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Foreword

Hygiene is the basic level of care needed to feel clean, confident and comfortable enough to engage fully in life. Hygiene is not a privilege and should be accessible to everyone, yet many locked in poverty or who find themselves in crisis due to bereavement, illness or sudden job loss face restricted options. Do we pay our rent or mortgage, heat our home, buy food, fuel or the necessary products to keep clean?

The purpose of The Hygiene Bank is to ensure that no one is held back from participating in society because they cannot access the necessary products to stay clean. Since 2018, we have worked to foster well-being by providing essentials such as toothpaste, shampoo, soap, deodorant, nappies, period products and laundry detergent to communities throughout the UK.

As of the release of this report our network of 162 Local Projects has provided over 1,059,000kg of the products we all rely on every day to over 2,715 Community Partners1 – including schools, food banks, family support services, refuges and other charities and organisations that support people with little or no access to hygiene essentials.

The demand for our support has been overwhelming and our grassroots, community-based network has brought the reality of hygiene poverty into sharp focus. We have witnessed the life-inhibiting effects of hygiene poverty, from children being bullied at school to adults being housebound. We have heard consistent reports regarding the shame and stigma felt by those experiencing it and we know that hygiene poverty affects every stage of life from infancy to old age.

1 Community Partners are the community-based organisations registered to receive support from The Hygiene Bank
However, despite having a wealth of grassroots evidence, there has never been a truly comprehensive analysis of hygiene poverty at a national level. We believe that this lack of independent, national data has been a significant factor in suppressing awareness of hygiene poverty, allowing it to thrive largely undetected as a hidden crisis in the UK.

With poverty rates rising and the cost-of-living crisis putting more and more pressure on households in the UK, it is vital that we expose this hidden crisis and campaign for real, meaningful change.

Hygiene Poverty 2022 is a ground-breaking, timely and compelling review of hygiene poverty, giving us a credible picture of the scale, incidence and impact of hygiene poverty in the UK. It is a vital steppingstone in our mission for change.

Everyone has a role to play in turning the tide against hygiene poverty. Communities, businesses and thought leaders must all work together to address the injustice of hygiene poverty and advocate for a fairer society, one where we all have access to the basics needed to keep clean and healthy.

We hope you’ll join us to help make that vision a reality.

Lizzy Hall

Founder, The Hygiene Bank
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“Boots has supported The Hygiene Bank's important work throughout the UK for over two years. Our collaboration is rooted in the notion of community, health equity and the belief that everyone should have access to basics in life. Boots was founded on the belief that everyone should have access to affordable healthcare and hygiene essentials and it remains core to our ethos today.

Hygiene Poverty 2022 is a ground-breaking, independent and timely study into hygiene poverty. We hope it will encourage more people from all areas of industry and government to get involved and play their part in finding meaningful solutions to the issue of hygiene poverty in the UK.” Lucy Reynolds, VP Communications and ESG, Boots
Executive summary

Prevalence of hygiene poverty in the UK

Hygiene poverty was found to affect an estimated 3,150,000 adults in the UK (6% of the population).²

This baseline rises significantly for disabled people or those living with a long-term health condition.³

Those from lower-income households, younger people and those from ethnic minority backgrounds were also found to be at a greater risk of experiencing hygiene poverty.

- hygiene poverty affects 6% of adults in the UK
- hygiene poverty affects 21% disabled people
- hygiene poverty affects 13% of those from lower-income households
- hygiene poverty affects 11% of younger people (18-34 year olds)
- hygiene poverty affects 11% of those from an ethnic minority background
- hygiene poverty affects 5% of adults who are working

Impacts of hygiene poverty

Mental and physical health:

The most-reported impact of hygiene poverty was its negative effect on mental health. It was also reported to have a significant and detrimental effect on physical health.

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² Hygiene poverty was defined as the individual or their household having gone without basic toiletries because they could not afford to buy them, in the last 12 months. Population estimates have been calculated using the latest ONS mid-year estimates (for the United Kingdom, 18+, 2020). These are based on a total population size of 52,890,044 UK adults.

³ This is those saying their day-to-day activities are limited a lot due to a health problem or disability which has lasted, or is expected to last, at least 12 months.
• three in five (61%) people experiencing hygiene poverty say that it has negatively impacted their mental health
• 50% of people experiencing hygiene poverty said that they had felt anxious or depressed and 49% said they felt ashamed/embarrassed as a result of going without basic toiletries or hygiene items
• 39% said they have avoided seeing a friend
• 36% said they had avoided going to a social event
• 32% have avoided seeing family
• a third said they felt lonely or isolated
• a third said their physical health has been impacted

Social isolation was identified as a significant impact of hygiene poverty, with many respondents reporting feelings of shame and anxiety, which often leads to isolation.

“I used to go out and see my friends, but I got anxiety about the way I looked and smelt, so I became a recluse, I was so upset that my life had changed”

**Cycle of poverty:**

Hygiene poverty was also identified as a barrier to employment and education, with many respondents avoiding job interviews, work or education, highlighting its potential to trap people in a cycle of poverty.

• One in eight (13%) said they have avoided going to a job interview
• Just less than one in eight (12%) said they had avoided going to work
• 9% had avoided going to school, college or university, rising to 16% of 18-24 year olds

“I feel really depressed, I feel worthless, I can’t prepare for a job, I don’t think I will ever be able to get out, or have confidence to get back to normal life”

**Family stress:**

Hygiene poverty was continually reported to have negative implications for the dependents of those living in hygiene poverty.
Three in five (62%) of those experiencing hygiene poverty with dependent children said that they have had to choose between buying hygiene products for themselves or their child(ren).

Despite this attempt to mitigate the impacts of hygiene poverty on family life, the research showed that children were still perceived to be significantly impacted by living in hygiene poverty.

Of those living in hygiene poverty with dependent children:

- Two in five said that their children’s confidence has been negatively impacted
- 39% said that their children’s participation in hobbies including sports had been negatively impacted
- 41% said that their children’s mental health had been negatively impacted
- 37% said that their children’s physical health had been negatively impacted
- 32% said that their children’s performance at school had been negatively impacted

“I’m the sole provider, they deserve the world, to feel that I’m failing them, I can’t give them what I want to... I don’t want them to be looked at differently, but people look at me, I feel it, and that’s an added pressure”

**Barriers to accessing support**

**Shame and stigma:**

Embarrassment prohibits half of those experiencing hygiene poverty from asking for help. Participants in the qualitative research reported accessing support as a ‘last resort’ or at the point of ‘desperation’.

- Almost half (48%) of those experiencing hygiene poverty said they were too embarrassed to ask for help
- Foodbanks were reported as the most commonly accessed support service, although many expressed a lack of supply or services close to them
- Some were reliant on friends and family, but most were managing the issue alone due to feelings of shame
• Two in five (42%) said they have felt judged (either a great deal or a fair amount) for going without basic toiletries. Among this group, four in five (79%) said that this has stopped them from reaching out for support.

“Askng for things is just embarrassing and shameful especially as I’ve got kids, I brought them into this world, they should have the products they need to live”

Influencing factors

The research found that hygiene poverty was linked to a range of influencing factors beyond low income and poor employment conditions. Further reported factors influencing hygiene poverty included:

**The cost of living crisis:**

The expectation for a continued rise in the cost of living was reported as a serious concern for the future, with participants concerned about receiving an unexpected bill which would dismantle their carefully planned budget.

