

Complex lives: exploring experiences of Universal Credit claimants in Salford during COVID-19

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Introduction

Salford is ranked as the 22nd most deprived local authority in England and the third most deprived area of Greater Manchester, with around 70 per cent of Salford's population reportedly living in areas classed as deprived and disadvantaged (Salford City Partnership, 2017). In response to the challenges experienced in Salford, in 2017 the Salford City Mayor and Salford Youth Mayor launched an anti-poverty strategy¹ aimed at addressing inequality in the city (Salford City Partnership, 2017). Prior to COVID-19, existing research in Salford had begun to highlight intersections between reforms to the social security system and experiences of poverty and inequality, including increased food bank use (McEachern et al, 2019), concerns about the experiences of young people engaging with the benefits system (Jones et al, 2018), and intersections between welfare reform and housing (Scullion et al, 2018; Gibbons, 2019).

The introduction of UC was the flagship of the UK Government's contemporary welfare reforms. However, since its introduction, UC has received criticism in respect of its underlying principles, adequacy of payment levels, and modes of implementation, which have raised concerns around the impact on some benefit recipients (Millar and Bennett, 2017; Wright et al, 2018; Dwyer et al, 2020). For Salford City Council and partners, there was a need to understand the experiences of UC within Salford from the perspective of Salford residents who are claiming UC and also those organisations who are supporting benefit claimants across the City. In response to this, the Exploring Universal Credit in Salford project was developed and began in the summer of 2019. The project forms part of a programme of research delivered by the Salford Anti-Poverty Taskforce; an innovative research and knowledge exchange partnership between the University of Salford and Salford City Council that works collaboratively to support the delivery of Salford's anti-poverty strategy through a model of evidence-based policy making.

This chapter begins with a brief overview of the project and methods. Key issues emerging from the, primarily, pre-COVID-19 baseline interviews are presented next, before moving on to reflections from our UC participants on how specific aspects of their lives had changed following the pandemic. Our findings illustrate the complexity of exploring the impacts of COVID-19, which were simultaneously negative and positive. Although primacy is given to the accounts of our UC claimant participants, we also draw upon data collected during stakeholder consultation, particularly when describing the pre-COVID-19 context. Following the findings, we provide our reflections on the challenges posed when trying to maintain the participation of interviewees who had quite significant and complex needs, before concluding with some policy and practice implications.

The project and methods

Exploring Universal Credit in Salford was designed as an 18-month qualitative longitudinal research (QLR) project, comprising two waves of interviews with UC claimants. QLR has become increasingly important in furthering understandings of the impacts of contemporary welfare reforms (Dwyer et al, 2018; Wright and Patrick, 2019; Griffiths et al, 2020; Scullion et al, 2021), enabling exploration of ‘varied and changing fortunes’ (Neale and Flowerdew, 2003) over time. A total of 20 people were recruited for the study, and baseline interviews were carried out between November 2019 and April 2020. However, the majority (16) were undertaken pre-COVID-19 (face-to-face), with just four baseline interviews taking place after the onset of the first national lockdown (via telephone). The first interviews focused on claimants’ experience of UC, from the process of applying through to their experiences of managing an ongoing claim. The interviews also explored broader issues around managing on a low income, and health and wellbeing. The participants were recruited with the support of a range of organisations in Salford, and efforts were made to ensure that those interviewed reflected the diversity of UC claimant groups (for example, ‘jobseekers’, ‘in work’ claimants, disabled people, lone parents). Although diversity was achieved in the sample, recruitment through support organisations meant that there was a high proportion of those who would be considered as having multiple and/or complex needs. In addition to interviewing UC claimants, we also consulted with 22 stakeholders representing organisations that were providing support to Salford residents in relation to benefit claims but also a broad range of issues (health, housing, and so on). This consultation, which took place prior to COVID-19, primarily occurred through three focus groups (with a small number of individual interviews) with representatives from the local authority, third sector, housing associations, and health care providers.

