible from: <https://commonslibrary.parliament.uk/research-briefings/cbp-7540/>

¹⁰⁰ From a household interview with a Romanian woman with two children

¹⁰¹ From a key informant interview with Anne Wankiiri from the United African Association

¹⁰² <http://hummedia.manchester.ac.uk/institutes/code/research/projects/racism-at-work/tuc-full-report.pdf>

very well, I went for interview. He said, “you have passed your interview, but we cannot give you the opportunity because someone else has taken it, but we can give you a place elsewhere.” and I told them “but I applied for this position here, and you brought someone, of another colour here from another institution, and you tell me you don’t have a place.” So, I told them “thank you very much, I am going, because you don’t want me here, you tell me I am a good worker, but when I work like a donkey it is not enough”. There was discrimination. And there were a few other things I noticed, but there is nothing much I could have done...You do all the work, but you are still different.”¹⁰³

Whilst many of these issues are systemic, there are also some barriers that can be more easily addressed that were highlighted during the assessment. Participants from the migrant communities shared the difficulties involved with creating a good CV, noting that people are even getting the basic things wrong. Many are not providing sufficient detail such as dates, whilst others are writing their CV back to front. Despite many organisations providing free support with this, including Northampton Hope Centre, members of the African communities, noted that people often were not aware of this, and services were being underutilised by their communities.

Language Skills can also be hugely probative for many migrant communities. Although again many options do exist to help people learn English or improve their literacy, again people are not aware of them, or they are not suitable. One participant noted that she has been taking English lessons on the phone during the pandemic as provided by the job centre, which have been of little help.¹⁰⁴ Other participants noted the challenges of fitting in courses around childcare and shifts, with one participant noting that she had to give up on a course, as she was getting less than 4 hours sleep.¹⁰⁵

EDUCATION

For the African communities and African Muslim women, education is highly valued and seen as an investment for enabling a better life in the future. Within the assessment there were numerous success stories given of individuals finding a route out of poverty, as a result of education. Reverend Amanda in her Key Informant Interview noted:

“I know of one lady, when she came to Northampton, she became a bus driver as she didn’t have much qualifications, and then through being a bus driver eventually she was doing care work, and then doing an access course, and then went to university and now she is a qualified staff nurse.”

However, for many the cost of courses can be hugely prohibitive. Participants from the African Muslim women workshop noted that many women were going to college, but many had to leave after government cuts which raised the costs. Those without indefinite leave to remain are also required to pay international fees for university, which can be hugely prohibitive for many, particularly as on a student visa people are only able to work for 20 hours a week. It was also noted that Northampton Uni also treats individuals with a pending application for asylum in this way.

¹⁰³ From a household interview with an elderly Kenyan man

¹⁰⁴ From a household interview with a Romanian woman with two children

¹⁰⁵ Participant from the African Muslim women workshop

As a result of the high costs associated with education, grants and scholarships are hugely important, and it is imperative that more community members are aware of them when they do exist, and supported sufficiently in making applications. Anne Wankiiri from the United African Association noted the impact of grants foundations, which can give £500 to do a course:

“One man was working two days a week and only getting £40. We put him on a course to do security guard training and he is now a full-time security guard, and that only cost £500. £500 changed his life.”¹⁰⁶

As education is highly valued in Africa, many immigrants arrive to the UK with valuable existing qualifications and skills. However, participants and community leaders highlighted that often qualifications are not transferred, as people are not aware that this is possible and need support in the process. In addition, although community members may have considerable experience in a profession, a lack of certain skills may be restricting them from acquiring work in that field. For example, there are trained accountants working in warehouses, because they do not have sufficient IT skills. For these individuals just a short course, may make a huge difference to their ability to find well paid employment.

“They are doing the same jobs that everybody is doing, and often earning very little for the hours they do...So it is getting them to retrain or add to their qualifications and have the confidence to apply for the jobs that they are qualified for, if their an accountant, get them trained in IT, so they can become an accountant. Now there are teachers doing care work for example.”¹⁰⁷

A number of participants also saw mentoring as an important form of education, supporting the youth in their community to see a better life for themselves. One of the participants from the African Muslim Women workshop noted that within the Somali community it is common to take a child to a relative or member of the community who is more educated to provide guidance, which can be of huge value. One of the Key Informants, Ayo Ogunbuyide from Shine Development Concept, also shared his own experiences of mentoring youth through creating volunteering opportunities.

VOLUNTEERING

Participants across communities suggested that volunteering could help support the process of finding a route out of poverty, by giving people skills, improving CVs and providing references. Some of the participants from the Service Users workshop are volunteers at Northampton Hope Centre and noted that volunteering had been good for their wellbeing, facilitating interactions, and giving them structure and purpose within their day.

The importance of volunteering was also brought up by the African communities and Muslim African Women, which is unsurprising considering the strong culture of mutual aid. Many of those that are struggling the most, still volunteer to support others. Reverend Amanda who supports the African Community, shared how volunteering at her Saturday School, had helped women find opportunities and eventual routes out of poverty.

¹⁰⁶ From a key informant interview with Anne Wankiiri from the United African Association

¹⁰⁷ Idlib

“People come to the Saturday school to do voluntary work. One lady, she was an engineer, but couldn’t find something to do, so she helped at the Saturday school, and was very good at mathematics. I said “do you want to teach?” and she said “yes, but I don’t know what to do.” I found the agencies number for her and gave her a reference. The school that she went to, helped her do her teachers training, and now she is a qualified teacher.”¹⁰⁸

She went on to note:

“Our group has helped a lot of people do well because they will come and volunteer and look after the children. Some will say I can’t teach English, I can’t teach Maths, but we need people to look after the little ones, take them to the toilet, and from that we give you a reference and give you a better job.”¹⁰⁹

SETTING UP AND RUNNING A BUSINESS

A number of communities suggested that setting up a business can be an effective route out of poverty. Member of Eastern European communities, noted how easy it was to set up a business here in comparison to Poland and Romania, emphasising that it could even be done with minimal language skills. As a result, there are a lot of Polish and Romanian businesses here, many of which are doing well, particularly those with a trade. Members of the African communities and African Muslim women, also highlighted that people within their communities are very business minded.

