

Scoping project to investigate the alternatives for including non-household populations in estimates of personal well-being and destitution

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Scoping project to investigate the alternatives for including non-household populations in estimates of personal well-being and destitution.

Interim Research Report to Joseph Rowntree Foundation and ONS

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Executive Summary and Recommendations

This report presents the findings of a scoping study to investigate existing and alternative ways in which 'non-household' populations can be counted in measures of living standards, including poverty and destitution, and personal well-being. This is to complement existing statistics which rely overwhelmingly on household surveys.

These groups, who include both institutional residents and people with no fixed abode, are of increasing policy interest, for example in relation to severe poverty and destitution, homelessness, mental health, complex needs and migration.

This report covers the first stage of a broader project, based mainly on a review of literature and data sources covering the populations and settings of interest. A second stage will examine detailed feasibility and test specific approaches to measuring the key characteristics and circumstances for a range of the populations of interest. Based on both these stages it is anticipated that detailed recommendations will be put forward for including appropriate means to measure these key aspects of lives of everyone in the UK regardless of their household circumstances.

Numbers living in communal establishments have grown, but information on these groups is limited. Meanwhile significant numbers of people appear to fall between the two stools of institutions and households, with an 'absent' or 'temporary' status. While definitions of homelessness vary, core groups within this clearly fall within the non-household sector.

Two core concepts to be measured for these populations are living standards (including degrees of poverty) and personal well-being (PWB), an aspect of wider quality of life. Although not uncontroversial, there are well-established frameworks for the measurement of these. Poverty measures draw on relative low income and widely agreed material deprivation indicators, at different levels of severity, while PWB can be measured through a harmonised set of subjective scale measures. The former require some adaptation to non-household living circumstances. Existing evidence suggests that a range of non-household groups display serious levels of poverty, including destitution, and low well-being.

In current circumstances, it is necessary to use survey methods to measure aspects of poverty and personal well-being. In future,

administrative data may enable some types of data (e.g. on income) to be obtained in a different fashion, but it is unclear that this can completely substitute for surveys in the immediate future.

A range of methodological issues are considered, starting with the reasons why non-household groups are excluded from mainstream surveys. Essentially, this comes down to cost and convenience, and overcoming the challenges in extending measurement to non-household and 'in-between' groups may have a significant cost. We assess the scope and limitations of using existing data collection systems versus purpose-designed surveys and set out the critical design decisions to be made in going for the latter option. This includes consideration of alternatives to accommodation-based sampling, such as 'action-based sampling' applied to people using relevant services. It also covers mixed modes of data collection, retrospective survey questions, and longitudinal surveys. We also highlight the challenges entailed in merging estimates from different sources which cover partially overlapping populations.

The most detailed part of the research involves a structured examination of nine distinct categories of non-household (communal) residents. These are care home residents, long stay hospital patients, students in halls, armed forces bases, travellers in caravan sites, immigration removal centres, people in prisons, homeless hostels and B&Bs. We look at existing data collection, the profiles of the populations, and how structured surveys could be conducted, while identifying special problems and issues to be overcome in each case. In one or two important cases this new requirement could be met by piggybacking on existing data collection, but more generally additional surveys would be required. This leads on to a set of recommended approaches appropriate to each case, usually with one or more fall-back alternatives.

In addition to these sector-specific recommendations, the report makes more general recommendations around: definition and scope (including homelessness and people not clearly attached to households); poverty and well-being measures; additional quality of life factors; early steps in implementing proposed set of surveys; trade-offs between 'ideal' and practical approaches; and the scope for making use of administrative data to supplement survey measures. These recommendations flow from the emerging policy priorities involving non-household groups, strongly informed by the detailed examination of the different sectors, but at the

same time going with the grain of key developments in official statistics in the UK.

The report's recommendations are provided below and are ordered by theme rather than number, starting with central recommendations.

Central Recommendation

Recommendation 9: ONS should take forward plans for including the main non-private household population (NPHHP) groups within measurement of living standards and well-being by actively exploring the feasibility of suggested approaches summarised in Table 6.1., including early contact with gatekeeper organisations.

Recommendation 11: Extending measurement of living standards and well-being to the NPHHP will involve a significant investment and time, and such data should be collected in a way which can meet a range of requirements which may be anticipated to arise in the medium term.

Recommendation 12: This initiative should be linked to the review of data collection on household finances which is in process.

Population Groups to be Covered

Recommendation 1: In the context of measuring the NPHHP, as well as homelessness policy, Government and the statistical agencies should consider a measurement framework which recognises the concept of 'core homelessness' alongside the established statutory framework, while also recognising the wider groups who may be at high risk of future homelessness.

Recommendation 8: It would therefore be helpful if ONS commissioned a study of this group ('sofa surfers', and other temporary household members). This study would include the collection of data on prior sofa-surfing among its household respondents as well as collecting details from individuals staying with the household temporarily but who would ordinarily not be eligible to take part in (e.g.) the LFS or other household surveys. The EU-SILC survey 2018 may provide evidence on this group.

What is to be measured

Recommendation 2: Poverty among the NPHHP should be measured in a manner consistent with the wider UK monitoring framework, using as key measures relative low income after housing costs against both current and fixed bases, combined low income and material deprivation, and persistent poverty over 3 out of 4 years.

Recommendation 3: An agreed basis for routine measurement and monitoring of severe poverty applicable to both NPHHP and household populations should be settled, after consultation with stakeholders, based on a combination of relative low income and material deprivations.

Recommendation 4: The JRF Definition of Destitution should be adopted as a standard element within the poverty measurement framework applicable to household and non-household populations.

Recommendation 6: The ONS harmonised set of Personal Well-being questions should form the core of the approach to the personal well-being issue of any survey targeted at the NPHHP.

Recommendation 7: Consideration should be given to including measures of human capital (e.g. qualifications) and social capital (social networks and support) alongside the harmonised Personal Well-being questions in any survey of the NPHHP.

Survey methodologies

Recommendation 10: In the homelessness and related sectors it is proposed that a medium-scale comparison should be made of results from a service-user based sampling approach with an accommodation-based sampling approach, in a range of particular localities, to establish the relative roles of these approaches and how their results can be combined.

Recommendation 5: Before developing survey instruments to measure living standards in the NPHHP, appropriate equivalisation for family groups and adjustments to be made for 'board', heat and light and other services which may or may

not be provided or available to people living in different types of accommodation should be agreed.

Recommendation 13: Given that some users and applications will require local level estimates to inform service provision, for example relating to homelessness, ways of modelling and mapping incidence across the country from a base of surveys which are likely to be clustered need to be considered.

Recommendation 14: Administrative data linkage should be actively sought in future data collection, particularly in the case of measuring income and living standards for some NPHHP groups in the period before they came into their current institutional setting. .

Chapter 1

Identifying the Problem

1.1 The Essence of the Problem

This report is concerned with alternative ways of including non-household populations in estimates of personal well-being and living standards, including issues of poverty and destitution in such populations. It presents the findings of a scoping study to investigate existing and alternative ways in which these populations can be identified and counted and in particular how these key aspects of their lives can be measured, to complement existing statistics which rely overwhelmingly on household surveys.

The reasons for reliance upon household surveys using address-based sampling are discussed at greater length in Chapter 4. Currently there appears to be no viable alternative, for example in the form of a comprehensive population register, in the UK. People who do not live in private households comprise primarily those residing or staying in various forms of communal or ‘institutional’ accommodation, including such forms as student ‘halls’, care homes, hospitals, armed forces barracks, boarding houses, hostels or prisons. Once every ten years the Census has attempted to enumerate these establishments and the people resident within them, but the information collected for these populations is limited as well as infrequent. Some specific surveys are carried out covering some of these institutional populations, as discussed in Chapter 5, but these are generally different in focus from household surveys, partly because some typical household survey topics or questions cannot be directly applied in the institutional context.

In addition to ‘institutional’ populations there are also people who have no clear or fixed residence, notably homeless people sleeping rough. There is also a ‘grey area’ of people who may be staying temporarily in someone else’s household, including so-called ‘sofa surfers’ widely recognised as part of the homelessness phenomenon (Bramley 2017). This group may or may not be noted as ‘temporary’ household members, but typically little information is collected from or about them in surveys (see Chapter 4).

If these ‘non-household’ groups had a very similar characteristics profile to the general household population, their omission from household surveys would be less of an issue. However, if their characteristics were

more extreme, or in some respects unique, then just relying on household surveys could be quite misleading, particularly when looking at certain more extreme conditions (such as destitution). Furthermore, while this may matter less if there is no strong policy interest in these extreme characteristics or the groups affected by them, if in fact there is strong or growing policy concern about them, then the case for trying to measure them better becomes much more pressing. Thus, it is appropriate to consider the policy context at this point.

1.2 Policy relevance

Policy areas where the issue of inclusion or exclusion of the non-household population appears to be particularly salient include poverty, and more especially severe poverty and destitution, homelessness, personal well-being and the closely related field of mental health, migration, and people experiencing ‘complex needs’ (see below).

Recent developments have raised concerns about destitution and severe poverty in the UK, widening out from a narrow focus on particular vulnerable groups such as asylum and undocumented migrants to a broader interest in the growth of homelessness including the substantial growth in foodbanks (Fitzpatrick et al 2016, 2018). Destitution may be seen as part of a broader picture of poverty across the UK, which is linked to a number of more specific policy issues including debt, financial exclusion, benefit levels, rules and sanctions, asylum, homelessness, food and fuel poverty (JRF 2016, Loopstra et al 2015, Bramley & Bailey 2018).

Over the last decade, official Child Poverty targets have ceased to apply at UK level, while related poverty indicators are still being monitored nationally through the Households Below Average Income (HBAI) statistics¹. Devolved administrations, particularly in Scotland, have developed more extensive poverty targets and delivery plans, which require monitoring. Debates on the definition of poverty are ongoing, with a notable recent contribution from the Social Metrics Commission (2018).

A report for the Lankelly Chase Foundation (*Hard Edges*, Bramley et al 2015) attracted significant attention to the situation of adults with more complex needs, whose poverty was compounded by experiences of

¹ And also UK participation in the EU-SILC (European Union – Statistics of Income and Living Conditions)

homelessness, substance misuse and offending, and often also associated with mental health problems. Subsequent policy developments have continued to raise the profile of mental health issues, their interface with other services such as policing and criminal justice, and the particular challenges faced by/lack of mental health (MH) services compared with other facets of the NHS. Our research for JRF on Destitution (Fitzpatrick et al 2016, 2018) has confirmed the significant overlap of these complex needs with destitution, particularly in terms of more intense/repeated/continuous episodes, which further underlines the likelihood that some of these groups have a tenuous connection, if any, with private households. For this reason, as well as their modest numbers, they are not well-captured by conventional sample survey methods.

The concern of national governments and their statistical agencies with the measurement and monitoring of ‘well-being’ across the population is a development which may be observed internationally. This may be seen as part of a broader international movement to measure societal progress by broader criteria than just GDP and personal incomes (Stiglitz et al 2009). Well-being may be used as one key indicator of ‘social sustainability’ within a wider sustainable development framework (DEFRA 2005, ONS 2014b). It also responds to a particular strand of work promoted by Layard (2005) and others about the measurement of ‘happiness’ and its significance as a perspective on economic and social progress. This work has also become quite strongly linked to concerns about mental health.

Practical measurement of general and mental well-being through well-established scales² features in several national surveys such as *Understanding Society* (The UK Household Longitudinal Survey, UKHLS), and their relationship with poverty is discussed in recent papers (e.g. Tomlinson & Kelly 2013, Tomlinson & Wilson 2017). In *Hard Edges* we pointed to evidence that levels of well-being among adults with complex needs were extremely poor, but as noted above these groups are not well captured in general household surveys.

Both destitution and complex needs raise issues of homelessness, and this in turn draws attention to a particular combination of non-household living circumstances, going beyond narrowly-defined rough sleeping

² For example, the Warwick-Edinburgh Mental Well-being Scale, WEMWBS, or the General Health Questionnaire GHQ

(Bramley, 2017, Crisis 2018). We would also point out that homelessness itself is the subject of significant policy attention in the UK, with a *Homelessness Reduction Act* passing parliament within the last year (this applies specifically within England, although following policy precedents from Wales), major reports from bodies like the National Audit Office (2017b) and the UK Statistics Authority (2015), and policy commitments to reduce/eliminate rough sleeping in the different UK countries (Conservatives 2018, p58, HARSAG 2018). Currently two government departments (Ministry of Housing, Communities and Local Government - MoHCLG - and the Department of Work and Pensions -DWP) are collaborating in significant research into the causes and the possibility of forecasting homelessness; such work implies that we can first define and measure homelessness. We therefore go on to argue in Chapter 3 that homelessness is one of the key concepts which needs to be unpacked.

We also suggest in the context of destitution that the non-household population may be very relevant to aspects of migration, in that instance particularly asylum/refugee and trafficking issues, as well as the interaction of migration with welfare entitlements. Of course, migration is a much larger and more wide-ranging as well as controversial area of policy, beyond the scope of this study. However, it is noteworthy that one previous study of the feasibility of a survey of communal establishments (Groom et al 2009) was mainly focused on migration issues.

1.3 Focus of the study

The overarching aim given in the brief for this research was

‘To investigate alternatives for including non-household populations in estimates of personal well-being and destitution’

In the light of our appreciation of the issues arising from recent related research as well as the policy concerns just reviewed, we suggested that that the scope of this study and any follow-up to it should be slightly broader than a literal interpretation of the above wording.

Firstly, for reasons briefly touched on above and developed further in Chapter 4 and elsewhere, we believe ‘non-household’ populations should be taken to include not solely people resident in recognised forms of communal establishment but also people with no clear or established place of residence, as well as people staying temporarily with others. In the remainder of this report, we refer to this slightly extended concept of

the non-household population by the acronym 'NPHHP' (Non-Private Household Population).

Secondly, we believe 'destitution' is perhaps too narrow and specific and suggested that a more appropriate term would be 'living standards' or 'living conditions'. As such this would encompass the full range from destitution through severe poverty, combined poverty and material deprivation, conventional low income poverty, people experiencing financial stress, and people with an adequate or good standard of living. Thirdly, we would more tentatively suggest that, while personal well-being is a good focus, this should perhaps be interpreted a bit more widely than simply the standard ONS four questions, to cover other indications of quality of life and/or social exclusion.

Another feature of the study to draw out is that there is a strong focus on survey methods which could be applied to the sectors and populations of interest. However, there is a significant move within ONS and other parts of government to make more use of administrative data sources and data linkage as a basis for a wide range of statistics, including longer term plans for the evolution of the census. While we do consider this at key points, it should also be underlined that our understanding of the brief for this work included a view that the key variables of interest – personal well-being/quality of life and poverty/living conditions/destitution³ could not be measured satisfactorily without surveys. We do re-examine this assumption at certain points in the report.

This report covers the first, scoping phase of what was intended as a multi-stage project. The main purposes of this *first phase* were to:

- Investigate and map existing sources of data that might be used to measure destitution (living conditions) and personal well-being among those not living in residential accommodation.
- Highlight the state of the evidence base and the uncertainties and gaps within it.

This report represents the main output of this first phase. The main research activities have involved reviewing literature, both more general and academic work and also more practical and applied or grey literature. This includes literature addressing the nature and situation of different

³ While income may be measured from administrative sources, it is not clear that material deprivation indicators can be so derived.

NPHHP groups, literature on the key concepts involved (living conditions/poverty/destitution, well-being, homelessness), and literature on relevant methodological issues, including sampling frames, coverage, and combining different/disparate surveys of different sub-populations. This scoping has also reviewed existing datasets and surveys relating to particular populations and types of communal/institutional establishments.

It is envisaged that this would feed into a *second phase*, where the aim would be to identify the best available data and how this could be used in combination with other sources to create more accurate estimates, potentially with worked examples. This phase would probably involve pilot testing of the favoured approaches both in terms of quantitative aspects and potentially some qualitative work as well.

On the basis of this second phase of work there would be a further phase of dissemination and engagement with a wider stakeholder and user community.

1.4 A diverse sector

As will become clear through this report, the NPHHP comprises a diversity of types of sub-populations living in different types of establishment or circumstances.

A small number of types of institution dominate the numbers in terms of population – care homes, educational establishments, prisons, armed forces barracks. Yet each of these differs markedly in terms of (a) the expected prevalence/profile of destitution/living standards and well-being/quality of life (b) how one would approach the design of suitable survey instruments in these contexts. By contrast, the numbers associated with the types of groups and situations which may be of most policy concern here, such as hostels and B&B, appear to be relatively small in comparison.

This leads us to question whether a uniform approach would make most sense, or whether different approaches would be appropriate for different types of communal establishment. Some types of institutions might be surveyed less frequently or intensively. Also, if there are existing surveys of some of these populations, such as higher education surveys of students in student accommodation, might it not be better to piggyback on these rather than reinvent the wheel and try to duplicate? Some populations of interest might be better captured through surveys of users

of relevant services, rather than through a conventional residence-based survey.

While the ultimate aim is to complete the profile of UK populations in terms of living conditions and personal well-being, getting good estimates of the numbers involved in the different sub-groups or settings may be quite a significant prior challenge. Often this will involve sampling, contacting and securing the cooperation of managers of communal establishments of different types, to estimate numbers and establish sampling frames, prior to using some form of personal interview or questionnaire to gain data on the living standards and well-being/quality of life issues. Some of the difficulties entailed in the first stage of this process were illustrated by the scoping study of Groom et al (2009), while our own work suggests some disparities between estimates of the scale of some sectors and the estimates published from the last census (ONS 2016).

1.5 Guide to the Report

Chapter 2 addresses in more detail how we define the populations of interest for this study. Chapter 3 reviews in more depth the key concepts which are involved, under the broad headings of poverty and living conditions, personal well-being and quality of life, and homelessness.

Chapter 4 addresses key generic or cross-cutting methodological issues which may be challenging in this context and assesses the key choices over measurement approaches in general terms. Chapter 5 then goes on to present our review of the nature of each key NPHHP sector, defined primarily in terms of type of establishment, including existing data sources and surveys, and issues and challenges to be addressed.

On the basis of these analyses, Chapter 6 puts forward our suggestions for new ways forward in relation to each sector, including possible initiatives which might cut across sectors. Chapter 7 sums up our overall conclusions and makes recommendations, both for the second phase of the study and more generally for the development of data sources.

Chapter 2

Defining the Populations of Interest

2.1 Introduction

In this chapter, we are concerned with defining the populations of interest within the NPHHP, presenting what evidence we can on their relative scale and recent trends, and identifying issues to be resolved concerning definition and scope. We start by looking at communal establishments, and in particular the one official set of data which aims to enumerate the scale of this sector. However, this raises some immediate issues about consistency and completeness, which are somewhat underlined when we compare our own current estimates from alternative data sources. We discuss possible explanations for these discrepancies and implications for definitions.

We go on from that to look at elements of the NPHHP which may not be captured, in whole or in part, by recognised communal establishments. This entails a discussion of the definition of a household and its application in survey research, and then in rather more detail the issue of homelessness definitions.

2.2 Communal establishments: the numbers

Table 2.1 presents data published by ONS (2016a) on numbers of communal establishments and their resident populations, by category, from the last two censuses (2001 and 2011). It appears that there may be some differences in the approach to classification of certain cases between these two dates, and there seems to be further discrepancies when we compare with our own estimates (as developed in Chapter 5). There also appear to be some trends discernible within the data, although these cannot always be separated out from issues of definitional inconsistency.

Table 2.1: Estimates of Numbers of Communal Establishments and Residents in such Establishments, England and Wales, 2001, 2011 and current

Category of Establishment	Number of establishments 2001	Number of establishments 2011	Residents 2001	Residents 2011	Occupants current estimates
Hospital	1,907	1,504	37,551	18,090	80,000
Care home	23,435	23,122	348,262	365,685	430,000
Childrens home	Inc above	c.2,000, Inc above	3,276	3,791	7,500 ⁴
Defence establishment	397	657	47,586	42,915	115,000
Prison	242	534	46,573	51,659	92,300
Probation, bail, detention etc.	Inc above	Inc above	1,365	12,715	3,000 ⁵
Education (HE halls etc + schools)	2,283	4,837	251,708	382,056	500,000
Hotel, guest house, B&B	10,093	19,071	16,402	5,517	20,000
Hostel/shelter for homeless	Inc above	Inc above	25,770	20,868	46,000
Holiday accommodation			481		
Travellers in Caravan sites					90-120,000
Other	10,081	9,313	70,725	31,681	
Total	46,431	59,032	858,085	936,994	1,398,500

Sources: Cols 1-4, Censuses 2001 and 2011, ONS (2016a), Tables 2 & 3; col.5, estimates developed in Chapter 5, summarised in Table 6.1.

Note: col. 5 estimates refer to occupants, some of whom may not be classed as 'usually resident' in the communal establishment in a census.

⁴ Number in England in March 2015 was 6140, including secure units and residential schools, excluding NHS, custody, hostels,: M. Narey (2016) *Residential Care in England: Report of Sir Martin Narey's Independent Review of children's residential care*. July 2016. Overall estimate includes guesstimates for Scotland, Wales and N Ireland.

⁵ This figures is specifically for Immigration Removal Centres as reviewed in Chapter 5 (s.5.4), whereas the 2011 Census figure includes probation and bail hostels, which are counted with prisons in Col.. 5

Table 2.1 suggests that in 2011 the population resident in communal establishments in England and Wales was 937,000, which was 1.7% of the total population at that time. This excluded a further 68,000 resident staff or partners/family members of staff or owners of establishments. This total number also *excluded* 'short-term non-UK born residents', which includes quite a lot of students (100,000), many of whom may have been staying in communal student accommodation. This latter group are excluded from the ONS (2016) analyses but may be included in some of our estimates.

The resident population as recorded in these censuses rose by 9.2% over the decade, a faster rate of increase than that in the general population (6.7%). A simple reading of the final column of the table would suggest that this growth in communal establishment population has continued and possibly intensified, but care is needed because in some cases the definitional approach and coverage may be different.

This definitional difference (between cols 4 and 5) is probably the case in the instances of hospitals, defence establishments and traveller/caravan sites. Our estimate for hospitals is based on a rough calculation derived from the number of in-patient admissions likely to stay more than 4 weeks. However, most of these would not be treated as 'usually resident' in hospital. Some part (a minority) of serving military personnel in armed forces provided accommodation are potentially included in the private household population – particularly those in family accommodation located 'off base'. From the discussion of travellers in Chapter 5 (s.5.6), it is unclear how far they are counted in the census or represented in surveys.

However, we believe our estimates for care homes, prisons, education establishments/student accommodation and homeless hostels/shelters are robust. It is clear from other evidence that there has been strong growth in both student numbers in Higher Education (HE) and in the availability of purpose-build congregate student accommodation, so it is likely that the apparent strong growth in numbers here is a fair picture. The picture of more moderate growth in care homes also seems to be plausible. However, the census-based figures for prisons and homeless hostels are well below numbers known and published for these sectors (as reviewed in Chapter 5). It is assumed that some people serving short prison sentences or on remand are treated as usually resident at their

home address, so that may account for that difference, but that would not be the case for those staying in homeless hostels.

It also appears that there are inconsistencies between the two censuses in relation to the categories of probation/bail/detention, hotel/boarding/B&B (establishments up a lot, but residents down a lot), holiday accommodation and 'other'.

It is interesting to reflect on the finding that the populations in communal establishments are generally increasing. In some sectors at least (health and social care) the general thrust of policy has been one of 'de-institutionalisation', but perhaps that is no longer the reality, for various reasons (funding shifts, the growth of dementia, etc.). Strong growth in the HE sector reflects the expansion of the sector, strong recruitment of international students, and the strong interest of property investors in this sector. We would expect a tendency to slight decline in the defence establishments, in line with Defence reviews. Prison populations have been tending upwards. The use of B&B for homeless households has fluctuated, including downwards in the mid-2000s, but recent trends have been upwards, while homeless hostel places have actually been in slow decline in England (although not in Scotland).

2.3 Profile of communal establishment residents

The ONS (2016) report also provides some profile information on communal establishment residents in terms of attributes collected in the census: age, sex, marital status, qualifications, economic activity, country of birth, ethnicity. Overall, communal residents tend to be young adults or old (over 75), with more males in the younger group and females in the older. Most communal residents are single or otherwise not married, and they are rather less likely to have educational qualifications. Relatively few are in work or economically active. They are slightly more likely to have been born overseas and/or of an ethnic minority.

These establishments and their populations can also be analysed geographically, to local level and below. Districts with high shares of communal accommodation tend to be university towns, unsurprisingly given that student accommodation is the largest sub-sector. Care homes tend to be concentrated in coastal areas.

The census does not ask questions which enable us to identify either degrees of poverty or personal well-being. Although census-based proxies for poverty have been derived (Bramley et al 2016, 2018; ONS

2018) these are usually calibrated on household survey data, and such relationships might not be valid for the NPHHP.

2.4 The In-Betweeners

The information in Table 2.1 leaves some unanswered questions about some of the particular types of communal establishments, for example detention centres, B&B, holiday accommodation, traveller sites and the 'other' category. Some of these will be addressed in relevant sections of Chapter 5. This initial review, however, also exposes a more general issue, which is that across a number of cases there tends to be a systematic difference between the number of people counted as 'usually resident' in a certain type of establishment and the number of people actually staying in such establishments on a given night, or for more than a minimal period of time. This can be particularly seen in the case of hospitals and prisons but also probably in cases of care homes (e.g. people receiving respite care) and defence establishments (people who spend part of their time on military bases).

Such people should, and probably mainly are, enumerated in censuses as 'usually resident but absent' at their main home address. However, typically if they are absent, they will not participate directly in any of the main detailed survey data collection exercises, unless proxy answers are permitted (and that is likely to apply only to certain questions, not including personal well-being and detailed living standards information). This group can be seen as falling between the two stools of the household and communal parts of the census as well as outside of the main frame for household surveys. Their characteristics are much more likely to resemble those of communal residents than present household residents, although they may be a distinct sub-group (e.g. seriously ill, rather than chronically ill). Such people should be included in any new survey focused on the NPHHP, which should not be confined to people in communal settings who are classified as usual residents.

While the group just discussed is revealed by consideration of Table 2.1, there is another important group of people who have a partial association with households. This group are those who are present in households but treated as temporary residents or visitors, not 'usually resident'; typically, this group are not included in the full data collection for household members in typical household surveys. The reasons for this are discussed further in Chapter 4.

2.5 Concept and definition of a household

In a study of the non-household population it is of some importance to consider the definition of a household. The following text, taken from the methodology report accompanying the 2016-based household projections, gives the current UK census definition.

“The household projections are based on the census definition of a household, which in 2011 was: “one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area.”

This includes sheltered accommodation units in an establishment where 50% or more have their own kitchens (irrespective of whether there are other communal facilities) and all people living in caravans on any type of site that is their usual residence. This will include anyone who has no other usual residence elsewhere in the UK.

A household must contain at least one person whose place of usual residence is at the address. A group of short-term residents living together is not classified as a household, and neither is a group of people at an address where only visitors are staying.” ONS (2018) *Methodology used to produce household projections for England: 2016-based*, p.37.

This 2011 definition, which appears to be used also for major government surveys like FRS, is subtly different from the definition used in censuses and surveys for the preceding 30 years

Previously a household was defined as a person living alone, or a group of people living at the same address who have the address as their only or main residence and either share one main meal a day or share living accommodation (or both). ONS (2013) *Families and Households, 2013. Statistical Bulletin*. P.16.

The difference lies in the substitution of ‘cooking facilities’ for ‘one main meal a day’, and of an ‘and’ for an ‘or’. It is not quite clear how much material difference this change will have made; logically, it is possible that the new definition may have redefined some groups previously treated as one household into two or more separate households, but this is not likely to be that common, as people would be unlikely to share meals without sharing cooking facilities. It is likely that the new definition is easier to apply in the field.

