

Living through a pandemic: researching families on a low income in Scotland – findings and research reflections

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Introduction

Get Heard Scotland¹ (GHS) is a programme led by The Poverty Alliance² and funded by the Scottish Government. GHS helps people on low incomes to have their voices heard on the policies and decisions that most impact their lives and communities. GHS aims to ensure that efforts to meet Scotland's child poverty reduction targets³ are shaped by the participation and voices of households experiencing poverty and those working to tackle poverty within localities. The Poverty Alliance coordinates GHS based on the commitments made by the Scottish Government's Every child, every chance: child poverty delivery plan (2018–2022) (Scottish Government, 2018). The Scottish Government publishes annual reports on the progress of the delivery plan which the work of GHS has fed directly into.

This chapter examines the final stages of GHS, which focuses on low-income families' experiences of the pandemic. GHS captured some of the emerging impacts of COVID-19 on low-income families as well as on third sector and community organisations in the local authorities of Inverclyde and Renfrewshire.⁴ Discussions with organisations delivering front line services across the local authorities were facilitated between August and October 2020 (The Poverty Alliance, 2020; 2021). Follow-on qualitative research was then conducted with families experiencing poverty between October 2020 and March 2021, with a focus on the family groups identified as key priority targets by the Scottish Government.⁵

The neighbouring local authorities of Inverclyde and Renfrewshire have differing levels of child poverty. Evidence from the Scottish Index of Multiple Deprivation (SIMD) indicates 45 per cent of data zones in Inverclyde are among the 20 per cent most deprived areas in Scotland (Scottish Government, 2020a). Renfrewshire has seen a fall in its levels of deprivation since 2016 (Scottish Government, 2020a), but wider analysis undertaken by Loughborough University in 2020, on behalf of the End

Child Poverty Coalition (2021), found rising levels of child poverty in Renfrewshire, with an additional 900 households now experiencing child poverty – a 3.8 per cent increase.

This chapter outlines findings of family experiences in Scotland,⁶ on social security, mental health, and digital exclusion. As this research attests, the pandemic ushered in a host of new pressures over a condensed period of time, including: impacts on caring responsibilities, changing experiences in the workplace, and altered delivery of a range of voluntary and statutory support services. A clear message has emerged on the depth of challenges households have faced and the need for targeted and widespread measures to mitigate the impacts. Moving forward, there is a need to address underlying poverty and inequality and avoid people being locked into long-term poverty.

Methodological reflections

GHS was designed to gather rich insights into the daily realities of low-income family life. We thus adopted a qualitative approach which underwent a rapid re-design due to the constraints of COVID-19. Originally, the research engaged participants through a variety of in-person approaches – methods like focus groups and toolkits for a range of community groups – to co-deliver the aims of the inquiry themselves. While this became impossible, the restrictions presented new opportunities to develop digital capabilities in the research team, by expanding our repertoire to telephone and Zoom interviews and digital diaries. The restrictions also helped the research team to recognise different modalities of participation, ethics, and their relationship to low-income family life.

While the digitalisation of our research allowed a portal into the lives of people who were isolated because of lockdown, we recognised a new barrier to participation as a consequence of prevalent digital and data exclusion for those in Scotland living in poverty (Halliday, 2020).

Approach

GHS revolved around the core values of The Poverty Alliance: care and justice. These two principles are embedded in all our work which aims to combat poverty. Adhering to the principles of a feminist ethics of care (Hall, 2019) equipped us with a critical perspective on the intersecting and dynamic nature of poverty, which disproportionately affects particular groups of people. Justice is our second central value; experiences of social inequalities are often overlooked as critical insights with which to create just policy decisions. Considering this, we followed in the canon of disability studies – ‘nothing about us without us’ – making recommendations to the

Ending Child Poverty Delivery Plan for Scottish Government that are directly informed by what families have told us.

Our approach was neither discrete nor individualised in form; as a team and organisation we worked collaboratively so as not to repeat existing research, but also to draw upon on the skills of a range of stakeholders. GHS traversed the sectors of Government, local authorities, the third sector, and individuals with lived experiences: the landscape of this research therefore consists of multiple scales, sectors, experiences, and insights.