“Many women in particular run small businesses, and have shops, run car washes, restaurants, make samosas and biscuits to sell, make and sell clothes, do henna.”¹¹⁰

However, for many the high start-up costs can be hugely preventative, with participants from the African community noting, that people struggled to get loans to start up a business. In addition, a participant from the African community noted that it is not registering, which is the challenging aspect, but the longer-term administrative requirements associated with running a business, such as paying fees, insurance and taxes.

“Registering a business was the easiest bit, it is what comes after. In Africa it is so easy, you just need £20 to start a kiosk. Here businesses have had to close because they have got into trouble from not paying bills and fees.”¹¹¹

Participants highlighted that the skills needed to run a business effectively are different from those needed to get a job, and there is currently not enough support. Participants were not aware of the existing support available for this, such as through the library.

During an animated discussion during the workshop with members of the African communities, it was also suggested that support for setting up Social Enterprises would be particularly useful. The impacts of social enterprise can be far reaching, creating sources of income and support for the wider community. The participants noted the need for more African social enterprises to help

¹⁰⁸ From a key informant interview with Reverend Amanda from the Northampton Life Chapel

¹⁰⁹ Idlib

¹¹⁰ Participant from the African Muslim Women workshop

¹¹¹ Participant from the African communities workshop

improve support and employment opportunities within the community, for those that are struggling the most. Reverend Amanda one of the Key Informant Interviews from the African Workshop noted her desire to turn her shop and sewing business into a Social Enterprise, to expand the support she was already providing for Somali Women, by providing them with a reliable source of income.

6. ADVOCACY AND REPRESENTATION

There was a pretty unanimous consensus that communities did not feel represented by the council, or indeed in many cases, by anyone. There are few black councillors, and the African communities noted that they were often put under the same group as the Asian communities in Northampton, despite their distinct needs and challenges.

Nonetheless, it was clear that some communities have better relationships and engagement with the council than others, which is helpful in enabling small interventions and for addressing individual cases. For example, Danielle Stone has worked closely with the African Community, and continues to support the United African Association. In contrast the Eastern European community did not have any relationships with councillors. They felt their community had been ignored and not talked to.

“Nobody hears us. Where can we go with the problem?”¹¹²

“No one has talked to us in the 16 years I have been here.”¹¹³

“I have been many times to the council, but they will not let me past reception. No I don’t know the names of any councillor or how to contact them.”¹¹⁴

How can councillors represent and advocate for all residents of Northampton, if some communities have never even been talked to? For poverty in Northampton to be eradicated, it is essential that there is continued active engagement with all the communities present in the town.

¹¹² From a participant in the Eastern European workshop

¹¹³ From a key informant interview with Elena Symeou from St Anne’s Orthodox Church

¹¹⁴ From a key informant interview with Andrzej Tkaczuk from the Polak W Northampton Facebook group

7. CONCLUSIONS

This review has focused on the needs and experiences of people in the very lowest strata of income within our community, those most marginalised and excluded by poverty from full engagement with it. This includes people who are homeless, attending food aid services, migrants and those without access to public funds. It is significantly inclusive of people from Eastern Europe and amongst black and Asian communities.

By focusing on these groups to a significant degree we do not diminish the needs of the much larger number of people whose poverty levels are more relative but who are nonetheless experiencing very real poverty. That wider community in poverty was partially included in the fieldwork through the focus group related to food poverty, notes of which we include in full below as an appendix. But we need to recognise that there is also a much larger number of people in poverty, with needs related to disability, caring, mental ill-health and many other causes, whom we did not consult with. This number will only increase given the increase in food and fuel prices.

This review is a detailed review of needs rooted in engagement with support groups, advocates and supports for those individuals and communities. It shows that a significant group of people live in poverty on the margins, with minimal recognition and engagement by official organisations from which support was sometimes either inaccessible or inadequate. Their needs are not just financial: these are problems of systematic exclusion and marginalisation from community life. There is a civil society deficit here: a significant group of people and communities excluded and without recognition, representation or voice. And in terms of poverty, it is as though there are general levels of poverty, and beyond that a form of '*super-poverty*' and marginalisation affecting a significant additional number of people.

This focus upon the most marginalised is in line with Hope's strategic and structural focus on people in these categories.

The implications of this combined need are obvious: a need for funding to organisations and individuals, targeted organisational support and development, good engagement with isolated individuals and communities without current voice. But beyond all this there is a need for structural changes, along with changes in attitude, that can release people from poverty and give them access to support. Rules that deny access to those considered to be unworthy of support because of their status or profile, needs to change; there must be willingness and commitment to reach and support black, very poor, homeless, EU migrants and other people because of their poverty, not gatekeep it or reduce it because they are judged or treated as ineligible or somehow creative of their poverty. They are part of our community, and their needs are acute.