It is one thing to have a logically clear definition and another to ensure that it is consistently applied in the field. There are additional challenges in ensuring adherence to definitions such as this when surveys are

conducted by different modes, such as on-line, as discussed further in Chapter 4.

It seems that the more important aspects of the definition for the purposes of this study are to do with the clarifications around usual residence as well as those relating to sheltered housing and caravans. It is potentially a source of concern that a group of short-term residents or 'visitors' living together would not be counted as a household, as this would certainly exclude them from the main household data collection exercises while leaving them in danger of being in some sort of limbo in terms of whether they would be picked up as a communal establishment.

The ONS (2016, Table 3) analysis of communal establishments suggested that only 1,535 people were residing in sheltered housing classed as communal. This implies that nearly all of this sector should be counted as private households, and thereby included in household surveys. It would be desirable to double check whether this is in fact the case.

The definition suggests that all those residing in caravans should be counted, in theory. People staying in caravans should be counted and surveyed if it is their usual residence or if they have no other usual residence. However, one can envisage circumstances, for example involving travellers, seasonal workers or other transient groups, where respondents might say that their present location was not their usual or permanent residence (for example by not expecting to be there for as long as six months), but without making it clear that they did not have another usual place of residence.

This is leaving on one side the significant difficulties encountered in practice in attempting to enumerate or survey travelling populations in caravan sites or elsewhere, as discussed further in Chapter 6 (s. 6.6).

The other potentially relevant issue associated with household definition is the issue of sharing households. Sharing arises when more than one household, as defined above, occupies a single unit of self-contained residential accommodation, while not sharing cooking facilities and/or a living/dining room/area. As pointed out in Fitzpatrick et al (2018, pp112-115) sharing of housing had been in long term decline, although it has shown signs of increasing again over the last few years. Reasons for the decline include past improvements in housing supply and access, landlord disinvestment from traditional Houses in Multiple Occupation (HMO), and

regulatory interventions (registration, fire safety measures). However, there is considerable inconsistency between the levels of sharing recorded between the different government surveys (authors' analysis of EHS, UKHLS and LFS underpinning Fitzpatrick et al 2018), which may be indicative of differences in the precise application of the definitions of household (and dwelling) and/or in the detailed protocols followed in identifying and classifying potential household units present at an address, and/or issues of non-response and/or sample attrition. While it is difficult to identify particular categories of sharer who may be excluded from coverage, it is not implausible that survey protocols may have contributed to some of the apparent decline and some of the discrepancies between surveys.

2.6 Definitions and Forms of Homelessness

Discussion of the groups of interest in this study of the NPHHP would not be complete without giving significant attention to the concept and reality of homelessness. While not being the only people who live in circumstances/institutions other than private households, homeless people are associated with certain distinct forms of institutional accommodation as well as a range of other informal living circumstances including rough sleeping, perhaps one of the most extreme and even iconic forms of deprivation. As pointed out in Chapter 1, homelessness is of strong policy interest, and this is reflected in specific legislation and policy frameworks within the UK, while also being of interest to UK and devolved administrations at the present time.

In this section we discuss definitions of homelessness, which to varying degrees map onto the various types of accommodation and living circumstances where homeless people are to be found. We also draw attention to the distinctive legal frameworks in UK, as well as the considerable mismatch between the legal definition, common understandings, and international definitions.

Some of the accommodation settings associated with homelessness constitute clear examples of institutional accommodation, and we discuss key examples of such institutions (e.g hostels). Depending on the definition, some homeless people are present in private households, but their attachment to these households may be temporary and transitional, and doubts arise as to whether they would be captured by conventional

household surveys. Other homeless people are not clearly in any sort of institution or household situation, but these cases go wider than just the commonly understood case of 'rough sleeping'

Homelessness may often be better conceptualised as a process, a transition between states, and better measured as a flow rather than as a stock – as in the case of 'statutory homelessness' in UK. Partly because of this transitional characteristic, and partly because of the disparate and often informal nature of much of the temporary accommodation solutions used by homeless people, there is a case for measuring and profiling homelessness by a different method than conventional snapshot census or survey. This may involve census or sample surveys of throughput of cases in services which homeless people use. This approach is discussed further in Chapter 4.

International definition

As indicated above, the definition of homelessness is a large subject, with quite varying approaches giving rise to quite big differences in the estimated scale, profile and character of the phenomenon. It perhaps helps to start by illustrating this with an attempt by three leading international scholars to come up with a general definition which would be internationally applicable, including across the developing world. This is set out in Table 2.2.

We can make several immediate observations about this table. Firstly, it provides a structure of levels as well as categories within levels, which is helpful where there is a need to set priorities or focus in on a narrower core or alternatively adopt a wider all-encompassing approach. Secondly, all of these are effectively types of accommodation, implying that what is being measured is a stock at a point in time. Thirdly, some of the categories could apply in any (urban) context, but others are rather more specific to developing countries (e.g. pavement dwellers, temporary structures in informal settlements). Fourthly, it is unlikely that there would be universal consensus in agreeing that all of these categories constitute 'homelessness'. In particular many people would argue that categories 3e and 3g are not cases of homelessness but of inadequate housing quality and/or condition. Finally, it is very clear that any attempt to survey, or even just to count, all of these groups raises a wide range of challenges and is

likely to require quite a diversity of methods to be successfully accomplished.

Table 2.2: International Homelessness Definitional Framework

	Category		Subcategory
1	People without accommodation	1 (a)	People sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)
		1 (b)	People sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)
		1 (c)	People sleeping in their cars, rickshaws, open fishing boats and other forms of transport
		1 (d)	'Pavement dwellers' - individuals or households who live on the street in a regular spot, usually with some form of makeshift cover
2	People living in temporary or crisis accommodation	2 (a)	People staying in night shelters (where occupants have to renegotiate their accommodation nightly)
		2 (b)	People living in homeless hostels and other types of temporary accommodation for homeless people (where occupants have a designated bed or room)
		2 (c)	Women and children living in refuges for those fleeing domestic violence
		2 (d)	People living in camps provided for 'internally displaced people' i.e. those who have fled their homes as a result of armed conflict, natural or human-made disasters, human rights violations, development projects, etc. but have not crossed international borders
		2 (e)	People living in camps or reception centres/temporary accommodation for asylum seekers, refugees and other immigrants
3	People living in severely inadequate and/or insecure accommodation	3 (a)	People sharing with friends and relatives on a temporary basis
		3 (b)	People living under threat of violence
		3 (c)	People living in cheap hotels, bed and breakfasts and similar
		3 (d)	People squatting in conventional housing
		3 (e)	People living in conventional housing that is unfit for human habitation
		3 (f)	People living in trailers, caravans and tents
		3 (g)	People living in extremely overcrowded conditions
		3(h)	People living in non-conventional buildings and temporary structures, including those living in slums /informal settlements

Source: Busch-Geertsema, Culhane & Fitzpatrick (2016)

We next turn to consider the UK legal definition of homelessness.

UK legal definition

Statutory homelessness in UK was ushered in by the 1977 Housing (Homeless Persons) Act, and retains its essential character, despite modification in subsequent legislation and significant divergence in the duties owed to different categories of homeless household between the devolved administrations of the UK since 2001 (Davies and Fitzpatrick 2018). You are deemed legally homeless in the UK if you have no accommodation in which it is 'reasonable' to expect you to live together with your family. In many other countries, notably the US, a much more 'literal' definition of homelessness is used – focused only on those sleeping on the streets or in shelters (categories 1 and 2 in Table 2.2 above). Further local housing authority duties extend to people likely to become homeless in the near future (previously 28 days, now extended to 56 days). Thus, many of those accepted by British local housing authorities under the homelessness legislation have never actually been without any form of accommodation, and only a very small minority have slept rough.

While statutory homelessness has become an important route into public/social housing, only those homeless households in 'priority need' are legally entitled to accommodation in England and Wales; this means mainly families with children. Childless adults are included only where they are deemed to be 'vulnerable' by a local housing authority: a test which can be extremely narrowly interpreted. However, in Scotland this distinction has been progressively removed. Also, those people who are deemed to have become homeless 'intentionally' are entitled to, at best, temporary accommodation, while other households may be not 'eligible' for assistance due to their immigration status.

Given these definitions governing the duties of local housing authorities, statutory homelessness comprises those groups of households who apply to and are accepted as homeless (or at imminent risk) and (in England and Wales) in priority need. Statistics are collected on the number and characteristics of households classified in this way. These statistics predominantly refer to a flow of households over a period of time (a year or a quarter), although some stock measures are also produced (particularly for those residing in temporary accommodation pending permanent rehousing or finding their own accommodation). In England and Wales these statistics have been compiled as aggregate counts

submitted by local authorities to government, although from 2018 an individual; record system ('H-CLIC') is being introduced. In Scotland, there is an individual-level record system called HL1 used to produce equivalent data. Thanks to the abolition of priority need in Scotland, and the generally more favourable supply situation with regard to social housing lettings, large numbers of single and childless households apply and are accepted as homeless, and it is believed that a majority (c.70%) of all homeless people do pass through the statutory system (based on triangulation against the Scottish Household Survey). This is in marked contrast to the position in England.

Since 2003 in England, and more recently in Scotland, homelessness 'prevention' activity through the 'housing options' approach has been strongly promoted, leading to a substantial measurable fall in the number of statutory homeless cases. This acts as a reminder that recorded numbers of homeless in this system are, despite the legal framework, quite susceptible to variation depending upon the discretionary application of administrative practices and allied services at local level. Wales pioneered making homeless prevention a duty on local authorities from 2014, and this approach was then enshrined in the Homelessness Reduction Act 2018 for England.

Core homelessness

Another recent attempt at defining categories of homelessness has been developed by one of the present authors in work with the charity Crisis, aimed at distinguishing 'Core' and 'Wider' homelessness and developing quantitative estimates and forecasts for key components of these (Bramley 2017, 2018 forthcoming). These reports focus on a concept of '*core homelessness*' – people whom we would consider to be experiencing the most extreme forms of homelessness and who are effectively homeless at a point in time. This corresponds to categories 1., 2. and parts of 3. ((a), (d),(h)) in Table 2.2 above. Such a definition, it is argued there, might be more likely to command general public understanding and support. It would certainly raise the profile of single homelessness, which has received little recognition through the statutory system in England, although this is changing with the implementation of the 2018 Homelessness Reduction Act, which will give local authorities a duty to help this group with prevention and relief, if not a full rehousing duty as in Scotland.

The proposed definition of core homelessness also has some practical advantages. It avoids significant practical problems of double-counting and conceptual problems of mixing ‘stock’ and ‘flow’ measures. It is also more consistent with accepted international approaches to defining homelessness, as summarised above.

The definition of *core homelessness* agreed with Crisis and applied in the above mentioned study includes the following elements:

- (1) rough sleeping;
- (2) sleeping in cars, tents, public transport (‘quasi rough sleeping’);
- (3) unlicensed squatting or occupation of non-residential buildings;
- (4) staying in hostels, refuges and shelters;
- (5) unsuitable temporary accommodation (e.g. Bed & Breakfast, nonself-contained, out of area placement); and
- (6) ‘sofa-surfing’, i.e. staying with non-family, on a short-term basis, in overcrowded conditions.

While we regard this set of categories, which together constitute core homelessness, as a coherent and defensible way of defining the concept, there are significant limitations in the data sources available and methods used to routinely record some of these elements of homelessness. Therefore, to overcome these the research has had to draw on and ‘triangulate’ a range of different sources (including retrospective and service-user surveys) to produce estimates, which may rely in part on assumptions as well as hard data.

It is clear that there are a range of challenges facing any attempt to even enumerate, let alone profile and collect data on living standards and well-being, for some of these groups. In theory, a census or survey of the private household population may capture some sofa-surfers, but under current procedures most will be treated as temporary residents/visitors and not included in the detailed data collection. Similarly, a comprehensive institutional census/survey should cover hostels and refuges, although Table 2.1 suggests significant under-coverage. In principle B&B and other lodging houses should be included, but there must be doubts about the coverage of the ‘shady’ end of this market. Categories (1), (2) and (3) are likely to include many cases where people

really do not want to be seen or contacted (for example because of shame about their situation, or because they are undocumented migrants).

Bramley (2018) develops a corresponding concept of '*wider homelessness*', which includes a range of situations, including where people are at significant risk of homelessness or have already experienced it. Without going into fuller detail this may be seen as encompassing Section 3 of Table 2.2. Some of this group may fall within the UK statutory definition, e.g. people under threat of eviction within 56 days, or people already accepted as homeless but placed in temporary accommodation. There is a reasonable case for including these groups alongside 'core homelessness' in a general definition. For the remainder, it is more a matter of recognising that they are at tangible risk of falling into core or statutory homelessness within a finite period.

Paradoxically, these wider homelessness 'risk' groups pose less problems in terms of enumeration and surveying, as the larger part comprises people in private households. However, certain sub-groups including those staying in non-permanent housing, certain shared/multi-occupied housing, and certain institutional settings may be more problematic.

ONS is currently consulting on the definition and measurement of homelessness, in the light of recent criticism and significant policy change and development. We would make the following recommendation here.

Recommendation 1: In the context of measuring the NPHHP, as well as homelessness policy, Government and the statistical agencies should consider a measurement framework which recognises the concept of 'core homelessness' alongside the established statutory framework, while also recognising the wider groups who may be at high risk of future homelessness.

Scale of and trends in homelessness

In considering the scale of homelessness in UK for the purposes of this project, we are particularly interested in 'core homelessness' for reasons suggested above. Nevertheless, it is also useful to refer to numbers

involved in the statutory homeless system. We draw on a recent project⁶, which has a particular focus on core homelessness as defined above, while also looking at wider groups at risk of homelessness.

Table 2.3 presents base estimates of the number of households in core homelessness in 2011 and 2016, by country and for Britain as a whole. These estimates represent a snapshot ‘stock’ of homelessness, the numbers we would expect to enumerate if we were to undertake a comprehensive census on a particular day/night. For Great Britain we are talking about around 160,000 households, on a set of ‘medium’ assumptions (low and high assumptions yield a range 90-200,000). The bulk of core homelessness is in England, where rates are rather higher than in other UK countries. An additional 60,000 households at any one time would be statutorily homeless but not in this core group, because they were adequately if temporarily housed. These overall numbers suggest that taken together homelessness is quite a large part of the overall non-household population, albeit it divides down into different sub-categories in rather different settings.

Table 2.3: Base Estimates of Core Homelessness by Country, Year and Level
(rounded)

Base Estimates (Med)	England		Wales		Scotland		GB	
Core Homelessness	2011	2016	2011	2016	2011	2016	2011	2016
Rough Sleepers	5,000	8,000	200	300	900	800	6,100	9,100
Car, tent, pub transp	5,000	8,000	200	300	700	600	5,900	8,900
Squat, non-resid bldg	6,800	11,000	200	300	900	800	7,900	12,100
Hostels, Refuges, Shelters	44,200	39,000	900	900	2,300	2,300	47,400	42,200
Unsuitable Temp Acc	5,800	17,000	300	200	2,700	2,100	8,800	19,300
Sofa Surfers	34,900	60,000	1,700	3,100	6,100	5,800	42,700	68,900
Total (Medium)	101,800	143,000	3,600	5,200	13,500	12,400	118,900	160,600
Total (med) as % of hhd	0.46%	0.62%	0.28%	0.38%	0.57%	0.50%	0.46%	0.60%
Total (Low)	74,300	81,000	2,700	2,700	8,400	7,700	85,400	91,400
Total (High)	125,400	176,000	7,000	9,800	16,100	17,000	148,500	202,800

Source: Bramley 2018 forthcoming, derived from a range of sources including MoHCLG published local authority returns of temporary accommodation and rough sleeping, CHAIN Rough Sleeping estimates for London; Homeless Link annual reviews of Services to Single Homeless People, Fitzpatrick et al series of *Homelessness Monitors* for England and Scotland (which also draw on UK Poverty and Social Exclusion Survey and Scottish Household Survey), Fitzpatrick Bramley &

⁶ ‘Homelessness projections’ is a research project funded by Crisis and led by Prof Glen Bramley at Heriot-Watt University; an interim report was published in August 2017 (Bramley 2017) and a fuller report will be published in late-2018.

Johnsen (2013) study of Multiple Exclusion Homelessness, Bramley et al (2015) study *Hard Edges* analysis of the Supporting People Client Records for short term services, Clark et al (2015) and Clark (2016) study of youth homelessness, and author's analysis of English Housing Survey and Understanding Society Data (sofa surfers).

Table 2.3 shows that core homelessness rose by 35% in Britain in the five years to 2016, with a stronger rise in England but some moderate decline in Scotland. The rise was evident in all categories except hostels, where funding reductions have reduced capacity (Homeless Link 2017, p.13). Other evidence reviewed in the regular Homelessness Monitor series (Fitzpatrick et al 2018) broadly confirms the picture of rising homelessness. The largest single component of core homelessness is 'sofa surfing', which may in theory be captured by household surveys (including by retrospective questions) but is problematic, as alluded to above.

It is generally necessary to consider flows as well as stocks of homeless households/people, as this is a fairly fluid population subject to significant turnover. Flow estimates may in some cases be directly obtainable from some source, but generally to get from stock to flow you need to make assumptions about average duration of homelessness episode, and also allowance for the degree of overlap arising from some people experiencing more than one type/locus of homelessness, e.g. hostels and rough sleeping. In the Bramley Crisis study it was estimated that in addition to a stock snapshot of 160,000 an additional 230,000 cases would flow into or through states of core homelessness over a year, while an additional 74,000 cases of statutory but non-core homeless households would flow in or through on top of the 60,000 stock in this category.

Chapter 3

Concepts to be Measured

3.1 Introduction

While the previous chapter focused on the question of ‘who’, that is which groups in the population living in what circumstances are of concern, this chapter turns to the question of ‘what’ it is about those populations that we want to measure. As explained in Chapter 1, the brief for this project directed a focus on two main areas, living standards or conditions (including poverty or destitution) and personal well-being (possibly extending into wider quality of life). That chapter also provided some pointers to policy developments which imply a strong or growing interest in these particular aspects of the lives of people living in the NPHHP.

In order to develop credible and relevant approaches to measuring living conditions and well-being across the NPHHP it is necessary to have a good appreciation of current thinking about the meaning and operationalisation of these concepts. This should take account of developments over recent years, the range of policy and practice across the devolved UK administrations, and recent academic work, as well as proposals from independent or third sector bodies. For these reasons, we judge it appropriate to offer, in relation to each key concept, a review of the current state of the art, as it were, including some of the key underlying arguments as well as some recent developments and proposals. While not seeing it as appropriate to reproduce general descriptive profiles of poverty or quality of life across the UK in detail, we do highlight some key features and changes, while presenting some selected illustrative material to underline the point that the NPHHP may have a very different profile.

It may also be worth making the practical point that, although our main focus is on living conditions and well-being, we would take it as self-evident that any data collection system targeting these characteristics would also at the same time collect basic socio-demographic information about the people surveyed within the NPHHP, where possible using harmonised questions and standard definitions. Such information would be of value for completing and correcting demographic and statistical profiles of the population as a whole, and is also very important in both

describing and explaining/predicting the incidence of problems of severe poverty/destitution, homelessness and low well-being⁷

3.2 Living Standards, Poverty and Destitution

Intellectual, policy and research context

While there is probably no commonly agreed definition of ‘living standards’ (LS), it would be reasonable to say that LS generally refer to actual *material living conditions*, including social activities and social participation that require material resources (e.g. eating out). While income is a key determinant of living conditions, the principal means to that end, in itself it is not part of ‘living conditions’.

Nevertheless, most routine statistical measures of relative standards of living, whether for measuring progress over time or comparison between groups, regions or nations, rely upon or start from measures of income. While economists would argue that real income (adjusted for inflation in the ‘cost of living’) is generally the principal determinant of living standards, it may be preferable to measure expenditure. This is more closely-related to actual current levels of consumption, as people smooth out fluctuations in income and try to maintain core standards. However, measurement of expenditure is as or more onerous than measurement of income. Nevertheless, ONS have recently developed such measures for the UK based on the Expenditure and Food Survey (Stoyanova 2018) and some comparisons are possible across European countries (Tonkin & Serafino 2017). At the same time the notion that expenditure adequately provides a consumption-based measure of poverty remains controversial (contrast Gordon 2018, pp. 29-30, with Brewer & o’Dea 2017).

Differences between income and expenditure arise principally from changes in the stock of financial wealth (saving or dis-saving), but also from gifts and other financial exchanges not accounted for as income or formal loans. There are also differences between actual consumption of goods and services and measured expenditure, due to the presence of significant public goods/services as well as in-kind gifts/transfers from families, individual, charities and others, and of course household production (e.g. growing own food). Many of these are particularly

⁷ At the time of writing the MHCLG and DWP are collaborating to support research to investigate the scope and feasibility of modelling to predict homelessness risks, changes and policy impacts; such research could be greatly facilitated by the kinds of datasets which might be created as a result of this scoping study.

significant in the context of destitution, the most extreme form of poverty (and perhaps, paradoxically, also at the other extreme, among the wealthiest). This implies that, while using income as a general proxy for living standards may be an acceptable approximation for broad sections of the population, it may be particularly inadequate in these more extreme cases.

On the other hand, one may have interest in finding out how many people (and which ones) live in a certain position that is different, not only quantitatively but also qualitatively, from other sections of the society. Thus, one may want to study categories such as the 'super-rich', the 'just about managing', 'the poor', the 'severely poor', or the 'destitute'. This kind of study requires going beyond description using simple scales or indexes, and defining thresholds or boundaries separating a chosen analytical category from the rest of the social spectrum. This categorisation is generally based upon notions of essential goods, lack of which would place one in the relevant category. While we go into this further below, who falls within the boundaries of a given category can be determined objectively (without regard to whether subjects themselves think they belong to that category) or subjectively. Within the 'objective' approach, being part of a specific category can be determined either absolutely (where membership in a given category comes from not being able to afford a certain explicit and fixed 'basket of goods') or relative (where the 'basket of goods' is variable and relative to a person's own society at a point in time).

The debate between an absolute, fixed, objective living standard threshold for poverty, and a more relative, context-dependent concept of poverty has been one of the most fundamental and long-running debates in social policy. However, in UK and European contexts this has generally been resolved in favour of the latter approach. For example, the main measures of poverty routinely monitored and debated in the UK, based on the *Households Below Average Income* (HBAI) series, the EU *Statistics of Income and Living Conditions* (EU-SILC), and the recent proposals of the Social Metrics Commission (2018) all rest mainly on relative measures. Townsend's (1979) concept of the resources needed to participate in the normal life of the community has been very influential, as has the 'consensual' approach to defining the set of material essentials which people should be able to have in a given society, pioneered in Breadline Britain (Mack & Lansley 1983, Mack 2018) and subsequently developed through the UK Poverty and Social Exclusion (PSE) surveys (Gordon

2006, 2018) and across Europe as part of EU-SILC (Giou et al 2016). Ultimately, any poverty-type threshold is rooted in normative judgements, but in this approach the shared subjective judgements of clear majorities of the population underpin the quasi-objective scales of material deprivations. It is also salient to note here that the main alternative to this approach in the UK, the 'Minimum Income Standard' (MIS), has evolved from an 'expert-based' quasi scientific approach to Budget Standards to one which blends expert judgements with consensus public views solicited through qualitative research.

Subjectivity plays a role in the broader background research into where the shared consensus lies, but also within the survey questions asked to determine material deprivations. While a purely descriptive account of living conditions may, but does not have to, have interest in whether someone 'wants/needs but can't afford' or 'can afford but doesn't want/need' a given good/activity, research into poverty and other qualitative categories necessitates this kind of qualification. Part of the reason for this is the diversity and complexity of (post-)modern society; different individuals need different material goods or services to meet their higher level needs (Maslow 1941) or achieve their human capabilities (Sen 1992, Nussbaum 2000, Robeyns 2005). However, these issues are perhaps less problematic when focussed on extreme poverty and destitution, where core essentials can be more readily defined and agreed.

So, while arguably the 'subjective vs objective' debate has been resolved, the question of thresholds perhaps remains potentially debateable (Piachaud 1981, Mack 2018, Gordon 2018). While most of us can agree that someone experiencing a number of deprivations is 'poor' (or even 'destitute'), and that some with none or perhaps just one of these is 'not poor', it is not absolutely clear where the threshold should be placed (two, three or more deprivations) and this issue is not typically wholly resolved by statistical evidence⁸.

⁸ Failure to resolve this issue is one focus for criticism of the Social Metrics Commission' (2018) proposals.

Issues around definition and degrees of poverty

For this review we have accepted Gordon's (2006:40) definition: '*standard of living includes both the material and social conditions in which people live and their participation in the economic, social, cultural and political life of the country*'. We have just argued that, despite inevitable debates, there is growing intellectual acceptance of definitions which are relative and/or tied to sets or material essentials or budget standards based on consensus. We would suggest that any development of measures for the NPHHP should work within a framework encompassing the main official poverty measurement approaches in UK, the most academically and internationally defensible approaches, and indeed the JRF's own approach as espoused in *Solve UK Poverty*.

Until relatively recently definitional attempts and debates have generally revolved around the definition of 'poverty'. Measures of 'severe poverty', 'persistent poverty', or 'combined poverty' have been developed as an adjunct to the official measurement systems, but discussion of these has been somewhat more limited to a group of academics and statistician researchers specialising in this subject. Similarly, 'destitution' has been mainly discussed by specialists in international development; only very recently this concept entered the public and scholarly debate in the UK.

Poverty:

Mack (2018) provides an account of the evolution of the standard UK poverty measure, as implemented now through the Households Below Average Income (HBAI) series based on data collected in the Family Resources Survey.

The central measure is based on households having an equivalised disposable income below 60% of the national median value. Measures are calculated both 'before housing costs' (BHC) (i.e. net income before deducting housing costs) and 'after housing costs' (AHC). The latter has been used in the *Solve UK Poverty* work and in the new suite of targets adopted by the Scottish Government in their Delivery Plan to end child poverty (also reflected in other arenas like Fuel Poverty). Part of the reason for this has been the change in the housing market, seeing many more households including families housed longer term in private renting with higher rents, so that the AHC poverty picture has been worsening even while the BHC picture appears to be improving. In many European countries, and in statistics produced from EU-SILC, housing costs are

broadened to include fuel and other utility costs, taking a similar logic a bit further but raising more issues about including outgoings which households may have more discretionary control over.

The standard HBAI measure most commonly referred to is a purely relative measure. If the median income rises, so does the poverty line; however, if it falls, the poverty line also falls, as happened between about 2008 and 2013, so giving rise to a rather unexpected fall in the poverty rate during the recession. There is in fact an alternative approach contained within the HBAI suite, the *absolute poverty measure*. This involves fixing the 60% threshold at a point in time in real terms and measuring poverty against that for a period of years. In this case, the starting point is arbitrary and typically this measure is rebased to a different starting year periodically. An alternative response to this problem is to use a moving average of the national median, as proposed by the Social Metrics Commission (2018).

Another derivative of the standard relative low income poverty measure is the '*persistent poverty*' measure. Poverty is defined in the same way but measured in a longitudinal panel survey (now UKHLS, formerly BHPS, and also similarly within EU-SILC), so enabling one-off episodes of low income to be distinguished from a more persistent condition (three or more years in poverty over the last four). A significant point of detail to note here is that it is individuals are tracked in UKHLS, so that distinct episodes of poverty might be in different households or, in theory anyway, in a non-household setting (although one suspects that non-response and attrition are serious problems in such cases).