“I always prioritise bills first, then food second, then hygiene products last”

**The pandemic:**

The pandemic had a complex impact on household finances. Typically, higher income households were less likely to experience negative impacts on employment (such as job loss or furlough) and more likely to feel the benefits of reduced expenditure (in areas such as commuting and leisure) than lower income households.4

4

https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/articles/weeklyhouseholdspendingfellbymorethan100onaverageduringthecoronaviruspandemic/2021-09-13
Ultimately, however, the overarching picture is of negative impacts and increased financial insecurity from the pandemic, with 54% of those living in hygiene poverty reporting that the pandemic has had a negative impact on their ability to afford hygiene essentials.

**Life experience and events:**

The interviews with Community Partners also highlighted other common influencing factors such as:

- suffering from existing depression and anxiety
- the end of a relationship
- bereavement

**Conclusions**

Hygiene Poverty 2022 provides the first-ever benchmark of hygiene poverty in the UK. It establishes not only the incidence rates and risk factors, but also provides a clear picture from those with lived experience regarding the impact of hygiene poverty on their daily lives, their mental and physical health, and their ability to shape and determine their prospects in life.

Hygiene poverty affects a considerable proportion of the UK’s population. However, some groups were shown to have disproportionate incidence rates, namely those on a low income and disabled people or those living with a long-term health condition.

The study also highlighted the link between hygiene poverty and poor mental and physical health, with the negative effect on mental health being the most reported impact.

Hygiene poverty was also identified as a barrier to education and work, with a significant percentage of those experiencing hygiene poverty citing it as a reason for having avoided opportunities in both settings. This raises the concern that hygiene poverty potentially ‘traps’ people in poverty as work and education are widely accepted as routes out of poverty.

The study indicates that the current cost of living crisis is a significant concern for those already experiencing hygiene poverty. Further, as hygiene essentials were
reported as being ‘bottom of the list’ when budgets were tight, the crisis is likely to push more people into hygiene poverty.

Hygiene Poverty 2022 also identified the negative impacts on the dependents of those living in hygiene poverty. Children living in households affected by hygiene poverty were perceived to be less confident and less able to engage in school and sports, raising the prospect that hygiene poverty is significantly inhibiting the wellbeing of a future generation.
Introduction

This report presents the findings of a research study conducted in 2021 to 2022 which explored perceptions and experiences of hygiene poverty, among those experiencing it, Community Partners and the general public. The research was conducted by YouGov on behalf of the Hygiene Bank.

The Hygiene Bank is a grassroots charity and social movement providing hygiene essentials to those in need and advocating for meaningful change to eliminate hygiene poverty in the UK.

Established in 2018, The Hygiene Bank’s network of Local Projects has grown rapidly through organic demand. At the time of publication, The Hygiene Bank comprised 162 active Local Projects, supporting 2,715 Community Partners.

The Hygiene Bank was also operating a waiting list of over 468 community organisations applying to become Community Partners, highlighting the charity’s concern that hygiene poverty is a growing issue in the UK.

‘Hygiene Poverty 2022’ is the first national study into hygiene poverty in the UK. Its purpose is to benchmark the ‘hidden crisis’ of hygiene poverty and empower The Hygiene Bank to campaign for informed, meaningful change.

Method

The research consisted of quantitative and qualitative research, conducted in five phases (for more information on the method, see Appendix A):

- Phase 1: A nationally representative online survey of 2,193 people living in the United Kingdom (UK) to establish the incidence and demographic profile of those living in hygiene poverty.
• Phase 2: 8 telephone / video-enabled depth interviews with The Hygiene Bank’s Community Partners to explore their views of hygiene poverty, experiences with those in hygiene poverty, and the challenges and support needs of this group. Community Partners are not-for-profit charities, organisations, groups, projects and services that receive goods from The Hygiene Bank to support the people they work with.

• Phase 3: An online survey of 2,006 people experiencing hygiene poverty in order to better understand their experiences, weighted to the demographic profile of this group determined in Phase 1.

• Phase 4: A nationally representative survey of 2,125 people living in the UK to understand awareness and knowledge of hygiene poverty, and what the public think causes it.

• Phase 5: 13 telephone / video depth interviews with those experiencing hygiene poverty.
Experiences of hygiene poverty

This chapter sets out the estimated proportion of people in the UK experiencing hygiene poverty, and which groups in the population are more likely to experience these issues. It also explores what hygiene poverty tends to involve in terms of specific items households have gone without and discusses the impact of the Covid-19 pandemic on people’s experiences of hygiene poverty.

Prevalence of hygiene poverty in the UK

The study found that six percent of adults in the UK had experienced hygiene poverty in the previous 12 months. This was defined as the individual or their household having gone without basic toiletries or hygiene items because they could not afford to buy them.

Certain groups in the population were more likely to have experienced hygiene poverty (see Figure 1). For example, 11% of younger adults (aged 18-34) reported that they had experienced this issue, falling to just 2% of those aged 55+. However, there was no difference by gender, with six percent of both men and women saying they had experienced hygiene poverty.

Those from an ethnic minority background were almost twice as likely to have experienced hygiene poverty than those from a white ethnic background (11% vs. 6%).

Adults with children living in the household were also more likely to report having experienced hygiene poverty than those with no children (8% vs. 5%) and this rises to 13% among those with three or more children in the household.
As might be expected, household income has a big impact on experience of hygiene poverty, with those at the lowest income levels (under £20,000 p.a.) most likely to report that they had experienced hygiene poverty (13%) (see Figure 2). However, it is notable that even among higher income groups there was some experience of this issue, with 3% of those with a household income of £60,000 per annum or more also saying they had experienced it.

Similarly, while non-working groups were more likely to have experienced hygiene poverty (16% of those not working for health/other reasons and 13% of those unemployed and seeking work), it is notable that 5% of working adults also reported having experienced this.
One of the strongest patterns evident is by disability status: a fifth (21%) of those with a more serious disability or long-term health condition had experienced hygiene poverty, compared with eight percent of those with a less impactful disability/condition, and 3% of those with no disability.

Figure 2. Proportion experiencing hygiene poverty in the last 12 months, by gross household income and disability status

Base: Under £20k (411); £20k-£39k (591); £40k-£49k (330); £60k+ (326); Limited a lot (205); Limited a little (384); Not limited (1,574)

Hygiene essentials: spending and cutbacks

Most commonly, those experiencing hygiene poverty, or their households, had gone without razors or shaving products (49%) (see Figure 3). Around two-fifths said they had gone without laundry detergent or household cleaning products (42%), or deodorant (39%). A quarter had gone without toilet paper or soap/shower gel (both 25%).
Figure 3. Hygiene products gone without due to inability to afford them

Three in ten (31%) of those who identified as women experiencing hygiene poverty said they/their household had gone without period products (while 11% of men reported the same), and 45% mentioned laundry products (compared with 38% of men). Meanwhile, those identifying as men were more likely to say they/their household had gone without deodorant (45% vs. 34%) or dental products (31% vs. 25%).

Naturally, some of these products are used mainly or only by certain groups, based on age or life stage. Those aged 18-34 were most likely to say they had gone without period protection products (28%), followed by 35-54 year olds (20%) and just 6% of those aged 55+. Perhaps reflecting varying concerns about Covid-19 among different age groups, people aged 55+ were most likely to say they had gone without hand sanitiser (46% 55+; 35% 35-54; 30% 18-34).
Those from ethnic minority backgrounds were twice as likely as white adults to have gone without nappies or baby wipes (16% vs. 8%) and also more likely to have gone without period protection products (29% vs. 20%). It is worth noting that ethnic minority adults have a younger age profile than white adults, therefore this difference is likely to be driven by age. By contrast, white adults experiencing hygiene poverty were more likely to have gone without laundry products (44% vs. 33%) and shaving products (53% vs. 33%).