8. RECOMMENDATIONS

High level recommendations

Most applicable to West Northants Council:

- There is a clear challenge of increasing, entrenched poverty within West Northamptonshire and it is focused and most acute amongst those who are the most marginalised and excluded. This especially includes people from black, other minority ethnic and Eastern European communities. The local authority, working with partners in multiple sectors, need to apply real, collective focus to these needs with clear, practical solutions.
- The proposed West Northamptonshire poverty strategy is very welcome, and the inclusion of partners in the voluntary sector in helping to produce it is welcome as well. Yet it needs to be backed with real investment, not just in funding to alleviate the impact of poverty but in structural changes, such as building increased social rent housing, especially of larger size.
- There needs to be investment in voluntary sector development and core funding. The central response to people in acute poverty comes from this sector, yet it lacks the resources to meet needs. In particular the response to BAME communities needs to be strengthened. All voluntary organisations need to focus their support on BAME communities, but there needs to be investment in the BAME led sector, both in organisations and in co-ordination across and within them. This will help with both alleviation of problems and issues of representation. There could be useful work with African and Polish communities to identify a suitable building to function as a community hub for each, to provide information and support. There may be sensible consideration of more voluntary sector hubs to enable collaborative working.
- Housing emerged as a key issue with multiple aspects requiring consideration within the new housing strategy.
 - The response by the local authority housing department to applications and complaints by the groups surveyed needs to improve. There are real concerns about the way people are treated and a sense of indifference or blocking.
 - The active re-consideration of the formerly proposed social lettings agency could be a priority.
 - Consistency of approach in support to vulnerable tenants between NPH and housing Associations is needed.
 - West Northants Council should work with migrant communities, to provide transparency around eligibility for council housing.
- Action on advocacy and representation of minority communities:

- Active engagement is needed by West Northants Council with these communities, to encourage confidence and trust to refer to and participate with Council, Education, NHS and Police
- West Northants Council should review how it can engage with the black community separately or specifically to the Asian community, where applicable
- Councillors should explore how they can meet with and build relationships with Eastern European groups

Specific actions for the Police

- Outreach to the Polish community to build confidence and trust
- Consider how to help those with NRPF to come forward to report violence

Recommendations for multiple stakeholders:

- Benefit levels are too low to enable full participation in community life and endanger health. There needs to be concerted action by all at the frontline level, as well as in local authorities, to lobby for change in central government policy
- The problems of those with No Recourse to Public Funds (NRPF), including amongst those in immigration processing, creates an almost unbearable level of poverty, causing real harm to individuals and families. Whilst this is a national issue, and campaigning against this national policy is needed, there is also potential to apply local approaches that minimise this harm. Funding of legal capacity to support those who are NRPF could be considered, along with robust collection of data about numbers.
- Support for social enterprise as a route out of poverty would be welcome – there is potential through allocations made under the Towns Fund to address this, but more funding may be needed, perhaps working through the West Northamptonshire Social Enterprise Town development company (WNSET)
- The engagement of the poorest, and not only those from migrant communities, with democratic representatives and systems is very weak. People feel, and practically are, remote from this whole system; they feel treated badly and with indifference from many statutory organisations. This is a set of relationships grounded in long term lived experience over time, and its needs attention by all organisations working together.
- The issues described in this report have not simply developed in the last year or two; some are long standing. As well as action by individual organisations, there needs to be urgent, concerted action by the local authority, community groups, faith groups, the police, job centre plus and many others working together, with the right structures, systems and funding to enable it to happen.

Specific actions that could be taken to alleviate poverty and begin to address some of the issues above, and which require work by multiple stakeholders, include:

- For all statutory and voluntary sector organisations - to reach out to community leaders to share information to obviate misinformation
- IT and literacy support for the African community
- Work could be done to establish a referral system between the Council and Job Centre as a step into overcoming impression people have of being pushed from pillar to post
- Provision of basic household items and furniture to those with NRPF
- Work is needed with African and Eastern European communities to educate about tenants' rights and food education
- More work is needed with private landlords to provide basic information about the immigration system, to overcome fear and reluctance to accept migrant families the council needs to work with private landlords to improve quality in rented housing
- Food aid providers should work with Eastern Europeans to communicate the availability of food banks
- Schools should explore how they can arrange or work in partnership to supply pre-used uniforms
- Job Centre Plus needs to provide information to migrant communities about advances on Universal Credit.
- GP surgeries – medical and reception staff – need to work on helping those with little functional English to be seen in confidence [without friend as a translator] and to be heard and understood.
- GP surgeries – basic immigration law as it relates to patient registration needs to be applied.
- Mental health services need to work with BAME and EU community leaders to educate about mental health, to avoid stigmatisation
- Counselling services – how to ensure clients can be counselled in their mother tongue
- Clarity over cost of treatments for those with NRPF is needed
- There is a need for education within African and Eastern European communities as to their rights under UK employment law [contracts, leave, sick pay etc.]
- All – consider how to provide a safety net for those who have to resort to informal employment to survive

- Work is needed to prevent some employment agencies providing false IDs and CVs

Routes out of poverty

- Childcare and elderly care support to enable single parents to work
- Support with CV writing; IT skills; face-to-face English language at times that suit working people; courses on how to set up and run a small business; courses to help set up a social enterprise
- University course fees for people with pending asylum claims
- Short courses to help migrants transfer overseas qualifications to the UK setting, to enable them to find work which matches their qualifications and abilities
- Encourage a culture of and opportunities for people from disadvantaged groups, to volunteer

CASE STUDIES

Case Study: F

F is originally from Kenya. She is 68 years old and has been in the UK for 19 years and has no recourse to public funds. She is married to a British national who is 67. Neither of them works, and although he is on a state pension, they find it hard to make ends meet.

“We don’t have enough money to buy washing salts, food, clothing”.

When she first came to this country, in 2002, she worked in care, for private agencies. She paid tax with a fake ID, which she paid £200 for. From the money she was paid, she remitted money back to Kenya regularly, to support her children and family there.

“I used to have good weekly money. “At that time I was even supporting in the house, I had everything”

In 2015, she had to stop work, due to ill health. “Now I can’t stand for long, I can’t lift, so I can’t work.”

To make end meets, F has been doing cash-for-work jobs for community, mostly childminding, for which parents pay cash-in-hand. F has also taken on domestic, housekeeping work, as and when it has been available. For a period, she was doing ironing for cash, earning £20 for 5 or 6 hours work.