Methods

Our methods toolkit consisted of structured digital interviews, conducted via either Zoom or mobile phone, and digital diaries. The digital diaries were an enhanced version of the interview guide, to maintain consistency in the final stage of GHS responses. We allocated approximately 45 minutes for interviewing, although the duration exceeded this with almost every participant speaking to the potential therapeutic element within interviewing (Birch and Miller, 2010) at a time of heightened isolation: “I feel a bit relieved as well speaking about this, you know?” (Interview: single mother with two children). This finding, while beyond the remit of the primary research question, is critical in highlighting the importance of a flexible, sensitive research design which facilitates a safe space to express emotions, and the necessity for advocates of justice in positions of influence to listen.

For the Zoom-facilitated interviews, we noticed through reflective notes that there was a shared level of spatial exposure with both researcher and participant having ‘real’ backgrounds as opposed to augmented realities. This changing spatiality of research accentuated potentially unnoticed aspects within the interviewing process: the domestic space as the background where research takes place has the potential to bring with it vulnerability and exposure, as well as a shared intimacy.

Recruitment and safeguarding

The recognised prevalence of digital exclusion made GHS think creatively about how we could recruit a range of identities and experiences in order to avoid presenting a homogenous or stereotyped case. Our focus was on capturing experiences from the six priority groups for combatting child poverty, and so we worked with our developed networks throughout the two local authorities to ensure both wide participant-reach and a level of safeguarding. Working in this way meant we were able to widely disseminate the opportunity to participate and raise awareness of our continuing lived experience work of the Community Activist Advisory Group (CAAG).⁷

CAAG runs as a permanent participative structure at The Poverty Alliance and was highlighted as a continuation of involvement to avoid participants feeling like they were left in the research ‘spaces’ post-interview. Using existing organisational relationships was a way of contributing to a sustainable research participation culture.

A safe and ethical research practice was a fundamental concern throughout GHS. The pandemic exacerbated many already-existing problems and introduced novel issues, like home-schooling and additional caring responsibilities with reduced service provision. Alongside working with organisations who recommended participants, we also developed a ‘chat pack’ which was delivered by priority post to all participants. This contained a local authority-specific support document listing freephone numbers of over 30 services, a notebook, pens, teabags, and information about The Poverty Alliance to help demystify the ‘who’ behind the research.

Within the research team, staff underwent training in safeguarding and suicide awareness. Unfortunately, this training became immediately essential, with a higher rate of social care referrals made and safety protocols actioned, compared to previous projects. Not only that, but we were mindful of ‘living at work’ and the reduced movement of researchers between spaces where interviews take place and the domestic home. To address this, the team had weekly overview debriefs, and a culture of work-life balance was emphasised.

Analysis

Our analysis consisted of two iterative levels; the first was our primary community researcher thematically drawing out data using the software Dedoose. In line with the principles of qualitative inquiry, we thematically coded our data to highlight nuances and richness within the large data set. Our first round of analysis grouped over 1,000 pages of data into five broad, key themes and several minor, though noteworthy, topics (for example, urban green space). Once this initial round was completed, we organised six co-analysis sessions with participants who had consented to be contacted for future opportunities and were both able and wanted to participate. These co-analysis sessions formed the basis of a structured analytical conversation whereby participants went through the key themes and presented recommendations to what was highlighted. In this way, we adopted a model of co-production for analysing the data and for generating recommendations from the preliminary findings.

*Findings and para-data*⁸

The data gathered from how we remunerate participants who have shared their experiences (in ways that do not affect access to benefits) resulted in

vouchers, either emailed or posted, of each participant's choosing. A large majority decided on supermarkets, which we saw as a reflection of the high levels of food insecurity in areas with high deprivation.

A temporal dimension of the para-data was in the 'ending' of the research. Concluding research is a complex terrain, especially in a short-term, digitally conducted design. However, without proper consideration, people who tend to be over-consulted, over-promised, and underwhelmed by conclusive actions (for example, those living in low-income households), means attention must be paid to how we expand the scope of involvement beyond the discrete conversation.