Arguably the most important alternative, or supplement, to this standard way of measuring poverty through relative low income, is the approach based on *material deprivation*. This approach is often termed the 'consensual' approach because it chooses representative items of goods or activities which clear majorities of adults agree that every household/adult/child should be able to afford in the UK today. The items also have to satisfy various statistical tests of validity and reliability as components of a meaningful scale (Gordon 2018).

In practice, as shown through the PSE surveys, poverty defined using material deprivation gives much better predictions of/discrimination between people who report things we would expect to be associated with poverty and those who do not – subjective poverty measures, poor health measures, skimping/economising behaviours, and so forth - than simple

measures based on relative low income alone. This is not surprising as current income does not fully account for the way households can underpin their living standards by drawing on existing assets, running down savings, or relying on support from relatives/friends/neighbours. Having said this, when using material deprivation in practice it is recommended to combine it with an income criterion as well. This helps to avoid the risk of mis-classifying some cases as poor, for example those who may be falling into poverty (low income, not MD) from those who may be rising out of poverty (MD but not low income) from those who are clearly poor now (both MD and low income) (Gordon, 2006).

In the official systems, using HBAI, the measure known as '*combined poverty*' includes a material deprivation criterion and relative low income, using a 70% threshold (this was BHC, however, in Scotland at least, this has now shifted to AHC).

Measuring MD may be seen as relatively onerous for both subjects and data collectors, requiring an interview survey with numerous questions, or at least numerous items within a more generic question. Certainly the PSE survey was a long one although it was testing a wider range of items than were used in the final valid consensual scale (approx. 23 adult and household items and the same again for children). However, other surveys including UKHLS and FRS (and EU-SILC) manage with a somewhat shorter list of items, and Bailey (2017) has developed a more efficient '*reduced and responsive*' form of questionnaire and 11-item scale which has been considered for inclusion in the Scottish Household Survey and potentially could be used for other surveys. The '*responsive*' aspect means that not all questions need be asked of respondents showing no evidence of deprivation on the most commonly-occurring items.

An alternative measure of poverty is the *Minimum Income Standard* (MIS) approach, which has also been developed with support from the JRF building on earlier work on a '*Budget Standards*' approach (Bradshaw 1993). Currently this approach has moved closer to the '*consensual*' nature of the MD approach, by involving panels of households through focus group type discussion, to establish consensus support for many of the judgements about what should be included, while still retaining scope for expert evidence to be brought to bear on particular issues (JRF 2017).

It is generally accepted that MIS is somewhat more generous than conventional poverty lines, such as the 60% of median or the PSE level. This is partly because it is conceived as a longer term sustainable

‘adequate’ living standard, rather than a budget which a household could get by on through a shorter term transitional or crisis period with a certain amount of skimping on things like social activities or repair of domestic appliances. Therefore, some have suggested that a percentage (below 100%) of MIS would make sense as a poverty line. In recent proposals accepted by the Scottish Government in the context of fuel poverty a threshold of 90% was adopted. Hirsch et al (2016) examined a range of percentage levels from 70 to 100% and concluded that there was a growing tendency for households to report actual deprivations the further one moved progressively down from 100%, so there is no clear-cut threshold here. In their Solve UK Poverty strategy, JRF see MIS playing a role as a sort of higher or more aspirational poverty target, alongside the mainstream relative low income and combined poverty measures. (JRF 2016)

In future, additional poverty definition and measurement proposals may come forward to rival or supplement those reviewed here. Particularly important here may be the deliberations of the Social Metrics Commission (2016, 2018), an independent charity working to develop new poverty metrics for the UK. From a current perspective, our main recommendation on standard poverty measures would be:

Recommendation 2: Poverty among the NPHHP should be measured in a manner consistent with the wider UK monitoring framework, using as key measures relative low income after housing costs against both current and fixed bases, combined low income and material deprivation, and persistent poverty over 3 out of 4 years.

Severe poverty:

There is no commonly-agreed definition of severe poverty. Generally definitions involve lowering the income threshold and/or (in the context of combined poverty) raising the deprivations threshold, or possibly highlighting particular deprivations which are more clearly in the ‘basic necessities’ category. In some instances further criteria involving subjective experiences of poverty or reported financial difficulties are introduced (Bramley et al 2016).

One of the main issues concerns the interpretation of income data in surveys at the very bottom of the scale. It is not uncommon, for example, to encounter zero or negative incomes. These may be genuine, as a

snapshot measure relating to the last month or pay period, or reflecting the situation of many self-employed workers or small businesses who may experience periods of negative net incomes. Equally, they may be erroneous or misleading, reflecting incomplete or inaccurate information being provided on all elements of income. Investigations by the Institute for Fiscal Studies (IFS) and others (Brewer et al 2009, Brewer & o'Dea 2017) show that the group with very low incomes are heterogeneous but that, based on material deprivation (MD) and other evidence, they are not as poor/deprived as most of the people whose incomes are around or a little below the standard 60% threshold. Thus, there is almost an expert consensus that one should distrust the lowest incomes in the survey data and thus not rely too heavily on these in defining severe poverty.

With this in mind, when seeking to define a measure of severe poverty which would be applicable to large household surveys, and would begin to target people who were in or at serious risk of destitution within the private household population, we used combinations of low income, with a threshold which was not too low (40% of median), material deprivation and some subjective measures (Bramley et al (2016) Destitution in the UK Technical Report, section 4.)]

This preferred measure derived from PSE combined: (a) income below 40 per cent of median AHC; (b) two or more deprivations from a 'core essentials' set, and three or more overall; (c) subjectively feeling poor all the time, or feeling they have an income well below the self-defined poverty level of income, or feeling they have a living standard well below average. This combined indicator was shown to have strong associations with reports of skimping behaviour or adverse health effects of lack of income. Based on this definition, a proxy predictive formula was developed to enable the prediction of rates of severe poverty at local authority level, using variables in common with Census, Indices of Multiple Deprivation (IMD) and other standard data available at small area level.

Extending this concept into other datasets (UKHLS and FRS) involved certain compromises, slightly simplifying the MD criterion to reflect available items, and substituting for the subjective poverty indicator a flag for financial difficulties with regular payments or debt arrears on housing, utilities, council tax etc. These measures, which had an overall incidence of around 1-2% of all households, could also be reflected in proxy predictive formulae to generate local authority level estimates of expected incidence.

It should be emphasized that these specific measures of severe poverty are not necessarily the same as definitions used by others to produce such measures. They were developed to focus in on the more extreme end towards 'destitution', while avoiding the dangers associated with very low recorded net income levels. In the future, it may be appropriate to reach a generally agreed definition of 'severe poverty' while at the same time using measures such as those just described to generate indicators of high risk of destitution within the household population.

Recommendation 3: An agreed basis for routine measurement and monitoring of severe poverty applicable to both NPHHP and household populations should be settled, after consultation with stakeholders, based on a combination of relative low income and material deprivations.

Destitution:

As already pointed out, there was relatively little attention given to destitution in the UK prior to 2014, when JRF initiated research on the topic. The first phase of that research developed a definition of destitution based on review of existing (limited) literature, consultation with experts from a wide range of sectors (including through workshops with a large advisory group discussing vignette cases), and testing key elements of the definition with the general public through an omnibus survey. The resulting definition as proposed and justified in Fitzpatrick et al (2015) and applied in the subsequent surveys (Fitzpatrick et al 2016, 2018) is as follows.

People are destitute if, in the past month:

1. they have an income below the general relative poverty standard (60% of national median net income after housing costs, AHC), **and**
2. they have no savings **and**
3. Either :
 - a. they lacked *two or more* of the following because they could not afford them:
 - Shelter (slept rough for one or more nights);
 - Food (fewer than two meals a day for two or more days);
 - Heating their home (have been unable to do this for five or more days);
 - Lighting their home (have been unable to do this for five or more days);

- Clothing and footwear (appropriate for weather);
- Basic toiletries (soap, shampoo, toothpaste, toothbrush).

OR

- b. their *income is so low* that they are unable to purchase these essentials for themselves, with the threshold determined based on three sets of evidence, which generally concurred:
- What the poorest 10% of households spend on average on these six essentials;
 - 80 per cent of MIS for those items,
 - and what the public said they needed for a household of their size/type in the omnibus survey;

The values for this ‘very low income’ threshold were⁹:

- single adult, £70 per week;
- lone parent with one child, £90 per week;
- couple without children, £100 per week;
- couple with one child, £140 per week.

It will be noted that the structure of this definition is essentially that of a ‘combined poverty’ measure using both material deprivations and income (AHC) adjusted for household composition. However, the thresholds are set at a more extreme level than typical combined or even ‘severe’ poverty levels, both in the restricted set of material essentials and in respect of the very low income thresholds. This can also be considered an example of a consensually-based standard, given the use of the Omnibus survey to gauge public opinion on several key aspects. These included the type and number of material deprivations that would indicate destitution, how frequently particular lacks should be experienced, and what income people thought they needed (Fitzpatrick et al 2015).

This definition has been used successfully in two surveys held in 2015 and 2017 to derive estimates of the national numbers of destitute households and people and to provide a profile of those affected and highlight key aspects of their experiences which shed light on potential

⁹ These thresholds were set for 2015 survey; they were reviewed for 2017 having regard to changes in incomes, benefits, and MIS levels, but changes were too small to justify changing the numbers given the need for rounded figures in self-completion survey.

causes or contributory factors. The definition is simple enough to be applied using a self-completion questionnaire similar to a census form, although some subjects accepted help with filling it in, and it may be questioned whether this approach is adequate in relation to income. The survey was conducted with users of a range of mainly non-governmental organisations providing emergency advice, assistance, food, housing or other support for people in immediate need. A substantial minority of subjects were not living in private households (21% of destitute), while a significant proportion of those who were staying in such households were doing so on a temporary basis [another 14% of destitute]. The survey questions work quite adequately for private households. Some changes were instituted for 2017 in the form of additional questions about accommodation and use of other services, which help in interpreting the situation of people not in private households, but further consideration may need to be given to this aspect, as discussed below.

The definition was not changed in essence between the 2015 and 2017 surveys. Even the income thresholds were not changed, as it was decided that the degree of change was minimal and we needed to keep rounded bandings. Somewhat more significant in its effect was making the AHC definition of income more explicit, by asking respondents if they had to pay rent out of their reported income. A number of (mainly private) tenants did report such amounts, and after adjusting for this the incidence of the very low income criterion increased relative to the material deprivation criterion. This experience does illustrate some of the difficulties associated with collecting income data through surveys, which we return to later.

In view of the rigour and effort put into this definition of destitution, and its acceptance and promotion by JRF, we would argue strongly for retention of it within any more general data-gathering exercise for the non-private household population.

Recommendation 4: The JRF Definition of Destitution should be adopted as a standard element within the poverty measurement framework applicable to household and non-household populations.

Adaptation of measures to non-household population

The preceding sections have reviewed conceptual and practical issues in the measurement of poverty at different levels, including destitution, as primarily applied in the context of household surveys. However, some

specific measurement issues arise when translating these approaches for application to the NPHHP.

Equivalisation scales are generally presented as a part of measuring household incomes on a comparable basis; by implication they are not applicable to NPHHP, who would all be treated as single adults. However, this may not cover all cases, for example family groups in hostels or refuges. Furthermore, there are several issues which may affect the income needed to attain a given, acceptable level of living when living in different types of communal accommodation. The following issues have been identified which may require adaptation of standard measures to reflect the situation of non-household populations.

- a) If living in institutional accommodation, certain material deprivations may not apply (e.g. heating and lighting). While one can apply the same scale and simply acknowledge that for some NPHHP groups, this will have less items that they risk doing without, there might be a case for considering whether there are other items which should be included to recognise the particular situations of these groups.
- b) If living in some institutions (some) living costs may not have to be met from individual income as they are 'part of 'board'. However, the real situation here may be quite variable – some people ostensibly in 'B&B' (i.e. boarders) may not effectively get any meals.
- c) Some of these non-household living situations may not enable people to prepare/cook their own meals, so they have to rely on more expensive pre-prepared or takeaway meals. It may be desirable to include specific questions on this.
- d) Similarly, rough sleepers may not be able to get or keep clean because of lack of facilities, regardless of whether they can afford 'toiletries'.

It is not clear whether there has been any attempt to define a Minimum Income Standard for people in these situations, or whether such a thing would be possible or desirable. It seems that these are issues which would need to be addressed before developing survey instruments to measure living conditions among the NPHHP.

Recommendation 5: Before developing survey instruments to measure living standards in the NPHHP, appropriate equivalisation for family groups and adjustments to be made

for ‘board’, heat and light and other services which may or may not be provided or available to people living in different types of accommodation should be agreed.

Poverty of Selected Non-Household Groups

Before leaving the discussion of living standards it is worth considering briefly some evidence on the living standards associated with some NPHHP groups of particular interest. In this section we report analysis of the 2012 PSE survey targeted on particular groups who, based on retrospective questions, have experienced being in sectors of the NPHHP which are of interest. Here we focus on adults who have ever been in prison or have a criminal record, or on those who reported homelessness in the last five years, in general, or specifically in the forms of rough sleeping, emergency/temporary accommodation, staying temporarily with friends, family or others (alias sofa surfing).

Table 3.1 shows two poverty measures for these groups: the percent in ‘severe poverty’, defined as above (PSE version, Bramley et al 2016), and the remainder who were classed as poor on standard PSE definition (3+ material deprivations and lower income). We also show the risk ratio for the specific poverty level compared with the rest of the adult population who have not been in that particular NPHH situation (e.g. prison, rough sleeping), and the overall adult population average for that poverty measure. Note that PSE poverty measures are individual-based.

Table 3.1: Severe and General Poverty Rates and Risk Ratios for Selected Groups of Adults with experience of various non-household living situations

Poverty	NPHHP Proxy Groups							
	Measure	Prison	Criminal	Homeless	Rough Sleep, 5yr	Emerg/temp accom, 5yr	Friends, fam temp 5yr	All Adults
OUTCOMES		(ever)	Record	(any, 5 yr)				
Severe Poverty	%	13.1%	10.0%	27.2%	27.2%	13.4%	14.4%	1.8%
	Risk ratio	7.3	7.1	8.9	16.3	7.8	8.9	
Other PSE Poverty	%	46.1%	33.6%	53.2%	54.8%	66.9%	52.1%	19.5%
	Risk ratio	2.4	1.8	2.8	2.8	3.5	2.7	

Source: Authors' analysis of PSE-UK Survey 2012

'Risk ratio' is the prevalence of each outcome for people with the relevant experience (e.g. ever in prison) divided by the prevalence for those not having that experience

Table 3.1 shows that adults who have been in prison are 7.3 times more likely than those who have not to experience severe poverty when back in the household population, a situation which only applies to 1.8% of the overall adult population but affects 13.1% of ex-prisoners. A further 46% of ex-prisoners are in the general (but not severe) poverty category, with a risk roughly 2.4 times higher than those who have not been in prison. Thus a clear majority of ex-prisoners are poor. The picture for those with a criminal record, a somewhat wider group, show a similar pattern, with risk ratios of 7.1 and 1.8.

Adults who experienced homelessness in the last 5 years have 8.9 times the risk of severe poverty and 2.8 times the risk of other PSE poverty, with 80% of ex homeless PSE poor at the time of the survey (see also Bramley & Fitzpatrick 2017). The situation is even more extreme for rough sleepers, with risk ratios of 16.3 and 2.8, and not notably better for those who stayed in hostels or other emergency/temporary accommodation (7.8 and 3.5) or 'sofa surfed' with friends or family (8.9 and 2.7).

This evidence underlines both the potential value of retrospective surveys as a way of measuring the problems for certain group, such as those recently homeless or ex-offenders, and also of course the extreme material deprivation which these groups are at risk of. We report parallel evidence on low well-being levels from the same PSE-based analysis later in this chapter.

The second (2018) edition of the 'Destitution in the UK' survey found that there were 1.55m people including 365,000 children destitute and in touch with crisis services at some point over a year in the UK in 2017 (Fitzpatrick et al 2018). About 35% were deprived *both* in terms of the core list of material essentials (lacking two or more of food, clothes, toiletries, heating, lighting or shelter) *and* having a very low income, while around 33% lacked two or more essential and 33% had the very low income. A majority lacked food while nearly half lacked clothes, toiletries or heating.

The group which appears most at risk of destitution in today's UK is younger single men, but considerable numbers of families and children are also affected. While some groups of people born overseas face disproportionate risks of destitution when living in this country, the great majority (75%) of those destitute in the UK during the course of 2017 were born in the UK.

Two-thirds of destitute ‘households’ live in rented accommodation, with few owning their own home, while about a third stay in some form of temporary or shared accommodation or sleep rough. There is strong evidence of the association of homelessness with poverty (for example Bramley & Fitzpatrick 2017, Bramley et al 2015),

The ‘Destitution in the UK 2018’ study showed that 26.5% of users of emergency services and 35.3% of those found destitute in 2017 were or had experienced ‘homelessness’ (using a wider multi-criteria definition), while 33% of destitute cases were currently core homeless based on current accommodation (rough sleeping, hostel, staying temporarily with F&R). Table 3.2 shows that there were approximately 12,900 rough sleeping households (13,575 persons) plus a further 1,465 quasi- rough sleepers, numbers which are significantly higher than official count estimates. This table also shows that most rough sleepers (87%) were destitute as were c.70% of those in hostels and other temporary accommodation (this source clearly only captures a small fraction of sofa surfers).

Table 3.2: Core homeless status by destitution status for users of emergency services, UK 2017 (spot count in one week)

Core Homeless Category	Not Destitute	Destitute	All service users	Percent destitute
Not Core homeless	44798	90200	134998	66.8%
	73.2%	66.7%	68.7%	
Rough Sleep	1709	11194	12903	86.8%
	2.8%	8.3%	6.6%	
Other Quasi-RS	244	1222	1466	83.4%
	0.4%	0.9%	0.7%	
Hostel, etc	12650	27353	40003	68.4%
	20.7%	20.2%	20.4%	
Unsuitable TA	889	2179	3068	71.0%
	1.5%	1.6%	1.6%	
Sofa Surf	872	3105	3977	78.1%
	1.4%	2.3%	2.0%	
All service users	61162	135253	196415	68.9%
	100.0%	100.0%	100.0%	

Source: authors’ analysis of JRF Destitution in the UK 2017 survey, weekly national weighting.

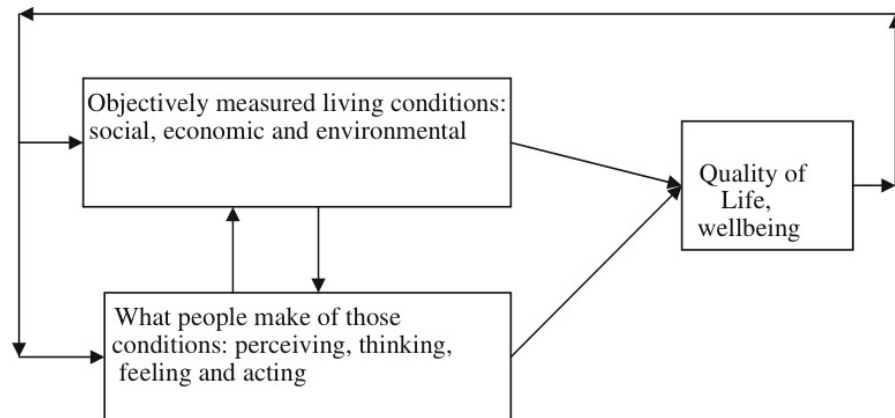
This section has only presented a limited selection of evidence about the degree of poverty and destitution among some particular groups who are or have been in the NPHHP. The purpose has been to demonstrate that, at least in relation to some NPHHP groups, their profile in terms of living conditions is very different from the norms of the general household population. That helps to make the case for conducting more general data collection exercises addressing living conditions across the NPHHP as a whole.

3.3 Personal Well-being and Quality of Life

In the next part of this chapter, we consider the concept of Personal Well-being (PWB) and how this may be seen as part of, or a key summary indicator of 'Quality of Life'. There has been a strong development of interest in measuring PWB, which may be related partly to wider attempts to measure societal progress in a broad, all-encompassing way, referred to as 'National Well-being'. Whilst GDP has long been used as a proxy for societal well-being, a focus on GDP obscures widespread social and economic inequalities. Sen (1999) has been a leading voice in suggesting that a focus on income is too narrow, with huge variations in the ability of different people to convert income into capabilities. This is leading to increasing concern from international organisations and national governments, and spearheaded thinking into how to track and measure national happiness or well-being (Easterlin 2002, Layard 2005, Stiglitz et al 2009, Allin & Hand 2014, Dolan & Metcalf 2012).

As a starting point, quality-of-life or well-being is a function of both the actual material conditions of life and also what an individual or community makes of those conditions. This model contains both objective and subjective aspects, and is demonstrated in Figure 3.1.

Figure 3.1 The General Quality of Life Model



Source: Michalos 2017b fig.12.1

This section examines the concept of PWB in particular, while also considering some wider quality-of-life issues which may be related. It looks at how these can be measured amongst the general population, including some critiques of survey questions designed to measure subjective well-being, and considers some literature on the well-being of marginalised groups.

Well-being and quality-of-life relate to the concept of happiness, derived from positive psychology which has been described as equivalent to life satisfaction (Helliwell et al. 2012), or experience utility in microeconomics terms (Dolan et al. 2011; see also Layard 2005).

Measuring well-being

Subjective Well-being (SWB) is quickly rising in prominence on both the international and national stage. Dolan & Metcalfe (2012) site this as one of three fundamental approaches to measuring societal well-being, alongside 'preference satisfaction' and 'objective list' approaches. Personal well-being (PWB) is a measurement area in itself and focuses on how individuals feel (affective happiness) and think about life (evaluative happiness). Michalos (1991 pp.20–28) summarises the profile of a happy person as likely to have:

- low levels of:
 - fear
 - hostility
 - tension
 - anxiety
 - guilt

- anger
- high degrees of:
 - energy
 - vitality and activity
- a high level of self-esteem and emotionally stable personality
- a strong social orientation
- healthy, satisfying, warm love and social relationships
- an active lifestyle with meaningful work; and
- to be relatively optimistic, worry free, present oriented and well directed.

The foundations of such subjective measurement are in psychology but has spread into the realms of economic decision theory and behavioural economics (Layard 2005; Dolan 2011; OECD 2013).

The ONS definitional framework

In the UK, the definition used by the Office for National Statistics (ONS) and the What Works Centre for Well-being¹⁰ is:

Well-being, put simply, is about ‘how we are doing’ as individuals, communities and as a nation and how sustainable this is for the future. We define well-being as having 10 broad dimensions which have been shown to matter most to people in the UK as identified through a national debate. The dimensions are: the natural environment; personal well-being; our relationships; health; what we do; where we live; personal finance; the economy; education and skills; and governance.... *Personal (or subjective) well-being is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and wider mental well-being.* (ONS, 2014; emphasis added by authors)

This shows how PWB is situated within a broader framework while being seen as particularly important in its own right. This is further illustrated by Figure 3.2. While our primary interest is in the innermost part of this diagram, the middle ring is also relevant in identifying potential influences on PWB.

¹⁰ The What Works Centre for Well-being is ‘an independent collaborative centre that puts high quality evidence on wellbeing into the hands of decision-makers in government, communities, businesses and other organisations’ . See <https://whatworkswellbeing.org/>

Figure 3.2: The ONS model of national well-being

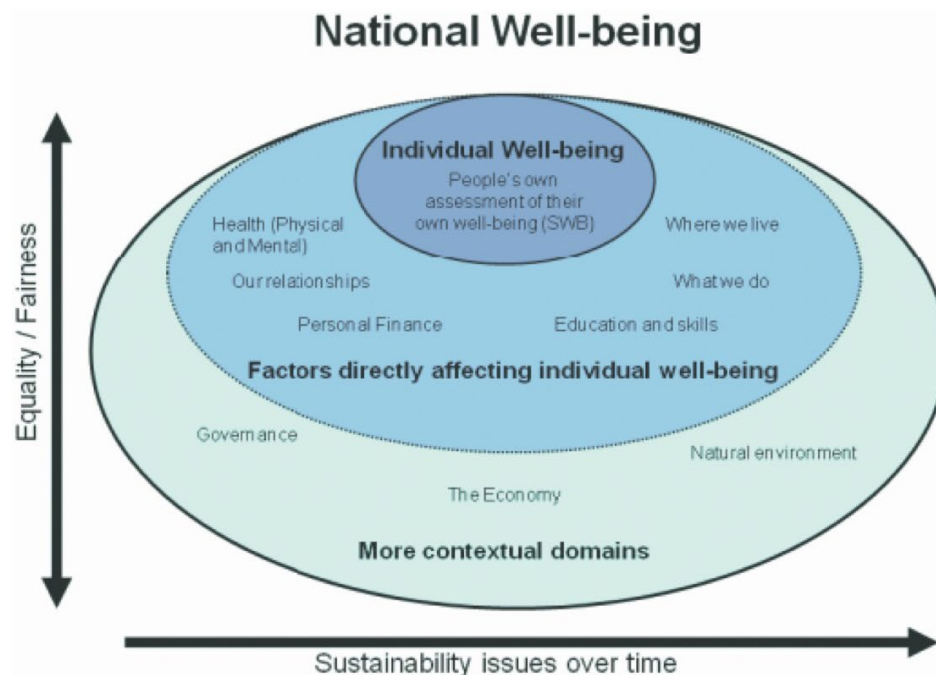


Fig. 1. Framework for measuring national wellbeing in the UK (Crown copyright 2011—used under the terms of the Open Government Licence, <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2/>): source, Beaumont (2011), Fig. 1

A key limitation of measuring subjective well-being is data availability (Self 2017). Ultimately, the simplest approach to assessing SWB is to ask a single general question such as: ‘Taken altogether, how would you say things are these days – would you say that you are very happy, pretty happy, or not too happy?’ (Easterlin 2002 p.1). The ONS has been collecting data on subjective well-being since 2011, as part of the pre-existing Annual Population Survey (APS). Using this existing survey, with an annual sample of 16,500 households, and a set of four questions, they have collected a large amount of data without extensive new resources.

Domains and dimensions measured by the ONS programme are covered by four questions known as the Personal well-being harmonised questions. Each of these has a different philosophical underpinning:

1. ‘Overall, how satisfied are you with your life nowadays? (An evaluative approach)
2. ‘Overall, to what extent do you feel things you do in your life are worthwhile?’ (An eudemonic approach, requesting philosophical reflection)
3. ‘Overall, how happy did you feel yesterday?’ (A review of positive feelings and emotions that refers to positive affect in psychology)

4. 'Overall, how anxious did you feel yesterday?' (A review of negative feelings that refers to negative affect in psychology).

Each of these is answered on a 0 to 10 scale where 0 is not at all, and 10 is completely (Hicks, 2011). Whilst the number and complexity of the questions is limited, Hicks et al. (2013) note that these limited questions still capture different aspects of subjective well-being identified in literature. Life evaluation and positive and negative aspects are recommended by the Stiglitz et al (2009) report¹¹ and they also include the usefulness perspective, concerned with positive functioning, flourishing, and having a sense of meaning and purpose in life (Aked 2011; Huppert and So 2013).

The idea of the ONS measure is that PWB can be tracked across time (though not tracked for each individual surveyed¹²), and also as a measure of what does and does not work in terms of interventions and wider policies that affect the population (Allin and Hand 2017b). Whilst the ONS may be limited in the extent to which they can measure these contextual areas, they encourage the inclusion of these questions in other surveys that allows them to be linked more directly with policy-relevant indicators (Allin and Hand 2017b). Perhaps most importantly in the present context, measurements of subjective well-being can be compared across groups with different characteristics from age, ethnic origin, and religion. The four well-being questions were added to the Armed Forces Continuous Attitude Survey administered by the Ministry of Defence in 2012 (see section 6.3 below) and have been included in releases since then. The ONS worked with The Children's Society to develop ways of measuring the PWB of children (Beardsmore 2014), and released their latest dataset in 2018 (Office for National Statistics 2018). Measurement of PWB is thus moving beyond the adult population in private households.