“They don’t pay good money”

F is an overstayer. She has applied for settled status but has been refused 5 times. Each time she has applied, she had to find significant amounts of money. She has been badly advised, legally. The last time she tried was in 2018, when she was arrested on suspicion of forging her marriage certificate. She was remanded in custody and, after trial, was sentenced to 3 months and 2 weeks, had already been in for three months in Gloucester. She was released after three weeks, once they were satisfied that her marriage was genuine. She was told she would not be deported because of her ill health. She told us that someone wrote to her GP while she was in prison, to instruct him/her not to treat her. She has since been receiving support from Doctors of the World for all her medical needs, including the Covid vaccine.

“When you are not a citizen you don’t get enough support from the surrounding, from the police, from the hospital, you don’t get enough support because they learn that you are not allowed to be in this country, so they support you very little”.

Case Study: R

R is in his 70s. He has been in the UK for 18 years, without Home Office status, despite several applications, the most recent of which was rejected. He is applying again, on family grounds, but it is a long and expensive process and they have yet to hear.

R and his wife live in two rooms in a rented first floor flat with their 12 year old granddaughter. Because R is in his 70s and has mobility issues, you need to call the flat half an hour before you expect to arrive, if you visit, to give him time to get down the stairs to answer the front door to you. Their daughter, who has Home Office status and works in the Care sector, lives in a tiny flat close-by. The daughter pays £1,300 pcm for the two flats. The rent paid on R’s flat is inclusive of utilities. Money is very tight for them all. The granddaughter is beginning to ask for her own room, and the hope is that once things are clearer for their daughter, she will rent a house they can all live in together.

“But when we were about to get a place, her biometric expired, and they increased the fee, it was very high, it was very difficult. It was in September they then decided to sell the house and it takes 7 months for the biometric to be reviewed. It is a struggle.”

“We were missing some essential commodities. But God brought us Anne and her organisation [United African Association], and that was when Covid was hitting hard, when the shops, we did not have enough money.”

“We did not know what to do. We are eating breakfast, and missing lunch. But what was important is that the grandchild had to have food for lunch.”

“We would rather struggle than get into debt. It is very difficult for me to access, with my breathing, now I cannot use mobility scooter because it is not acceptable. My granddaughter needs privacy, she does not want to stay in one room with her grandmother, so she says, when will I get my own room, where I can have my own cupboard, and desk, and I can do what I want to do.”

“I have to cook food downstairs, and bring it upstairs to eat, and during the winter, it is very cold, so the landlord has been complaining about me having a kettle up here, but I say what do you want to me to do, because I can't go down there. So upstairs we have a little fridge, and a microwave, and an electric kettle, but he complains, and complains, about the electricity bills going up, oh you should not have this, the council people are coming, oh the fire people are coming, I say let them come, what do you want me to do.”

Case Study: L and S

L and S are friends. Both are single Muslim women: L is in her 60s, with grown up children in eastern Kenya; S is from Pemba [Zanzibar], in her late 20s, and has 3 children [12, 6 and 18 months] who she looks after alone, after her husband abandoned them. Both have Home Office status.

L is looked to by many young women as a community grandmother.

“You know most of them, they don't talk to people, they are shy. They suffer but they don't want to go, they think that no one will listen to them. They think maybe they don't help African Muslims, so that's why many people they don't come to the community. They think they are not going to help us, and that is why they don't want to”

For those in dire straits, the mosque on Clare Street provides practical help. L reports “When my daughter in law died [of Covid], I called them, and the imam, Abdullah, arranged everything, because they [the authorities] said the government is going to bury her; this is very bad in our religion. We didn't know what to do. Had to pay £2500 and the funeral and so on and sad, and we didn't have, so they lent him, or him to pay back.”

For S, navigating the benefits system has been difficult. She does not like to ask for help, because she is proud of who she is, and she has strong values, but she has had to.

“They cut my benefits for my children to now only for two children, so I am struggling.”

“They pay £60 for two kids, you have electrics to pay you have council tax, you have water, you have a lot of stuff, and they need food and everything, can you imagine, I was crying for the whole night, I didn't know what to do. “

Putting food on the table has been a real challenge for S, but L and the community has helped out. However, the community cannot help with housing.

“In this house it is ok, but in the one I had before it was very hard. The one we stayed there was no heating, only a small heater. Here it is ok, but before there was no heater, I stayed with kids in one room, because there was no heating. They gave me small heaters. I stayed there for 4 years. The council visited here to check and did nothing. I was going everywhere to complaining about the house, that there is no heater in the house, even when you go to the toilet, the toilet is not working,

and sometimes when you turn on the light there is fire (spark) because the water was leaking. Sometimes, I got shock on my hand. It was very hard for me to be honest. They know my situation, but they say we don't have a house to give to you, you have to manage, through the winter, it is very cold, I sent my kids to hospital. Even me I had the problem, I was getting water in my lungs (pneumonia). I was in hospital it was very hard for me. It was very painful for me. I was having to go to go to emergency many times. The doctor said the housing was not good for me."

Case Study: E

E is a single mother of 3; a Russian national with settled status. She works, and volunteers as the pastoral outreach worker at St. Anne's Russian Orthodox Church on Cattle Market Street, where she runs a weekly Bible study for women from Russian speaking countries: Russia, Latvia, Lithuania, Moldova, Kazakhstan and Uzbekistan. Of the Bible study sessions, she says,

"We talk about life. It is only for women, and we share a lot. We help each other, and it could be from the alcoholic husband, or an abusive husband, or the loss of a child, it is just various problems, and then we can support each other in various ways."

E reports that 5-10% of those she comes into contact with struggle to meet their needs, but only a very few, about 1%, have ever been homeless. She describes this diaspora as a very close community, and people are usually not here on their own - they have their uncle, or cousins here, and they support one another. Sofa surfing from household to household is common, sometimes for months and months.

Members of this community experience a variety of difficulties in navigating work, benefits and medical support here.

"There is discrimination in the services, with non-British people not taken seriously. It is access to the services because of the language barrier, and then also the system as well. There is a kind of a slightly discriminatory side to it as well, if people don't speak the language, then they will not be offered a similar level of service to if you do."