In the qualitative interviews, many Community Partners supporting single mothers commented that the most frequently requested items were nappies.

Community Partners also mentioned demand for period products, though these items were felt to be increasingly accessible as a result of various campaigns and schemes e.g., inclusion in offices and at schools.

Toilet roll, washing powders and household cleaning materials were also requested frequently.

“Most of the time we are working with the mum, it’s a lot of young mums”

“Biggest issue is nappies... [it’s] the biggest we give out each week, there are also a lot of sanitary products for mums and daughters”

“We give them the toiletries - shower gel, toothpaste, feminine hygiene products, laundry powder, washing up liquid and nappies [get] requested a lot”

**Strategies for managing hygiene poverty**

Participants in the qualitative interviews who were impacted by hygiene poverty reported that they struggled to buy specific products, namely nappies, deodorant, toothpaste and shampoo. However, those we spoke to had a range of different strategies for when they started to run low on products, these included:

- Diluting down products as it allowed products to last longer, although there was an understanding this would make them less effective. Participants commented that this was ‘better than going completely without’.
- Reusing products e.g., using a toothbrush for 6 months or wearing a sanitary towel for ‘longer than they should’.
• Buying cheaper products, though these tend to be worse quality and often had negative after-effects such as matted hair, toothache, and rashes
• Only using products or washing/showering when they leave the house
• Using a multi-purpose product for cleaning themselves, usually a bar of soap, for all forms of cleaning
• Using freecycling apps to get essentials
• Growing a beard so that they do not need to purchase razors
• Reducing expenditure on clothes, with many reporting they had not bought new clothes for years

“Always having to buy saver things. I dilute things down, pour water into it, with shampoo and conditioner. Use a toothbrush until it’s worn out, I don’t replace things really... I wash my hair once a week now, used to be every other day... I don’t buy bodywash anymore. I use the froth from the shampoo”

“Reusing things, don’t change toothbrush more, dentist told me to get electric toothbrush but can’t afford that, making it last 7-8 months not 3”

“I’m quite savvy with how I do things, with things like handwash, dilute it down and then top it up, a bit of soap is better than none”

“I made decision I would wear a towel for longer than I normally would, if I was working from home I’d use toilet paper”

Participants commented that they often bought cheaper items to better manage tight budgets. However, the inferior quality of these products often meant that more items need to be used, ultimately costing them more

“Nappies cost a fortune - supermarket own brand aren’t great, not great quality so you have to use more, have to go and buy more”

“I got a rash for quite a while... maybe it was my diet... I think I have got dairy intolerance. Cheaper products are made in factories which have dairy in them and are in the same line, so I do notice that occasionally”

“I have gone from using a nice washing powder which was eco-friendly, as being eco-friendly is important to me, to the really cheap one”
Factors influencing hygiene poverty

Cost of Living Crisis:

The majority of those in the qualitative interviews had been impacted by the cost of living crisis and had been cutting back on various essentials, including heating, food and other products in their home.

Hygiene essentials were reported as being ‘bottom of the list’ when budgets were tight.

Most were weighing up purchasing products for their home, having their heating on or having a meal. Overall, having a shower was not prioritised over, for example, having petrol for their car (in order to get to work).

“I always prioritise bills first, then food second, then hygiene products last”

“Hygiene products are really important as otherwise you feel uncomfortable… you feel unclean, disgusting so it is a tossup between shall we get a toothpaste or have the heating on for a few minutes?”

“I rely on my car and the increase in fuel is really hitting the finance… heating - we would only put on for an hour in the evening to keep the cost down… the gas and electrics are bad enough… you have to be tight with everything… shampoo and conditioner always seem to be so expensive… children’s products and nappies cost an absolute fortune… Hygiene products do not get prioritised. Hot water will be more prioritised over hygiene products but the only product I would prioritise are nappies”

“Priority for me is keeping the lights on and food… I do not waste any vegetables at all… things cost so much more now”

The rise in heating bills and petrol has been devastating for some, particularly those who lived in rural areas and were reliant on their cars.

The expectation of a continued rise in the cost of living in the coming months was a serious concern for the future, with participants concerned about receiving an unexpected bill which would dismantle their carefully planned budget.
A few of the Community Partners raised the concern that withdrawing the £20 uplift to Universal Credit may have a significant impact on people who are now faced with high rates of inflation.

“Paying bills is tough, electricity gone up a bit, rent going up by £25, when you’re a single parent that’s a lot. Electricity has gone up by £40, I’m just hoping it won’t be as bad as summer”

“Everything has got so expensive, groceries and heating, it makes me feel down as I could afford all of this in the past”

Employment:

Community Partners stated that low income is a key driver of hygiene poverty, identifying the following as important factors:

- earning the minimum wage
- being on Universal Credit
- being unemployed or between jobs
- being employed on a zero-hour contract (particularly if they need to support a family on that income)

Change in circumstances:

Community Partners also reported that a change in circumstances can push someone into hygiene poverty, commenting that ‘anyone’ could potentially experience hygiene poverty as they go through life.

Community Partners referred to life events such as:

- becoming a single parent
- experiencing a bereavement
- the ending of a relationship
- being a victim of domestic abuse and seeking refuge
- becoming an asylum seeker
- suffering from addictions or health conditions (physical or mental)

“Those who end up in refuge but also working people have bills to pay on which some spend the whole salary”
“Initially we thought about the homeless, but we know now that even those working struggle….as they do not have any money left after making all the payments”

“I noticed early on that mums, particularly refuge mums, lost access to vital services, they seem to be a forgotten part of society”

**Depression, anxiety and wellbeing:**

Suffering from depression and anxiety was frequently mentioned in qualitative interviews: this was often present before they experienced hygiene poverty, whilst others experienced depression as a result of hygiene poverty.

Many stated that they did not have any highlights in their week and ‘could not see a way out’, and therefore found it difficult to engage with those around them.

> “There are no highlights to my week really, it’s a routine of misery”

> “I do not go out much as I have a problem with my foot… I only go to my landlord who lives nearby for an hour in the evening and that is my highlight… one day is the same as the other and especially as the cost of everything has gone up so much”

> “Just get up, have breakfast, do a bit of work. [Highlights in the week] no, I am suffering from depression at the moment… I get phone calls from debt collections so I am trying to work on that and hopefully things will pick up”

Community Partners also spoke about various ways hygiene poverty affects wellbeing and that it can lead to:

- low self-esteem
- loneliness
- feeling of not being good enough, hopelessness, affecting their dignity
- worrying about being judged and laughed at
- inability to see a way out from the situation
- anger and frustration

> “Low self-esteem, it isolates people, affects their consciousness… but also how general members of the public look at those people and how they judge them”
“[…] women worry about it more than the men… Women need the feminine hygiene products, it’s a bigger deal for women”

“It affects mental wellbeing; people ask the questions ‘why is it me?’”

**Intergenerational cycle of poverty:**

Community Partners also recognised that hygiene poverty can also be a side effect of issues experienced during upbringing and is a symptom of the intergenerational cycle of poverty.

Some commented that those impacted by hygiene poverty were not cared for properly during their youth and ‘were not taught by their parents how to look after themselves’.

