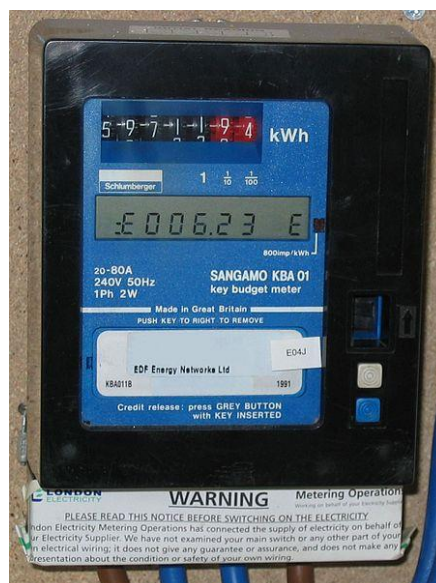


Fading away: how deepening poverty is hiding the worst effects of permacrisis

Thomas Adnan-Smith (@AdnanSmithTM), Emma Hyde (@Emma_R_Hyde), & Daniel Edmiston (@daniel_edmiston)

School of Sociology and Social Policy and the Centre for Research on Families, Life Course and Generations at the University of Leeds

Please note this blog contains references to suicide, physical ill-health and the effects of deep poverty.



Those in deep poverty are juggling competing demands on limited resources.
Left image – cans of food at a food bank. Right image – electricity meter with £6.23 left.
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The cost-of-living crisis is the latest challenge for low-income families in the UK following decades of successive crises associated with economic shocks, austerity and local disinvestment, and the pandemic.

Austerity has left a legacy of deepening poverty in its wake,ⁱ with an enduring impact on the bodies and livelihoods of low-income people. The cumulative effects of successive crises are partly reflected in rising hunger and destitution, as well as the slow attrition of health and well-being in deprived areas.ⁱⁱ

However, deepening poverty makes it increasingly difficult to surface the human costs of permacrisis. Through the Deep Poverty project,ⁱⁱⁱ we are following people longitudinally to better understand whose suffering is seen and whose is lost over time as social, health and economic crises collide. Here, we share some of their experiences.

For many of our participants, diets had deteriorated considerably, becoming characterised more by deficiency rather than substitution, and alarming weight loss: people skipped meals, consumed less, sacrificed eating so that others could, or

relied on alternative sources of food. Others gained weight owing to less nutritional consumption, eating cheaper or less energy-intensive foods.

“If you can’t get to like food banks or anything with transport, you’re screwed...If you haven’t got electric what are you meant to do, just starve? I’ve been in bins before to try and feed. It’s horrible.” (Alice, female, white, 35-44)

Health deteriorated for participants as they fell (further) into financial crisis. For many, their capacity to cope was stretched to, or beyond, breaking point.^{iv} Reflecting on the impact of this prolonged harm, people reported having suffered heart attacks, strokes, mobility difficulties, gum disease, tooth loss, back pain, bowel problems, insomnia, breathing problems and fibromyalgia.

The maelstrom of worsening debts, difficulties claiming social security, and the daily struggle to meet needs also led to widespread anxiety, depression, and stress.

“I wouldn’t like to have anybody live like this... this is heart attack material. I had a heart attack... I actually felt better when I was in the hospital because I knew there was people around me looking after me.” (Abel, male, Black, 55-64)

Some slept to avoid hunger and stress. Others had contemplated, or previously attempted, suicide due to the struggle to survive on ‘nothing’. Oftentimes, (strained) social networks and commitments were the only things keeping people feeling connected. Conversely, ‘over-reliance’ on others led people to feel ashamed and isolate themselves for fear of ‘becoming a burden’.

“I’m depressed to death. If it weren’t for [friend] coming and helping like go to the shops for me and stuff like that, I reckon I’d have had committed suicide a long time ago... I don’t go nowhere. I don’t do nowt.” (Wesley, male, white, 45-54)

Over time, as poverty deepened, people became less visible: they ‘stopped going out’, (social) lives became smaller and quieter – focusing on enduring the injuries of poverty.

As a result, contact with local community and health services often diminished or became increasingly provisional. Unable to afford transport, people cancelled appointments; others moved on, were evicted, or lost contact with authorities, health agencies and community groups. Away from public view, the health consequences were devastating.



As poverty deepens, people become less visible. Black and white faded image of a person with their head down in front of train tracks. [Gabriel / Unsplash](#)

Since 2012, life expectancy has fallen and health inequalities have widened for the poorest in the UK.^v Approximately 330,000 excess deaths have been linked to austerity.^{vi} Between 2011 and 2019, 890,000 had their lives cut shorter than they otherwise would have been in the least deprived quintile of areas, with the most deprived decile experiencing around a fifth of excess deaths.^{vii}

As people die from hunger, malnutrition, social or physical trauma, they no longer count in poverty statistics. Perversely, dominant poverty measures count the premature death of poor people as a decline in poverty.^{viii}

As livelihoods go unprotected, the costs and injuries inflicted on deprived communities then become harder to capture. People in deep poverty move out of reach, fading away as their injuries intensify. A consequence is that the health and social sciences have tended to have an inherently conservative understanding of (deepening) poverty and the social policies that structure marginality. Only by ensuring those suffering the worst effects are better seen, heard, and counted, can we begin to understand the full human costs of permacrisis.

Notes

This blog is based on ongoing research from the project: “Determinants, Dynamics and Policy Implications of Deep Poverty”, funded by the British Academy and the Wolfson Foundation. Please visit the [project website](#) for further information and research outputs.

All participant names have been changed.

ⁱ Edmiston, D. 2021. Plumbing the Depths: The Changing (Socio-Demographic) Profile of UK Poverty. *Journal of Social Policy*, 51 (2), 385-411.

ⁱⁱ Bannister, L., Matejic, P., Porter, I., Sands, D., Schmuecker, K., Wenham, A., Bull, R., Ferrer, I., and Hughes, A. 2023. *An essentials guarantee*. York: The Joseph Rowntree Foundation. McGowan, V. J.,

and Bambra, C. 2022. COVID-19 mortality and deprivation: pandemic, syndemic, and endemic health inequalities. *The Lancet Public Health*, 7 (11), e966-e975.

ⁱⁱⁱ Deep Poverty: Determinants, Dynamics and Policy Implications: <https://www.deep-poverty.co.uk>

^{iv} Mental Health Foundation. 2023. *Mental Health and the Cost-of-Living Crisis: Another pandemic in the making?* Glasgow: The Mental Health Foundation.

^v Walsh, D. and McCartney, G. 2023. *Changing mortality rates in Scotland and the UK: an updated summary*. Glasgow: Glasgow Centre for Public Health.

^{vi} Walsh, D., Dundas, R., McCartney, G., Gibson, M. and Seaman, R. 2022. Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? *J Epidemiol Community Health*, 76 (12), 1027-1033.

^{vii} Goldblatt, P. 2024. *Health inequalities: lives cut short January 2024*. London: UCL Institute of Health Equity.

^{viii} Neff, D. 2013. Fuzzy set theoretic applications in poverty research. *Policy and Society*, 32 (4), 319-331.