Looking inwards, reflective notes highlighted the importance of an empathetic, supportive work culture; the position of researcher is often sidelined in considerations around secondary or vicarious trauma (Pascoe Leahy, 2021) as is the impact of home-working on those conducting research. Reflective diary entries from our research team noted that the interview exists both prior to and beyond the actual interviewing conversation itself. In explicitly acknowledging the messy, emotional journey of conducting research, we demystify the actual process of 'doing' research itself that more accurately reflects the affective nature of research more than the sanitised, linear article form.

Challenges

Like many researchers during the pandemic, there were a plethora of challenges to think through, some of which did not have neat conclusions. Of note was increased vulnerabilities and risk: it was difficult to assess risk over a single phone call and some emails or texts. There was an increase in the amount of care referrals the research team made, due to our limited ability to assess risk and participants' contexts, and wanting to ensure everyone was accessing appropriate care, coupled with the increased vulnerabilities exacerbated by the pandemic. In addition, there were personal challenges to conducting research; care had to be taken to protect researchers who were also struggling with pandemic life (see also Introduction and [Chapter 14](#)).

Additionally, we found representation a challenge (an issue prevalent in much work with marginalised groups). Our work only captures a partial depiction of who we spoke with (see also [Chapter 11](#)). Therefore, we must reflect upon how participation is political, especially in the age of digital. It also challenges the use of the terms 'hidden' or 'hard to reach' communities, by placing responsibility on those in positions of power to ensure research is accessible (see [Chapters 11, 13, and 14](#)). We recognise, however, the precarity and often short-term and competitive nature of funding streams that do not necessarily facilitate access to marginalised communities. We welcome further attention to this issue underlying research projects.

Families' experiences of social security during the pandemic

Since social security powers were devolved to Scotland in 2016, a range of new benefits have been introduced for low-income families. The underpinning principles of the new social security system in Scotland were outlined in the *Social Security Charter* as 'dignity, fairness and respect' (Scottish Government, 2019). For families, new benefits include the Best Start Grant (three one-off payments for children under the age of five introduced from 2018) and the Scottish Child Payment (a weekly payment of £10 for each child under the age of six introduced in early 2021, that increased to £20 a week from April 2022). However, Universal Credit (UC) and Jobseeker's Allowance (JSA), the key working-age benefits in the UK, continue to be delivered by the Department for Work and Pensions.

The experiences of the families we spoke to add to the substantial evidence base that UC does not provide an adequate level of income for families and propels claimants into debt (Maddison, 2020; Patrick and Simpson with UC:Us, 2020). Families frequently told us that the money they received through UC was not enough to get them through the month. The impacts of UC deductions in particular make managing family budgets difficult (see also Chapters 3 and 11).

While families welcomed the £20 a week uplift to UC that was introduced in April 2020, many parents reported that this was quickly consumed by increased costs of bills and food during the pandemic. For families on low incomes, finances have become increasingly stretched due to the additional threat of unemployment, furlough, and the extra costs of staying at home (Save the Children, 2021). Anxiety over how families would manage budgets when the uplift ends (September 2021 at the time of writing) was common. Parents were also worried about how they would explain to their children that they had less money to be able to do things as a family: "it's been a lifesaver to just have an extra £20 come in. And it's sad to think that £20 changes ... changes your life, but it really does" (Interview: single mother with one child). Families frequently spoke of the inadequacy of UC, with many sharing their experiences of having to access emergency funds. Reflecting variable policies across nations, the Scottish Welfare Fund (SWF) was introduced by the Scottish Government in 2013. In contrast to England, where the local welfare assistance fund is not ring-fenced and support is no longer available through grants in many local authorities (Whitham, 2018), the SWF provides immediate financial support through crisis grants. During the height of the pandemic, the Scottish Government added an additional £22 million to the SWF as well as introducing a Self-Isolation Support Grant of £500. Several of the families interviewed as part of GHS had applied to the SWF. However, mirroring findings from the Menu for Change project (MacLeod, 2019)

which examined food insecurity in Scotland, we found that applicants to the SWF were being limited to a maximum of three applications in a 12-month period, despite regulations allowing local authorities to use their discretion to allow more than three awards in *exceptional circumstances* (Scottish Government, 2021): “They do have the Welfare Fund but getting that is like trying to get blood out [out] of a stone” (Interview: single dad with two children). Limited access to state support is concerning, particularly as many of the families we spoke to had to rely on family and friends for access to adequate financial support; this was also clear in Chapters 1 and 8 in particular. Feelings of embarrassment and anxiety were evident across interviewees’ accounts in relation to access to financial support.