Mental health issues are rife within this community, but people will hardly ever talk about it.

"Culturally it is an extremely sensitive subject, because if you mention mental health you will be ostracised and deemed as a crazy person, so people will try and avoid you. It is a huge, huge, huge sort of problem that we are all facing and trying to address, but particularly in the Eastern European communities."

Even when people are able to work, they face problems and difficulties that can exacerbate their mental health.

"Discrimination towards the Russian speaking community, who don't speak English is unbelievable. People working without contracts. People are being exploited in the 21st century, to a horrendous level, and there is no accountability for it. It is so unfair."

"People are not getting paid holidays and sick pay, and have no contracts. However, they are not aware of their rights."

"90% of these cases are often cleaning businesses, but also warehouses, as they are small companies and can get away with it."

"I know of people working double shifts, doing their boss's hours as well as their own and then only being paid for theirs. Also, working 8 hours, and only being paid for 4."

EXAMPLE Workshop notes

Workshop/Food Club users/28th September 2021

Present: Emma Matthews, Andrew Proud; customers K, AN, AD, T and AM

Immediate needs and challenges:

The Covid benefit cut means an £86 pcm cut, in real terms, to AN

Providing food for children

Unable to plan ahead at all – one participant had a needy daughter living with him; he reported being constantly hungry, already resigned to Christmas not happening; others talked about the pressures on children to be seen in branded clothing.

The price of technology is a live issue – phone contracts and broadband are expensive.

AM reported that: the need to provide childcare for her 4 young children meant she was constantly stuck at home; the cost of school books and educational resources in Covid was prohibitive, as is the cost of uniform now they are back at school.

T, spoke of the cost of running a mobility scooter – the cost of consumables and maintenance are rising and there is no help with that.

Several reported that when you are living on scarce resources, when things go wrong, there is nothing to absorb the cost of putting things right again.

Another participant, AD, related how he was fined by the Council for changing the bathroom light when it went wrong.

AM said that she, her partner, and four children, were sharing one bed.

AN reported that he has been having to sleep on the sofa for months because he is looking after his 13 year old daughter as interim carer.

They all reported that their experience of the Council is of petty policies and attitudes

There is currently a three year waiting list for a move to another Council property.

Nothing is explained clearly or well.

T reported that she had been in Oasis House at one stage and that when she was at last given a Council flat, she was threatened with legal action because she hadn't treated the mould in the hallway, which had been there when she took it on.

She further reported that her own health challenges meant she cannot work, and which has led to social anxiety and mental health issues.

AM said that her two year old was socially anxious because of Covid.

K reported that they have so little money, they find it near impossible to do essential maintenance repairs when they arise. Her bungalow is deteriorating as a result.

They all admitted to boredom/stress eating and said they had put weight on during Covid.

Safety is clearly an issue – several do not feel safe around town; fear of stabbings is real; verbal abuse is a common occurrence.

It all comes down to money in the end – Council tax increases, Covid benefit cut etc

Where do you get support from?

Formal:- whenever we go to the Council, we come away feeling rejected, or they push you on from pillar to post. T said she would rather go and sit in the street than wait for the Council to do something – there was a real lack of tenant care, she felt.

The doctor doesn't seem to want to know, even if you can get to see one. They all said it was worse since Covid.

The Job Centre never help – just put you on Universal Credit.

Food Club – the people are always kind and genuine; they take time to talk to you.

Several of them had used the Weston Favell food bank, saying that because the volunteers who help there are normal people, they understand.

They liked the way you can give back what you don't want/eat, and that they are given a good amount there. They are not sure what to do with fresh produce – if you make that known, the volunteers there will tell you. Good to try new things.

AM reported that because they are a big family, she has to shop, to supplement what she gets from food club. They all agreed it would be great if food banks could provide better quantities for families.

AD reported that driving lessons are hard to afford.

Informal:- everyone said they would go to family to borrow a tenner in the case of financial difficulty. They avoid pay-day loans. T said that was better for her mental health; she and Adam said they would never trust neighbours not to gossip. AM reported that her children had occasionally been abused by other children, being called 'food bank kids.'

They all appreciated the school uniform swop-shop and wished there were more like it.

Several had tried odd-jobbing for money – gardening, decorating, cleaning.

They shared their appreciation for a charity that will deliver new beds on a recommendation from social services.

They use FB marketplace and Shpock.

They wish there were more car boot sales, but said that when they did hear of them, getting there was an issue.

Charity shops are getting expensive.

Primark is good, but boys are bullied at School for wearing their clothing.

Tina mentioned a scheme whereby you could leave unwanted food bank food outside your door for anyone to take. Someone else talked about Redeem Funds – where you take a photo, post it and leave it outside and people pay.

T talked about the cost of buying a tent so you could live on the street. Toy tents were cheap but useless.

Suggestion – could there be a tick-box list at Food Club so you could indicate the kind of things you need? Or maybe only take what we actually need?

'I've got masses of pasta sauce' said AD, 'but no pasta to cook with it'

Barriers to routes out of poverty

They all talked about a general lack of awareness of what the Hope Centre has to offer – they were excited to see our Ash Street site and to see what goes on.

The Council needs to listen better.

Use Facebook more.

It is nerve-racking, the first time you go to a Food Bank – people drinking outside, or sleeping it off in the flower beds; drug-users.

Several of them said they found online purchases and returns scary to navigate.

Looking to the future

They would all like more of a sense of community in Northampton, where mutual aid was part of the culture. Everyone seems to be out for themselves. T said it was easier to help people of other cultures.

Work. She also said she would willingly work, but that she's been told not to, because of her heart. AM said she'd love to work, but can't, because she's caring for her children. AN said he wants to work – and work nights to get more money – but he can't because he's caring for his needy daughter. AD said he is doing his own stuff to make money.

They all said they'd tried to cut down on smoking – tobacco and weed – which was difficult because smoking had a social benefit – you feel included if you smoke.