“young single mums who come from socially deprived neighbourhoods… generational cycle of poverty”

“I’ve been surprised quite a few times with hygiene poverty - from seeing people you wouldn’t expect… younger people whose parents don’t buy it, ethnic minorities are second, disabilities depending on the career…”

“We find that some people struggle with hygiene in terms of cleaning rooms, we find that a lot. We find that we need to clean the refuge… the staff and cleaners need to do that”
The impact of the pandemic

Looking further back, Covid-19 had a significant impact on those we spoke to in qualitative interviews. For many, issues arose during the first lockdown when they were spending more time at home, therefore spending more on meals, heating and electricity. Some were also dealing with issues with employment e.g., being made redundant or being put on furlough with 80% pay, or unable to find part time or informal work. For others, issues around their finances existed before the pandemic, but various events in the last two years exacerbated their existing issues.

“I hadn’t had any of these issues before Covid… at the beginning there was lots of help, lots of food parcels but now with inflation everything is costing a lot more”

“Money has always been tight; health issues mean that I couldn’t put in the hours. Pandemic made everything worse, it all has a knock-on effect”

“People who are [on] zero [hours] contract, they didn’t get any work, they were furloughed, they were like barely meeting their basic needs in terms of food, so that the hygiene falls away”

This was also noticed by the Community Partners when the numbers accessing their services increased significantly. They said that the number of people they were serving increased between 20% and 200% and one stated that they realised the need for hygiene products only as a result of the pandemic.

“Over the last 18 months, hygiene and poverty it’s just went through the roof… I will probably say it has increased by a good third”

“When we started we had 30 families, now we have 150 but during Covid heights we served 350 families”

“We started in 2017 focusing on feeding those in need which included some toiletries, [we] had 50 families and then it increased to 175 families.”

“[We] support normally 25-30 applicants, individuals or families per refuge but during Covid around 60 per refuge”
As well as lockdowns and furlough having a negative impact, bulk buying at the start of the pandemic meant that many could not access the essentials which they needed from cheaper retailers. Participants also commented that the need to purchase hand sanitiser and face coverings (‘to protect themselves and others’) was an additional cost which they struggled with.

“Places were charging £5 for masks, people capitalised on it. Everyone said we’re all in this together but we’re not. You not being able go on holiday is me not washing my hair for a month.”

Aside from the more practical effects of lockdown, many became reclusive in the long term, the sense of isolation became more pronounced over time, which had a knock-on effect for mental health issues.

The quantitative research also found that the Covid-19 pandemic had varied and complex impacts on household finances. This included negative employment impacts such as being furloughed, redundancy, job loss and reduction of hours. Some workers were advised to ‘shield’ or required to self-isolate which impacted on pay. Many households also faced increased costs due to higher food and energy consumption in the home during lockdowns.

Conversely, there were fewer opportunities for spending, with travel, leisure and hospitality and most services heavily restricted. People who were able to work from home reduced expenditure on usual commuting costs.

It has been recognised that typically, higher-income households were less likely to experience negative impacts on employment such as job loss or being furloughed, and also more likely to make savings due to reduced expenditure (with workers from such households more likely to be able to work from home), while lower-income households were less likely to benefit from these factors.

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5 https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/articles/weeklyhouseholdspendingfellbymorethan100onaverageduringthecoronaviruspandemic/2021-09-13
The survey shows that over half (54%) of those in hygiene poverty feel that the pandemic has had a negative impact on their ability to afford hygiene products (see Figure 4). One in ten (11%) thought it had had a positive impact, and a quarter reported that it had made no difference either way. It is worth noting that this does not show a complete picture of the whole population since the sample comprises those who have recently experienced hygiene poverty (if someone experienced positive impacts from the pandemic which sufficiently improved their ability to afford these products, they would be excluded by definition from the sample). Nonetheless, the overarching picture is of negative impacts and increased financial insecurity from the pandemic.

Different demographic groups experienced these impacts with varying severity. Men experiencing hygiene poverty were more likely to say the pandemic had had a positive impact on affordability of these products than women (14% vs. 8%), but both were similarly likely to report a negative impact. Respondents from lower social grades (C2DE) were more likely to report a negative impact than their ABC1 counterparts (56% vs. 51%).
Those experiencing hygiene poverty in the lowest income bracket (under £20,000 p.a.) were most likely to report that the pandemic had a very negative impact on their ability to afford hygiene products (32%, which falls to 18% of those with a household income of £40,000 or more).

Similarly, disabled people were more likely to report a very negative impact on affordability than those without a disability (31% vs. 26%).

Those who experienced negative impacts on the affordability of hygiene products due to the pandemic were most likely to cite increased household expenses due to lockdown as the reason (65% of this group) (see Figure 5). Over half mentioned having less disposable income (55%), and 36% mentioned being unable to see family or friends. This may have resulted in reduced practical support. A fifth (19%) gave job loss (either their own or their partner’s) as the reason for these negative impacts.
Younger people in hygiene poverty were more likely to say that the negative impact on affordability related to reduced income due to increased caring responsibilities in the pandemic (18% 18-34; 15% 35-54; 11% 55+). Middle aged and older respondents were more likely to mention increased household expenses, and the inability to see family and friends.

Among disabled people, 30% gave reduced support from family/friends as a reason for this impact on affordability (compared with 23% of those without a disability), and 12% mentioned being unable to access food banks (compared with 7%). People without a disability were more likely to mention work-related circumstances such as reduced hours (25% vs. 13%) and being put on furlough (14% vs. 7%).

For the minority who reported a positive impact from the pandemic on the affordability of hygiene products, the reasons tended to be support received from
friends and family (27%); the £20 Universal Credit uplift (27%); people being more considerate during the pandemic (25%), and a reduced need for toiletries due to going out less (24%).
Experiences of hygiene poverty

Following the death of her husband, Elaine lost her main income, becoming a single mum to two young children overnight and had to claim Universal Credit. In recent months, because of increasing food prices and energy bills, she has become reliant on charity donations and local food banks. For hygiene products, she dilutes everything and prioritises use for her two young children, leaving her looking ‘bedraggled’ and not washing her hair for weeks at a time. She has felt extremely desperate at times, begging food bank workers for body wash for her two daughters, and had briefly considered shoplifting out of desperation.

“You feel it, added pressure, many a tearful night crunching the numbers, figuring out how to find money”

Associations with accessing support

Elaine confided in a health visitor about her situation after having not eaten in two days and breaking down in tears, who got her a food voucher and signposted her to helpful organisations. Whilst she doesn’t feel shame in seeking support and protecting her family, she does feel stigma attached to her situation, particularly as she lives in an affluent area. Alongside this, she is reluctant to go to food banks more than the absolute minimum, as she doesn’t want to ‘take from somebody that needs it more.’

“There’s this awful misconception that you brought it on yourself, being a single mum”

Impacts of hygiene poverty

Elaine finds worrying about money particularly stressful, but the physical impacts of hygiene poverty have exacerbated feelings of anxiety further. She ties her hair up in a specific way to look less unclean, keeps away from people for fear that she smells, has bouts of acne from being unable to wash her face and is frequently ill from poor nutrition. She cannot sleep at night from stress and worry that her children will be taken from her. She avoids family members and friends as she doesn’t want them to see her current situation and increasingly isolates herself from others.