The introduction of the Scottish Child Payment has been a key policy development in terms of both tackling child poverty and social security reform in Scotland. From February 2021, eligible families have received £10 a week for each child under six, which rose to £20 a week in April 2022, with the Scottish Government committing to roll out the payment to families with children under the age of 16 by the end of 2022 (Sinclair, 2021). In GHS research, families who had started receiving this payment spoke of the benefits of the extra income on their financial circumstances and welcomed its extension to children under 16: “Obviously shopping-wise, as soon as I was receiving that money, then I was just going out and buying more shopping so that there was more stuff in for them” (Single mother with three children). At the time of writing, modelling by the Fraser of Allander Institute and the Joseph Rowntree Foundation has shown that the Scottish Child Payment would need to be raised to £20 a week for the Scottish Government to meet their 2024 and 2030 child poverty targets (Scottish Poverty and Inequality Commission, 2021). While the Scottish National Party has committed to doubling the Scottish Child Payment by the end of this parliamentary term (2026), a coalition of 120 anti-poverty organisations have called for an urgent doubling of the payment, with concerns that the end of the UC uplift will further propel families into poverty (Davidson, 2021).

Families' experiences of mental health

The pandemic and resulting lockdown measures in March 2020 brought significant life changes to families both across the UK and beyond. The World Health Organization predicted the pandemic quarantine and the related disruption to households’ routines, activities, and livelihoods would result in increased levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour (World Health Organization [WHO], 2020). Similarly, within our study, families reported loneliness, depression, and anxiety within their household (see also Chapters 1, 3, 5, 6, 7, 8, 9, 10, and 11).

The nature of the crisis resulted in changes to households at very short notice, and families had little opportunity to prepare or adapt to the forthcoming challenges they would face. Families had to navigate several simultaneous challenges including the risk of contracting COVID-19 or dealing with infection alongside the rewriting of their everyday lives because of the restrictions. The psychosocial impacts of the pandemic cannot yet be fully understood; however, pre-existing socio-economic inequalities have been exacerbated and intensified in this new context, as we see across this collection ([British Academy, 2021](#)). The impact of the pandemic on mental health and wellbeing has been unprecedented with the full effects still unknown and service provision likely to be permanently changed ([Tarrant et al, 2021](#)). Alongside this, there has been an intensification of pre-existing mental health conditions and new mental health impacts for all, including children and young people (see also [Chapter 5](#)).

Evidence from the Get Heard research suggests that the experience of mental ill-health has been common among families experiencing poverty both pre- and during the pandemic. The rapid pace of change following the first lockdown and the waves of restrictions that followed limited participants' feelings of control over their daily lives and brought about a loss of daily structure and routine. This was interwoven with a range of new expectations for parents and caregivers emerging from lockdown measures: increased caring responsibilities, facilitating home schooling, online delivery of further education, and changes within employment including personal risks of exposure to COVID-19. The unexpected nature of the pandemic left households unprepared and confused. This confusion was experienced across families, including by children and young people: "Naebody knew this was gonna happen. So the fact that there's nothing in place makes you wonder, why is there nothing in place? But at the same time, you're like, well, naebody ever knew this was gonna happen, so don't – it's like 50/50" (Interview: single father of two children). Household experiences were circumstantial and shaped by a complex variety of access to resources including support networks, access to formal support, and pandemic impacts on their individual circumstances; for example, family size, pre-existing health conditions, and disabilities. Lockdown measures resulted in reduced or no social contact with family and friends, limited ability to engage in everyday activities for children, and in some cases, confinement to a house that did not meet adequate housing standards. A key challenge for families was the loss of childcare and family support by relatives resulting in isolation (see also [Chapters 1](#) and [6](#)).