There is no point in babysitting for money, said AM, because they only deduct it from your benefits. She further reported that for every £1 her partner earned, they deducted 63 pence from her UC.

They all said they buy stolen goods through a fence. AM had been in prison for not paying her TV license; AD said he refused to pay his.

The Probation Service is useless, on the whole, as are training schemes for work.

More one-to-one support for job seeking would be much appreciated.

Representation

None of them know who their Ward or Town Councillor is

Sally Keeble (former MP) helped T find her flat when her husband was dying of cancer, it was full of black mould.

Social inequality is keenly felt by all of them

Despair, outrage and cynicism came through very often.

Appendices

Appendix A

Mapping Northampton - PRA Workshop process

Summary of research

Hope, with partners, is conducting an assessment mapping the needs amongst those on low incomes/in poverty, in different communities in Northampton.

The purpose of this work is

- a) To inform Hope's work and to identify priorities for new projects, and
- b) To offer guidance to others as to local need, including other anti-poverty projects and WNC

A significant focus of the assessment will be on BAME and other migrant communities in Northampton. The assessment will gather information from voices within these communities, using participatory appraisal methods in a series of workshops and interviews, run in partnership with community groups working with these communities they represent.

Research Themes

1. Immediate Needs (this is the primary focus of the Assessment)

Immediate needs include: Food, Housing, Physical and Mental Health, Economic Security, Childcare, Wellbeing and belonging.

- What are the needs?
- How is the community already meeting these needs themselves?
- What services are being used outside of the community to help meet these needs, and what are the barriers to accessing these?

2. Routes out of Poverty

Potential routes out of poverty include: Employment, alternative types of work, volunteering, social enterprises, adult education and training (including English classes and literacy).

- What are the barriers to escaping poverty?
- How is the community already helping its own members escape poverty?
- What services are being used outside of the community to help escape poverty, and what are the barriers to accessing these?

3. Representation and Advocacy

- Is the community able to advocate for their own needs? Are they aware of processes and are they sufficiently represented in the council?

Workshop Schedule

- Arrival and Introductions: 15 min
- Ice breaker- Drawing a map of Northampton Together: 20 min
- Immediate needs and challenges: 1 hour 15 min
- Break: 10 min
- Routes out of poverty: 50 min
- Representation and advocacy: 15 min
- Evaluation and wrap up: 10 min

1. Arrival and Introductions: 15 min

Purpose

Inform participants of objectives and expectations, obtain consent and get to know each other.

Materials:

- Consent forms: 'I am happy for any information I provide to be recorded and shared anonymously.'
- Form for participants: To obtain information on the age, gender, and ethnicity for each participant (anonymously).

Description:

- Leader to introduce the purpose and objectives of the project.
- Anne to introduce from her perspective.
- Andrew to introduce himself, provide an overview of the outline of the workshop and ideas of timings and logistics, and obtain consent to record and take pictures.

Depending on how well the participants know each other, we can either ask participants and facilitators to introduce themselves or go into pairs for 2 mins and ask pairs to introduce each other.

2. Ice breaker- Drawing a map of Northampton Together: 20 min

Purpose

Make the participants feel more comfortable and willing to participate in following activities.

Understand where participants live, and their daily lives and activities.

Materials needed

- Large paper
- Markers
- Sketch of a map for facilitators to copy

Description

Facilitator draws a very approximate sketch map of the community/town from a bird's eye perspective.

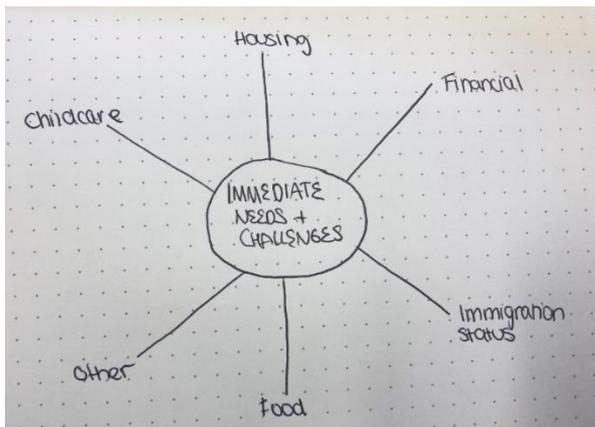
Ask participants to mark where members of the community live, where they work (if they do), and **which resources/facilities are important to them.**

Discussion prompts (questions that could be asked as the activity is being implemented)

- How do you travel between home and workplace etc... does income effect this?
- Which areas of Northampton do friends and family live?
- What other communities are in your neighbourhood, do they face the same challenges are you?

3. Immediate Needs and Challenges (1 hour 15 min)

3.a. Immediate needs and challenges- Spider diagram and discussion (30 mins)



Purpose

Identify the immediate needs and challenges of community members in relation to poverty/low income and the priority areas.

Materials

- Paper
- Markers
- Post-it notes
- Stickers

Methodology

Draw a spider diagram for the immediate day to day needs and challenges within the community. Draw lines out from the centre for the key themes, Housing, Food, Financial, Childcare, Immigration Status and other.

Ask participants to add challenges and issues relating to these themes, using post-it notes or markers.

Once the spider diagram has been produced, give each of the participants 3 stickers. Ask participants to place a sticker on the issue/challenges they believe are most prevalent/important in the community.

Introducing the Activity

We are now going to explore what the immediate needs and challenges are for the members of your community in poverty or with a low-income?

We have identified some key themes to focus the discussion, although these are off course interlinked and related to each other.

Let's start by looking at what the food needs of your community are...

Discussion prompts

How do the needs and challenges differ for different members of the community, e.g NRPF, children, men, women, elderly, people with disabilities?

Potential issues within key themes to explore if participants are struggling:

Food:

- Affording food
- Preparing food
- Type of food you have access to?
- Are children getting breakfast, before school and lunch at school?