Towards the halfway point of our study, almost overnight, the pandemic changed people's everyday lives, as many businesses were forced to close, jobs were suspended, schools were closed, and new words and phrases such as 'furlough', 'key workers', 'social distancing', and 'support bubbles' became common parlance. In relation to the benefits system, UC became a central aspect of the national response as an unprecedented number of people submitted new claims for financial support (Summers et al, 2021). The QLR methodology of the Exploring Universal Credit in Salford project proved particularly important within the context of the pandemic, providing vital insights about families' experiences of UC in the pre-COVID-19 world, and the flexibility to adapt and understand post-COVID-19 experiences across this changing landscape. In consultation with Salford City Council, we therefore decided to extend the project timescales and to re-focus our follow-up interviews to explore how the pandemic had impacted on participants.

Recontact was attempted with all of those originally interviewed. However, some participants had changed numbers and had provided no other means of contacting them, while others decided that they would prefer not to be interviewed due to experiencing mental health issues and personal loss. In total, we were able to re-interview nine of the original 20 participants, and these interviews took place in April and May 2021. Eight of the nine interviews were undertaken by telephone, with one participant providing a written response. This individual did not want to be interviewed by telephone and expressed a preference for a face-to-face interview. At that time, the research team was still working remotely, and face-to-face contact required risk assessment and amendment to ethics. Although we began this amendment process, the delay this caused threatened to deter participation. Thus, when the participant made a request to submit a written account instead, we decided that this was the best approach. The sections that follow provide an overview of some key issues that emerged from our research.

Exploring pre-COVID-19 experiences

Before presenting our findings, we provide contextual information about our participants. As described earlier, the high proportion of people who had limited capability for work and work-related activity (LCWRA), were going through a Work Capability Assessment (WCA) or were appealing against the outcome of a WCA reflects the source of referrals for the study from those organisations providing support to claimants. Nonetheless, as illustrated in Table 4.1, our sample was diverse in terms of ages, household types, and types of UC claim.

Table 4.1: 'Our sample', Universal Credit in Salford project

	Age	Gender	Ethnicity	Household type	UC 'status' at first interview	UC 'status' at re-interview
Rowan ²	60–65	F	White English	Single	LCWRA	LCWRA but applying for work
Rose	50–59	F	White English	Single	Jobseeker	Furloughed from work with UC top-up
Dave	30–39	M	White English	Single, 1 child (9)	Jobseeker	
Chimamanda	50–59	F	Black African	Living with adult granddaughter	Currently on sick note and PIP, waiting for WCA	
Victoria	50–59	F	White English	Single	Jobseeker – appealing against WCA outcome	LCWRA having won appeal and also now on PIP
Daniel	30–39	M	White English	Single	Currently on sick note, appealing against WCA outcome	
George	40–49	M	White English	Single (son visits)	LCWRA	
Phil	30–39	M	White English	Single, living with parents	Jobseeker	
Mo	40–49	F	Kurdish Iranian	Single	Jobseeker	
Betty	40–49	F	White English	Single, 3 children (13, 5, <1)	In work, maternity leave top-up	Returned to work, UC in-work claimant
Melissa	30–39	F	White English	Single, 1 child (4)	LCWRA	LCWRA
Susan	30–39	F	White English	Single, 1 child (4)	Currently on sick note, waiting for WCA	LCWRA following WCA
Jennifer	30–39	F	White English	Single, 1 child (4)	In work	No longer on UC

(continued)

Table 4.1: 'Our sample', Universal Credit in Salford project (continued)

	Age	Gender	Ethnicity	Household type	UC 'status' at first interview	UC 'status' at re-interview
Michelle	20–29	F	White English	Single, 2 children (5, <1)	Currently on sick note, waiting for WCA	LCWRA following WCA
Barbara	40–49	F	White English	Single, 1 child (12)	LCWRA	
Michael	60–65	M	White English	Couple	LCWRA	
Joanna	40–49	F	White English	Couple, 5 children (between 15 weeks and 15 years)	In work but on sick note, two-child limit	
Mark	50–59	M	White English	Single	Jobseeker, once they leave supported housing	
Owen	60–65	M	White English	Single	Sick note, waiting for WCA	Jobseeker (assessed as 'fit for work')
Bob	20–29	M	White English	Single	Furlough top-up	