As mental health impacts increased, support services to assist with mental health were in flux and had to pivot rapidly to a digital offer, as well as telephone models of support (see also [Chapter 9](#)). The options for support were often restricted to the home space rather than an in-person therapeutic

space. This pivot, however, resulted in unintended barriers for low-income families, such as childcare, time and freedom to talk confidentiality, as well as digital access barriers. ‘Invisible’ barriers such as stigma around disclosing mental ill health were also discussed. The loss of respite care imposed particular pressures on families where disabilities or health conditions were present:

‘All his support just boomf, went away and we have been left from social work, from his respite, literally everything went. We’ve had no support from any of them. We tried getting him back into a school provision and we were told no. We tried to get him extra support through social work, we were told, “Sorry, can’t do anything.”’ (Interview: partnered mother with two children)

Families also discussed the ‘compounding’ of mental ill health across the household, including among children and young people who experienced increased stress with loss of daily routines and interactions. This combined with losing both informal and formal support. Households saw the loss of protective buffers such as family support networks which were pivotal in avoiding isolation and stress. Households discussed worries specific to the pandemic for those shielding or for those with experience of contracting COVID-19 directly and long COVID. There were the big ‘unknowns’ such as the changing labour market and impacts on the economy long term as well as wider structural service changes. In combination, these created a perfect storm for worsening mental health. Alongside the broader impact of poverty, there was a clear relationship between feelings of shame and the precariousness of living on a low income which intensified during this time. This resulted from feelings of being unable to adequately meet daily needs within households. For those in the study who had complex mental health needs, lockdown exacerbated previous traumas caused by domestic abuse (also seen clearly in [Chapter 11](#)), childhood sexual abuse, addiction and bereavement, and other complex experiences. The lockdown also resulted in problematic disruptions or delays to ongoing support and treatment.

The impacts of digital exclusion on families

Research by Carnegie UK and UNICEF UK (2021) states that digital inclusion is dependent on five components: a suitable device, a strong connection, skills and support, a safe online environment, and sustainability of access. In Scotland, it was estimated that 18 per cent of households in lower-income brackets did not have any internet access at all in 2019 ([Scottish Government, 2020b](#)). In the months after the beginning of the

pandemic in March 2020, the Scottish Government responded by providing funding towards technology for at-risk, digitally excluded individuals and school children.

Many of the families we spoke to did not have access to suitable devices, experienced low-quality internet, or struggled to afford internet access. Additionally, (in)capacity to pay for electricity to charge phones/devices – as well as data – made accessing support more difficult. Several parents only had internet access via their phone. These key issues presented more intensely for those in larger families or in circumstances where parents were working irregular hours. As noted earlier, digital exclusion therefore impacted on families' ability to access support and services and to stay in contact with family, friends, and the local community during the pandemic (see, for example, [Chapter 7](#)). Regular internet costs were often described as a pressure on family budgets with families having to prioritise essentials such as bills and food and not having enough left over to pay for phones/internet:

'I'm only topping up my phone enough to have a couple o' minutes in it. If I need to phone the midwife, I've got access to phone the midwife ... I would rather not have internet, not have a phone, not have stuff that I need, just so she [daughter] can have a good day.'
(Interview: single mother with one child)

Despite valuing the additional £20 a week available through UC, challenges around claiming it and applying for jobs online was an apparent issue. Parents claiming UC are expected to look for work when their child is over three. With the continued closure or part closure of public libraries, several parents shared concerns around meeting strict UC conditionality requirements, including completing their online journal and applying for jobs, as also seen in [Chapter 9](#): "And I can't be looking for certain, for work on my phone in the ... writing application with my phone so, yes, I have problems, 'cause I don't have it. But my internet also is not good enough to sustain my son and myself" (Interview: single mother with one child). In relation to accessing online support services during the pandemic, families' experiences were mixed. Some had had positive experiences of local organisations adapting and providing online parent support groups, for example. Being able to connect with other parents online reduced feelings of isolation for some parents. Wanting places where parents and children could go to access the internet in the community was frequently raised during interviews: "The libraries cannae [can't] obviously open because o' this, but having somewhere where people can go and set up a wee camera and talk to their family and stuff, that would be good" (Interview: single father with two children).

Conclusions and recommendations

Research implications

The pandemic shifted the methodological approach of GHS and while we were nevertheless ambitious, we recognise the limits of this work. For example, this research was situated in a Scottish urban central belt. Recognising the topography of Scotland, we suggest there is a need for further work in rural settings including island communities and coastal towns.