Housing:

- Acquiring Accommodation
- Affording Tenancy
- Quality of Accommodation: overcrowding, living conditions, heating.
- Security of tenure
- Relationship with landlord- getting to accept tenants.

Financial:

- Pay and rates of pay
- Claiming benefits and sufficiency
- Bills
- Unexpected costs
- Transport costs
- Remittances

Immigration status:

- NRPF

- insecurity

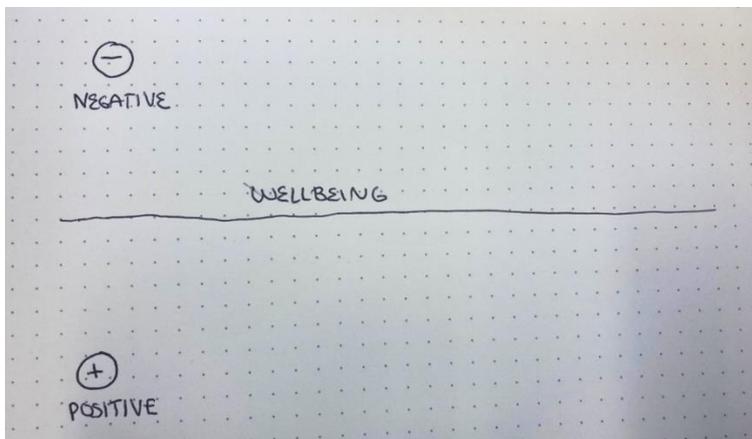
Childcare:

- Different challenges for different age groups. Nursery, primary, teenagers
- Shifts
- Balance of work vs childcare and homemaking activities

Other:

- Specialist needs?

3.b. Contributing factors to wellbeing- Brainstorm exercise (15 min)



Purpose

Understand how the immediate needs and challenges identified negatively contribute to wellbeing, as well as some positive coping mechanisms.

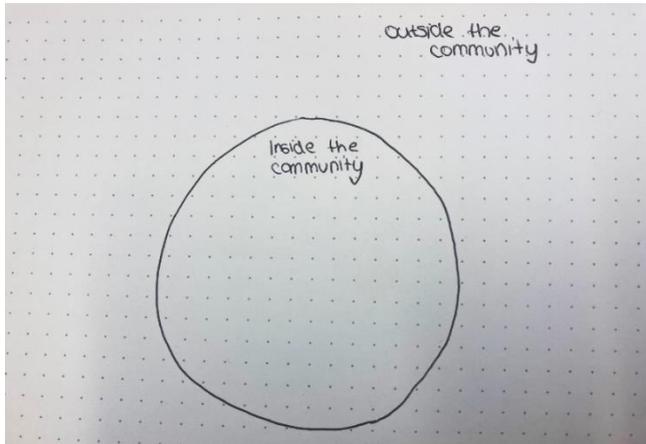
Method

Divide the page into two, for the negative and positive factors. Add the participant's suggestions using post it notes.

Discussion points

What are the most important factors for determining wellbeing?

3.c. Support inside and outside of the community- Support mapping exercise (30 min)



Purpose:

Understand how the community is currently supporting itself in meeting the needs and challenges of its own member in relation to poverty/low income, and where members are seeking external support from. What needs and challenges are not being met and why?

Materials needed

- Paper
- Markers
- Post-it notes

Methodology:

Draw a big circle in the centre of the page. This represents the community.

Ask the participants where they would go to for support for the needs and challenges identified in the previous exercise, and record this information using markers or post-it notes. Any support mechanism within the community itself, e.g staying with a friend whilst finding accommodation, is recorded within the circle, and any support from outside of the community, such as from charities, goes outside the circle. Encourage the participants to be specific, naming the services that they are using/aware of, and what support they are providing. It may be helpful to group comments by theme.

Discussion prompts:

- **What are the barriers to accessing this** support, and for which members? How could organisations and services better access your community?
- Why are community members using some support mechanisms/ services over others?
- Is the support that is being provided suitable?
- What are the gaps in existing support?

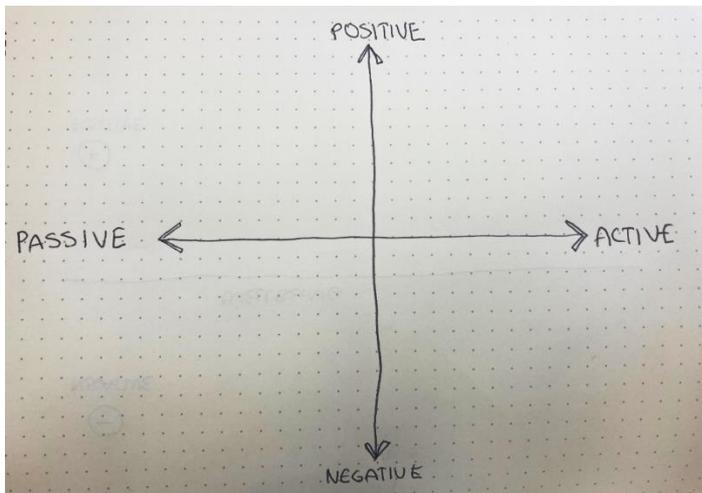
Questions on healthcare:¹¹⁵

- What are the barriers to accessing universal healthcare services? GPs and Dentists?
- Do people seek GPs of their own ethnicity? E.g does the Asian community trust Asian doctors more?
- Would you know where to go for issues regarding mental health? What are the barriers? What would encourage you to seek support?
- For what reasons would you attend A&E?

BREAK – 10 Min

4. Routes out of poverty: 50 min

4.a. Perceived routes out of poverty- Chart exercise and discussion (25 min)



Purpose

Understand what the community considers to be the routes out of poverty.

Method

Draw a chart with one axis showing positive and negative routes out of poverty, and the other axes showing passive routes vs active routes out of poverty.