Recommendation 6: The ONS harmonised set of Personal Well-being questions should form the core of the approach to the personal well-being issue of any survey targeted at the NPHHP well-being.

¹¹ Report of the Commission on the Measurement of Economic Performance and Social Progress.

¹² This raises the possibility that such questions could be included in longitudinal surveys, particularly UKHLS ('Understanding Society'), but at the same time there is also a suggestion that some of these measures may be inherently unstable for individuals.

Broader multi-criterion Indices

More targeted studies of subjective well-being tend to have many more questions than those asked by ONS surveys (Allin and Hand 2017b).

The international Personal Well-being Index looks at life satisfaction in terms of standard of living; personal health; life achievement; personal relationship; personal safety; community connectedness; future security; and religion and spirituality. In addition, there are parallel versions of the index for school-age children and adolescents, and people with an intellectual disability or cognitive impairment (International Well-being Group 2013).

The UK Poverty and Social Exclusion Survey (PSE) discussed earlier attempted to measure the multi-dimensional concept of 'social exclusion', as developed in previous work for the UK Social Exclusion Unit under the banner of the 'Bristol Social Exclusion Matrix' (BSEM). In addition to domains closely related to material poverty this included wider domains relating to participation (social, cultural, political/civic) and quality of life (which included in addition to health and well-being the living environment and vulnerability to crime and other harms).

Whilst the domains decided by the ONS were established with wide consultation, there may still be differences in the relative valuation of different domains between groups (Michalos 2017b, Michalos & Orlando, 2017b, Decanq et al 2012, 2015, 2017). Standardised measures produced for a general population may obscure important domains of the objective and subjective well-being of others. To educate ourselves and society on the factors that influence well-being, it is argued that we should seek to understand such heterogeneity and to effectively target policies and interventions through a focus on what works with different groups. Some groups within the NPHHP may be particularly likely to have a different orientation. This is also important to consider for the mainstream population, as population demographics change over time; what might be good for PWB may not be good for national well-being; and the national well-being measure is aimed squarely at measuring overall change in the well-being of the population, not the average change of individuals within the population (Allin and Hand 2017b).

What Do the Measures Show?

The ONS's (Oguz et al. 2013; Office for National Statistics 2017a, 2018ba) data collected in the APS on PWB shows a number of helpful findings about the general population. For instance:

- Life satisfaction increases over the life course, along with a general sense of happiness and lowering anxiety.
- Whilst women are more likely to be generally satisfied and happy with their lives, they are also more likely than men to be anxious.
- Self-reported health had the strongest association with all measures of PWB, followed by employment status and relationship status.
- An individual's sense of choice and contentment with their situation appear to be associated with PWB.
- Age explains a moderate amount of the variance in relation to life satisfaction, but less on the other three measures of well-being. PWB is highest amongst the youngest and the oldest members of society, dipping in middle-age.
- Having dependent children in the household is correlated with a higher sense that what a person does in life is worthwhile compared to those that do not.
- Increased earnings of employees are associated with higher levels of life satisfaction, but not with the sense that their activities are worthwhile, nor with more positive day-to-day emotions.
- There are wide variations across geographical regions, with people in Northern Ireland having higher average rates across each of the PWB measures.

A number of these features (age, health, choice, children, earnings) suggest that some of the important NPHHP groups may be expected to have low PWB.

The most recent report (Office for National Statistics 2017a) shows that, over time, there has been a slight increase in average happiness, even with economic and political instability. Notably, however, employment rates rose over this timeframe. Both anxiety and feelings that the things we do in life are worthwhile continue to remain level after small improvements between the years ending March 2014 and 2015. This gives national averages of:

- 7.7 out of 10 for life satisfaction;
- 7.9 out of 10 for feeling that what you do in life is worthwhile;

- 7.5 out of 10 for happiness yesterday; and
- 2.9 out of 10 for anxiety yesterday (Office for National Statistics 2017a).

Modest improvements in PWB may be genuinely characteristic of the relatively short period these measures have been available, a period of economic recovery from a serious recession. Longer period indicators or more adverse trends were reported when comparing a number of social exclusion measures between 1999 and 2012 (Bailey et al 2018).

While the APS survey can track changes in national well-being, and for specific groups, particular care is needed when looking at changes in individual well-being. There remain some concerns that these measures may be affected by the phenomenon of ‘regression to the mean’. (ONS 2013, Allin & Hand 2017b, Cummins 2009. Smith (2017b), in responding to this debate, suggests a need to look at the distribution of PWB as much as at its average level, and to consider trade-offs with other elements in the wider National Well-being Framework.

Differences between groups

The ONS data has been analysed further to tease out differences in groups across the UK. Gumber and Owen (2017) shows that Black and Minority Ethnic (BME) groups are generally less satisfied with their lives than white residents, and generally more anxious. This is most pronounced amongst the Gypsy and Irish Traveller population¹³, which is one of two groups (the other being Pakistani) where men are more anxious than women. One domain where life satisfaction is generally higher is in terms of purposeful and meaningful work amongst the Indian population (Gumber and Owen 2017). ONS suggests that such ethnic differences may be partly due to differential interpretation and response to the questions, as well as different circumstances (Hicks 2013 p.1). BME groups are statistically more likely to be living in more deprived areas than white populations, suggesting environmental factors that contribute to a context of lower satisfaction. Well-being scores are least favourable in London, regions in which the percentage of the population from ethnic minorities is largest.

¹³ While in this case these would be Gypsy or Traveller people in households surveyed, as explained in s. 5.6 a significant number of these groups may be effectively in the NPHHP.

In a recent release¹⁴ ONS reported higher happiness scores for Indian and Other Asian groups and lower than average for Arab, black and Mixed ethnic groups. Between 2012 and 2017 there were improvements for all ethnic groups apart from Bangladeshi, Chinese, Arab and Mixed ethnicity.

Of particular interest here are those socio-demographic factors that correlate with subjective domains of well-being, which may indicate groups most likely to have lower PWB. The ONS data show that health, employment, and relationship status correlate heavily with PWB (Oguz et al. 2013; Office for National Statistics 2017a), whilst economic conditions influence well-being, but are claimed not to be a good predictor. However, others (e.g. Bramley & Bailey 2018, Tomlinson & Wilson 2018) would challenge this, arguing that the dominant determinant of low PWB is poverty, albeit this may act partly through health, employment and other domains.

With regards to employment, the unemployed and those in precarious employment are most likely to feel dissatisfied and anxious, and single people are similarly less likely to be satisfied and more likely to be anxious. These findings are mirrored in many published studies. A UK study for the DWP looked at the mental health status of Jobseekers Allowance (JSA) claimants (McManus et al. 2012). It found the rate of clinical mental health symptoms is nearly twice the rate of the general population, and more than one-fifth of the cohort had anxiety or depression. After four months of claiming JSA the average mental health of men remained poor, whilst that of women improved. Those with a diagnosable mental health condition had less self-confidence about their work search, and generally had much lower levels of optimism about the future than those without. Recent experience of adverse life events such as a financial crisis and living in temporary housing were relatively common amongst the recent JSA claimants. It further shows that there were broadly two groups of claimants – those facing multiple long-standing challenges in their lives and those dealing primarily with recent experiences of adversity. The former group tended to have broken and limited work histories. This is essentially the ‘complex need’ group referred to in Chapter 2 (in relation to both destitution and homelessness).

¹⁴ <https://www.ethnicity-facts-figures.service.gov.uk/health/physical-and-mental-health/well-being-happiness-yesterday/latest>

In a further recent ONS report Pyle & Manclossi (2018) look at ‘who has the poorest personal well-being. The focus particularly on the 1% of the (private household) population who report low ratings across all four PWB questions. The key factors involved appear to be bad or very bad self-reported health, and disability, with associated economic inactivity/unemployment, middle or older age, non-married status, housing renters and low education all being associated. We would anticipate that inclusion of the NPHHP would add to both the numbers of people with very low ratings, while possibly changing the profile in some respects.

Social factors and well-being

Not all social status factors necessarily relate positively to PWB. ONS data shows those with the highest educational attainment and those in higher managerial and professional occupations had higher ratings of anxiety (Oguz et al. 2013). This relates to findings that PWB is subject to relative cultural expectations (Diener and Ryan 2009), and so within communities of highly educated individuals there could be increased anxiety around relative competency/educational attainment. However, research increasingly suggests that, while education may decrease direct measures of well-being, it will increase indirect measures such as health and income, which ultimately lead to better well-being for the better educated (Michalos 2017b). In particular, education is the primary source of *human capital* which improves an Individual’s ability to influence their own well-being (Crocker 2002), with better-educated people also less likely to be unemployed or come into contact with the criminal justice system (Michalos 2017b).

‘*Social capital*’ may be seen as a corollary of human capital, and potentially a significant contributor to well-being. Social capital refers to the networks of relationships (based on kinship, friendship, workplace and other associative activity) people engage with, the levels of trust and mutual obligation built up through these, and the consequent potential for tangible benefits through cooperation, access, information and support (Bourdieu 1986, Putnam 1995). This literature distinguishes different types of social capital (e.g. bonding vs bridging) which differ in their intensity, in relationships with class and location and in the qualitative nature of the benefits provided. Questions on satisfaction with relationships provide a link between PWB measures and social capital. The ONS (2017b) produces statistics on *social capital*, with the latest

release giving a largely positive picture in the UK over the long-term. 97% of adults have at least one close friend, rising two percentage points since 2011 to 2012. Yet, there has been a slight fall in the proportion of people saying they have someone to rely on a lot in case of a serious problem, falling from 86% in 2010 to 2011 to 84% in 2013 to 2014. It further shows the percentage of people regularly going out and socialising with friends or colleagues has decreased, whilst increasing use of social media appears to be filling that social function (Office for National Statistics 2017b). Wilson et al (2018) show using PSE evidence that limited resources constrain contact with family and friends, reduce participation in a wide range of common social activities, and are associated with lower levels of perceived social support and relationship quality (p.152). Poverty increases the need for social support networks, while simultaneously eroding them.

The closely-related topic of Loneliness has also been subject of recent statistical profiling from ONS (Pyle & Evans 2018), based again on a household survey (Community Life Survey). Five percent of adults in England reported feeling lonely 'often' or 'always', and associations were identified with younger adults, women, single/widowed status, poor health and limiting illness, renting, and having little attachment to or trust in others in their neighbourhood. Again, these tendencies may be even more pronounced for some of NPHHP.

Given the factors evidenced to be closely correlated with well-being, there is strong reason to believe that the *most marginalised* in society are likely to have poorer well-being than the general population. Tomlinson & Wilson (2018, p.306) show that well-being scores are strongly related to income and material deprivations in the lower part of the distribution. The Destitution in the UK study (Fitzpatrick et al. 2016) contains multiple accounts of poverty and social exclusion being linked to poor mental and physical health, unemployment and social isolation. Basu (2013, p.324) argues that marginalisation and social exclusion can become a self-reinforcing process, while there are widely reported adverse health outcomes for those experiencing high levels of loneliness (Samuel et al. 2017).

Recommendation 7: Consideration should be given to including measures of human capital (e.g. qualifications) and social capital (social networks and support) alongside the harmonised Personal Well-being questions in any survey of the NPHHP.

As exemplified in McManus et al.'s (2012) study on JSA claimants, a growing body of work in health, psychology, and beyond examines the impact of 'Adverse Childhood Experiences' (ACEs) on adult functioning and well-being. These experiences include emotional and physical abuse and/or neglect; living with adults that have a mental illness and/or substance misuse issue; parental separation and/or loss; incarceration of a close adult; and witnessing violence inside and outside of the home. In particular, a systematic review and meta-analysis found four or more of these experiences were associated with increased risk of a wide-range of adverse physical and mental health outcomes (Hughes et al. 2017). Similar findings were discovered in a retrospective study of adults in a relatively deprived and ethnically diverse UK population. In this case, ACEs were strongly related to adverse behavioural, health and social outcomes including low mental well-being and life satisfaction, involvement in violence, and falling pregnant before the age of 18 (Bellis et al. 2014). A report for Public Health Wales found, through a survey of 2000 adults, that compared to people with no ACEs, those with four or more are four times more likely to be a high risk drinker, 14 times more likely to have been a victim of violence over the last 12 months, 15 times more likely to have committed violence against another person in the last 12 months, 16 times more likely to use crack cocaine and heroin, and 20 times more likely to be incarcerated at any point in their lifetime (Bellis et al. 2015 p.5). Clearly, adults with such a trajectory have a high likelihood of spending times in NPHHP settings including prison, hospital, hostel or other homeless situations.

There is a clear connection between ACEs and experience of homelessness, with a UK study on Multiple Exclusion Homelessness finding sexual and physical abuse before the age of 16 had been experienced by 23% and 22% of 452 respondents respectively. 27% had witnessed violence between their parents or carers and 24% reported that one or more parent/carers had a drug or alcohol problem; while 15% had not had enough to eat at home during childhood (Fitzpatrick et al. 2012). These experiences play out in adult life for homeless individuals and can decrease their willingness or ability to interact with services that is only now beginning to be understood (Theodorou and Johnsen 2017).

However, some studies targeting the well-being of homeless individuals claim that chronically homeless individuals may adapt to their circumstances and find ways to be satisfied within their limited resources. For instance, an Australian study notes some street homeless individuals

found pride and social connection in their lives in the street. Meanwhile, others maintained a satisfactory level of well-being by finding meaning in the everyday and taking pride in what they did have rather than did not. The authors of this study suggest taking a strengths-based approach to assessing the PWB of marginalised people with positively worded questions and a focus on agency and capability (Thomas et al. 2012).

A methodological point to emerge from this literature is that quantitative studies have generally distributed surveys to socially marginalised people through the services and agencies they come into contact with, such as the Multiple Exclusion Homelessness study (Fitzpatrick et al. 2012), Destitution in the UK (Fitzpatrick et al. 2016), and a study by the National Institute of Public Health in Denmark (Pedersen et al. 2012).

Well-being in some Non-Private household populations

Nearly all of the survey data quoted in the preceding sections, with a couple of exceptions based on service users, was drawn from household surveys. Nevertheless, some specific examples suggest that at least some NPHHP groups could have significantly lower levels of PWB than the general population. Surveys have been conducted of certain NPHHP groups, for example students and prisoners; we report on some key findings from these in Chapter 5. (see Chapter 5).

Table 3.3 presents an analysis similar to that offered in Table 3.1 above, based on the PSE-UK 2012 household survey, where certain retrospective questions can identify selected categories on NPHH experience, particularly prison and various forms of homelessness. Four indicators of low well-being are presented: a poor mental health proxy based on the score from the General Health Questionnaire (GHQ) instrument (>32); people reporting a specific long standing mental health condition; people registering very low (0-2) or low (3-4) on the standard ONS 10-point scale for general well-being; and an indicator of 'severe and multiple disadvantage' (SMD) based on registering on two or more of the four domains of homelessness, mental health, offending or domestic violence or abuse (unfortunately this survey has no indicators of substance misuse). Clearly the latter measure will show stronger relationships because two of these domains (offending and homelessness) are being used to proxy having been in the NPHH population.

Generally, the table shows a moderately strong relationship between prison/criminal record or all the forms of homelessness experience and the mental ill health indicator, with risk ratios around 3.0 or higher. There are stronger relationships with the very low GWB scores, with risk ratios as high as 6.7 for ex-prisoners and around 5.0 for the homeless categories. The relationships with moderately low GWB are less striking, although still strong for rough sleepers. As expected, given the definitional overlap, the relationships with the SMD measure are extremely strong, with risk ratios in the 20 to 40 range.

Table 3.3: Low Well-being Rates and Risk Ratios for Selected Groups of Adults with experience of various non-household living situations

Well-being		NPHHP Proxy Groups						
	Measure	Prison	Criminal	Homeless	Rough Sleep, 5yr	Emerg/temp accom, 5yr	Friends, fam temp 5yr	All Adults
OUTCOMES		(ever)	Record	(any, 5 yr)				
Mental ill health	%	45.3%	33.7%	39.6%	49.2%	42.5%	38.3%	13.0%
	Risk ratio	3.2	2.8	3.1	3.8	3.3	3.0	
V low GWB (0-2)	%	23.3%	13.5%	20.0%	20.5%	17.7%	18.6%	4.0%
	Risk ratio	6.7	3.8	5.2	5.2	4.5	4.8	
Low GWB (3-4)	%	10.8%	8.5%	15.4%	29.1%	14.4%	15.7%	6.4%
	Risk ratio	1.8	1.3	2.4	4.6	2.3	2.5	
SMD 4D (2+)	%	51.7%	41.9%	58.1%	76.8%	65.3%	58.6%	2.7%
	Risk ratio	21.4	44.0	29.0	32.1	27.4	28.4	

Source: Authors' analysis of PSE-UK 2012 Survey

Note: 'GWB' is ONS General Wellbeing Scale 0-10. 'SMD 4D' is having experienced two or more of the four types of disadvantage: offending, homelessness, mental ill-health or domestic violence/abuse.

'Risk ratio' is the prevalence of each outcome for people with the relevant experience (e.g. ever in prison) divided by the prevalence for those not having that experience.

Chapter 4

Measurement Methodology

4.1 Key questions

Preceding chapters have identified the problem, defined the target populations of interest, and examined the particular concepts to be measured. In this chapter we address a number of issues concerning the methodology used to measure key characteristics of the non-household population (NPHHP). Although the population that does not live in private households is highly heterogeneous – ranging from rough sleepers through to palliative hospice residents – there are a number of methodological concerns that cut across these differences. In this chapter we outline some of these, seeking to answer the following questions:

1. Why is the non-household population excluded from standard population surveys? (s.4.2)
2. Are some people living in standard household accommodation but under-covered in household surveys? (s.4.3)
3. What are the advantages and disadvantages of utilising *existing* surveys of non-household populations to collect the relevant living standards and well-being data? (s.4.4)
4. If new surveys must be commissioned to survey one or more non-household populations, what are the critical design decisions to take? (s.4.5)
5. Given that non-household populations are excluded from standard population surveys, data from multiple sources will need to be combined to allow whole population estimates to be derived. How should this be done? (s.4.6)

This chapter does not seek to cover these issues in exhaustive detail but to provide a broad outline of each one as a prompt for more detailed investigation.

4.2 The exclusion of the non-household population

The first key question posed for consideration here is, why is the non-household population excluded from standard population surveys?

Most of ONS's general population surveys are explicitly of the private household population and consequently exclude the 1.5-2%¹⁵ of the UK population that does not live in a private household. This limitation to the private household population can be problematic if the goal is to describe the broader population of the UK. For example, although the population not living in private households is relatively small it may experience an outsized share of destitution experience, drug and alcohol problems, or mental ill-health.

The reason for exclusion is largely pragmatic. ONS, like other survey agencies, uses an address-based sample frame because, at the time of writing, there is no accessible, comprehensive, de-duplicated person-based frame of the UK population with up-to-date contact details. Other European countries have population registers and identity cards, although these systems may also be incomplete in some respects. In contrast, the Postcode Address File (PAF)¹⁶ - and other products based on similar data, such as the Ordnance Survey *AddressBase*¹⁷ - is an accessible, comprehensive, and up-to-date list of addresses, which links to almost the whole of the contemporary UK population.

The PAF undoubtedly includes nearly all communal accommodation but it is not yet possible to routinely distinguish this type of accommodation from private household accommodation. Nor is it possible to reliably pre-identify types of communal accommodation from other types. Other sources – such as *AddressBase* and the Valuation Office Agency (VOA) list of properties subject to council tax¹⁸ - include some additional detail about the vast majority of addresses in the PAF but this detail is (i) not always reliable, and (ii) insufficiently granular for sampling purposes¹⁹. In short, these address-based frames are unlikely to be fruitful sources for a

¹⁵ Based on Table 2.1 in Chapter 2.

¹⁶ See <https://www.royalmail.com/business/services/marketing/data-optimisation/paf> for details.

¹⁷ See <https://www.ordnancesurvey.co.uk/business-and-government/products/addressbase-products.html> for details.

¹⁸ See <https://www.gov.uk/government/organisations/valuation-office-agency/about/statistics> for details.

¹⁹ See Lound (2014).

survey either of the whole non-household population or for specific parts of it, in the near future.

It is, of course, possible that these technical drawbacks will be eliminated in time. However, there are also practical problems with covering those living in communal accommodation within surveys primarily designed for the private household population. For example, the PAF cannot tell us how many people live at each address. This can make it difficult for data collection agents such as interviewers. Sampling from communal accommodation is (i) much more complex than from private household accommodation, (ii) requires gatekeeper assistance and, often, external support, and (iii) creates workload problems unless just one or a small number of 'residents' is sampled from each communal accommodation unit. This last approach has practical benefits but sampling a fixed small number of residents per unit when the unit populations vary widely can lead to high variance in estimates about these populations.

The in-practice 'solution' to this problem is simply to treat these communal accommodation units as ineligible and narrow the inferential focus to the private household population that is relatively easy to cover. The fact of this scoping study may indicate a willingness to revisit this issue and entertain an extension of certain surveys into this sector, but the difficulties and costs should not be underestimated. In the longer term, with a digital census and more use of administrative data, the landscape may change. However, it would seem that only the creation of a true person-level sampling frame with (e.g.) mobile phone numbers²⁰ for contact purposes would provide a complete substitute.

In 2023, ONS will make a recommendation to government on the future of the Population and Housing Censuses. The use of administrative data could be supported by a large-scale (c350,000 pa) continuous Population Coverage Survey, designed to measure and adjust for coverage errors in the administrative data. Both sources would be likely to cover the population not living in private households and could therefore be used as sampling frames for other surveys that explore a topic in depth. However, data confidentiality requirements may make this difficult to do in practice,

²⁰ While it is striking, from experience with qualitative follow-up surveys in studies such as Destitution in the UK, that mobile phones are pretty well universal, that is not to say that a suitable comprehensive directory exists for these to sample from

so this will not necessarily solve the problem of non-coverage of the population not living in private households.

The special case of the Labour Force Survey

It is worth noting that the current Labour Force Survey (LFS) is a partial exception to the rule that ONS surveys generally cover only the private household population. The LFS also covers those living in NHS accommodation and those living in student halls of residence but still attached to a parental address (although the latter tend to be covered by proxy). However, it does not cover anyone living in other forms of non-household accommodation.

The Labour Force eligibility definition is:

- “1. people who normally live there, but are on holiday, away on business, or in hospital, unless they have been living away from the address for six months or more;
2. children aged 16 and under, even if they are at boarding or other schools;
3. students aged 16 and over are counted as resident at their normal term-time address even if it is vacation time and they may be away from it.”

Criterion 3 is LFS-specific and is not used for other private household surveys. “For other ONS surveys a different definition exists. The standard ONS instruction for defining a household states ‘Adult children, that is, those aged 16 and over who live away from home should not be included at their parental address’.”²¹

4.3 Under-covered populations within private households

Our second key question is whether there are some people living in standard household accommodation but effectively under-covered in household surveys?

All private household surveys suffer from non-response biases of one kind or another. Some of these biases are detectable by comparing the data to more reliable or more comprehensive alternative sources. Other biases remain undetected because they survive despite the application of

²¹ See Labour Force Survey User Guide Vol 1 (2018) p9-10.

weighting or imputation routines designed to eliminate the observable biases. There is nothing new in this and it remains a risk to inference despite the fact that sources for calibrating survey data are more plentiful than they were in the past and that statistical methods for compensating for non-response are more sophisticated than they were²². The increase in non-response rates over the last twenty years or so²³ has necessitated these advances to maintain the accuracy of survey-based population estimates.

Particular difficulties are experienced, increasingly, in areas with a lot of flatted accommodation, typically with entryphone access, for interviewers making direct contact, although other forms of contact (letters, phone calls, emails, texts) may help to overcome this. Nevertheless, response rates tend to be lower in such areas. Such accommodation may house a higher proportion of populations at higher risk of destitution/severe poverty and/or low well-being, for example migrants (especially if undocumented), sofa surfers, private renters and other transient groups, although we do not have systematic evidence of this. Multi-occupied housing is more likely to have a high presence of such groups, and this also tends to have low response rates and difficulties establishing full accounts of households and adults present.

While some members of the private household population are certainly under-surveyed, it is also worth noting that one group lives in private households but will rarely or never be surveyed. As noted above, the sampling protocol for most ONS surveys of the private household population restricts eligibility to those who either (i) ‘normally’ live at the sampled address and have no other, or (ii) have access to multiple residential addresses but ‘mainly’ live at the sampled address. ‘Sofa surfers’ and other temporary residents or visitors, who pass through chains of addresses within the private household sector - but without being a permanent resident of any - are unlikely to be classified as eligible for a survey interview at any of these addresses. We identified this group in Chapter 2 (s.2.4) as being of specific interest and a potential target for survey of the NPHHP, not least because they form part of the proposed definition of ‘core homelessness (s.2.6).

²² Pew Research has published a good layman’s guide to different non-response weighting methods (Mercer et al (2018)).

²³ See Bolling & Smith (2018) for an up-to-date summary for the UK.

It is not clear how many sofa surfers there are in the UK at any one time²⁴ – and therefore the extent of the non-coverage - but, without a change in survey sampling protocol, it is hard to see how this group can be covered in any probabilistic fashion. Extending interviews to cover visiting or temporary household members should catch some but not necessarily all of them. Non-probabilistic methods are available to cover this population - just as with the non-household populations - but the extent of any non-coverage and/or non-response biases in such studies is impossible to determine, especially without a reliable benchmark for comparison.

Recommendation 8: It would therefore be helpful if ONS commissioned a study of this group ('sofa surfers', and other temporary household members). This study would include the collection of data on prior sofa-surfing among its household respondents as well as collecting details from individuals staying with the household temporarily but who would ordinarily not be eligible to take part in (e.g.) the LFS. The EU-SILC survey 2018 may provide evidence on this group.

4.4 Bespoke and 'piggy-back' surveying of the non-household population

To collect the relevant living standards and well-being data from the non-household population in a survey²⁵, we broadly have two choices: we can design a bespoke data collection system or we can 'piggy-back' on an existing data collection system (if available). The advantage of a bespoke system is that its population coverage, timing, scale, data collection mode(s) and content can all be controlled, albeit within budgetary constraints. However, gatekeepers to some of these populations – or the databases that are required for sampling them - can make it very difficult to set up a new data collection system, especially if one already exists (even if it has a different purpose).

Taking advantage of an existing infrastructure brings major benefits with respect to both the cost and feasibility of data collection but has the

²⁴ In its 2015 report (Clarke et al (2015)) the Cambridge Centre for Housing and Planning Research estimated that one in thirty household-dwelling UK 16-24 year olds are sofa-surfing at any one time. Bramley (2017) estimates that there were 69,000 sofa surfers in 2016, based on EHS, UKHLS and PSE retrospective data.

²⁵ In Chapter 1 (s.1.3) we suggested that there is a general presumption in favour of surveys for the measurement of PWB and aspects of living conditions, particularly material deprivation, although incomes might be measured from administrative data.

demerit of a lack of control. In most cases, the existing data collection system would need to be modified to provide the information about well-being, living standards etc. that we seek. While not impossible, that would demand a measure of influence over the multiple organisations that operate the existing data collection systems, and support to ensure that data collection continues if an operating organisation's budget or priorities change.