To explore how participants were experiencing various aspects of claiming UC, the baseline interviews covered a significant range of issues including: understanding eligibility; application process; benefits assessments; benefit levels; the digital system; experiences of employment; interactions with work coaches; and conditionality. Unfortunately, we don't have the space here to present the findings across all these aspects of people's experiences. Although some people had experienced difficulties with elements of the benefits processes, overall the accounts were positive in relation to the process of applying, and interactions with both the digital system and work coaches/Jobcentre Plus (JCP). Where issues had occurred, it was evident that additional advice and support provided, in most cases, by statutory or third sector organisations, but sometimes by JCP, had helped resolve many concerns. Thus, as found in recent research (Summers et al, 2021), it was not benefits *processes* that dominated the narrative in people's interviews; rather, the interviews were illuminating of the difficulties many participants faced in their daily lives as they tried to manage household finances alongside a range of complex circumstances. As such, we focus here specifically on managing on a low income, their health and wellbeing within this context, and the support that they drew upon.

Financial adequacy

The interviews with both UC claimants and key stakeholders (pre-COVID-19) highlighted significant concerns around financial adequacy, with many examples where people described having insufficient money to live sustainably. The account of Barbara illustrates the challenges and compromises that many participants faced when making decisions about how 'best' to budget their limited resources:

'When you've got no bus fare ... You've got no food in your cupboards, and also if you've got children, "Mum, can I have...? Can I have...? Can I have...? It's half term. Can I have? ..." You can't feed your kids and you've got no food parcel ... Last Christmas was horrendous ... it was the week before Christmas I think they like switched the gas off. "It's freezing." "Go and get in bed," kind of thing. Or I'd ring my dad up and say, "Can you have [daughter] for the day?" and he would. He'd come and pick her up ... I think until you've been in that position yourself when you've got absolutely nothing, it is, it's soul destroying. It's really difficult to walk in a food bank and go, "I can't afford to feed my child," ... It just strips your dignity right away from you.' (Barbara)

However, as has been highlighted elsewhere (JRF, 2018; McBride et al, 2018; Innes, 2020), entering the paid labour market did not necessarily provide

the solution to people's financial insecurity. Indeed, three of our participants were in-work UC claimants (and another had previous experience of this). These participants – who were primarily working zero-hours contracts or undertaking temporary work – described how they could often not earn enough or secure enough hours to meet their household needs. As Rose explained: “For me to actually survive I’ve got to be earning £300 a week to actually pay everything and be on time with everything ... even when I am working ... regular shifts and everything, I never earn £300.” This was reiterated by many stakeholders who were supporting people with budgeting, and who stated that they worked with many people whose employment didn’t pay enough to cover basic bills.

Health and wellbeing

It was evident across our sample that where people had insufficient income to live on, it impacted significantly on people's health and wellbeing, in a number of ways: through an inability to buy or cook healthy food; an inability to keep the home warm; an inability to pay for a bus or taxi to see the GP or pick up food, medication, and other necessities; fear of bailiffs; anxiety over housing costs and fear of homelessness; and depression from the social and physical isolation that often resulted from being unable to afford transport, leisure activities, and so on (see also [Chapters 5, 8, and 11](#)). Among those interviewed, turning off the heating was described as a common money-saving strategy, even for those who knew it would exacerbate their health conditions. Indeed, two people described spending much more of the day in bed to keep warm.

Twelve participants had accessed food banks/food pantries, though for most the food was not considered what they would want to eat from a nutritional perspective. It was also evident that some people struggled with the move to the monthly payment schedule that is used in UC, as Phil described: “Under Jobseekers, I’m not saying it was easy, it definitely wasn’t, but with it being fortnightly pay that makes a big difference. If you’re skint for a fortnight you can live; it’s not too long. On Universal Credit, you are literally counting the days.” A small number of participants had requested the Alternative Payment Arrangement (APA) to have their payments changed from monthly to twice monthly or to have direct payments to landlords. One of these was a mother of five, who described difficulties affording milk for her baby, so had requested more frequent payments. Her account also illustrated the intersection with other welfare reforms, as her financial difficulties related to budgeting on a monthly payment but also being subject to the two-child limit. Similarly, a lone parent (Michelle) described the relief of having the payment going directly to her housing provider to save her from having to make difficult choices between rent and other necessities:

‘It works out easier for me and less stress for me ... the money would be going to the rent either way. If it’s going straight to them before I even get it, say if there’s a month where I’m thinking oh my God, I can’t afford to do this or I can’t afford to get baby milk or feed my kid, I might think I’ll just take money out of it for now.’ (Michelle)

Mental ill health was an issue for almost all of those interviewed. Some people described experiencing depression that they related to the isolation they felt when unable to afford to socialise with friends, travel to see friends/family, or even invite people over to their homes. As Rose stated:

‘I can’t go anywhere because the money that I’m on, I can’t travel to the areas where my family live. My family lives in [another area of Greater Manchester]. I can’t get away from here. It takes two hours on the bus, and I haven’t got the money for the buses. I get stranded here. I get stranded and isolated, and it’s not really good for my mental health anyway.’ (Rose)

This is within a context of growing rates of mental health issues across the UK, particularly in areas with high levels of deprivation. Indeed, some of the health professionals who took part in the stakeholder consultation described what they were seeing in their patients, particularly where depression and anxiety did not always have a clinical cause, but rather, was a manifestation of adverse experiences:

‘I often see different forms of depression. There’s one thing that I call a reactive depression, which is probably not actually a depression at all, it’s probably, if I was in your situation, and all of these things were happening to me, how would I feel? I say to people, this is a normal feeling because of all the things that are going on in your life, rather than just a chemical imbalance that could be corrected with a pill.’ (Health care professional)

One of the most distressing issues highlighted in the research – cutting across both claimant interviews and stakeholder consultation – was the issue of suicide. For some stakeholders there was significant fear for the wellbeing of some of the people they were currently working with across the city, as illustrated in this extract from a focus group of housing professionals:

Housing professional 1: ‘Over the summer, I had a case where I would dread opening up my emails because I thought this particular person was going to commit suicide, and I would get an email to tell me she’d ended her life ... we’ve just had the suicide training because it’s needed now.’

Housing professional 2: ‘Yes, I had somebody that I was supporting and I was ringing up to check to make sure that their payment had gone in, and when I was ringing them, they were actually in the middle of killing themselves. I had to try and keep them on while they were trying to hang up on the phone.’

Within the accounts of our participants, it was also evident that some people had experienced a sense of hopelessness:

‘For the part of – God of – I’ve got [my daughter] and I think nobody else would look after her, and on a number of occasions that has stopped me thinking, I can’t do this any more. With all the stuff that’s going on at the minute, people with mental health and committing suicide, I get it.’ (Rowan)

Although these discussions were less common across our interviews with both stakeholders and UC claimants, they provide a sense of the issues that professionals were responding to with some of their low-income residents. Further, these discussions illustrate how some of our UC participants had reached a crisis point where they had, even if momentarily, (re)considered their future.

Experiences during COVID-19

An overwhelming finding from the pre-COVID-19 interviews was the high level of financial and individual hardship that people were experiencing. The accounts of those who we re-interviewed in April/May 2021 highlighted that despite living through a global pandemic, for the most part, people appeared to be faring better than they had before. This was primarily due to the Department for Work and Pensions (DWP) raising the basic element of UC and Working Tax Credit by £20 per week (aka the £20 uplift) combined with decreased spending due to the various lockdowns and restrictions in place. Many also spoke very positively about the support they had been able to draw upon during the pandemic from family and friends. Indeed, most had family and close friends nearby and had created small support bubbles to care for each other to minimise the negative impacts of the isolation rules they otherwise followed. It would be inaccurate to suggest that there were no negative impacts for our participants and people referred to a range of issues that have been reported elsewhere in this edited collection, relating to the difficulties of home schooling and the impact on children ([Chapter 11](#)), and depression and increased anxiety stemming from isolation and the pandemic itself ([Chapter 5](#)). Although people often described these as being offset by the increased payments that people had received, it was evident that

financial adequacy remained an issue and the increased payment represented a shift from struggling significantly to just about managing; thus people still experienced difficulties managing household budgets. Here we discuss these issues in further detail, drawing upon the accounts of participants.