Ask participants to write post-it notes describing what community members may consider to be the routes out of poverty and place them on the chart. Positive routes out of poverty that require a lot of effort, such as setting up a business would go in the top right corner, and routes which are negative and are often adopted passively, such as being recruited to sell illegal substances would go in the bottom left-hand corner.

¹¹⁵ We consulted with Healthwatch staff to design these questions

Looking only at the positive routes out of poverty, ask the participants to discuss the barriers.

Introducing the Exercise

What do you think members of your community consider to be the routes out of poverty? These may be positive or negative, for example a positive route may be undertaking a training course, a negative route might be selling illegal substances. Some routes require active engagement, and a lot of effort, such as setting up a business, whereas others are often entered passively, and require little effort to find, for example when people are recruited to sell illegal substances.

Discussion points

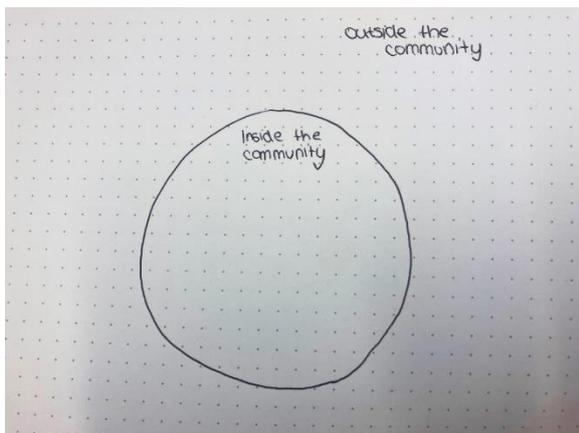
Do you think there are situations in which people are exploiting members of your community, with fake promises of a route out of poverty?

What are some of the alternative routes to generate an income? such as setting up a business?

Examples of routes out of poverty if stuck

work, volunteering, social enterprises, adult education, training, language and literacy courses, creating a business

4.b. Support in accessing routes out of poverty- Support mapping exercise (25 min)



Purpose

Understand how the community is currently supporting itself in overcoming the barriers preventing them from following the routes out of poverty, and where members are seeking external support from. What additional support is required?

Materials needed

- Paper
- Markers
- Post-it notes

Methodology

Draw a big circle in the centre of the page. This represents the community.

Ask the participants where they would go to for support in overcoming the barriers identified in the previous exercise, and record this information using markers or post-it notes. Any support mechanism within the community itself, e.g a no-interest loan from a friend, is recorded within the circle, and any support from outside of the community, such as from charities, goes outside the circle. Encourage the participants to be specific, naming the services that they are using/aware of and what support they are providing. It may be helpful to group comments by theme, this is particularly easy to do if using post-it notes.

Discussion prompts:

- **What are the barriers to accessing this** support, and for which members? How could organisations and services better access your community?
- Why are community members using some support mechanisms/ services over others?
- Is the support that is being provided suitable?
- What are the gaps in existing support?

5. Representation and Advocacy-Discussion Questions (15 min)

Discussion Questions

If you realised there was a community wide issue, and wanted to advocate for support or policy change what process would you follow of who would you go to for?

Do you feel represented in the council?

Appendix B: Key Informant questions

Immediate needs

What do you see to be the most important immediate needs and challenges of the people you work with in relation to poverty? Which are the most common? Is there anything you can expand on from yesterday?

How do the needs and challenges differ for those from different groups? Which people are most in need? Immigration status, families or single individuals, elderly, those from a particular country, gender, poor health? What is the scale of need?

Does the community have social/cultural decision-making structures, how do these differ to those in the countries the community may of come from? Who are the leaders within the community and what role do they play? What is their influence?

What support services do different groups within the community have access to, such as women, men, children, youth, elderly? Are these within the community or outside the community? Is this support appropriate and sufficient?

When community members have been victims of some kind of violence, or abuse where would they go?

Routes out of poverty

Are there many people that you are aware of that have been able to find a route out of poverty? If so how? What are the barriers to following these routes?

What support is needed to help overcome these barriers? Does this already exist? Is there a good awareness of how to access it if it does?

Advocacy and representation

How would you advocate for your community on an issue? Would you go to your councillor? What are the challenge that may be faced? Do you feel sufficiently represented?

Appendix C: Household survey questions

Name, address, number of people in household by age and gender^[e1]

Is anyone working? What type of work? How many hours? How secure is your job?^[e2]

If your HO status means you have NRPF, what coping strategies have you relied on?

How often do you find yourself having to do any of the following? Eating less preferred/expensive foods; borrowing food or relying on friends for support; limiting portion size at meal times; limiting your intake so small children can eat; reducing the number of meals per day?

Have you ever had to go without heating the home? Or paying for toiletries and transport?

Have you ever had to seek shelter for a few nights if you have needed it?

Have you had to rely on financial support from outside the household if you need it? Has that brought any problems with it?

Can you give in-kind assistance in exchange for financial help if you need it?^[e3]

Are your children able to attend School regularly? If not, why?

Are you registered with a doctor?

Can you see a woman doctor if you need to?

Do you feel comfortable talking with your doctor about your health concerns?

Have you ever had a problem accessing medicines?

Do you feel safe where you live?^[e4]

How freely do you feel you can travel around the town?

Would you say that things are better, or worse, now?^[e5]

Have you ever had any difficulty acquiring documents?

Have you ever been harassed at work, for whatever reason? Are you paid in line with govt rules? [be on the lookout for people having to work in exploitative environments – cf. Leicester garment factories]

Do you feel you have enough privacy at home?

What strategies are you and your family using to reduce or to address any of these concerns?

Do you belong to any associations, or religious groups? How do they support you?

What are the top three priorities for you and your household? Health, Education, Food, Gas and electricity, work.... ?

Do you receive support from anywhere, if so where, and could the support be improved? Or where would you go for support?

Do you see a way in which your situation may be able to improve in the future? What is preventing this from happening now? ^[e6]



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