One option is to create a bespoke data collection system but use it much less frequently than equivalent systems for the private household population. ONS might then need to use modelling methods to update population estimates for the various non-household populations, in order to maintain consistent annual series. This modelling would make use of past equivalent data from both the household and non-household populations as well as any 'live' structural statistics about the latter. However, all modelling has underpinning assumptions; in this case that observed associations from one particular point in time hold for the longer-term. This is a major assumption, taking no account of intervening changes in the nature and size of the non-household population. Taking this approach might be considered an acceptable compromise but could raise concerns about the quality of national statistics that incorporate this data.

There is a parallel between modelling used to bridge gaps in time in a data collection system, and modelling used to fill in gaps in the map when the data collection system is based on samples clustered by locality²⁶.

Statistics about the NPHHP might simply not be published with the same frequency. Whether bespoke or piggy-backed, a survey that produced estimates every say 2-3 years might be considered an acceptable compromise here. It is rather analogous to rolling government surveys which do not publish results for single years owing to sample size limitations (e.g. English Housing Survey, House Condition Surveys, Scottish Household Survey).

²⁶ This approach has been used in the JRF Destitution studies, as described in Bramley et al (2018)

4.5 Design criteria for new surveys

The next, complementary question to consider is, if new surveys must be commissioned to survey one or more non-household populations, what are the critical design decisions to take?

In most cases, bespoke surveys of particular populations raise bespoke design issues (see Chapter 6). However, there are a few design issues that cross populations. We discuss three here:

- Is accommodation-based sampling the only way to sample non-household populations?
- Should the mode of data collection used in a survey of non-household populations be matched to that of the comparable survey of the household population?
- Can we use retrospective data collection within an accessible population as an alternative – or complement - to directly surveying a hard-to-access population?

Alternatives to accommodation-based sampling

Although accommodation-based sampling is the most usual approach to surveying in the UK it is not the only one. A strong alternative in some cases is *action-based sampling*. If a population can be defined as all those doing a particular action over a specified period of time, then action data might be used as a sample frame for this population. For example, a population may be defined as anyone using one or more of a set of services within a specified ‘time window’.

This method has been used to obtain samples of homeless people or other destitute populations²⁷, based on the assumption that every member of the target population will use at least one from a list of services at least once over a relevant time period. If so, then a sample of those services will allow us to draw a probabilistic snapshot sample of a population without the complexity of identifying their accommodation. All – or a sample of – service users during a specified time window should be asked to participate in the survey and data about service use (frequency and type of relevant services used) should be collected within the

²⁷ See for example Bramley et al (2018) and Fitzpatrick et al (2011).

questionnaire (so far as this is possible) to help estimate each respondent's sampling probability.

Although a viable approach for some subpopulations, this approach is not suitable for others because their service use, such as it is, may be sporadic and varied. It works very well for those populations reliant on a small set of identifiable services but is not a comprehensive solution for many other populations. It also obviously requires the co-operation of the relevant service, and this may be problematic in sensitive cases, or with statutory services.

Matching modes of data collection

Should the mode of data collection used in a survey of non-household populations be matched to that of the comparable survey of the household population?

Although administrative data is likely to have a medium-long term role to play in measuring economic situation, questionnaire surveys will continue to be used to measure *subjective* well-being and to get a sense of 'living standards' more broadly, including material deprivation measures. As of 2018, the majority of ONS general population surveys collect this data to a greater or lesser extent, and the majority of these collect this data wholly by in-person interview²⁸. ONS is following a plan to expand online data collection but interviews are still likely to be part of the mix for most surveys²⁹. Current advances in Data Science are rapid and one cannot say for certain what additional types of information might become obtainable from 'Big Data' in the medium term.

For some measurements, the precise mode of data collection is of little consequence but, for others, the mode has a clear systematic effect on the measurement. This is particularly true of measurements using response scales, whether these are fully labelled (every point on the scale has a verbal description), or end-labelled (only the extreme end-points have verbal descriptions). The survey methodological literature is full of evidence of the difference between interviews on the one hand and self-

²⁸ See <https://www.ons.gov.uk/peoplepopulationandcommunity/well-being/methodologies/surveysusingthe4officeforationalstatisticspersonalwell-beingquestions> for details about the surveys that include the four ONS subjective well-being questions.

²⁹ See <https://gss.civilservice.gov.uk/news/transforming-labour-force-survey-lfs-testing-begins/> for a news item on this issue.

completion questionnaires on the other, and even between different types of interview (telephone, tele-visual or in-person) or self-completion questionnaire (online (mobile versus large screen devices), or on paper)³⁰. In general, respondents to self-completion questionnaires (i) tend to be more negative than interview respondents about personal circumstances and about service standards, and (ii) use the end-points of response scales less frequently. This has implications for combining data from two or more modes, and may enforce complex (less transparent) model-based rather than design-based estimation should different modes be used with different parts of the population.

Tests on data from the *Community Life Survey* comparing on-line and paper questionnaire responses from comparable populations showed significant differences in response patterns to harmonised Personal Well-being questions. This suggests that there is value in ensuring the same data collection methods are used with the NPHHP as with the main household population, even if the sampling methods are different.

Role of retrospective data collection

Can we use retrospective data collection within an accessible population as an alternative – or complement - to directly survey a hard-to-access population?

As will become clear in Chapter 5, many - if not all – non-household populations are hard to access (and therefore expensive and difficult to survey). Naturally, the question arises whether information about this population might be gleaned instead (or additionally) from members of the household population *that have previously spent time as part of the non-household population*. There are precedents for this in official surveys, for example the Scottish Household Survey in relation to homelessness and EU-SILC on this and a number of other topics, as well as in research surveys such as PSE-UK 2012. While an attractive proposition on the face of it, there are considerable measurement and sampling problems with this solution, even within longitudinal panel studies.

³⁰ See Jackle et al (2017) for a 2017 summary of these issues and references to more specific studies. In particular, Klausch et al (2013) studies the equivalence of attitudinal rating scales across modes.

Measurement problems with retrospective data collection

While the concern of most surveys is to measure respondents' current status, data will often also be collected about the past. However, some events/status-periods (e.g. living in a particular house) will be omitted, or placed in the wrong timeframe, and details such as dates and amounts will be less exact than the equivalents for current status. Furthermore, retrospective subjective data (e.g. of well-being) is inevitably coloured by subsequent experience and can be very inaccurate. In combination, these are all types of recollection error, a type of measurement error specific to retrospective data collection.

Retrospective data may still be reasonably useful if what is being asked about retrospectively is limited to relatively factual matters, without too much information being sought. This has shown its value in relation to quantifying experiences like homelessness, and relating this to socio-demographic information which is either fixed or relatively unchanging. However, it clearly would be more difficult to collect detailed living standards information for a period in the past much beyond a year or so, while subjective well-being indicators for past periods would be of questionable value.

The measurement and sample advantages of longitudinal panel studies

Longitudinal surveys are one way of (at least partly) overcoming this problem. These surveys can produce timelines through linking together a series of 'current status' data points, or data points that are effectively updates since the last data point (and may be termed 'short-retrospective' data collection). Timeline data is probably of much greater accuracy in longitudinal surveys than in single-point surveys, in which all the data for the timeline must be collected on a single occasion. However, the strong evidence for 'seam effects' – status changes that cluster around the junctures between data point timeframes – demonstrates that even these surveys are subject to recollection error³¹.

Nevertheless, a large scale general population longitudinal study – such as Understanding Society in the UK – may allow estimation of well-being/living standards etc. of the population that does not live in private households, *so long as they lived in a private household at the point of*

³¹ See Callegaro (2008) for a good overview (albeit from 2008).

sampling (2008-9 in the case of the ‘core’ Understanding Society panel³²). In this case, we may treat the actual sampling time window (2008-9) as typical of *any* one time window within a larger timeframe in which similar socio-economic and cultural conditions prevail. *If* response to each subsequent wave is not conditional on living arrangements, then the panel’s sample of people not living in private households would be representative of the larger population in those circumstances (with the important proviso that wholly new entrants to the general population (largely those immigrating after the sampling time window) are omitted).

Why longitudinal panel studies may not properly cover those who have lived in non-household accommodation

The problem is that response to each subsequent wave *is* partly conditional on living arrangements. Panel attrition is almost certainly higher among those that spend time living outside of private household accommodation, leading to an under-count of this population. Furthermore, those that remain within the panel may be the easier-to-contact subset of this population: those with continuing, strong connections with the originally sampled household. Inevitably, contact barriers mean that data collection agencies eventually have to give up on a small share of cases each survey round. In short, while a study such as Understanding Society might in theory provide a ready sample of those not living in private household accommodation, in practice the sample is likely to be biased and relatively small, however well the survey is run³³.

Retrospective data collection in a snapshot study

Given this problem of attrition, we might instead ignore (or accept) the measurement problems of long-retrospective data collection, take a sample from the current population living in private households, and work back from there to explore the effects of past periods living outside of private household accommodation. These data might then be used to help model the difference between those who have continuously been part of the household population and the remainder who are at the very least under-covered in standard population surveys.

However, such a sample would suffer from a form of ‘survival bias’ because it would include only that part of the target population that

³² See Boreham et al (2012) for technical details.

³³ See Lynn & Borkowska (2018) for a general discussion of attrition bias in the Understanding Society survey.

eventually made its way back to private household accommodation. In particular, the sample of people who have previously lived in an old age care home is likely to be atypical. In addition, each individual's sampling probability is proportionate to the likelihood that the survey's sampling window opens when the individual is living in private household accommodation. The longer an individual spends outside of private household accommodation, the less likely that the survey's sampling window will be open during a period in which the individual is available to be sampled. Inverse probability weighting can compensate for this problem but its efficacy is wholly dependent on the accuracy of the accommodation history data.

In short, the measurement problems of retrospective data collection combined with the sample bias problems present in both longitudinal studies and single point studies make these options less attractive than surveys based on samples taken from the *current* population not living in a private household.

4.6 Combining multiple sources

Given that non-household populations are excluded from standard population surveys, data from multiple sources will need to be combined to allow whole population estimates to be derived. How should this be done?

One of the ONS research objectives is to produce whole population statistics, covering both the private household population and the c.2% that do not live in such households. Estimating well-being and living standards is likely to require surveys at least in the immediate future (i.e. these measures cannot be estimated purely from non-survey data sources) but the surveys of the private household population and the non-household population are likely to remain separate to some degree, with different sampling, measurement, and frequency characteristics. Furthermore, some individuals are likely to be captured via more than one data collection system, especially if these are not purposively aligned with each other. This raises questions about exactly how to combine data from multiple sources to produce whole population statistics.

Combining survey data from multiple sources is nothing new but can add exponential levels of complexity to the estimation process. Design-based estimation in particular requires the analyst to know – or estimate without

bias – the sampling probability of every respondent in the combined dataset. (Almost) every respondent will have been recruited from just one sample frame so the analyst must either be able to identify this respondent on all the other sample frames or otherwise take information from that respondent that effectively establishes the presence or otherwise of that respondent in each other frame (and, if necessary, which stratum they occupy on each frame). The assumptions required to believe this can be done without error are substantial, although even an error-prone estimate of sampling probability may lead to a better population estimate than one in which the sampling probability is ignored (or treated as uniform).

Alternatives exist that can generate model-based estimates of population statistics through manipulation of multiple sources. These are often produced within a Bayesian hierarchical modelling framework that has the flexibility to account for different error structures (bias, variance) within each source used to produce the population statistic. Although this kind of approach is an increasingly common way of making the most of disconnected data about the same population, it is also complex to implement and the quality of the results difficult to assess.³⁴ Nevertheless, it seems clear that coverage of the non-household population via surveys needs to be linked to a plan for integrating this data with other data from the private household population.

³⁴ For an up-to-date, cohesive summary of these issues (albeit in a US context), see chapter 2 of National Academies of Sciences, Engineering and Medicine (2017).

Chapter 5

Existing Data on Non-Household Population Groups

5.0 Overview

In this chapter we present a picture of each of the main NPHHP sectors. Each section follows a similar structure, starting with a summary of the size of the population, key existing surveys and sources, potential sampling frames and highlighting of special methodological considerations. There follows a more extended discussion enlarging as appropriate on each of these questions while also giving a picture of the character of the sector and drawing out potential issues which may arise. This sets the scene for suggested approaches to surveying each sector, which are presented in Chapter 6.

5.1 Care home residents

Care home residents

Estimated population size c. 430,000

Existing relevant surveys	<i>Care Home Census for Adults in Scotland</i> (NHS Scotland, 2017); <i>Your Care Rating</i> Survey (www.yourcarerating.org/)
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Potential sample frames	No list of individual residents available. Lists of registered care homes are published separately for England, Wales, Scotland and Northern Ireland.
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Special methodological considerations	Many care home residents will be very vulnerable and so any data collection will need to be sensitively undertaken; due to
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ill health, some residents will be unable to provide any data.

The care home sector

Care homes cover broadly two types of communal long-term stay institutions: residential homes and nursing homes (homes providing 24-hour nursing care). Care homes ought to be registered as business addresses, and therefore excluded from the PAF-based sample frame generally used for household surveys.

There are around 19,000 registered care homes in the UK, and we estimate there are around 430,000 care home residents.³⁵ The vast majority of residents are elderly – the 2011 Census estimated that 82.5% of care home residents in England and Wales were aged 65 or above (ONS, 2014) – although the care home population includes adults of all ages.

A small proportion of residents are ‘short-stay’ or respite residents.³⁶ Respite care is generally provided for a short period of time (for example, a weekend), while ‘short-stay’ residents may stay for a number of weeks. In either case, these may be better thought of as members of the private household population and should be captured by household surveys.³⁷

Oversight of care homes is managed by the Care Quality Commission (CQC) in England, the Care Inspectorate Wales (CIW) in Wales, the Care Inspectorate (CI) in Scotland and the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland. These organisations maintain

³⁵ The 2011 Census estimated that there were around 360,000 individuals resident in care homes in England in 2011, and a further 21,000 in Wales (ONS 2011 Census, Table QS421EW). The Scottish Care Inspectorate estimated there were around 37,000 adults in care homes in Scotland in 2016 (NHS Scotland, 2016). The Department of Health in Northern Ireland reported that there were around 12,000 nursing or residential care packages in Northern Ireland in 2017 (Department of Health, 2017). Laing & Buisson estimate the number of care home residents in UK in 2016 to be 430,000, see Note to Table 5.1.1.

³⁶ In the 2016 *Care Home Census for Adults in Scotland*, ‘short-stay’ and respite care accounted for only around 3% of care home residents in Scotland (NHS Scotland, 2016).

³⁷ In practice, ‘short-stay’ residents may be under-represented in household surveys to some extent given that they are absent from their main address for a period of some weeks.

regularly updated publicly available lists of registered care homes (see Table 5.1.1).

Table 5.1.1 Care home residents' population in England, Wales, Scotland and Northern Ireland

Nation	Authority	Estimated number of care home residents	Number of registered care homes	Register
England	Care Quality Commission (CQC)	c. 360,000 (ONS 2011 Census) ³⁸	16,057	https://www.cqc.org.uk/about-us/transparency/using-cqc-data
Wales	Care Inspectorate Wales (CIW)	c. 21,000 (ONS 2011 Census) ³	1,083	http://careinspectorate.wales/find-a-care-service/service-directory/?lang=en
Scotland	Care Inspectorate (CI)	c. 37,000 (NHS Scotland, 2017)	1,125	http://www.careinspectorate.com/index.php/publications-statistics/93-public/datastore
Northern Ireland	The Regulation and Quality Improvement Authority (RQIA)	c. 12,000 (Department of Health, 2017)	613	https://rqia.org.uk/what-we-do/register/services-registered-with-rqia/

Note: although the estimated number of residents relies on 2011 Census in some cases, the total of 430,000 is consistent with a 2015 survey across UK by Laing and Buisson, referring to care and nursing homes for older people.

Existing quantitative studies covering this population

The Scottish Care Inspectorate produces an annual census of care homes (NHS Scotland, 2016). Care homes provide information through an online form; in 2016, 81% of care homes provided data. The census is mainly

³⁸ ONS 2011 Census, Table QS421EW

concerned with population counts and does not collect information on the well-being or quality of life of residents.

Your Care Rating Limited is a not-for-profit organisation which conducts an annual survey of care home residents in Great Britain (*Your Care Rating*, 2017). The survey aims to provide estimates - at the level of individual care homes - with respect to residents' experiences of the quality of care provided. In 2017, 16,784 residents took part across 820 care homes and 25 care home providers. Participating care homes are sent a number of paper self-completion questionnaires to be given to residents. The survey collects measures regarding residents' quality of life. However, these are all specifically tailored towards life in a care home, and so are not immediately comparable to quality of life measurements for the private residential population.

The *Your Care Rating* survey is not a random sample of care home residents. First, the survey only covers care homes that primarily serve individuals aged 65 or above (although any younger residents in these care homes may still take part). Second, only certain providers take part; the Competition and Markets Authority (CMA) estimate that there are around 5,500 providers operating in the UK (CMA, 2017), but only 25 providers are covered by *Your Care Rating*.³⁹ Third, not all residents are able to take part in the survey; care home managers are responsible for determining which residents are able to provide informed consent to take part in the survey, with instructions not to give a copy of the questionnaire to residents deemed unable to give informed consent. Further, some residents will choose not to take part and the data do not appear to be weighted to account for differential non-response.

As well as surveying care home residents, *Your Care Rating* also surveys residents' family and friends. Co-operating care homes provide names and addresses for family members or friends. Survey invitations are then posted to these addresses, and the questionnaire can be completed on

³⁹ The providers covered by Your Care Rating appear to be those operating a relatively large number of care homes. The CMA estimate that most providers operate a single care home (Competition & Markets Authority, 2017b)

paper or online. The questions asked are broadly similar to those from the residents' survey. In 2017, the friends and family survey was based on 15 care home providers, covering 686 care homes.

Potential sample frames

No central list of individual residents is available. However, lists of care homes are published separately for England (CQC), Wales (CIW), Scotland (CI), and Northern Ireland (RQIA), as detailed in Table 5.1.1. These lists all contain the name of the care home, the address and a contact telephone number. For the lists in England and Scotland, there is further information about the number of beds and types of care offered.

Special methodological considerations

A key challenge for data collection among this population is that many care home residents will be unable to take part in any survey, or unable to give informed consent for data collection. For example, the *Scottish Census of Adults in Care Homes* estimated that more than half of long-term stay residents in care homes for older people had been medically diagnosed with dementia (NHS Scotland, 2016). In some cases, it would not be ethical to attempt to obtain information from residents in poor health.

The *Your Care Rating* survey attempts to address this challenge by asking care home managers to assess which residents are able to give consent to participating in the survey (*Your Care Rating*, 2017). Another possible solution is to allow friends or family members to provide some information on behalf of those unable to take part themselves. However, it is hard to see how measures of subjective well-being could be adequately recorded from third parties in this way. Moreover, there will inevitably be many residents for whom data cannot be collected, neither from the individual directly nor from friends or relatives.

Support would also be needed from staff and care home operators to distribute and return questionnaires (if self-completion) or provide access and a suitable space for in-person data collection. Where a provider runs

numerous care homes, it would be beneficial to gain the support of the overall operator as well as the staff in individual care homes.

Finally, as with other populations living in institutions, the common methods for measuring living standards and poverty developed for the household population would need to be adapted for care home residents. Residents may have little or no regular income while still enjoying a relatively good living standard with accommodation, food, heating and so on provided by the care home. (See section 3.2 for a general discussion of this issue).

5.2 Long-stay medical patients

Long-stay medical patients

Estimated population size	Unknown, but perhaps roughly 40,000 new in-patients admitted each month who will stay for more than four weeks
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Existing relevant surveys	<i>Adult inpatient survey</i> (England); <i>Inpatient Experience Survey</i> (Scotland); <i>Inpatient Experience Survey</i> (Northern Ireland) <i>All Wales Patient Experience Survey</i> (Wales)
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Potential sample frames	No list of patients is publicly available. Separate lists for hospitals and medical care facilities exist for England, Wales, Scotland, and Northern Ireland.
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Special methodological considerations	Depending on their length of stay, inpatients may transition between a hospital and their usual place of residence during fieldwork and be omitted by a household survey. Some inpatients, especially under long-term hospitalization, are often unable to respond to a survey or provide consent because of limited physical and/or cognitive ability. If data is collected from patients in medical institutions, the support of the institution staff and administrators would be required.
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Overview of sector

The population of in-patients includes overnight patients in hospitals as well as other medical institutions such as hospices and mental health clinics. It includes both NHS and private institutions. Depending on treatment and condition, their period of hospitalization may extend beyond a few days to weeks, if not months. As they are absent from their normal place of residence, in-patients will be under-represented in conventional household surveys.

However, there is no clear threshold beyond which an individual is no longer part of the household population. The mean length of stay for in-patients in NHS hospitals in England was around 7.0 days in 2015.⁴⁰ The majority of in-patients remain in hospital (or another institution) for only a few days and so, while they may still be under-represented in household surveys due to this absence, they are not entirely missing from household surveys. The likelihood of responding to a household survey will decrease as the length of stay increases.

The Hospital Episode Statistics (HES) database includes information about length of stay. However, the information published is not sufficiently detailed to establish how many in-patients remain in medical institutions for a long enough period of time that they might be considered excluded from household surveys. The NHS in Scotland reported that around 5% of in-patient admissions had a length of stay of more than four weeks. If we assume a broadly similar rate for the other UK nations then, based on total in-patient admissions, there would be roughly 40,000 new patients each month who would go on to stay for more than four weeks. However, the average length of stay varies substantially according to the type of care; mental healthcare is associated with particularly long stays. While the overall mean length of stay for all NHS admissions in England (not just in-patients) was 5 days in 2015, the mean for Adult Mental illness was 48 days.

⁴⁰ <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs>. For other UK nations, recently reported averages are 6.3 days in Scotland (<http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>), 6.9 days in Wales (<file:///C:/Users/MatthewsPe/DL/NHS-bed-occupancy-report-feb2017-Wales.pdf>), and 6.0 days in Northern Ireland (https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-inpatient-day-case-stats-16-17_0.pdf).

Existing quantitative studies of this population

The Care Quality Commission (CQC) runs an annual survey of adult in-patients in England.⁴¹ Similar in-patient surveys are run in Scotland,⁴² and a similar survey was run in Northern Ireland in 2014 and 2017.⁴³ Wales runs a general patient experience survey (including inpatients, but also other types of patients and users of the health system).⁴⁴ For each of these surveys, paper questionnaires were posted to sampled patients at their home address after they had been discharged.

These surveys are primarily concerned with measuring patients' experiences of their hospital stay such as quality of care, cleanliness, visiting and so on. While these are related to 'quality of life' in a broad sense, they are specific to a hospital stay situation and more general measures of quality of life or well-being (which may be more comparable to other populations) are not captured.

These surveys also do not cover all in-patients. Patients who are not discharged or who die are, naturally, not covered. Additionally, some patient types are excluded, including psychiatry patients (who make up a disproportionately large number of long-stay patients).

Potential sample frames

No list of individual patients is publicly available. Separate list of hospitals and medical care facilities exist for England, Wales, Scotland and Northern Ireland.⁴⁵ These include both private and NHS institutions.

Special methodological considerations

The first challenge is that many in-patients will have only a short length of stay in hospital and therefore may well be covered by household surveys. There is no clear, easily definable point at which a patient becomes part of the non-household population.

⁴¹ <http://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2016>

⁴² <http://www.gov.scot/Topics/Statistics/Browse/Health/InpatientSurvey>

⁴³ <https://www.health-ni.gov.uk/articles/inpatient-patient-experience-survey>

⁴⁴ <http://gov.wales/docs/phhs/publications/160615patient-experienceen.pdf>

⁴⁵ See the lists of registered care institutions under the Care Homes section (2.1).

If data is collected directly from patients, this could be done in hospital or after discharge (as with existing patient surveys). If data were collected in hospitals, support would be needed from hospital staff and administrators to access patients. This would present many practical difficulties as data collection will not be a priority for medical and hospital staff. Institutions may be uncomfortable with the prospect of researchers approaching vulnerable patients and so there may be some reluctance to co-operate. If data were collected after discharge then some patients would not be covered (i.e. those who are not discharged) and it may additionally be difficult to collect accurate measurements of well-being some time after a patient's stay in hospital. As we would expect an individual's current sense of well-being to be more positive after discharge than while they were in hospital, such retrospective data collection could entail substantial measurement error.

The same limitations in terms of measures or living conditions would apply as in care homes, that certain key material goods are provided by the institution. Finally, given the poor health of this population, it is inevitable that some patients would be unable to provide information and so will, in practice, remain missing from data collection.

5.3 Military accommodation

People living in military accommodation

Estimated population size	c. 115,000 serving personnel, as well as spouses/civil partners and dependent children
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Existing relevant surveys	The <i>UK Regular Armed Forces Continuous Attitude Survey (AFCAS)</i> (MoD, 2017a), and the <i>UK Tri-Service Families Continuous Attitude Survey (FAMCAS)</i> (MoD, 2017b)
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Potential sample frames	The <i>Joint Personnel Administration (JPA)</i> database covers all serving members of the armed forces and is used as the sample frame for the AFCAS and FAMCAS surveys. The MoD will also hold a list of service accommodation addresses
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Special methodological considerations	Some military accommodation will already be covered by household surveys. Support would be required from the MoD to include relevant questions on the AFCAS and/or FAMCAS, or to assist with the sampling for any other primary data collection
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Overview of sector

Around three-quarters of serving members of the Armed Forces live in military accommodation (MoD, 2017a), around 115,000 personnel in total (based on MoD quarterly personnel statistics, MoD, 2018). There are two types of accommodation: Single Living Accommodation (SLA) for single or unaccompanied personnel, and Service Family Accommodation (SFA) for families. SFA houses serve personnel as well as their spouse/civil partner and dependent children. Individuals with dependent children who are widowed, divorced or separated from personnel can also be eligible for SFA.

There are currently around 50,000 SFA properties and 126,000 SLA properties in the UK (House of Commons Library, 2017). However, individuals living in military accommodation will not always be excluded from household surveys. SLA is usually within the service personnel's duty station – and will therefore generally be excluded from samples drawn from the PAF – but there are very likely to be some exceptions which are covered by household surveys. SFA 'may be located within a certain radius of a base' (House of Commons Library, 2017), which implies that many SFA properties could be sampled as a residential address for current household surveys.

Additionally, the AFCAS reports that around half of personnel (49%) own their own home (MoD, 2017a), including some who live in service accommodation during their working week. It is therefore possible for some personnel living in service accommodation to be sampled within the household population through another address. It is probably the case, however, that they are less likely to take part in a household survey given that they will be away from their 'residential' household during the week

and, even if they are successfully contacted, their alternative address may not be designated their main residence for the purpose of the survey.

The Census appears to ‘under-record’ this category by c.40-50% (2011 England and Wales number 42,900, from Table 2.1 above), but as should be clear from the above, it is difficult to determine from the available information the true number not in private households in terms of either ‘usual residence’ or presence at a particular point in time.

Existing quantitative studies of this population

The Regular Armed Forces Continuous Survey (AFCAS) and the Tri-Service Families Continuous Attitude Survey (FAMCAS) are run by the Ministry of Defence to collect information regarding the views and experiences of Armed Forces personnel and their families.

The AFCAS is a national statistic, introduced in 2007 to combine surveys previously run separately by the Navy, Army and RAF. The target population for the AFCAS is: ‘trained UK Regular Armed Forces personnel including Gurkhas, excluding Special Forces and those deployed or attending training courses at the time the survey sample was drawn’ (MoD, 2017a). The sample is drawn from the Joint Personnel Administration (JPA) database which records all serving personnel. The sample is stratified by service (Navy, Marines, Army, RAF) and by rank.