The '£20 uplift' and financial 'stability'

When asked about the £20 uplift, participants welcomed this increase and reported an improved sense of financial stability. Interestingly, however, none of the participants could recall being told that their payments would increase, and only those closely monitoring their journals realised that their payment had changed. Rowan, for example, who had LCWRA, stated that she did not often check her journal and had been slow to realise she was receiving more, and had contacted her work coach to query it: “I just noticed, because when there was a rise last year – oh, I might have contacted her [work coach] then about that, about the rise, and ... She just said, ‘Oh, you get’ – yes, that was it ... about £20 was the rise.” Rowan felt that the increase in her payment, despite the lack of communication about it, was “the one thing the government got right”. At the same time, although she was more positive about her UC payments, she indicated that she was still dependent on a Discretionary Housing Payment from the council to cover the costs of her housing due to the bedroom tax/under-occupancy charge. Similarly, for Susan, who had not felt able to manage before the pandemic now felt that she was “maybe just” managing, although this varied from month to month: “Yes, it depends what happens in that month. My daughter’s growing way too fast and I haven’t bought any clothes. My friend bought her a jumper.” However, it was evident that for some participants the increase in UC payment had not changed their financial circumstances. One mother of two (Michelle), who was diagnosed with Borderline Personality Disorder in the period between the two interviews and was trying to manage new medications, was experiencing difficulty understanding her payment level and still struggled to ‘juggle’ her bills. Again, her account illustrates choices and compromises in relation to what the money would be spent on:

‘at the minute there’s been times where I’ve not been paying certain bills. They’re just literally mounting up sometimes because they’re through like, direct debits. If they are bouncing then I’m like, right, well, if I need food, I’m going to be buying food over paying my electric if it’s not going to go off.’ (Michelle)

It was evident that Michelle was reliant on support from her parents, who were regularly bringing food and helping with her children. She also described being in the process of moving onto an electricity meter to help

budget; however, this payment method has been problematised given that electricity can cost more using this method (Boardman, 2009), exemplifying the poverty premium that can be experienced by low-income households (Caplovitz 1963; Davies et al, 2016).

Three of those who were re-interviewed were in work and for that reason felt that they were managing better financially. Two of them (Betty and Rose) were newly working (or had found work and then been furloughed). Betty had originally been on maternity leave (and in her first interview described cooking for her three children using a microwave after her cooker had broken and she couldn't afford to replace it). She was now back in work and claiming UC as an in-work claimant. She described being able to afford to replace the cooker and even being able to begin saving a little money again. Rose, despite her frustration at not being able to earn enough either working the 30 hours she was given or with the furlough provision, described still being 'better off' than when fully relying on UC. The third participant, Jennifer, had decided to leave the benefits system altogether after what she described as a 'long battle' to get the housing payment she felt she was eligible for. She had subsequently moved back to her parents' house and with their financial support had been able to recover from the debt that an abusive relationship had left her with: "I'm now back where I was five, six years ago ... I'm in a good place, but I'd like to have thought that Universal Credit would have been more willing to help, certainly with the housing cost."

The continuing importance of family and support networks

The account of Jennifer earlier brings us to the importance of family and other support networks. Although, overall people felt more isolated because of the pandemic lockdowns and restrictions, people continued to see and rely on friends and family, especially those with children or long-term health conditions. The role of mothers, in particular, was highlighted by a number of participants. Susan, for example, who experienced pain due to a long-term physical health condition described the importance of her mother as a source of support: "Even though she has two jobs, she'll come up and help me. She'll pick my daughter up from school when she can, as well." Similarly, Jennifer, who is referred to earlier, who had moved back in with her parents described this as a 'lifeline', including her mother helping with home schooling:

'My mum's retired. She retired at Christmas, so that's helped. So she's done a lot of the home schooling, so that's eased a lot of my stress. So it's good being at home with my parents, that it meant that I had that added support to do that. There's no way I would've been able to do it on my own.' (Jennifer)

Likewise, Michelle, referred to earlier, described how central her mother had been for her wellbeing and that of her children:

‘Yes, she’s started to have to help out quite a lot, like with my kids and having to manage stuff like that as well. When I’m trying to deal with that sort of stuff, especially if I’m off my medication or I’m having a bad day, I can’t handle it. I’ve had to ask her to end up being more involved, so she can know what to do if I am in those states. She knows what medication I’m on and she knows who does what and whatever else.’ (Michelle)

Additionally, people referred to receiving support from other family members such as siblings, but also close friendship networks. Participants had therefore created support bubbles to best suit their specific needs. Many also mentioned both the positive and negative aspects of home schooling and/or children being sent home to self-isolate, with the stress of having to provide that support when you are unqualified to do so, alongside the opportunity to grow closer as a family. However, reflecting the findings of other chapters and wider debates about the impact of COVID-19 on gender inequalities (Power, 2020), the gendered nature of care during the pandemic was apparent in many of the accounts of our participants.

Illness, isolation, and mental health

Although those we interviewed described feeling ‘better off’ financially and talked positively about the support bubbles they had created, the pandemic impacted more broadly on people’s physical and mental health, and limited the wider support that they could access. These impacts were felt acutely, for example, by two participants (Jennifer and Susan) who had contracted COVID-19. Reflecting the potential longer-term effects associated with chronic or long COVID (Halpin et al, 2021), Jennifer described the ongoing pain that she was experiencing: “I’m still not 100 per cent right. I’m still very achy ... because my fibro is triggered by infection and stress, it’s just never gone away. So, my body’s always been in that heightened pain state, just since I’ve had [COVID-19].” All of those who were re-interviewed described the impact of increased isolation on their mental health (and sometimes that of their close family). Rowan, for example, who had LCWRA, was keen to be able to work in the future. However, during the winter she felt she had been unable to ‘shake off’ her depression, and additionally described how “it’s made – I’ve even gone more anxious about working”. She had waited a year to access support for her depression and post-traumatic stress disorder but had finally been allocated a counsellor. Although the sessions had been undertaken over

the phone (due to COVID-19), she felt they had still really helped her. Michelle had managed to access face-to-face support with a specialist in relation to her diagnosis of Borderline Personality Disorder. She had experienced both telephone and face-to-face support during the pandemic and for her, telephone support had not been effective: “That face-to-face appointment that I had, I thought that’s more effective than all the telephone appointments that I’ve had in the last year.” She also described that communication between the different members of her support team had sometimes broken down during the pandemic, making it more difficult to get her medication prescriptions.

Policy implications

This chapter provides insights into key findings from our qualitative longitudinal research in Salford. There are key policy implications here, relating to (i) communication with claimants; and (ii) financial adequacy. It was evident that changes to the UC system that occurred during COVID-19 (for example the £20 uplift) were not fully understood or had not been explained to participants. There is therefore a need to ensure that any future changes to the system are communicated clearly and that claimants fully understand what will happen and when.

Although this study is exploring experiences of UC, and so was approached through the lens of the benefits system, the qualitative longitudinal interviews were illuminating in relation to change and continuity across an array of complex needs and circumstances facing the participants, including significant health issues, caring responsibilities, housing insecurity, domestic abuse, and debt. In those situations where UC was described as working for people, this was articulated as one less thing to worry about and related primarily to the process of claiming. Ultimately what appeared to dominate the interviews were the challenges of life on a low income while managing a range of complex circumstances. Although many articulated feeling ‘better off’ financially during COVID-19 (as payment levels increased and spending decreased), this was often from a starting point of significant financial insecurity or crisis. It is therefore misleading to suggest that people were ‘better off’; rather they had moved from ‘crisis’ to ‘just about managing’. Reiterating other research (Summers et al, 2021) and chapters in this edited collection, this signals the need to review the financial adequacy of the benefits system.

Notes

¹ www.salford.gov.uk/media/390192/no-one-left-behind-tackling-poverty-in-salford.pdf

² Participants have been given pseudonyms to protect anonymity.