“There’s an element of pride and ego, I don’t want people’s pity or sympathy and I don’t want the whispers of ‘did you know they’re struggling.’ It becomes a tragic tale, but it’s my life”

Recommendations

Elaine believes that unilateral change is required to tackle hygiene poverty, from having open and honest discussions and reducing stigma towards benefit recipients and misconceptions that they are ‘lazy’, to putting pressure on local authorities to do more. Equally, due to the increase in the cost of living, the level of benefits offered needs to be higher to absorb this.
The impacts of hygiene poverty

From affecting mental and physical health, to acting as a barrier to education, work, family and social life, the impacts of hygiene poverty are felt across all aspects of day-to-day life.

The impacts on health

Mental health

Hygiene poverty’s effect on mental health was the most commonly reported impact. Three in five (61%) people experiencing hygiene poverty said that it had negatively impacted their mental health in the last 12 months.

This was more commonly felt by those in lower income households (66% of under £20,000 p.a. vs. 43% of over £60,000 p.a.), in addition to disabled people (67% vs. 52% without a disability).

Half said that in the past 12 months, they had felt anxious/depressed (50%) or ashamed/embarrassed (49%) as a result of going without basic toiletries or hygiene items (see Figure 6). A further third (32%) have felt lonely or isolated.
All of the negative impacts were felt more by those in lower income households. Those on a household income of <£20,000 per annum were more likely to feel anxious/depressed (56%), ashamed/embarrassed (55%) and lonely/isolated (37%), as a result of going without basic toiletries or hygiene items in the past 12 months.

<table>
<thead>
<tr>
<th></th>
<th>Under £20,000 per annum</th>
<th>£20,000 - £39,000 per annum</th>
<th>£40,000 - £59,000 per annum</th>
<th>£60,000 and above per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious/depressed</td>
<td>56%</td>
<td>47%</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>Ashamed/embarrassed</td>
<td>55%</td>
<td>46%</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td>Lonely/isolated</td>
<td>37%</td>
<td>27%</td>
<td>19%</td>
<td>21%</td>
</tr>
</tbody>
</table>

The same patterns were seen among disabled people, who were more likely than those without a disability to report feeling anxious/depressed (58% vs. 39%), ashamed/embarrassed (56% vs. 41%) and lonely/isolated 39% vs. 23%).
Women were more likely than men to report many of the negative impacts on their mental health, in particular, feeling ashamed or embarrassed (53% vs. 44%). Among women in low income households (<£20,000 p.a.), this rises to three in five (59% vs. 48%).

Two in five (42%) say they have felt judged for being in hygiene poverty. This was broadly comparable across demographic groups, with the proportion reporting this around four in ten. Among disabled people, this was higher (rising to 47% vs. 35% of those without).

The qualitative interviews highlighted that depression and anxiety can be either brought on or exacerbated by hygiene poverty. Issues with depression had a ‘snowball’ effect, leading some to exercise less and have less energy. Some had contacted Samaritans due to suicidal thoughts resulting from living in hygiene poverty, alongside other stresses.

“I feel like I’ve gone down a rabbit hole and there’s no coming back… I don’t see hope”

“I feel down on myself, I feel like a failure… It’s embarrassing to ring up a food bank, there are people who are more worse off than me, who might need it more”

“I feel humiliated having to do all of these things, it gets to you, you have to put a brave face on, I wouldn’t want to tell anyone”

“I have depression and anxiety, it’s a traumatic experience, it’s like a constant trauma, I’ve called Samaritans a few times, when I was suicidal”

“I have generalised anxiety and PTSD already, it exacerbated it a lot”

Physical health

A third (34%) of people experiencing hygiene poverty say that it has negatively impacted their physical health in the last 12 months. This is much higher among disabled people than those without (40% vs. 26%).
The most commonly reported impact was trouble sleeping (23%), followed by poor oral health and skin irritations (both 19%) (see Figure 7). Lack of exercise was also mentioned (16%).

**Figure 7. Negative impacts on physical health**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble sleeping</td>
<td>23%</td>
</tr>
<tr>
<td>Poor oral health e.g. tooth decay, bleeding gums</td>
<td>19%</td>
</tr>
<tr>
<td>Skin irritations e.g. infections, rashes, dandruff</td>
<td>19%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>16%</td>
</tr>
<tr>
<td>Head lice</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>66%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: All experiencing hygiene poverty (2,006)

The top three most common impacts were felt more by those in lower income households. Those on a household income of under £20,000 per annum were more likely than those on £20,000+ to report trouble sleeping (27% vs. 17%), poor oral health (23% vs. 13%) and skin irritations (22% vs. 14%) as a result of going without basic toiletries or hygiene items in the past 12 months.

The same patterns were seen among disabled people, who were more likely than those without a disability to have trouble sleeping (28% vs. 17%), poor oral health (24% vs. 12%), skin irritations (24% vs. 12%) and lack of exercise (18% vs. 12%).

Those aged 55+ were more likely than 18-34 year olds to have experienced trouble sleeping (29% vs. 20%) and poor oral health (25% vs. 16%).

These findings aligned with the qualitative interviews; the physical health impact of living in hygiene poverty included issues with teeth and issues with skin. This manifested in the form of toothache, tooth decay, bad breath as well as acne, itchy or bleeding skin. Some also experienced issues with their hair as they were using washing-up liquid and other alternatives when washing their hair.
Participants also commented that eating less nutritious or hot meals (in order to save money) made them feel worse and gain weight, this meant that they had less self-confidence, meaning that they were even less likely to leave their home.

“I used to go out and see my friends, but I got anxiety about the way I looked and smelt, so I became a recluse, I was so upset that my life had changed”

“Things like food, I cut to the basics, lentils, potatoes and rice but sometimes you just think ‘I fancy a nice meal, a take-away’”

“I used to buy meat once a week, now I buy it once a month, if I can afford it”

Participants reported that they felt a constant sense of stress, as they needed to continually calculate and recalculate the cost of items. Many had issues with sleeping at night due to their stress levels. This tiredness led them to feel run down and more likely to become unwell.

**Hygiene poverty as a barrier**

Hygiene poverty can prevent people from engaging fully in education, work and social activities.

Many of those in hygiene poverty have avoided seeing a friend (39%), going to a social event (36%) or seeing family (32%). There is also a significant reported impact on people’s career and employment, with one in nine saying they have avoided going to a job interview (13%) or work (12%). A further 9% have avoided going to school, college or university. These impacts are explored throughout this chapter.
A third (36%) of people experiencing hygiene poverty say that it has negatively impacted their social life in the last 12 months. This most commonly took the form of generally reduced contact with others (24%) and socialising less (23%) (see Figure 9).

Isolation was the main consequence that participants reported in the qualitative interviews; many did not leave the house for days or weeks at a time in order to avoid social interaction with both friends and strangers, in case they were perceived to be ‘unclean’.

It was reported that isolating themselves also made it feel easier to not shower or use hygiene products. Furthermore, leaving the house often meant that there was a social pressure to purchase items, e.g., if they are going for a coffee or going to the pub.

“I make excuses not to go anywhere, even if my friend says it’s my treat, because it’s embarrassing someone buying you something when you can’t repay them”

“My friends will invite me out, but I don’t have anything that will make me look beautiful, I want to go out and look nice”
“When you go with friends, you are going for a coffee or something and that costs money, I can’t take a turn buying anything, I can’t offer anything to anyone”

Participants also commented that they avoided social situations as they did not feel presentable, some were also concerned that their struggles with their finances would be noticed, something which they felt to be ‘shameful’.