Sampled personnel are initially invited to complete the survey by email. Paper questionnaires are then sent to encourage response. The response rate in 2017 was 45%, a total of 12,469 responses. The sample covers all serving members of the Armed Forces and is not limited to personnel living in military accommodation; AFCAS estimates that around three quarters of personnel live in service accommodation (MoD, 2017a).

The survey includes the ONS subjective well-being questions, as well as questions about morale, satisfaction and work-life balance. The survey is focused on personnel, but there are also some questions about the impact of service life on partners and children. Income and living standards are not measured directly, although there are some questions about satisfaction with pay, benefits and welfare support.

The FAMCAS is a set of questions which are included in separate surveys for the Navy, Army and RAF. The majority of the questions asked across the three service surveys are the same, although some content is specific to individual services. The data for these questions are combined and reported annually by the MoD.

The target population is spouses and civil partners of serving personnel. The sample is drawn from the JPA, based on the recorded personal status of personnel. As the MoD does not have permission to contact spouses/civil partners of personnel directly, email invitations and postal questionnaires are sent to the sampled personnel with instructions to pass these on to their spouse or partner to enable them to take part in the survey. In 2017, 28,383 spouses/civil partners completed the survey, a response rate of 25%.

The FAMCAS includes the ONS subjective well-being questions, although most questions related to quality of life are specific to being the spouse/civil partner of someone in the Armed Forces. There is very limited information collected about income or living standards. Some questions are asked about children, although these are mainly limited to education and childcare. Some spouses/civil partners of personnel will not be covered if an individual's recorded personal status is out of date or inaccurate. Similarly, individuals who are widowed, divorced or separated from serving personnel but still living in SFA will not be covered.

Potential sample frames

The Joint Personnel Administration (JPA) is a comprehensive and up to date database recording details of all serving personnel. The database only includes serving personnel and not their family members. In principle, the JPA could be used as a sample frame for serving personnel, although this would clearly require the agreement of the MoD. The MoD will also have a list of service accommodation addresses although, again, this is not publicly available.

Special methodological considerations

In order to collect data from people living in military accommodation, it would be critical to obtain the support of the MoD. Data could be collected

through the AFCAS and FAMCAS, or the JPA could be used as a sample frame of individuals, or a list of addresses could be used as a sample frame of households – all of these options would require the active involvement of the MoD.

A key challenge for our purposes would be identifying which service accommodation will not already be covered by household surveys. One option would be to compare a list of service accommodation addresses against the PAF and limit data collection to only those addresses which would normally be excluded from household surveys. It would also be necessary to estimate the total population within these particular addresses (i.e. those which are not covered by household surveys), this could be done through a survey by collecting information about all residents in eligible addresses.

5.4 People detained in Immigration Removal Centres (IRCs)

People detained in Immigration Removal Centres (IRCs)

Estimated population size c. 3,000 at any one time; 27,289 adults entered detention in 2017 (Home Office, 2018)

Existing relevant surveys *Quality of Life in Detention* (Bosworth and Kellezi, 2012 and 2015)

Potential sample frames No list of individuals available. A list of IRCs can be found at: <https://www.gov.uk/immigration-removal-centre>

Special methodological considerations Data collection within IRCs will depend on IRC staff and operator co-operation. Many detainees are likely to be suspicious of attempts to collect data from them. Poor English is very likely to be a barrier to participation for many detainees.

Overview of Sector

Immigration Removal Centres (IRCs) are used to hold individuals before they are deported or removed from the UK, or while a person's case for permission to enter the UK is being considered. There are ten IRCs around the UK;⁴⁶ details of these are available at <https://www.gov.uk/immigration-removal-centre>. Since 2009, between 2,500 and 3,500 adults have been in detention at a given point in time. In 2017, a total of 27,331 individuals entered detention. Almost all detainees are adults, although a very small number of children are also held (42 children entered detention in 2017).

⁴⁶ At any given time, a small number of detainees are held in other locations. Short-Term Holding Facilities (STHFs) hold some individuals for up to a few days before they can be moved to an IRC. Pre-Departure Accommodation (PDA) is used for some detainees (especially families) immediately before they are removed from the UK. STHFs and PDA account for under 1% of detainees (Home Office, 2018). In 2016, 427 detainees were held in prisons, generally where an individual was to be removed from the UK after serving a prison sentence. For the purpose of this report, these individuals would be covered under the prisoner population.

In many cases, detainees are held in IRCs for only a short period of time; around two thirds of those leaving detention in 2016 had been held for under a month, and a third for under a week (Home Office, 2018). Detainees can be held for much longer, however, and in a small number of cases detainees are held for several years.

The vast majority of detainees have ongoing immigration cases regarding permission to stay in the UK. Just under half of detainees leaving detention in 2017 were removed from the UK, and around half were either granted temporary admission/release or bailed (Home Office, 2018). Only a very small number were directly granted leave to enter/remain in the UK: 169 detainees were granted leave to enter/remain in the UK in 2017 out of a total of 28,244 leaving detention.

Existing quantitative studies of this population

Bosworth and Kellezi have published numerous papers related to detainees in IRCs since 2010 (see Bosworth and Kellezi 2012 and 2016). The authors spent a number of months in two IRCs talking informally to detainees and staff. They then conducted more formal face-to-face interviews with detainees. In these interviews, they collected data regarding well-being using an adapted version of the Measuring Quality of Prison Life survey (MQPL, see Liebling, 2004), which they called the Measuring Quality of Life in Detention survey (MQLD). MQLD collects data across 12 dimensions of quality of life, such as healthcare, communication and isolation. The questionnaire also estimated levels of depression using the Hopkins Symptom Check-List (HSCL-D); around 80% of detainees met the criteria for depression.

Bosworth and Kellezi administered the MQLD survey to 158 male and female detainees across three IRCs in 2010-11, and to 219 male detainees across four IRCs in 2013-14. The authors describe this as a 'convenience sample' of detainees, recognising that it does not cover all IRCs, and that certain detainees were far more likely to take part than others. While nominally available to all detainees within the IRCs, in practice interviews were far more likely to be achieved with detainees with whom the researchers had already developed a positive relationship in their earlier work.

Potential sample frames

No list of individual detainees is publicly available. Moreover, given that some individuals are detained for only a few days, even if a sample of individuals could be drawn, it would almost immediately be out of date. However, details of the IRCs themselves are available at <https://www.gov.uk/immigration-removal-centre>.

Special methodological considerations

The Report of the Inquiry into the Use of Immigration Detention in the United Kingdom (All Party Parliamentary Group on Refugees and the All Party Parliamentary Group on Migration, 2015), noted that internet access for detainees is often severely limited. Any data collection from detainees would therefore likely need to be through either in-person interviewing or paper self-completion.

Any survey of detainees will depend on the support of IRC staff and operators. For in-person interviews, staff support would be needed to gain access to the centre, make contact with detainees and arrange a suitable space for interviews to be conducted. For self-completion data collection, staff support would be needed to distribute and return questionnaires. Most IRCs are managed by private companies (two are run by the Prison Service) and so the support of operating companies will be needed to make contact with detainees.

Most detainees have ongoing cases regarding their removal from the UK. Bosworth and Kellezi report suspicion of researchers as working with the Home Office (Bosworth and Kellezi, 2016). As a result, there was a reluctance to talk to researchers or give information for fear of jeopardising their case. It may be best to avoid certain questions which could be contentious if they are not necessary – nationality is one example – as there is a risk that such questions will put people off responding to the survey altogether.

Naturally, given the population, levels of English will vary and some individuals will need translations in order to take part. The Home Office produce statistics including the nationalities of detainees (Home Office,

2018, table dt 04). These could be used to identify the most common likely language requirements and prepare translations accordingly. However, this is likely to offer only a partial solution given the very wide range of countries from which detainees originate: in 2017, individuals entering detention came from 184 different countries, and the five most common countries accounted for only around a third of detainees (Home Office, 2018).

Finally, it is not uncommon for detainees to be moved from one IRC to another during their period of detention (Griffiths, 2013). As a result, it is possible that data could be collected from an individual detainee multiple times from multiple IRCs across a data collection period.

5.5 Students living in halls of residence

Students living in halls of residence

Estimated population size c. 500,000 (HESA)

Existing relevant surveys National Student Survey (NSS), the UK Engagement Survey (UKES), the Destinations of Leavers from Higher Education survey (DLHE), the Postgraduate Taught Experience Survey (PTES), the Postgraduate Research Experience Survey (PRES), and the YouthSight panel.

Potential sample frames No single list of student hall residents exists. HESA keeps a list of all accredited universities in the United Kingdom but no single list is available for halls of residence (although, presumably this could be compiled).

Special methodological considerations Depending on the survey period, students normally resident in halls of residence may be living temporarily within the private household population (e.g. with parents). Some smaller halls may be present within private household samples (and identified as such by interviewers). Student halls may house nonstudents, including family members

of the student who may not be found in the academic institution's records.

Overview of Sector

According to the Higher Education Statistics Agency (HESA) Student Record, roughly 500,000 university students lived in provider maintained properties (i.e. university accommodation) or private-sector halls in the 2016/2017 calendar year.⁴⁷

Most residents of student halls are actively enrolled in a higher education academic institution.⁴⁸ Besides students, halls of residence may also house academic and professional staff affiliated with the academic institution and/or hall of residence as well as family and close acquaintances of the student residents (for example, a mature student's partner or child or carer). Given their size, the vast majority of these establishments are identified as 'large users' in the Postcode Address File (PAF), used to create most of the sample frames of household surveys in the UK. As 'large users', student hall facilities are normally excluded from conventional household surveys at the sample design stage.

However, students in halls of residence are not entirely excluded from all household surveys. In Understanding Society, students may be interviewed in halls of residence if they were part of an eligible household at a previous wave.⁴⁹ In the Labour Force Survey, residents of sampled households are asked if there are any students currently away living in halls of residence; where a student in halls of residence is identified, their parent(s) will usually answer some survey questions on the student's behalf (Browne and Alstrup, 2006). In this way, students in halls of residence are covered, although the data is generally not collected from them directly. Nonetheless, in both Understanding Society and the Labour Force Survey, students who cannot be traced back to an eligible household are systematically omitted from the sample; for example,

⁴⁷ <https://www.hesa.ac.uk/data-and-analysis/students/chart-4>

⁴⁸ Some primary and secondary education students enrolled in schools offering boarding facilities can also be found in these types of accommodation. Approximately 75,000 pupils board in the UK (Independent Schools Council, 2017). In this section, we are primarily concerned with adult residents, and so we focus on higher education student accommodation.

⁴⁹ <https://www.understandingsociety.ac.uk/documentation/faqs>

international students, mature students, students of families residing abroad, students living independently from their families, etc.

A further complication is that students in halls of residence are generally only absent from the household population at certain times of year. There will be exceptions – many international students, for example, will in practice only be resident in the UK at their hall of residence – but, outside of term time, it will often be possible for a student to be present within the household population at their parents' (or another) address (although they would typically be classified as a temporary resident or visitor).

Existing quantitative studies of this population

Data are collected from students enrolled in UK Higher Education institutions by individual institution-level studies and by national studies such as the National Student Survey (NSS)⁵⁰, the UK Engagement Survey (UKES)⁵¹, The Destinations of Leavers from Higher Education survey (DLHE)⁵², the Postgraduate Taught Experience Survey (PTES)⁵³, and the Postgraduate Research Experience Survey (PRES)⁵⁴. In addition, the YouthSight panel – which includes a convenience sample of c.80,000 HE students⁵⁵ – may be used to survey university students. These studies might cover all students rather than just those living in halls of residence but the latter are fairly easy to identify within the datasets. The main national studies (NSS, UKES) are primarily concerned about the student experience and do not directly measure aspects of deprivation, quality of life or well-being.

Potential sample frames

HESA keeps a list of 167 higher education providers in the UK including 'all publicly funded universities and other HE institutions in the UK, as well as the privately funded University of Buckingham'.⁵⁶ HESA also maintains

⁵⁰ <https://www.officeforstudents.org.uk/advice-and-guidance/student-information-and-data/national-student-survey-nss/>

⁵¹ <https://www.heacademy.ac.uk/institutions/surveys/uk-engagement-survey>

⁵² <https://www.officeforstudents.org.uk/advice-and-guidance/student-information-and-data/destinations-of-leavers-from-higher-education-survey/>

⁵³ <https://www.heacademy.ac.uk/institutions/surveys/postgraduate-taught-experience-survey>

⁵⁴ <https://www.heacademy.ac.uk/institutions/surveys/postgraduate-research-experience-survey>

⁵⁵ <https://blog.youthsight.com/hubfs/YouthSight%20Panel%20Book%202018.pdf>

⁵⁶ <https://www.hesa.ac.uk/support/providers>

a list of current students⁵⁷. However, we are not aware of this being used as a sample frame for surveys of students. For the NSS, student contact data is provided by institutions.

Special methodological considerations

As noted above, the population of students living in halls of residence varies substantially with the academic calendar. Broadly, outside of term-times, students still in halls of residence are primarily those who would never be sampled through a household survey. On the other hand, during term-times, the population will also include a large number of students who may be treated as only temporarily absent from the household population. Integrating student survey data with relevant household survey data is not straightforward.

As student halls may house non-students, including family members of the student that have no direct link to the providing institution, these individuals are likely to be missed from student-based samples (e.g. from HESA).

Finally, the availability of term-time contact data is a barrier to researching Halls residents. So far as we can tell, this data is held separately by institutions even if HESA holds a centralised list of 'home' (or domicile) addresses for the student subset of Halls' residents. Therefore, comprehensive sampling of this population requires the co-operation of multiple institutions before a researcher can survey such residents. In addition, an increasing proportion of students stay in commercially-provided student accommodation which is not formally linked to or managed by an HEI. It is not clear whether some of this accommodation may be treated, not as communal establishments, but as Houses in Multiple Occupation (HMOs).

⁵⁷ <https://www.hesa.ac.uk/data-and-analysis/students/introduction>

5.6 Travellers living in caravans

Travellers living in caravans

Estimated population size	Unknown, but possibly 90-120,000 (Dar et al, 2013)
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Existing relevant surveys	<i>Traveller Caravan Count in England</i> (DCLG, 2017) is a survey of local authorities; an equivalent is carried out in Wales (Welsh Government, 2018) but there are no obvious equivalents in other UK countries, and no regular surveys of this population directly.
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Potential sample frames	Local authority lists of authorised sites (LA-administered and otherwise) plus their unpublished intelligence about unauthorised sites
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Special methodological considerations	Travellers tend to be distrustful of established authorities, so in-person surveying and building gatekeeper relationships are necessary for successful research. Literacy levels are variable which should be taken into account when designing a survey. Some parts of the population are settled but others move frequently between sites and/or 'bricks and mortar' accommodation, complicating sample plans.
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Overview of sector

'Travellers' is a broad term encompassing multiple different communities, some of which are called – or call themselves - travellers due to lifestyle, but most also have some ethnic or linguistic heritage that links them together (though there can be plenty of variety with respect to those heritages). 'Irish Travellers' are regarded as forming a relatively distinct ethnic group but others less so, and there is a general wariness about officialdom among travellers which can manifest itself in individuals hiding their status (Brown & Scullion 2010). Census figures are unlikely to

capture the full extent of the population, however defined, and are in any case primarily based on ethnic heritage (Niner, 2003).

Surveying travellers in any representative sense runs not only into problems of population definition but also to locational difficulties, because a large proportion of those who would define themselves as ‘travellers’ live in ‘bricks and mortar’ rather than the traditional caravan or other mobile home. Researchers have used ‘snowballing’ reference-sampling methods to obtain data from this group, but only for qualitative research, not quantitative research. ‘Bricks and mortar’ travellers appear in standard household surveys, but in small numbers and possibly at a lower rate than average due to widespread negativity within traveller communities towards government-sponsored data collection (Brown and Scullion, 2010).

However, our principal concern is with groups who are omitted from standard household surveying, which makes the target population potentially easier to represent. All local authorities in England and Wales must produce twice a year (January and July) a count of caravans/mobile homes used as accommodation. This count includes those on official sites as well as unofficial-but-tolerated sites (usually on private land without the necessary planning permission), and informal sites (e.g. ‘stopping places’). The raw data used to produce these counts could be utilised as sample frames for surveying travellers in recognised sites, but this may only be clearly currently feasible in England and Wales.

Existing quantitative studies covering this population

We could find no evidence of serious UK quantitative research with this population outside of the 2011 Census. However, the principal Census-based publication analyses ‘travellers’ as an ethnic group, distributed across both caravan sites and standard accommodation (ONS, 2014b). This population overlaps with – but is not identical to – the population with a traveller lifestyle (i.e. living on sites – authorised and not – or moving between more informal ‘stopping places’) that is omitted from surveys of the private household population. A similar ethnic-focused analysis is possible of schooled children via the DfE’s National Pupil Database but it is thought to include only a subset of school-age children living on traveller caravan sites (Dar et al, 2013).

MHCLG (formerly DCLG) and in Wales, the Welsh Government publish a biannual count (in January and then in July) of caravan pitches, derived from information provided by local authorities in England. This count includes pitches on authorised and unauthorised sites, including informal ‘stopping places’ (although coverage of the latter is probably partial). The vast majority (87% in England, 88% in Wales) of counted pitches are on authorised sites. Approximately nine in ten local authorities comply with the MHCLG/WG request but their methods of intelligence-gathering beyond the sites they administer (which cover less than one third of the caravan population in England, although more than half in Wales) is not recorded. The January caravan count in England is separately reported for travellers (c.22,000 in 2017) and ‘travelling show-people’ (2-3,000) but the July count is just of travellers. This July count is carried out to ensure coverage of the annual population expansion that occurs in Summer.

The count is strictly of caravan pitches so does not include estimates of the population size or of any population characteristics. However, according to Dar et al (2013), counts of adults and children aged 0–16 are made but ‘not analysed and therefore never published’.⁵⁸

Potential sample frames

A list of local authority (and other social landlord) administered sites is included with each *Traveller Caravan Count in England* publication. At last count, these sites included 6,807 pitches, less than one third of the estimated total in England, but this list could be used as (at least) a partial sample frame for this population⁵⁹.

This list could (and should) be supplemented via local authorities’ internal records of other sites. Local authorities in England and Wales need these records to compile their biannual pitch counts so it is reasonable to think they exist in a usable format and that each site record includes at least an approximate pitch count. If so, it should be possible to draw a probability-proportional-to-size cluster sample of sites from co-operating local authorities. However, it is unclear to us whether local authorities outside of England and Wales keep up-to-date records of sites and pitches, given there is no requirement to provide this information to a higher authority.

⁵⁸ Dar et al references DCLG, 2006

⁵⁹ See table 2 of the *Traveller Caravan Count in England* (DCLG, 2017)

Consequently, sampling outside of England and Wales might well be more difficult to do.

Sampling a specific number pitches at each site – and perhaps one resident from among those living on each sampled pitch – should be possible with help from site gatekeepers (see below).

Special methodological considerations

Although many caravan-dwelling travellers stay on a single site all year round, others move frequently between sites or spend periods in transit between sites, or even between sites and ‘bricks and mortar’ properties. Consequently, a snapshot (‘cross-sectional’) survey may encounter some representation issues if fieldwork is carried out over several months (i.e. some individuals may have multiple selection opportunities within the same site-based survey, and some may also be picked up within standard household surveys too). Collecting data about (recent) prior living arrangements might help to properly estimate sampling probabilities but would be complex and subject to measurement error and consequent computational error. Simple pragmatism might rule out sophisticated estimation procedures.

Practical surveying of this population requires the cooperation of site managers who are able to facilitate researcher access. Local education and care workers employed by the local authority can also be helpful. Researchers in the field have found that some degree of co-design is useful to get cooperation of the traveller population, although this may be easier to do with qualitative rather than quantitative research projects. Certainly, all the surveying must be via face-to-face interview as literacy levels are often low and trust with regards to the purpose and usage of the data is best obtained in person (Brown and Scullion, 2010).

5.7 Prisoners

Prisoners

Estimated population size c. 92,300 UK (snapshot); annual throughput much higher.

Existing relevant surveys Scottish Prison Service *Prisoners Survey*, self-completion questionnaire, biannual 2009-17. Ministry of Justice *Surveying Prisoner Crime Reduction Survey (SPCR)*; longitudinal; ONS (1997) *Survey of Psychiatric Morbidity among Prisoners in England and Wales*.

Potential sample frames Scotland – Justice Dept Criminal Proceedings database; centrally held Prison admin data seems problematic, but establishments must have their own rolls; England & Wales – IIS or LIDS.

Special methodological considerations A high proportion of prisoners have complex needs including mental ill-health, past/potential homelessness, substance misuse, involvement in domestic violence and abuse (DVA). Many prisoners may not be in private household population immediately before or after their term in prison. Access and security for personnel involved in surveys may be problematic, especially given current pressure on prison system (esp in England). Well-being questions highly relevant but conventional poverty measures difficult to apply.

Overview of sector

Prisons are moderately important as an institutional setting, with over 90,000 inmates at any point in time across UK (Table 2.1), and an annual throughput significantly greater than that. Because of the very high incidence of complex needs, particularly mental health conditions, within the prison population, inclusion within national statistics for well-being could make a material difference. This group are also very significant in relation to policy initiatives to tackle complex needs, alias 'Severe and Multiple Disadvantage' (SMD) as discussed in the 2015 report *Hard Edges* (Bramley et al 2015, Lankelly Chase Foundation study), including policies addressing rough sleeping and core homelessness (Fitzpatrick et al 2018, Crisis Monitor). Current policy concerns point to high profile worries about prison suicides and the problems posed by understaffing and overcrowding, as well as recent reforms to probation, to the prospects for rehabilitation (National Audit Office 2017).

Prisons are managed in common across England and Wales by HM Prison Service under Her Majesty's Prison and Probation Service (HMPPS), formerly the National Offender Management Service (NOMS), under the oversight of the Ministry of Justice. In Scotland they are managed by the arms-length Scottish Prison Service, with some oversight from the Risk Management Authority (RMA).

The 2011 Census for England and Wales recorded 51,659 prison population plus 1,150 in probation/bail hostels and 11,565 in 'Detention centres' (which could refer in part to the different category of migrant detention/removal centres) (ONS 2015). Yet the actual number of people in prison in 2011 peaked at 88,000 (Sturge 2018, s.1.2). This difference is probably due to the treatment of short sentence prisoners as temporarily resident in prison and temporarily absent from home address. The Census can still provide some socio-demographic profile of residents but this is not broken down by type of establishment in that 2015 report.

Existing Studies

The Scottish Prison Service's bi-annual *Prisoner Survey* is a good example of a practical approach to surveying prisoners to capture a range of measures of their circumstances, quality of life and well-being. The authors are currently using this dataset as part of their wider current project on 'Developing a profile of severe and multiple disadvantage in Scotland' (alias 'Hard Edges Scotland'). The study utilises a self-completion paper questionnaire and has been undertaken every other year since 2009. The survey is administered by prison staff with probation staff playing a role in some cases. The exact way it is handled appears to vary between establishments and certain establishments are known to have a lower response, possibly due to the approach of the Governor/staff, but also possibly related to the profile of prisoners in different establishments. National response data are shown in Table 5.7.1 below.

Table 5.7.1: Scottish Prisoner Service Response by Year

Year	Sample	Prison Population	Response
2009	4431	7964	56%
2011	4533	8179	55%
2013	4137	7894	52%
2015	3803	7700	49%
2017	3145	7500	42%

Source: authors' analysis of SPS Prisoner Survey data and Prison population statistics.

These data indicate that the survey generates a viable total response number and a reasonable rate for self-completion, but also that the response rate has declined in recent years. From our work on the data we can report that there is a moderate amount of item non-response on variables of interest (e.g. 12-24% on items relating to housing/homelessness, 14% on mental well-being, 13% on DVA). There has also been considerable variation between years in some of the specific questions asked, which makes it more difficult to monitor trends consistently over time, particularly for sub-groups of interest.

The survey asks about mental well-being using the quite commonly-used Warwick-Edinburgh Mental Wellbeing (WEMWebs) scale, based on 14 items (Taggart et al 2015, NHS Scotland 2018). This scale is more oriented to positive well-being but it can be interpreted as indicative of serious depression below a combined score of 40, or more general depression below 45. It is not designed to provide more specific mental health diagnostic information, which would require a more specialised survey, such as that reported below. It may be argued that we would expect a lower response from prisoners with mental health issues or more complex needs, for example involving substance misuse. Nevertheless, from the Scottish prisoner survey there is evidence that between 29-38% have scores associated with more severe depression/anxiety while 48%-63% have scores associated with some depression/anxiety. There is no clear trend in these data over the period 2009 to 2017.

In our ongoing research building on Bramley et al (2015) we are looking at the incidence of 'Severe and Multiple Disadvantage' (SMD) in terms of the original three domains (offending, substance, homeless) and five domains, adding mental health (MH) and domestic violence and abuse (DVA). Provisional findings from analysis of this source suggest that a bare majority of prisoners in Scotland do not have additional issues with substance misuse and/or homelessness. Once MH and DVA are brought into the picture, only around 27% of prisoners do not have one or more additional issues beyond offending; 26% have two additional issues from this set, 14% have three additional issues and 3% have all five of these issues. These estimates may be low once allowance is made for item non-response and any general response bias.

With regard to diagnostic level MH evidence, we can refer back to the 1997 study (*ONS prison survey of psychiatric morbidity among prisoners in England and Wales*, referred to in Singleton et al 1998 and Birmingham 2003). For example, of sentenced men in prison in 1997, 7% had a psychotic disorder, 40% a neurotic disorder, 64% a personality disorder (e.g. antisocial or paranoid), 63% had engaged in hazardous drinking in the one year before imprisonment, and 43% had a current drug dependence in prison.

This level of complex and MH needs in the prison population may be taken to imply that this may be a difficult population to survey⁶⁰, while this and other surveys provide significant evidence of pretty high prevalence of 'low well-being'⁶¹.

There do not appear to be self-completion surveys in England like that used in Scotland, but there has been a more ambitious longitudinal interview survey (*Surveying Prisoner Crime Reduction*, or SPCR; see Cleary et al 2012). This was a longitudinal study which aimed to track the progress of 4,000 newly sentenced prisoners in England & Wales from 2005 to 2010. At the time it was the largest survey of prisoners ever undertaken in Britain, with Ipsos-MORI undertaking the survey. The broad aim was to explore how interventions might work in combination to address the range of prisoners' needs, as observed at different stages, including outcomes after release, taking account of prisoners' background characteristics. The design included four stages of interview: Reception; pre-release; 2 months post release; 6 months post release. The sample focused on prisoners sentenced for up to four years, but with a boost for those with 18 month-4 year sentences. There is much rich technical detail on the implementation of this survey in Cleary et al (2012).

Potential Sample Frames and Interviews

The sample frame for the Scottish self-completion prisoners survey appears to be all prisoners present in prison at the time of the survey. Thus the main issue is response, which as noted varies strongly by establishment, indicating that perhaps clearer agreed protocols for conducting the survey would be helpful.

For England & Wales, SPCR used the Inmate Information System (IIS) to determine overall sampling frame, but used Local Inmate Data System (LIDS) to select individuals. Time lags with IIS in tracking a fluid population posed some difficulties. All reception prisons with significant intake numbers were included with targets proportional to size. In the end, 40 out of 53 eligible prisons participated but achieved numbers varied a lot from

⁶⁰ By analogy with long-stay hospital patients, for example, where as noted in s.5.2 mental health patients were excluded from the Adult In-patient Survey

⁶¹ The direct evidence from SPS Prisoner Survey uses a different instrument (WEMWBS) than the standard ONS PWB questions but its interpretation is similar; additional evidence from former prisoners was presented in Ch.3, Table 3.3

targets. It appears that some prisons were difficult to access in the timescale. It also proved quite difficult to get enough of the relatively longer sentenced prisoners, given the amount of time they had already spent in custody including remand.