References

- Boardman, B. (2009) *Fixing Fuel Poverty: Challenges and Solutions*. London: Routledge.
- Caplovitz, D. (1963) *The Poor Pay More: Consumer Practices of Low-Income Families*. New York: Free Press of Glencoe and Collier-Macmillan.
- Davies, S., Finney, A. and Hartfree, Y. (2016) *Paying to be Poor: Uncovering the Scale and Nature of the Poverty Premium*. Bristol: University of Bristol.
- Dwyer, P., Scullion, L., Jones, K., McNeill, J. and Stewart, A.B. (2020) Work, welfare, and wellbeing: the impacts of welfare conditionality on people with mental health impairments in the UK. *Social Policy & Administration*, 54(2), 311–26.
- Dwyer, P., Batty, E., Blenkinsopp, J., Fitzpatrick, S., Fletcher, D., Flint, J., et al (2018) Final findings report: welfare conditionality project 2013–2018. York: Welfare Conditionality Project. Available at: www.welfareconditionality.ac.uk/wp-content/uploads/2018/06/40475_Welfare-Conditionality_Report_complete-v3.pdf
- Gibbons, A. (2019) *Living rents and renting in Salford*. Salford: University of Salford.
- Griffiths, R., Wood, M., Bennett, F. and Millar, J. (2020) *Uncharted territory: Universal Credit, couples and money*. [Online]. Available at: www.bath.ac.uk/publications/uncharted-territory-universal-credit-couples-and-money/attachments/Uncharted-Territory-Universal-Credit.pdf
- Halpin, S., O'Connor, R. and Sivan, M. (2021) Long COVID and chronic COVID syndromes. *Journal of Medical Virology*, 93(3), 1242–3.
- Innes, D. (2020) *What has driven the rise of in-work poverty?*. Joseph Rowntree Foundation. [Online]. Available at: www.jrf.org.uk/report/what-has-driven-rise-work-poverty
- Jones, K., Martin, P. and Kelly, A. (2018) *Hidden young people in Salford: exploring the experiences of young people not in employment, education or training (NEET) and not claiming benefits*. Salford Anti-Poverty Taskforce. Salford: University of Salford
- JRF (2018) *UK Poverty 2018: A comprehensive analysis of poverty trends and figures*. Available at: <https://www.jrf.org.uk/report/uk-poverty-2018>
- McBride, J., Smith, A. and Mbala, M. (2018) 'You end up with nothing': the experience of being a statistic of 'in-work poverty' in the UK. *Work, Employment and Society*, 32(1), 210–18.
- McEachern, M., Moraes, C., Gibbons, A. and Scullion, L. (2019) Research brief: Understanding food poverty and the transitional behaviour of vulnerable individuals.
- Millar, J. and Bennett, F. (2017) Universal Credit: assumptions, contradictions and virtual reality. *Social Policy and Society*, 16(2), 169–82. Available at: <https://doi.org/10.1017/S1474746416000154>

- Neale, B. and Flowerdew, J. (2003) Time, texture and childhood: the contours of longitudinal qualitative research. *International Journal of Social Research Methodology*, 6(3), 189–99.
- Power, K. (2020) The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*, 16(1), 67–73. Available at: DOI: 10.1080/15487733.2020.1776561.
- Salford City Partnership (2017) *No one left behind: tackling poverty in Salford*. [Online]. Available at: www.salford.gov.uk/media/390192/no-one-left-behind-tackling-poverty-in-salford.pdf
- Scullion, L., Gibbons, A. and Martin, P. (2018) *Precarious lives: exploring lived experiences of the private rented sector in Salford*. Salford: University of Salford.
- Scullion, L., Jones, K., Dwyer, P., Hynes, C., and Martin, P. (2021) Military veterans and welfare reform: bridging two policy worlds through qualitative longitudinal research. *Social Policy and Society*, 1–14. DOI: 10.1017/S1474746421000166
- Summers, K., Scullion, L., Geiger, B.B., Robertshaw, D., Edmiston, D., Gibbons, A., Karagiannaki, E., de Vries, R. and Ingold, J. (2021) *Claimants' experiences of the social security system during the first wave of COVID-19*. The Welfare at a (Social) Distance project.
- Wright, S. and Patrick, R. (2019) Welfare conditionality in lived experience: aggregating qualitative longitudinal research. *Social Policy and Society*, 18(4), 597–613.
- Wright, S., Dwyer, P., Jones, K., McNeill, J., Scullion, L. and Alasdair, S. (2018) *Final findings: Universal Credit*. York: Welfare Conditionality.