“I don’t want to go out because I don’t look presentable, I look bedraggled”

“I like my own company but sometimes I spend a week without having spoken to anybody”

“I don’t really see friends and family, more we struggle, less we see them, don’t want anybody to see me like this, quite shameful”

The full range of negative impacts on social life is shown in Figure 9 below.

**Figure 9. Negative impacts on social life**

- Generally I had less contact with others: 24%
- I socialised less: 23%
- I didn’t have the energy to socialise: 16%
- I took part in hobbies and leisure activities less often than I used to: 13%
- I got invited out by others less often: 6%
- Other: 1%
- Not applicable: 64%
- Prefer not to say: 1%
- Don’t know: 1%

Base: All experiencing hygiene poverty (2,006)
The most common impacts listed in Figure 9 were again felt more by those in lower income households. Those on a household income of under £20,000 per annum were more likely than those on £20,000+ to say they generally had less social contact with others (28% vs. 20%) or socialised less (26% vs. 19%), as a result of going without basic toiletries or hygiene items in the past 12 months.

The same patterns were seen among disabled people, who were more likely than those without a disability to say they generally had less social contact with others (29% vs. 19%), socialised less (27% vs. 17%) or did not have the energy to socialise (18% vs. 12%).

Those aged 55+ were more likely than 18-34 year olds to have less social contact. They were more likely to say they generally had less social contact with others (32% vs. 20%), or socialised less (27% vs. 20%).

Career and working life

As shown in Figure 9, there is also a significant reported impact on people’s career and employment, with one in nine saying they have avoided going to a job interview (13%) or work (12%).

Avoiding going to a job interview was more prevalent among younger respondents: (16% 18-34; 10% 35-54; 7% 55+). It was also more common in London (19%), and among men (16% vs. 9% women).

The same patterns were true for going to work. This was more likely to be reported by those of working age: 18-34 (14%), 35-54 (12%), 55+ (5%). They were also more likely to live in London (18%). This impact was most commonly mentioned by those in higher income households (£60,000+), rising to one in five (21%).

In the qualitative interviews, those who were looking for employment often found it difficult to leave their home as they were self-conscious and generally had a lack of self-esteem. This fear created a cycle of poverty which felt inescapable.

Those in work often felt nervous about being in meetings with colleagues as they did not feel ‘presentable’ and it also affected their productivity level.

“If I have meetings at work, I feel really self-conscious"
"I feel really depressed, I feel worthless, I can’t prepare for a job, I don’t think I will ever be able to get out, or have confidence to get back to normal life"

**Education**

As shown in Figure 9, 9% say they have avoided going to school, college or University as a result of going without basic toiletries or hygiene items in the past 12 months. As would be expected, this is closely linked to age, rising to 16% of 18-24 year olds.

During the qualitative interviews Community Partners also mentioned that they had heard of cases when teenage girls avoided going out when on their periods if they were unable to access period products.

They also said that children experiencing poverty avoid socialising and feel demotivated.

Both of these issues could have a direct impact on the ability of children to engage in their education.

"Period poverty has been a topic that we have been looking over the last week, and we have put free products in bathrooms for parents to use because it has been an issue for a lot of families on low income"

**Family life**

Overall, three in five (62%) of those experiencing hygiene poverty with dependent children say that in the last 12 months they have had to choose between buying hygiene products for themselves or their child(ren) (see Figure 10). This was more often reported among women than men (66% vs. 56%).
There are a range of negative impacts for children that stem from going without basic hygiene items or toiletries.

Two in five parents with dependent children say that their child(ren)’s confidence has been negatively impacted (42%) in the last 12 months, in addition to their hobbies including sports (39%). Health is also often impacted, both mental (41%) and physical (37%). However, around a third of parents say that these areas haven’t been negatively impacted when thinking about their child(ren).
Those from ethnic minority backgrounds reported a greater negative impact on children. This was true for physical health (54% vs. 31%), mental health (54% vs. 36%) and hobbies including sports (54% vs. 34%). Close to half (48%) said that their performance at school had been negatively impacted (vs. 32%).

Parents in the qualitative research commented that their children were their top priority and that they would not let them go without the essentials, which often meant that they would need to make significant sacrifices e.g. skip meals and showers.

Although parents tended to make personal cutbacks, one participant had been forced to pick which child could go to school based on who had a clean uniform.

“Now she gets her period as well I made a decision, I would wear a towel for longer than I usually would, or I’d use toilet paper so she could use a towel”

“I’m the sole provider, they deserve the world, to feel that I’m failing them, I can’t give them what I want to... I don’t want them to be looked at differently, but people look at me, I feel it, and that’s an added pressure”

Parents often felt like they were ‘failing’ as children often questioned why they couldn’t have the same luxuries as their friends. Though younger children were
perceived to 'not be able to notice' issues, parents were concerned of the long-term impact living in hygiene poverty might have on them.

“It puts us in a down mood and my teenage daughter started self-harming and lack of hygiene products does not help”

“I would always buy for my kids over what I need for myself... but don't think they'll be fully aware of the money situation, like they can't invite their friends around to the house, otherwise I would have to sort their food and drink, which is another burden”

“Me not washing my hair for a week isn’t the end of the world but if you think about families or kids that are younger than me then that’s really going to affect their quality of life”
Experiences of hygiene poverty

Over the past couple of years, Jack has struggled to find work and lives solely on the work pension from his previous job, not yet eligible for a state pension, benefits or credit – due to being in a debt management plan. He can only afford the very basics and feels that his life is on hold because of this. Decisions often involve choosing between heating and eating, and alongside this he brushes his teeth and showers every other day to save money, uses bar soap to wash his hair and frequently is unable to afford other essentials such as washing up liquid and toilet roll.

“Not being able to buy toilet roll was a real low point for me.”

Associations with accessing support

Whilst Jack’s GP is aware of his poor mental health, he is reluctant to confide in the GP about his inability to afford food and hygiene products, as visiting a food bank would feel ‘as if I have reached rock bottom’ and would only be considered if he couldn’t afford any food at all. These feelings are driven by embarrassment and shame, as he formally worked in a middle management job with few money worries, and so he feels personally responsible for his current situation, which could have been alleviated had he saved more when on a higher income.

“I used to never think twice about filling a shopping trolley full of food in a superstore.”

Impacts of hygiene poverty

Hygiene poverty has impacted all aspects of Jack’s life. It has worsened his mental health, resulting in him speaking with his GP and Samaritans about his depression, and withdrawn all hope for his future. Due to his inability to shower and brush his teeth daily, he avoids socialising with others, and has few clothes without holes in to do so. As Jack has isolated himself, he fears this has alienated those close to him, who are unaware of what he is going through. Because of spending lots of time at home, his physical activity and fitness levels have depleted, causing him to gain weight, all of which have a knock-on effect on his self-esteem.

“People don’t understand my lifestyle and how little I do, so they think I’m boring... I’m just a guy that lives on his own and doesn’t do very much.”

Recommendations

Jack thinks greater awareness needs to be raised towards hygiene poverty and health, as most individuals prioritise food whilst hygiene products fall to the wayside, despite the demonstrable effect that lacking them has. Collective action is required from both local and national governments, and he particularly fears for families and children in light of price rises and the necessity for items to stretch further.
Accessing support

Types of support

In the past 12 months, half (49%) of those experiencing hygiene poverty said they had received support to help them getting basic toiletries or hygiene items from friends, family members or their spouse/partner (see Figure 12). Most commonly this was from family (34%), followed by friends (18%) or a spouse/partner (11%). Other sources of support were food banks (17%) or other charities (11%).