Sample members were preselected and vetted for eligibility before being preloaded onto CAPI machines. Consent was managed via an opt-out provision, but prisoners were also asked for permission for the team to access administrative information; at the end of the interview they were also asked for permission to match DWP and HMRC data on employment, earnings and benefits (68% agreed to this and could provide NINOs). Refusal rates were low but attrition high. Interviewers achieved three interviews per day. The reception questionnaire included coverage of accommodation, relations, employment, health, family background, education, but not apparently income or material deprivation (but see above on data linkage). Interview duration was c.1 hour.

On the follow-up phases, the overall responses at Phase 3 were c.60%, with the main problem non-contact or difficulty tracing. By Phase 4 this was down to 37%.

Special Methodological Considerations

A high proportion of prisoners have complex needs including mental ill-health, past/potential homelessness, substance misuse, involvement in domestic violence and abuse (DVA). This may make for some difficulties in the survey process, including possible low response and unwillingness to engage. If using a self-completion type of questionnaire, given the poor educational background of a lot of prisoners, some form of help completing this should be on offer. Conversely, if professional interviewers are to be used, then there are significant issues about actually negotiating and gaining access, through the various layers of security, and there may be additional issues or need for prison staff presence in the background when interviews are conducted. This may be difficult in the current period when the prison service seems to be under heavy pressure (Townsend & Savage 2018).

If contemplating a structured sample CAPI interview survey, then there are many lessons to be drawn from a careful reading of the Technical Reports accompanying SPCR. These relate partly to the high level of

turnover and movement of prisoners between establishments, as well as the need for confidentiality. However, a general-purpose survey of the general population of prisoners present in establishments in a given time period would be more straightforward.

A further issue to be aware of is that many prisoners do not move directly from, or back from prison to, a private household setting. Significant numbers may have been homeless, in hostels or B&Bs, or in other very precarious living circumstances. This has implications for how one may ask about previous living standards, how the surveying of prisoners is dovetailed with surveying of these other sectors, and how numbers are grossed up.

A general issue with the case of prisoners, which applies to a varying extent to some other institutional categories, is that, while it is possible to ask questions about well-being, it may be difficult to ask meaningful questions about, or indeed to measure, living standards/poverty/destitution. For an institution in the full sense of the word, where inmates are 'institutionalised', the institution provides board, lodging, heating, lighting and most other everyday living costs. The inmate has few opportunities to spend money and will in general have very little money to spend. Most of the standard material deprivation questions are 'not applicable', and income may be negligible but is barely relevant.

Thus, although issues of quality of life and well-being are highly salient, there is not the same imperative to measure living standards/poverty/destitution while people are *in prison*. However, there may be good reasons to try to measure these things in the period before entering prison, and again in the period after leaving. While the former could potentially be covered by retrospective questions, the latter would require a follow up, which raises great difficulties of administration and attrition, as noted above. However, data linkage has very significant potential in this case, as a means of tracking past income/employment levels and post-prison outcomes, and the SPCR study provides a good example of this. Alternatively, or in addition, an action-based survey of users of services which cater for ex-offenders in the community, along with other groups including homeless people, may be an effective way of collecting information from this group. However, there are also additional potential problems with questions about income and material

consumption outside of the prison setting itself, with this group. For a significant proportion, their income may include the proceeds of crime, if they report this, or conversely ignore that if they do not report it. They may also have substantial involvement with the black and grey economies.

5.8 Hostels

Hostels

Estimated population size c. 46,000 GB (snapshot), incl shelters, refuges

Existing relevant surveys Homeless Link (annual 2008– 2017) *Support for Single Homeless people in England: Annual Review 2015*. Formerly known as SNAP
Blood, Copeman & Finlay (2016) study of Supported Accommodation for DCLG & DWP
JRF (2017) *Destitution in the UK*
Census Survey

Potential sample frames Homeless Link maintains a directory of establishments, which is shared with MoHCLG

Special methodological considerations Definitional issue is significant and potentially controversial. Potential candidate for approach based on use of services over period of time rather than accommodation based. Sensitivity to complex needs; security/secrecy issue for women's refuges; languages for migrants. Data linkage possibilities.

Overview and definitional issues

While the central concept of a hostel used mainly or exclusively by people experiencing or at risk of homelessness seems clear, this topic is actually bedevilled by considerable definitional confusion (Littlewood et al 2018, Blood et al 2016). Key overlapping concepts in this area include the following:

- ‘*Supported accommodation*’ can be described as any housing scheme where housing, support and sometimes care services are provided to help people to live as independently as possible in the community. Users can include people who would otherwise be homeless, older people and people with disabilities typically requiring long term care and support. The latter, comprising the largest numerical element, are covered elsewhere in this report under ‘Care Homes’.
- ‘*Accommodation funded*’ through local authority channels previously formally identified and ring-fenced as ‘*Supporting People*’ but now merged into general local government finance (however, there is also ring-fenced homelessness funding which may be used to support some homeless hostel type projects). By ‘funded’ we mean here funded for the additional support services provided over and above basic landlord services covered by rent (itself typically covered by Housing Benefit).
- ‘*Specified accommodation*’ which is recognised within the Housing Benefit regulations and (potentially) eligible for higher financial support for rent or service charges, and also exempt from certain welfare changes (benefit cap, spare room subsidy, direct payment) which particularly affect working age claimants. About 40% of supported accommodation was estimated to be ‘specified’ in 2014 (Blood et al 2016).
- ‘*Temporary Accommodation*’ (TA) provided and recorded as part of the Statutory Homelessness system, as a short or medium-term solution to people presenting as homeless, pending inquiries, permanent rehousing or other prevention/relief activities. TA can take various forms including conventional social housing units let on licence, leased private rental units, hostels, refuges, Bed and Breakfast rooms in hotels/guest houses, or other nightly let non-self-

contained accommodation. Where people are staying in accommodation of the latter kinds without being formally placed there by local authority homelessness services, this is known as Unsupported TA and has been the subject of various studies by IPPR North and the organisation JustLife (Rose et al 2014, 2016).

- Within the hostels sector, there are *sub-sectors* including ‘ready access’ or ‘low threshold’ hostels, hostels providing support but where access is typically through nomination by local authority or other service and where often there are more rules and restrictions, emergency winter shelters, and women’s refuges.
- There are of course also *hostels for tourists, backpackers, travellers* young and older. While formally we would not expect these to provide the ‘usual residence’ of people staying there on a transitory basis, but rather part of the tourism sector (a parallel there with B&B), in practice there may be a grey, indeterminate area here. Hostels for migrant or seasonal workers are also perhaps a significant part of this grey area.

Hostels do generally provide some level of staffed supervision and support, but the extent of this varies greatly. One of the underlying policy debates in the field is whether ‘congregate’ provision of this kind, with variable and perhaps inadequate supervision and support work when dealing with a clientele with typically high and complex support needs, really provides a good environment for people to move forward and overcome their problems. This argument is the basis for the increasing interest in ‘Housing First’ models.

As an illustration of the scope for uncertainty and ambiguity in this field, when one of the present authors was establishing base estimates for ‘core homelessness’ in the countries of the UK (Bramley 2017, 2018 forthcoming), initial estimates of relevant accommodation in Scotland using Blood et al (2016) were criticised as well adrift of reality by sector representatives, so recourse was had to estimates based on the statutory homelessness returns, but as Littlewood et al (2018) illustrate considerable uncertainty remains. Some of this uncertainty relates to the ‘unsupported TA’ sector, and the role of certain shared accommodation (which appears from various sources to be increasing after a long period

of decline – Fitzpatrick et al 2018). These grey areas may overlap with activity in the ‘grey economy’ and/or the presence of undocumented migrants, which may make them intrinsically difficult to observe and survey.

In the period when the ‘Supporting People’ programme in England was promoted by government, there was a mandatory comprehensive database covering all clients receiving support funded under the programme, maintained by St Andrews University (see for example relevant chapters in Bramley et al 2010 and Bramley et al 2015). This database also provided the framework for a data system known as INFORM promoted to provider organisations by Homeless Link. However, with the end of ring-fenced funding there was a progressive rundown and subsequent abandonment of this data system. Nevertheless, it provides some sort of template of data which can be collected for people in this sector covering demographics, housing background, support needs, activities and outcomes.

Existing relevant surveys

The main source which is referred to in the homelessness sector is the annual review *Support for Single Homeless people in England* produced by Homeless Link. This review covers a wide range of issues but a central element is an analysis of the availability of accommodation services for the large group of (single) people experiencing or at risk of homelessness who are not typically eligible for assistance under the statutory Homeless Persons legislation in England. The main forms of accommodation are various types of hostel, some described as ‘second stage’ and others as ‘direct access’, but some (winter) shelters are also included.

Homeless Link maintains a register of known accommodation projects, numbering 1,253 across England in 2015 (1,121 in 2017). Surveys (partly conducted by post) cover approaching half of the accommodation providers and obtain information on capacity and occupancy. In the 2015 report (referring to 2014) the fieldwork comprised:

- Telephone survey of 357 accommodation projects (28% of database), stratified by region (not clear if this was repeated in 2017)

- Self-completion data return from 250 accommodation projects? (20% response)(in 2017 this was undertaken as an on-line survey covering 272 projects with a 26% response rate)
- A web survey of 104 day centres (50% response (N=74, response rate 43% in 2017)
- Analysis of the feeder datasets from which the list of accommodation projects is derived

The fourth element in particular is the basis for the estimates of capacity and how this changes from year to year, while the former elements collect information on occupancy (which is generally high). The trend in capacity has been downwards in the last few years, due to funding limitations, for example with a fall of 3% in 2017 vs 2016.

Profiles of users of both hostels and day centres are compiled covering socio-demographics, support needs/problems, experiences (e.g. sleeping rough), outcomes (relative to support needs). These are as estimated indirectly by the project workers contacted in the survey, although they may pull this information off their own admin systems. This approach tends to follow the lines of the former Supporting People monitoring system. Length of stay information is also collected, providing a key basis for estimating total annual throughput of cases (the median completed length of stay is just under 6 months). For about half of responding organisations data provided is 'mainly exact figures', while for the remainder it is a mixture of best estimates and some exact figures.

The 2011 Census for England and Wales recorded 20,868 people in 'Hostel or temporary shelter for the homeless', down from 25,770 in 2001 (ONS 2015). Yet the bed spaces capacity recorded in the Homeless Link 2011 SNAP survey was 42,911. A possible explanation for this difference may be that the Census classes some people staying in hostels as visiting or temporary residents rather than 'usual residents'. However, this is less convincing as a general explanation of the difference since homeless people do not in general have another place of usual residence.

Another newer source which provides a complementary perspective is the 2017 *Destitution in the UK Survey*. This is based on survey forms completed by c. 2,900 individuals/households who are users of

emergency support services of various kinds, including homeless accommodation and day centre providers (104 in all), across 16 case study localities in UK. Through combining sampling frame and response data with data on repeat use of different services, together with a comprehensive set of predictive indices from secondary data at local authority level, this can be grossed up to a national basis. The 2017 survey asks where people are staying currently, with one of the responses being: ‘a hostel, refuge, B&B or night shelter’. This generates a national spot estimate of 40,350, which is quite close to the Homeless Link numbers (allowing for a small vacancy margin).

This survey does enable certain key information to be derived for this group, notably the proportion who are destitute according to the definition used in this study, as reviewed in an earlier chapter (i.e. based on specific material deprivations and income). From questions about recent past experiences it is possible to identify sub-groups with complex needs (offending, substance, domestic violence/abuse, and broad mental health issues) as well as the relative role of different triggers or compounding factors including benefit administration delays, sanctions, debt, health, relationship and employment issues. Questions on sources of financial and in-kind support and on use of other services provide a picture of the use of relevant services and how people get by. Questions also cover migrant origins and status, and basic household living arrangements and composition. General well-being questions are not asked but could in theory be added, subject to checking their viability and interpretation when applied in self-completion mode.

The Blood et al (2016) *Supported Accommodation Review* study estimated numbers of people in the various relevant sub-sectors in 2015 in Great Britain (England) as follows

Single homeless people (inc RS)	37,000	(30,000)
Homeless families	8,500	(5,500)
At risk of domestic abuse (refuges)	6,000	(4,500)

These numbers are also reasonably consistent with Homeless Link estimates cited above. In addition, there may be seen to be some overlap with the following categories identified

Vulnerable young people	21,500	(19,500)
People with drug/alcohol misuse needs	6,000	(4,500)
Offenders (bail hostels, etc.)	4,500	(4,500)
Others – inc. refugees, asylum seekers	13,500	(13,000)

Some of the latter groups may be covered in other sections of this review.

Potential sample frames

The Homeless Link database appears to be a valid starting point, at least in England. Further investigation may be necessary in the other UK countries, but in Scotland with its more inclusive approach to statutory homelessness, effectively including single people increasingly since the early 2000s, local authorities should be expected to have detailed data on the full range of TA options including hostels within their areas. As local authorities in England take up their fuller responsibilities in terms of duty to prevent and relieve homelessness regardless of ‘priority need’ status under the Homelessness Reduction Act 2017 they may be expected to compile fuller information on the sector too. Wales has been operating a similar prevention duty for several years now.

Various cross-checks could be undertaken: (1) against the ONS/NRS sampling frames for communal accommodation in the run-up to the 2021 Census; (2) against Housing Benefit claims for Board and Lodging (used by Justlife through FOI requests to attempt to quantify Unsupported TA). (see section 5.9 below).

Experience with the Destitution studies suggests that it would be of value to recruit a key local coordinator/informant in each locality included in the study, to provide a comprehensive map of all of the relevant public, private and voluntary sector organisations and establishments operating in the area.

Special methodological considerations

Hostel populations are subject to considerable turnover and churn, and as such they may be candidates for coverage as part of ‘action-based’ surveys of service users over a period of time, similar to Destitution in the UK, rather than a spot census or conventional survey.

One further reason why this may work better is that, as experience with Destitution survey shows, hostel users with complex needs and issues may be subject to considerable differences in mood and hence willingness to participate at different times of day. We found in this survey that (a) discussion with staff about the better times to approach hostel residents was generally helpful, while (b) in those services providing hot food and drop-in type facilities, it made sense to have interviewers present over an extended period of opening hours, so they could pick more propitious moments to approach individuals and also could take opportunities to approach individuals later who have previously declined to participate.

It would be fair to characterize some of the hostel population as being more difficult to get to participate in a survey, owing to the nature of their complex /special needs (e.g. mental health problems, substance misuse issues), legal status (offenders, undocumented migrants), low literacy, and so forth, as well as the transience of a significant proportion. They probably have a relatively low level of presence on and use of the internet, although most tend to have mobile phones (used almost universally as the medium for qualitative follow-up interviews in Destitution studies). There are of course language issues in areas with significant migrant presence (Destitution surveys were translated into 20+ languages). Nevertheless, with persistence, response rates of 50-60% may be achievable, as illustrated by Destitution and Multiple Exclusion Homelessness studies (Bramley et al 2018, Fitzpatrick et al 2012).

There are sensitivity issues in parts of the sector, notably women's refuges. In general the location of these is secret and there would be reluctance to enter this information in some general database such as a sampling frame. There would also be reluctance to let interviewers, particularly male interviewers, enter these premises, but experience suggests the organisations running such hostels are willing to participate in supported self-completion surveys such as Destitution.

The particular situation of women entering refuges following episodes of domestic violence and abuse (DVA) also illustrates another issue, concerning the definition of destitution. Typically in such cases they would not have been 'destitute' in terms of household income or material resources in the period immediately before the refuge episode, but as

soon as they are in that situation they may then lack access to income and other resources. Questionnaires need to be sensitive to this situation.

Data linkage possibilities may offer significant opportunities to enhance information about populations in or moving through the hostels sector, both about their past and current economic situation (links to Work and Pensions and HMRC employment, tax and NI data), and about their past, current and future outcomes in terms of health (e.g. health episodes, prescriptions), and also offending (police, criminal justice etc data) including markers of complex needs. Also, attempts to improve the recognition of homeless people in health and other systems have included attempting to compile postcodes of homeless hostels and other supported accommodation.

5.9 Bed and Breakfast

Bed & Breakfast Hotels etc.

Estimated population size	c. 20,000
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Existing relevant surveys	Reeve (2011) Rose et al (2014, 2016)
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Potential sample frames	LA homeless service TA lists etc. Tourist umbrella organisations directories of holiday accommodation; Homeless Link register
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Special methodological considerations	Reluctant participation by owners/operators
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Overview of sector

This sector overlaps/abuts with the homelessness hostel sector just reviewed, and also discussed in Chapter 2, but also with the tourism/hospitality industry, where typically such accommodation does not constitute the usual residence of its occupants. The 2001 Census recorded 5,517 usual residents in 'hotels, guest houses, B&Bs, youth

hostels' and 3,343 in 'other travel or temporary accommodation' in England & Wales (ONS 2016 and Table 2.1 above). It is not clear whether these figures include resident staff. In 2011 there were 3,225 households or about 5,500 people in B&B as homeless TA in England, so that agrees reasonably with the census – however these numbers have since risen, to 5,690 /10,570 in 2016 for example. There were 1,100 households in B&B TA in Scotland plus another 1,000 in 'other' TA in 2018. In England, a further category of 'other nightly-paid privately-managed accommodation with shared facilities' is also recorded, and this had 990 households (at least 1910 people) in 2016, up from only about 200 in 2011.

Another related sub-sector is 'unsupported temporary accommodation' (UTA), which comprises B&B hotels/guest houses and other private hostels and Houses in Multiple Occupation ('HMOs') where people stay who are in similar situations to the 'homeless' cases placed by local authorities as part of their statutory service, but who are not formally treated as homeless by the local authority. In England, where 'priority need' applies and excludes most single adults, this sector is inherently likely to be more significant. The voluntary organisation Justlife takes a particular interest in this sector and has attempted to measure its scale, for example by using FOI requests to estimate the number receiving 'Board and Lodging Payments' as part of their Housing Benefit. These estimates are particularly uncertain owing to inconsistent practices across local authorities, but a figure derived from this of 13,745 in 2017 in England has been used in Bramley (2018 forthcoming) Homelessness Projections work (as part of 'wider homelessness'). Other estimates, for example reported by Shelter, suggests that single homeless in 'UTA' may number 5-10 times the official count. This group are overwhelmingly single person households. Many of these may be in HMO (Houses in Multiple Occupation) accommodation which would not be clearly recognised as 'B&B'.

Bed and Breakfast more generally refers to accommodation which is solely or predominantly targeted at tourists, holidaymakers or other travellers. Visit England publish a bi-annual Census of Serviced Accommodation Stock. In 2016 there were 33,375 establishments providing 786,775 bedrooms or 1,768,795 bed spaces. Of these, rather

under a third of establishments were 'Bed and Breakfast' (10,445), rather more were Hotels/Motels (11,590), rather less Guest Houses (6,880), 1,715 'Inns', and various lesser categories. Presumably the hotels/motels account for the bulk of the bedrooms/spaces, with B&B and Guest Houses typically smaller. If B&B averaged 3 bedrooms and guesthouses 10, then that would make a sector with 100,000 bedrooms in England. It is not clear how much overlap there is with B&B etc used as TA or UTA, but the estimates quoted above totalling around 19,000 are approaching one-fifth of the stock recorded by Visit England. It is not implausible that some of the stock recorded by Visit England, even including some of the 'hotels/motels', is used by homeless people, whether supported or not, and that this may be more prevalent out of the peak tourist seasons, as a way of maintaining occupancy.

With the recent explosion in AirBNB and similar on-line systems, there may be some doubt whether these more traditional types of accommodation registers actually do cover the whole sector.

Existing relevant surveys

The annual Homeless Link Surveys of Support for Single Homeless People, referred to above under Hostels, are a good starting point. Credland (2004) focuses on the health impacts of living in temporary accommodation. Reports by IPPR (North) (Rose et al 2014, 2016) have entailed some smaller scale surveys and qualitative research with the UTA group, aimed at improving recognition and suggesting local policy responses to try to improve standards in the sector. Littlewood et al (2018) provide a recent review of the TA scene in Scotland.

Reeve's (2011) study is a very striking portrait of experiences of single homelessness, based on a survey of 437 single homeless (365 non-statutory) contacted in day/drop-in centres (a similar methodology to our Destitution survey), with 27 in-depth qualitative follow-up interviews. It is relevant to wider/overlapping forms of core homelessness including squatting, rough sleeping, quasi-rough sleeping as well as hostels and TA/UTA, and highlighted the extent of support needs unmet for this group, adverse impacts on health and well-being, criminalisation and victimisation, and survival strategies in the face of destitution.

Possible sampling frames

If the approach is accommodation-based, then information could potentially be derived, or pooled, from the following sources:

- Local authority homeless service registers/records of B&B and other private shared and/or short-term accommodation used
- Local authority Housing Benefit records of Board and Lodging payments
- Local authority records of licensed HMOs ⁶²
- Homeless Link annual survey data; also key informants involved in Day Centres in that dataset.
- Visit England(/Scotland/Wales) 'Census' of accommodation in relevant categories
- ONS/NRS Census sample frame

Clearly there would be quite a detailed job of overlaying and combining these records, even if they could all be obtained, and a further set of similar issues when updating the frame every, say, two years.

Following the examples of the Reeve (2011) and Destitution (Fitzpatrick et al 2018) studies, it may make more sense to survey these groups as service users, or to have a combined methodology.

Special methodological issues

Some of the same issues arise as were discussed under 'Hostels'. In addition, there are issues around the fuzzy definition and boundaries of the sector. Further, it is anticipated that a significant proportion of the private operators of these forms of accommodation would be reluctant to participate in a survey, which might be expected to shed light on some very poor conditions and poor practices, not to mention activities not fully captured in the tax system.

⁶² At the time of writing the Government have announced a change in the registration arrangements for HMOs in England, which will bring many more dwellings into the frame for inspection.

Chapter 6

Potential New Ways Forward

6.0 Introduction

In this chapter we draw on the detailed analysis of individual sectors presented in Chapter 5, as well as the broader principles established in the earlier chapters, to present a set of ways forward in terms of measuring living standards and well-being in the different NPHHP sectors. In each case we suggest what we believe would be the most appropriate way forward for that sector. However, in certain cases we offer more than one distinct approach as alternatives, or possibly complementary ways of achieving a good measure of the key indicators for that sector. In summing up these findings, at the end of the chapter we suggest that the precise choices here may be contingent on a number of factors, including

- Securing the agreement of key agencies involved in managing the sector or in existing survey vehicles or sampling frames
- The overall budget for the exercise
- The prospects for utilising administrative data, particularly data linked at individual level
- Further evidence, which may only be derived from medium-scale testing, on the relative efficacy of alternative approaches, particularly action-based (service user) vs accommodation based sampling, across a several overlapping sectors

While we have looked in some detail at most of the significant sub-sectors within the scope of the NPHHP, there will be certain categories which we have not been able to cover, but which may require consideration in developing the overall programme. Childrens' homes would be an example of this.

6.1 Suggested approach – care homes

A sample of care homes could be drawn from the lists published by the Care Quality Commission (CQC) and equivalent bodies in devolved countries (CI, CIW and RQIA). These care homes could then be contacted

by letter and/or telephone to explain the purpose of the study and what support would be needed from staff.

Data could be collected through paper self-completion (as in the *Your Care Rating* survey), through in-person interviewing, or a combination of the two. With self-completion data collection, it is likely that a similar approach to *Your Care Rating* would need to be adopted: paper questionnaires would be posted to selected care homes, and care home managers would be responsible for identifying which residents can take part and returning the completed questionnaires. There would inevitably be some bias introduced into the sample due to asking managers to determine which residents can take part, but this is likely to be a necessary safeguard for vulnerable residents. Managers could also be instructed that short-stay and respite care residents are not eligible (as they ought to be counted within the private residential population).

One limitation of a self-completion approach is that some residents will require help to fill in the questionnaire and so may be unable to take part if that help is not available. In-person interviewing is likely to make it easier for these residents to take part.

With in-person data collection, interviewers would visit the selected care homes at pre-agreed times. For smaller care homes, any residents able to take part could be interviewed, and interviewers could screen respondents for short-stay and respite care residents. With larger care homes, however, a secondary sampling stage would be necessary as it would be impractical to offer interviews to all residents. Ideally, a list of residents would be made available by selected homes so that a random sample of individuals could be drawn. If this were not feasible, alternative secondary sampling procedures would need to be agreed with care homes, for example, selecting on the basis of currently occupied room numbers.

Additionally, it would be useful to collect information from care home managers such as the number and demographic profile of current

residents. This information could be used in developing weights to reduce the bias of individual non-response.

6.2 Suggested approach – Long Stay hospital patients

Before beginning data collection, Hospital Episode Statistics (HES) data should be analysed to establish a working threshold for the length of stay after which a patient is classified as eligible for a survey of long-stay in-patients. There is a trade-off here between coverage and eligibility. An earlier threshold (for example, two weeks), will mean that a greater proportion of patients who will go on to have a long stay are covered. However, it also means that a greater proportion of those from whom data is collected will, in fact, be ineligible (i.e. will not go on to have a long stay). Through analysing the HES data records for length of stay, it should be possible to identify a threshold after which most patients will go on to have a stay of such length that they can reasonably be considered outside of the household population.

As with care homes, a sample of hospitals and institutions offering inpatient hospitalization can be drawn from lists published by the CQC, CI, CIW or RQIA (see section 5.2). These sampled institutions should then be contacted to communicate the objective of the survey and what on-site support would be needed to run it.

Data collection will need to be self-completion as hospitals will generally not have free private spaces for face-to-face interviews. Paper questionnaires are likely to be most suitable given that many patients will not have internet access. Researchers would take copies of the questionnaire to sampled hospitals and identify eligible patients, namely those already in hospital for more than the period of time identified through the analysis of HES data. While it would ideally be possible for survey responses to be accompanied by administrative / auxiliary patient record data, to inform non-response weighting and post-stratification, our experience with access to NHS patient records for research purposes suggests that data governance issues would render this impractical in the short term, although still worth pressing for in the medium term.

6.3 Suggested approach – Armed Forces

The *UK Regular Armed Forces Continuous Attitude Survey* (AFCAS) and *UK Tri-Service Families Continuous Attitude Survey* (FAMCAS) could be effective instruments for collecting data from people living in military accommodation, so long as (i) suitable questions are included in the surveys, (ii) it is possible to identify which personnel are living in accommodation that would not be covered by household surveys, and (iii) the data is made available for analysis.

AFCAS and FAMCAS have an annual questionnaire development stage which would allow for new questions to be introduced, subject to agreement of MoD.. This would particularly relate to income and living conditions, not currently covered in these surveys. Addresses could be checked against the PAF to identify which would not be covered by household surveys. If this is not possible, an alternative would be to include questions which make it possible to identify individuals likely to be in addresses covered by household surveys, for example, asking if the accommodation is in a public residential area. AFCAS and FAMCAS data are currently published as tables, but if following this route the raw data – or, at least, key variables – would need to be made available to ONS or their contractors for analysis.

If the AFCAS and FAMCAS cannot be used in this way, it may be possible to attempt to replicate the methodology as far as possible for a bespoke survey. The methods for the AFCAS and FAMCAS are well developed and provide a good template for data collection. With the MoD's agreement, the Joint Personnel Administration (JPA) could be used to draw a sample of personnel, limited only to those living in military accommodation not covered by household surveys. Following the AFCAS, data could be collected from this sample using a combination of paper and online methods. Data could be collected from the sampled personnel as well as any other adults they are living with.

An alternative would be to secure a list of addresses in military accommodation. Addresses could be sampled from this list and invitations sent as above. Indeed, one advantage of sampling addresses rather than

using the JPA is that any non-personnel households would still be covered (that is, people in Services Family Accommodation with dependent children who are widowed, divorced or separated from service personnel).