Research that involves the whole family is also required to combat the marginalisation of the voices of children and young people within low-income families, especially during the past year. There are core questions around issues such as school closures and the educational attainment gap. We need targeted solutions which draw on the voices of children and young people. Alongside this is the need to consider the intersections of ethnicity and experiences of the pandemic (see for example [Chapter 5](#)).

Methodologically, there will have been limitations in the reach of research methods used by research teams not just in Get Heard but by other studies undertaken during the pandemic. Further analysis exploring the impacts of the pandemic should explore interactions and impacts in terms of place and different households for example. Those in more precarious forms of housing and navigating experiences of trauma have likely gone unheard as well as those who were brought into poverty for the first time and navigating life on a low income.

Policy implications

It is clear the pandemic has altered the context for households living on low incomes in measurable and immeasurable ways. There are key lessons for communities, services, and policymakers that need to be accepted if we are to 'build back better'. The targets set out in Scotland around tackling child poverty will be under significant pressure as we navigate the recovery context. The pandemic has demonstrated that we can re-design systems and support when the context demands it. Therefore, it is critical that we consider both positive and negative impacts from the pandemic as we plan for the future.

GHS has identified several key policy asks for the UK and Scottish Governments. Families' experiences of struggling to make ends meet on UC, as well as facing barriers to accessing support through the SWF, are illustrative of a precarious social security net. New benefits introduced in Scotland for families living on low incomes provide reasons to be positive; however, to lift families out of poverty there must be a rise in the current level of the Scottish Child Payment. There is also a need to monitor and research take-up of new benefits in Scotland to ensure that eligible families are accessing the benefits they are entitled to.

Supporting families with their mental health should also be a priority as we move out of the pandemic. Families in our research called for targeted and tailored support for both parents and caregivers as well as for children and young people. Support needs to be cognisant of the new challenges and issues households have encountered during the pandemic and delivered in ways that meet households' needs. Addressing the diverse range of issues in terms of the mental health of low-income households will require nuanced and targeted policy and practice responses. The relationship between poverty and mental health prior to the pandemic illustrated an increased risk of experiencing mental ill health and mental ill health being both a cause and consequence of poverty (Elliot, 2016). The pandemic is adding new layers to this relationship in terms of needs and responses and the scale of the challenges that lie ahead.

The acceleration of the usage of digital technologies during the pandemic has not been experienced equally across Scotland and the UK. Tackling the issues of digital exclusion requires a multi-pronged approach and thinking both at scale on digital infrastructure and service design as well as at a household and community level on the facilitation of digital access and supporting people with their digital needs (see also Chapters 9 and 10).

Crucially, as we move out of the pandemic, there is a need for a fresh focus on voices of lived experience and ensuring our work is collective so that we genuinely create systems that work for all. In Scotland, Get Heard provides the opportunity for low-income families to have a voice in the decisions that affect them. With rising levels of child poverty as a result of the pandemic, now more than ever we must engage with people with experience of poverty to identify the steps that we must take to loosen the grip of poverty on our communities.

Notes

- ¹ More information about Get Heard Scotland can be found at: www.povertyalliance.org/get-involved/get-heard-scotland/
- ² More information about The Poverty Alliance can be found at: <https://www.povertyalliance.org/>
- ³ More information about Scotland's child poverty reduction targets can be found at: www.parliament.scot/bills-and-laws/bills/child-poverty-scotland-bill
- ⁴ These are the two local authority areas that GHS concentrated on in the final stage.
- ⁵ The six priority family groups include: lone-parent families; a household where someone is disabled; families with three or more children; minority ethnic families; families with a child under one year old; and families where the mother is under 25 years of age (Scottish Government, 2018).
- ⁶ The chapter in this book by Scullion et al (Chapter 4) will look at 'support beyond the family' in England, offering a counterpoint to GHS Scottish policy focus.
- ⁷ More information on the CAAG can be found here: www.povertyalliance.org/get-involved/join-our-community-action-group/
- ⁸ Para-data, or meta-data refers to data about the process of collection; it is data about data.

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