![Figure 12. Types of support received](image)

Those living in larger households (6+ people) were more likely than those with 1 or 2 people to have received support to help them getting basic toiletries or hygiene items in many of the ways listed. For example, they were more likely to have done so through food banks (24%), charities (19%), or their employer (14%).

Disabled people were more likely than those without to have received support from food banks (21% vs. 12%) and charities (14% vs. 7%).

Support accessed varied by age. Younger people aged 18-24 were more likely than those aged 55+ say they have sought support from friends (23% vs. 14%),
charities (17% vs. 7%) and their employer (11% vs. 1%). By contrast, those aged 55+ were more likely to say they have not received support to help them getting basic toiletries or hygiene items in the past 12 months (49% vs. 24%).

Participants in the qualitative research who had accessed different support services were often reliant on local food banks, whilst others relied on their children’s schools. Participants who relied on food banks often experienced a lack of supply or centres not being close to them, meaning that they had to pay for public transport or petrol for their car, an extra cost they could not always afford.

Though some were reliant on friends and family for support, most had not shared their situation with anyone and were managing the issue alone. Some participants mentioned that they often asked for hygiene products for birthdays or for Christmas, however those with a limited social network did not have this type of support to fall back on.

“I have gone to my best mate and ask if she’d give me dinner, she's my best friend. I don’t want to be asking, but I’m desperate, it’s shameful for me. I don’t want to end up in arrears with people around me, hard to balance all that”

“It is really embarrassing but I cannot ask for money. I have mental health issues and if I borrow money, it will really affect my sleeping. [Food bank] is the main source… Job Centre gave some extra details about that help… in Boots centre they give us free tea, cookies, there mostly homeless people but sometimes I go there, especially when I am desperate. [Does not want to go regularly] there is no words to describe the situation. I look healthy, like a regular person but still I am a worthless person... I feel ashamed of myself of what situation I am in. I do not have any place I can rely on”.

Some of those we spoke with were recommended support through health care workers, GPs, social workers or their local council, others did their own research. A minority went to Citizens Advice Bureau and StepChange for support, as well as
job centres and charity shops or charities they came across e.g., those working with mental health issues or victims of domestic abuse or churches.

**Community Partner experience**

Community Partners commented that discussing hygiene poverty was often easier with a stranger at a food bank or other formal support service than talking with friends and family. They highlighted the importance of having a process which would protect the anonymity of those who needed the products e.g., products placed where they could just be picked up without asking for them.

A few of the Community Partners provide home deliveries in order to protect the anonymity of those experiencing hygiene poverty. A few others conducted anonymous questionnaires and asked for feedback on their services and what products were needed. Community Partners wanted to ensure that the process was easy and welcoming, so they did not add extra anxiety and stress to those affected by hygiene poverty.

“We actually struggled at first, because we were expecting that people were going to come to meet us….for the first couple of weeks, no one had been…rather than people come into the Community Centre we now go meet them… I would get messages from Community members [saying] ‘…this, this and this and I don’t want anybody else to know’”

Those Community Partners that are food banks mentioned that they often tend to supply hygiene products in the food parcels. They are aware that those attending their facility due to food poverty are also likely to be experiencing hygiene poverty. They said including hygiene essentials in food parcels can trigger conversations around the issue of hygiene poverty.

“The project is linked to the pantry and we do not want to make people embarrassed so we do not collect their personal data... [we] put some products in people’s bags when distributing food”

Community Partners thought that working in collaboration with food banks and The Hygiene Bank was an effective approach, as it was more informal, and community based. They also appreciated the ability to contact The Hygiene Bank
and request what they need (though they understand that it is not always possible to source this). Alternatively, Community Partners are happy to accept random products which they might or may not be used immediately.

“[There] isn’t enough support at all, support that people have been the grassroots people in the community”

“I didn’t know there was any help available, I never knew any of that was available, we didn’t realise what was available under that food bank”

“Not much knowledge of other organisations providing support in terms of hygiene poverty specifically”

**Barriers to accessing support**

Close to half (48%) of those experiencing hygiene poverty say they have been unable to afford hygiene products but are too embarrassed to ask for help (see Figure 13). This highlights the role of stigma as a barrier to accessing support. Whilst one in five (23%) say they have felt comfortable asking for help. Others (13%) say they have had to ask for hygiene products on behalf of friends or family because they were too embarrassed to ask.
Embarrassment was most commonly reported by those aged 55+, who were also more likely than 18-24 year olds to say this has prevented them asking for help (57% vs. 28%). Whilst 18-24 year olds were more likely to say they have had to ask for hygiene products on behalf of friends or family because they were too embarrassed to ask (27% vs. 4%).

This was also the case for disabled people. Half (53%) said they have been they have been unable to afford hygiene products but are too embarrassed to ask for help. This was higher than those without a disability (41%).

Overall, two in five (42%) say they have felt judged (either a great deal or a fair amount) for going without basic toiletries or hygiene items. Among this group, four in five (79%) say that this has stopped them from reaching out for support. This was higher among disabled people (83% vs. 71% without) and women (82% vs. 75% of men).

Participants in the qualitative interview discussed range of emotional and practical barriers that prevented them from accessing support.
Most only accessed support as a ‘last resort’. Many felt a sense of ‘shame’ and ‘embarrassment’ at the idea of looking for support, with the fear of judgement and stigma being particularly evident. Participants also commented that they expected the process of entering a food bank to be intimidating, with many anticipating judgement from those working there.

“I feel terrible when accessing these things [food banks]. I have no other choice, but I feel like a burden on society and everyone around me”

“Asking for things is just embarrassing and shameful especially as I’ve got kids, I brought them into this world, they should have the products they need to live”

Tangible barriers included a lack of support services in their local area, a lack of relevant items available, opening times being limited or not enough staff to run the centres.

“It’s not consistent when I get it [support] or how much it’ll be, they’re relying on donations, and everyone is facing the rise in the cost of living”

Participants who lived in smaller, more tight knit communities were worried about being seen by others and being ‘talked about’, or even have their children taken away by social services, as they may not be considered to be a ‘fit’ parent.

“I live in a small town, imagine if I ran into people there [at the food bank], I don’t want people knowing your business”

“Everybody knows everybody, people are aware of my situation but there is still stigma attached... So yes there’s an element of pride and ego - I don’t want people's pity or sympathy, I also don’t want the whispers”

“It’s a social faux pas if you stink if you’re dirty or unclean, I worry if people look at me, people will think I’m not coping, they’ll take my children away from me”

Participants also commented that another barrier was their perception that they were ‘taking items away from others who were more needy than them’ e.g., the homeless.

“At first had to go to the food bank quite regularly – but I don’t want to go more than I need, don’t want to take things from somebody else”
“Wouldn’t want to take away from other people, wouldn’t feel right, like if I know someone else who was going without food”

“I wouldn’t want to go and get free food when there are homeless people who could benefit or people in a worse situation”

In the qualitative interviews those impacted by hygiene poverty did not speak to their friends or family about their situation due to ‘embarrassment’ and the perceived stigma attached. Although some looked to more formal support services, many were not aware of the support services which are potentially available to them, this was another key barrier.