6.4 Suggested approach – Immigration Removal Centres

Ideally, data would be collected in each of the ten IRCs. Given the relatively small number of detainees at any given point in time, the simplest approach would be to provide paper self-completion questionnaires for all detainees. Support would need to be gained from operators of IRCs and from staff to distribute the questionnaires, and to collect and return completed surveys. Information could then be provided to detainees and to staff explaining the purpose of the study, how data will be collected and how data will be used. It is critical that detainees are reassured of the confidentiality of their answers and that their responses will play no part in their case for permission to remain in the UK.

Bosworth and Kellezi offered small financial incentives for detainees to complete their survey (Bosworth and Kellezi, 2012 and 2016). This is likely to be effective in increasing response to the survey. However, it would be difficult to administer incentives which are conditional on completing the survey given that detainees may well leave detention (or be moved to another IRC) before their questionnaire is processed. Unconditional incentives could be considered, and may also be effective in gaining the trust of detainees.

In principle, translations could be offered for certain relatively common languages. However, in practice, this would be difficult to administer as it may not be possible to know in advance which translations are needed at each IRC. As many detainees are held for only a few days, it could be difficult to supply translated questionnaires in a timely manner as and when the need is identified.

The survey would need to collect information about how long detainees had been held. This could be used to derive weights to ensure that the final sample of detainees is representative of the population of detainees with respect to length of detention. The questionnaire should make it clear that detainees should only complete it once. This is to avoid a situation

where a detainee completes the survey at one IRC, is then moved to another IRC and completes the survey a second time there.

6.5 Suggested approach – Students in halls of residence

In principle, questions could be added to large-scale national student surveys such as the National Student Survey (NSS) to capture information about living standards, well-being and quality of life. However, this would require the support and agreement of the funders of these studies.

Alternatively, data could be collected through a bespoke survey following a broadly similar approach to the NSS, with the contact details for students in halls of residence provided by higher education institutions or, if possible, by the Higher Education Statistics Agency (HESA). A random sample of students could then be invited to complete a survey including questions about well-being and quality of life. Given the high levels of online literacy among students, online data collection would probably be most suitable, although this does raise some issues about modal differences in responses to subjective questions. This approach would rely on the willingness of institutions (or HESA) to share students' contact details. The support of the Office for Students would be important to reassure institutions of the importance of the study and the security of students' data. If institutions are unwilling to share students' details, they may be prepared to send email invitations to students themselves.

Finally, if the above option proved impractical, an alternative would be to survey students in halls of residence through the YouthSight panel (as well as potentially other online panels). This would be a low-cost option and it would be straightforward to screen respondents to include only those who live in halls of residence. This approach would not provide a random sample of students in halls of residence and data may be biased, to the extent that the likelihood of being an active member of the panel is correlated with survey outcomes such as well-being and quality of life. However, this approach does offer significant advantages in terms of cost and time. The data could be weighted to correspond with HESA statistics for the population of all students in halls of residence, broken down by basic demographics, which may reduce sample bias to some degree.

6.6 Suggested approach – Travellers in caravans

A sample of traveller caravan sites could be drawn from two frames: (i) the biannual list of social landlord administered sites published alongside the *Traveller Caravan Count in England*; (ii) the internal lists of other sites held by local authorities in England and Wales at least, but hopefully in other UK countries too. To keep administrative work to a manageable scale, a sample of (e.g.) 50 local authorities may be taken to identify frames of type (ii). Sampling weights may be used to compensate for under-sampling sites not administered by a social landlord in England.

From the sample frame, 100 sites could be sampled, each with a probability proportionate to its number of pitches (as reported in the official count). If a PPS design of this type is used, the researcher can then sample an equal number of pitches (e.g. 10, or all if <10 available) from each site while maintaining a statistically efficient equal probability sample design. Having a fixed data collection workload per site - regardless of scale – is helpful, given the need to use interviewers to collect the data.

An advance letter should be sent to the manager of each site, as well as to the owner of each site if different (e.g. if owned by a local authority). This letter should be followed up with telephone calls where possible to arrange an in-person appointment with an on-site manager (who may be different from the formal site manager figure). At this first appointment, the interviewer should explain to this ‘gatekeeper’ the research purpose, identify its sponsor, and explain how an interview would work. Sampling of specific pitches may be carried out at the same time, where possible, and initial in-person contact made with the residents of sampled pitches. Similar explanations of the research should be given to sampled pitch residents as was given to the on-site manager, and appointments made for in-person interviews or (potentially) to pick up completed paper versions of the questionnaire if requested, or if an interview is not possible for whatever reason.

Additionally, it would be useful to collect information from site managers such as the number and demographic profile of current residents. This information could be used in developing weights to reduce the potential for bias due to individual non-response.

6.7 Suggested Approach - Prisoners

In the light of the discussion in s.5.7, it appears that the most practical and cheapest approach is likely to involve a self-completion type of survey similar to the Scottish Prisoner Survey, but with an attempt to secure a level of support and commitment from the Prison Service and arrangements for encouragement of and support to inmates in completing the form. Some limited information about the respondent's demographics and sentence/status would be needed to help reweight the results to the actual profile in each establishment at the time of the survey. It would be desirable to maintain consistency in the core elements of the questionnaire from wave to wave, which could well be done at two-year intervals as in Scotland. Clearly the chosen forms of question would need to be tested in the field – for example if the 'standard' ONS well-being questions are used it would need to be established that these did 'work' and were taken seriously in the context of a prison setting.

It would be desirable to add to the questionnaire some attempt to collect key information about the housing, employment and income situation of respondents before they went into prison. Alternatively, or in addition, consent could be sought for data linkage to DWP and HMRC records of benefits, employment and income. For those approaching release, it would be desirable to ask questions about expected housing and employment situation post release.

The alternative, more costly approach would be to set up a sample CAPI interview survey, probably doing a clustered sample in only some of the establishments (this would be less useful in generating management information to compare establishments). This would enable asking more sophisticated or challenging questions, including about pre-prison experiences and post-prison expectations. Again, it would be helpful to make data linkage (in the majority of cases, subject to consent) with DWP and HMRC records in particular, but perhaps also with criminal justice and NHS data systems, in order to generate employment and income profiles, reoffending indicators and health background and outcomes. In this way, the survey could be enhanced to provide both a richer description of employment and income aspects of living standards and also a potential measure of key outcomes and their link to experiences in prison with controls for background circumstances.

6.8 Example approach - hostels

Clearly, it is possible to consider a multi-stage approach to this sector, building up a sampling frame of hostels and similar establishments, trying to obtain basic profile data from service managers/staff (similar to or building on the Homeless Link exercise), taking a structured sample of establishments and attempting either self-completion or CAPI interviews with as many residents as can be contacted and agree to participate within a short time window. To obtain robust estimates for the sector at national level it would be necessary to sample a high proportion of establishments in a substantial number of localities. For example, the Destitution 2017 study recognised that its national estimates were subject to sampling and other error variations in excess of 20% (using over 100 services in 15 areas).

While it is possible to use a self-completion type of questionnaire at the second stage, experience from the Destitution study suggests that having interviewers available in some (bigger, busier) establishments to encourage and assist participation would boost response and improve quality. If it were decided to collect a fuller range of information about current and past circumstances and experiences, then a fuller CAPI interview would be appropriate.

While a third variant may be identified as the survey of service users over a period of time (say 2 weeks), on the destitution model, this would entail covering a wider range of types of service within which the hostel sector would be embedded. While this appears to be clearly distinct from a 'snapshot' survey with a focus on a particular census night, in reality surveys following the models described in the previous paragraphs would necessarily have to extend over a period of days and weeks. This underlines the importance of the issue of asking about repeat visits/usage/duration of stay, and use of other services in scope, to avoid double counting.

A fourth approach may be to rely on the enhanced statutory homelessness data recording system (the HL1 and HL3 individual records in Scotland, and their new equivalent in England, H-CLIC) as the starting

point for sampling. Issues to be addressed here include the fact that there is a flow and a stock record to be reconciled, that the record may not currently include full address and contact details for the accommodation, the fact that some people who experience homelessness do not go through the statutory system (including the unsupported TA group particularly, and single homeless people generally, especially in England), and that (in the short run) local authorities in England are struggling to implement the wider duties under the Homelessness Reduction Act 2018 (Fitzpatrick et al 2018b).

Because of the range of possibilities, and the considerable uncertainties about which approach may be optimal, this sector may merit specific testing of alternative approaches, in the context of the next feasibility stage of this research. At this stage, we believe that the optimal approach may involve ‘assisted self-completion’ or CAPI interview with *both* current residents of recognised homeless accommodation (hostels etc) *and* equivalent interviews with users of support services (e.g. drop-in centres, soup runs) where homelessness is a common condition. The advantage of this approach is that it provides the best prospect for including those core homeless groups who are not staying in recognised communal accommodation and who only have tenuous links to households, including rough sleepers, ‘quasi rough sleepers’, unlicensed squatters and some sofa surfers. With the implementation of the Homeless Reduction Act and the H-CLIC record system, this feasibility testing should consider including the statutory local authority homeless services in its scope in England, as well as Scotland.

6.9 Suggested approach – Bed and Breakfast

A conventional approach using an accommodation-based sampling frame, a factual survey of numbers etc. involving managers/proprietors and a follow-up CAPI interview survey is possible in theory. However we suspect that this would be fraught with difficulty, including defining the sector, building the sampling frame, securing cooperation from managers/proprietors, and the characteristics/attitudes of some residents.

An alternative or complementary approach would be based on users of typical services such as days centres, soup runs or advice services frequently used by (many but not all) people in this sector, as also proposed under 6.8 above. Examples of this approach exist, including our own Destitution in the UK survey, but considerable care is needed in including questions and forms of analysis to enable the overlap with accommodation-based surveys to be assessed.

Where Local Authorities play a more active and comprehensive role in responding to single homelessness, as in Scotland, then it may be possible to improve the operation of either of these approaches by using the individual record of cases (HL1) and TA (HL3) in Scotland, or their English/Welsh equivalents as they develop following the Homelessness Reduction Act. However, this does not fully meet the objection that not all of the people in this sector are perceived, by themselves or the local authorities, as 'homeless'.

6.10 Summarising proposed approaches across sectors

In the light of the analysis in Chapter 5, we have come forward with suggested approaches in each of nine sectors of the NPHHP. In most cases, we have put forward a recommended approach, with an alternative for consideration. These are summarised in Table 6.1 below, which also contains a reminder of the scale of the sector. The recommended approach is intended to represent a best compromise between getting robust information and practical feasibility in the short-to-medium term. Sometimes, the alternative option is less than ideal but represents a fallback if agreement cannot be reached to take the preferred approach (e.g. students, armed forces). In other cases, the alternative is perhaps a more expensive and ambitious option, which might generate wider benefits (e.g. prisoners).

In all cases, there are some dependencies, including the participation/cooperation of key umbrella agencies or other 'gatekeepers'. Any agreed approach would require careful piloting, as with any new or modified survey. In some sectors, particularly those relating to homelessness, our recommendation is more hedged between an accommodation-based or action-based sampling approach. These may in practice be complementary, with less differences in terms of

questionnaires but more challenges in terms of combination and weighting of results where there is potential for overlap. However, this is the area in which we see greatest scope for a medium-scale testing of variant approaches.

Table 6.1: Summary of proposed treatment of key sectors of non-household population

<i>Category</i>	<i>Approx Population</i>	<i>Preferred Approach</i>	<i>Alternative Approach</i>
Care homes (s.6.1)	430,000	2-stage sample; summary data for all homes; CAPI interview; exclude those unable thru dementia etc.	2-stage sample & data on homes; paper s/c questionnaire administered by home managers/staff including assistance where necessary.
Long stay hospital (s.6.2)	80,000?	HES analysis of length of stay; 2-stage sample; paper s/c questionnaires with interviewers offering assistance	?
Military accommodation (s.6.3)	115,000	Include relevant questions in AFCAS/FAMCAS (combined on-line & paper s/c questionnaires), s.t. MoD agreement	Obtain list of relevant addresses from MOD and issue separate survey, also using combination of on-line and paper s/c
Immigration removal centres (s.6.4)	3,000	Include all 10 IRCs; paper s/c with interviewer assistance; possible incentives.	Omit – too difficult, small number
Students in Halls (s.6.5)	500,000	Bespoke on-line survey arranged with cooperation of Office for Students –	Use YouthSight panel (+ possibly other panels), adding relevant questions

		assuming institutions willing to cooperate	
Travellers in caravan sites (s.6.6)	90-120,000	3-stage sample: LA's-Sites - Pitches; CAPI interview; get data & cooperation from site managers	
Prisons (s.6.7)	92,300	Self-completion survey (similar to SPS), s.t. cooperation of HMPPS and testing of questions	Multi-stage sample involving CAPI interview, possibly involving data linkage and wider issues around re-offending, employment, etc.
Hostels for homeless (s.6.8)	46,000	3-stage sampling (LAs – hostels – individuals) with LA and local NGO input; CAPI interviews over 1-2 weeks	3-stage sampling, capturing most users of a wider range of services over a period; paper s/c questionnaire but some interviewer support where necessary (similar to Destitution studies)
Bed & Breakfast & UTA (s.6.9)	20,000	Similar to hostels as above	Similar to/part of approach described above.
Total	1,391,000		

6.11 Recommendations stemming from sector-by-sector review

Recommendation 9: ONS should take forward plans for including the main NPHHP groups within measurement of living standards and well-being by actively exploring the feasibility of suggested approaches summarised in Table 6.1, including early contact with gatekeeper organisations.

Recommendation 10: In the homelessness and related sectors it is proposed that a medium-scale comparison should be made of

results from a service-user based sampling approach with an accommodation-based sampling approach, in a range of particular localities, to establish the relative roles of these approaches and how their results can be combined.

Chapter 7

Conclusions and Recommendations

7.1 Motivation and Priorities

It is important to consider the overall purpose of this exercise and, within that, where the priorities lie, when drawing conclusions from this scoping study and, in particular, when formulating recommendations for the next stages of work. While there may be particular information requirements which policymakers or the wider policy community are identifying at a particular point in time, when considering a significant investment in additional information gathering which will take time to implement, it is important to anticipate the fuller range of requirements which could well arise in the foreseeable, near future. The specification for any new data collection focused on the non-(private) household population (NPHHP) needs to take this into account, and not to focus solely on the very specific requirements which have been identified at the outset.

This is particularly the case when we consider the options for data collection and the likely costs involved in those options that appear to be best from a technical point of view. It is no coincidence that standard household surveys do not cover the NPHHP – the difficulties and implied costs in doing so are considerable, as briefly reviewed in Chapter 4 (s.4.2). Although we identify some innovative ‘alternative’ approaches to parts of this sector, they would need to be scaled up in various ways to approach or meet the standards of national statistics. Approaches based on piggybacking on existing data collections offer some possibilities but may be difficult to implement and will not cover all sectors.

Indeed with ONS in the process of reorganising its suite of surveys used to measure living standards (including for EU-SILC), this may be an opportune time to consider the extension of this exercise to embrace the NPHHP. Given that the structure of the recommended approaches to measuring destitution, severe poverty, general poverty and living standards follow similar principles (consensus, material deprivations, incomes adjusted for household circumstances), there is a good case for

integration here, even though some technical issues need to be addressed (e.g. the equivalization scales or income thresholds appropriate to different non-household settings).

Similar comments apply to the measurement of well-being. While the standard ONS approach to PWB encapsulated in four questions constitutes a generally accepted core, this leaves open questions about whether wider aspects of quality of life should be covered as well. It must also be acknowledged here that, when asking about such things in particular institutional settings, it is important also to include questions tailored to the particular situation and context.

Accepting focus on these two general issues, what are the key kinds of questions to be answered? Clearly, a first question is to get a reasonable fix on the total numbers with significant problems in terms of poverty/destitution or personal well-being. Given the high prevalence of such problems in the NPHHP, including them within national estimates may make a noticeable difference. A second question naturally concerns changes over time. While this is clearly important and feasible for the poverty/destitution measures, one lesson from our recent destitution studies is that you would need to scale up these exercises substantially to get robust measures of change. With regard to PWB, the review in Chapter 3 cast some doubt on the value and interpretation of year-to-year changes in some of the simple subjective measures used here.

We would suggest that it is important to pay attention to a wider range of questions which policy communities would want to ask of such data. What is the (socio-)demographic profile of poverty/destitution and or PWB, and how is this changing? How are key groups highlighted from an equalities perspective doing? Clearly sufficient 'demographic' questions need to be asked to meet this requirement. Such demographics, for example about migrant status, could also be relevant for population estimates and projections work. What is the geographical profile, in terms of countries, regions, types of locality or types of neighbourhood? The latter implies coverage of a fairly large number of sampling points, while at the same time necessitating some degree of modelling in order to fill out the picture or complete the overall map. Policymakers may be particularly interested in the use (and cost) of different public services by groups of interest within

the NPHHP, but they may also be interested in unmet need for services as well. But these require additional questions to be included in the data collection, while possibly raising issues about data linkage in the medium if not the short term.

Recommendation 11: Extending measurement of living standards and well-being to the NPHHP will involve a significant investment and time, and such data should be collected in a way which can meet a range of requirements which may be anticipated to arise in the medium term.

Recommendation 12: This initiative should be linked to the review of data collection on household finances which is in process.

Recommendation 13: Given that some users and applications will require local level estimates to inform service provision, for example relating to homelessness, ways of modelling and mapping incidence across the country from a base of surveys which are likely to be clustered need to be considered.

7.2 General methodological conclusions

There is a strong case for modifying the standard household survey approach, of not including *temporary residents* within the information collection and interview process, in at least one of the major surveys (ideally that covering living conditions). This reflects recognition that ‘sofa surfers’ (as they are often termed in a homelessness context) and other transients are a significant group who are substantially ignored in current systems of data collection. Chapter 4 outlined the difficulties of covering these groups through such means as retrospective or longitudinal surveys, which reinforces the case for direct inclusion, where possible. (Recommendation 8).

It is clear that, looking across the different sectors reviewed, obtaining a robust *sampling frame* is often going to be a significant problem. The typical situation is one where sampling at two or three stages is necessary – locality, establishment, individual. Lists of establishments are not always comprehensive or up-to-date. The operators of establishments may be

many and diverse, and securing their cooperation, as a minimum by providing a measure of the number of residents/places/cases, may be difficult. Indirect evidence of this, perhaps, may be inferred from the fact that our review of main sectors in chapter 5 suggests that the 2011 Census may have underestimated numbers in some sectors, although part of this may be explained by definitional scope, again relating to temporary absence or presence in particular settings.

Overall, with regard to *data collection mode*, we note that the main official sources of poverty/living standards and personal well-being information use personal interviewing (CAPI) as the main mode. We believe that this is generally the most appropriate mode and that this would also be true for most of the NPHHP groups – indeed for some groups, given issues about literacy or mental state, the case for personal interview may be stronger. We also report in s.4.3 that there are significant differences in response patterns to subjective scale variables, like those used for PWB, between modes, further underlining the case for consistency. Clearly, however, this is going to be a more expensive approach in general, so again issues about priorities and budgets come to the fore. Nevertheless, there are one or two cases where, given the nature of the target group and/or setting, an alternative mode may be optimal. This is most clearly the case for students in halls of residence, where we recommend an on-line mode. Also, in the case of long stay hospital patients, we suggested a paper self-completion approach would probably be most appropriate.

With regard to *piggybacking on existing surveys*, while we acknowledged its potential cost and feasibility advantages, and did identify some potential candidates, we also argued that in most cases this might be only a second-best solution. There was one clear case where we did favour this as the first-best solution, and that is the case of armed forces personnel and families. Cases where it might be a reasonable second-best solution included prisons, care homes, and students in halls.

While *accommodation-based sampling* remains the dominant approach in the UK, given our lack of comprehensive population registration, we argue that in some contexts '*action-based sampling*' may provide a strong alternative or complement in particular cases. This can apply to certain sub-populations who are poorly captured by the conventional methods but

who tend to make use of certain services over a period of time, with the clearest examples being those experiencing homelessness and/or destitution.

An inevitable consequence of the proposals being developed from this study being implemented is that the ONS and other users will end up with a series of apparently discrete surveys targeting different segments of the NPHHP, alongside the main household surveys, which capture living standards and well-being. To varying degrees, there will be *overlaps* between these, because of people moving around between situations/statuses/locations and because of some unavoidable openness in the way people qualify for inclusion in particular surveys. Therefore, many of the people captured in the special segment surveys will have some positive probability of having also been in the sampling frame for one of the main surveys, or a different segment survey. The approach to the overall exercise, and the analysis which integrates the results, will need to plan to have ways of adjusting the weightings to reflect this as far as possible, although this is difficult and available approaches have uncertain reliability (s.4.6).

Although not the primary focus of this scoping study, issues of the use of or *linkage to administrative data* have cropped up at various points. In some cases this is because, at the present time, certain administrative data systems are being created and enhanced – for example the individual level homelessness record H-CLIC in England, following the example of HL1 in Scotland - while in other cases it is because we are aware of the existence of sophisticated administrative record systems (e.g. in the health sector) which seem potentially relevant, either as a sampling frame or as a way of enhancing the data collected about the research subjects. More generally, ONS is embarked on a very large programme of work to bring administrative data more strongly into the process of generating many major types of statistics, including in future the Census as well many other applications. This reflects considerations of cost, compared with the cost of conventional surveys, as well as considerations of accuracy (in relation for example to income/work/benefits, and/or the recall of past situations)

However, personal data protection and governance considerations have to be considered and one cannot necessarily assume that all such systems might be used as sampling frames, for example, unless and until such research and public statistical purposes have been clearly built into the processes creating these datasets. These cautions also apply when considering the use of data linkage to extend the data about the individual survey subjects beyond that which they themselves supply. While such approaches are increasingly sought in research which aims to analyse and evaluate outcomes of interventions, for example, such research typically entails demanding approval procedures and data handling protocols. These requirements, however, tend to go beyond the primary focus of this study, which remains concerned mainly with the domains of poverty and well-being and primarily based on the subjects' own reported experiences and assessments.

There is, however, a more immediate and practical way in which data linkage could help to solve some of the problems which may be expected to arise for some NPHHP sectors. This is in relation to the measurement of living standards, poverty and destitution. For some heavily 'institutionalised' groups, such as prisoners, because the institution covers most of their living costs, conventional measures may have little meaning. However, measures of their previous circumstances before entering the institution may be more relevant. While they could be questioned about this in retrospective mode, this has limitations in terms of detailed recall. The ability to link to DWP Benefits and HMRC tax and contribution data provides an alternative route to getting indicators of general economic level, including poverty and destitution levels. Linkage of these data has been routine within Government and there is significant attention being given to the use of such linked data to improve estimation of elements of income (particularly benefits) within the main official surveys addressing living standards. There is also work going on into the development of new measures of income, including for households and small areas, built from this base. This is partly facilitated by the Digital Economy Act which provides a general legitimacy to such linkage where it is serving a public policy purpose.

Recommendation 14: Administrative data linkage should be actively sought in future data collection, particularly in the case of measuring income and living standards for some NPHHP

groups in the period before they came into their current institutional setting.

7.3 Reviewing the main categories of ‘institution’

In Chapter 5 we have reviewed at some length nine different types of institutional or non-private household setting/population, using a structured format to focus on numbers, existing relevant surveys, possibly sampling frames, and special methodological considerations. In the light of all those considerations, one or more suggested ways forward to measure living standards and well-being for these cases have been put forward in Chapter 6 and summarised in Table 6.1 and Recommendations 9 and 10..

We believe we have covered most of the main relevant categories, but are aware that there may be some ‘grey areas’ on the boundaries which perhaps would merit further investigation. These include for example other types of non-permanent housing accommodation, other than those caravan sites typically used by ‘travellers’ (e.g. holiday accommodation used out of peak season as temporary residences); or hostels used by migrant workers, for example in agriculture or other specific sectors.

It appeared from analysis summarised in Chapter 2 that the total population numbers involved in communal establishments appear to be somewhat greater, in most cases, than those recorded in the 2011 Census (ONS 2015). There are broadly three factors involved here. Firstly, in several sectors (care homes, students in halls) there is clearly a real growth over time in numbers. Secondly, there is some ambiguity concerning the status of some people present in communal accommodation, perhaps for shorter durations, as to whether they are treated as usually resident there or not (and if not, whether they being captured anywhere else). Thirdly, it is possible that the census may be systematically undercounting some types of institutional population and this may be indicative of the problems that arise in trying to develop a comprehensive sample frame (i.e. list) of such establishments and basic information about their scale of operation.

There are a number of common themes which emerge, to a greater or lesser extent, from the different sectors. One is that in quite a few cases care may be needed in conducting interviews or administering questionnaires to recognise vulnerabilities and sensitivities around long term physical or mental health conditions or recent traumatic events. Another is that there will often be issues about access and security to be negotiated. In most cases there will need to be negotiations with gatekeepers, both at the level of the sector and at the level of the individual establishment. In some cases, for example smaller scale private sector establishments, there may be little incentive to participate or facilitate access.

7.4 Consolidated Recommendations

Recommendation 1: In the context of measuring the NPHHP, as well as homelessness policy, Government and the statistical agencies should consider a measurement framework which recognises the concept of 'core homelessness' alongside the established statutory framework, while also recognising the wider groups who may be at high risk of future homelessness.

Recommendation 2: Poverty among the NPHHP should be measured in a manner consistent with the wider UK monitoring framework, using as key measures relative low income after housing costs against both current and fixed bases, combined low income and material deprivation, and persistent poverty over 3 out of 4 years.

Recommendation 3: An agreed basis for routine measurement and monitoring of severe poverty applicable to both NPHHP and household populations should be settled, after consultation with stakeholders, based on a combination of relative low income and material deprivations.

Recommendation 4: The JRF Definition of Destitution should be adopted as a standard element within the poverty measurement framework applicable to household and non-household populations.

Recommendation 5: Before developing survey instruments to measure living standards in the NPHHP, appropriate equivalisation for family groups and adjustments to be made for 'board', heat and light and other services which may or may not be provided or available to people living in different types of accommodation should be agreed.

Recommendation 6: The ONS harmonised set of Personal Well-being questions should form the core of the approach to the personal well-being issue of any survey targeted at the NPHHP.

Recommendation 7: Consideration should be given to including measures of human capital (e.g. qualifications) and social capital (social networks and support) alongside the harmonised Personal Well-being questions in any survey of the NPHHP.

Recommendation 8: It would therefore be helpful if ONS commissioned a study of this group ('sofa surfers', and other temporary household members). This study would include the collection of data on prior sofa-surfing among its household respondents as well as collecting details from individuals staying with the household temporarily but who would ordinarily not be eligible to take part in (e.g.) the LFS or other household surveys. The EU-SILC survey 2018 may provide evidence on this group.

Recommendation 9: ONS should take forward plans for including the main NPHHP groups within measurement of living standards and well-being by actively exploring the feasibility of suggested approaches summarised in Table 6.1., including early contact with gatekeeper organisations.

Recommendation 10: In the homelessness and related sectors it is proposed that a medium-scale comparison should be made of results from a service-user based sampling approach with an accommodation-based sampling approach, in a range of particular localities, to establish the relative roles of these approaches and how their results can be combined.

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collected in a way which can meet a range of requirements which may be anticipated to arise in the medium term.

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Recommendation 13: Given that some users and applications will require local level estimates to inform service provision, for example relating to homelessness, ways of modelling and mapping incidence across the country from a base of surveys which are likely to be clustered need to be considered.

Recommendation 14: Administrative data linkage should be actively sought y in future data collection, particularly in the case of measuring income and living standards for some NPHHP groups in the period before they came into their current institutional setting.

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