“It’s something that’s incredibly difficult to talk about and its depressing for other people to hear, it’s not something you’d really chat about over a cup of tea”

“I’ve kept it all to myself, partly because I’ve been trying to deny what’s been happening, I don’t know if anyone else is in the same situation as me”

“Definitely wouldn’t want to speak to anyone about it, I’m a very private person anyway, wouldn’t want people pitying me about it”

Additionally, a few of the Community Partners said that people simply did not know how to talk about the issue. From their perspective they did not know what language to use to e.g., tell someone that ‘they did not smell fresh’ or to ask why they were wearing the same clothes for a few days without sounding judgemental. Community Partners also commented that barriers to accessing support were also linked to other issues e.g., mental health issues, being unemployed, experiencing domestic abuse.
Drivers to accessing support

Participants in the qualitative research commented that they had accessed support as a last resort, at the point of ‘desperation’ where they were unable to manage alone. Most eventually accessed support after being signposted by a friend, family member or support worker. Overall, there tended to be a reactive, rather than preventative attitude to accessing support.

Those who accessed support from food banks felt that they were treated with respect and that their fears around judgement were at least partly allayed. However, others still felt a deep sense of shame whilst at the food bank (or when accessing another form of support), commenting that they ‘did not feel like they belonged there’.

“I wish I’d got help sooner; some go without forever”

“I was crushed when I went to the food bank I didn’t want to belong there, no one wants to be there”

“It would be embarrassing to formally speak to someone about it, or to go through those sorts of channels, I just can’t bring myself to do it”

Community Partners also said that they saw how hard it was for people to access support, especially for the first time, and how those impacted by hygiene poverty were often emotional and appeared overwhelmed. However, once they were able to have conversations about their circumstances and needs, the process became easier and all expressed deep gratitude for the support they received.

“[Accessing support] it can be emotional and we are aware of that and that is why we do not ask too many questions. When people come for the first time you can see that they are nearly broken asking for help... it gets better with second time. We ask if it is their first time and what they need and they get really overwhelmed and start telling their stories and we try to reassure them”

“People are surprised and heart-warming that people care and provide products and donate them. It motivates people to do things, not to return, to get the support needed”
Community Partners observed that those who accessed their services, did not take advantage of it. They took what they needed and would not ask for much more. Community Partners also saw that once people did not need help, they stopped accessing the support. They also saw the impact the donations had on people – it transformed them, boosted their confidence and morale, and made them more relaxed. They also commented that some of those who received their hygiene product donations, told them that they liked them and they would buy the same products themselves once they were able to afford them.

“It affects people’s self-esteem and we can see that our support gives them confidence booster and you can see difference how they come across”

“When people are clean and smell nice it has such a massive impact, it transforms people’s confidence, they start to smile, relax, trust…”

Responsibility for addressing hygiene poverty

Views among the UK general public were split when thinking about who is most responsible for tackling hygiene poverty in the UK (see Figure 14). Most commonly, the Government (37%) was thought to be responsible, with even proportions saying society as a whole (24%) and the person affected (22%). People were much less likely to say the local community (2%), employers or charities (both 1%).
Women were more likely than men to say that society as a whole is responsible (28% vs. 19%), whilst men were more likely to say the person affected (28% vs. 17%).

Those impacted by hygiene poverty commented that it is largely the government’s responsibility to address hygiene poverty, but charities have an important role to play, alongside supermarkets and pharmacies. Upon reflection participants concluded that everyone in society has a role to play, particularly in breaking the stigma around accessing support.

“I suppose the government and the actual companies who make the products, to make it a bit easier, you should not [have to] buy sanitary towels, it is something that we need. I would not like to put everything on charity to be honest”

“Central government, local government, various organisations and businesses like supermarkets. [To tackle hygiene poverty] Red box schemes, there should not be VAT on sanitary protection, reusable sanitary protection could be donated e.g., reusable sanitary towels, period cups. [Who should talk about it?] Supermarkets and chemists like Boots and Superdrug, they have got an opportunity… to put some things on a side for people to access… so people would not have to wait until they are suffering and struggling”
“Reusable sanitary protection should be donated (moon cups, reusable sanitary towels). Would like to see supermarkets and chemists to talk about hygiene poverty - e.g., Superdrug or Boots - feels more discreet”

Similar views were held by the Community Partners but a few mentioned that local authorities, GPs, health visitors and local grassroot organisations could also contribute to addressing hygiene poverty. They thought that ways of addressing hygiene poverty included:

- Raising awareness of the issue among the general public and how to access support
- More community engagements schemes
- Teachers looking into reasons behind bullying and students unattendance and to teach students about good personal hygiene
- Distributing vouchers to those in need who may use them to access hygiene products for free or on a discount
- Increasing wages and social benefits
- Ending zero-hour contracts

“It is the responsibility of local authorities e.g. council, GP, health visitors any doors that people can approach. It should be a collaborative approach of the government, business and charities. It needs a holistic approach. Focusing on one area is not going to help, especially as 75% of people we support are hard to reach people, unwilling to engage so there is a question about community willing to engage. It is a responsibility of everyone really”

“Raising public awareness [as] it is hidden... people who need are not going to ask and the rest of us do not thing about it… make people think about it more”

“I think there is there is a massive need for change, just in terms of things like zero-hour contracts”
Experiences of hygiene poverty

Due to being a refugee in this country, and having a disability that prevents him from working, Tahir is extremely vulnerable. Covid-19, the increase in product prices, the cutting of Universal Credit and impact of winter has increased his existing struggle with affording everyday essentials. Much of his food and hygiene products are rationed out, and showers are limited to every other day. Each day involves a decision on what to choose between, from heating the home for a short while to a hot meal. Currently, his hygiene products are acquired from a charity, such as toilet roll, razors and soap – which he uses for everything, including to wash his hair.

“I literally have to choose between everything - getting the heater on or having something to eat, and I can't even do it for that long.”

Associations with accessing support

Accessing support feels very demoralising, and Tahir has only consulted food banks and charities several times when he has felt extremely desperate as he does not want to ‘over-rely’ on them or feel indebted to them. The act of receiving something without giving something back in return feels wrong and visiting a food bank was hard to reconcile as he didn't want to be there or ‘belong’ there. Equally, due to visiting places that are frequented by homeless people, he feels a sense of guilt as comparably, his situation is ‘better.’

“I am poor but I want to do something, I want to be able to offer something, and I was so sad I was there [at a food bank]”

Impacts of hygiene poverty

Being reliant on benefits and experiencing hygiene poverty, particularly having worked his whole life, has taken a significant toll on Tahir’s mental health. He suffers from depression and anxiety and has consulted Samaritans on several occasions to alleviate suicidal thoughts. He feels as if he ‘doesn’t have anything to offer anyone’, which is hampered by his inability to socialise with friends and enjoy himself. Even spending time alone at home affords him few luxuries, including a television set, as he would not be able to afford the tv license. His only reprieve is that he doesn’t have any children, as he feels he would not be able to manage at all if that were the case.

“It’s a traumatic experience, living on these benefits with no support, without basic hygiene you can’t take care of yourself properly”

Recommendations

Whilst Tahir has benefitted greatly from the support of local charities and food banks, he feels that it is not the responsibility of charities to intervene and provide support for those who need it. He urges that the government are responsible and need to do what is required for those who need it most.
Perceptions of hygiene poverty

In order to address hygiene poverty, it is important that perceptions of it are better understood. How those experiencing hygiene poverty believe they are perceived, especially if in a negative way, could be a barrier to seeking help. As for the general public, perceptions of hygiene poverty could affect how big an issue they think it is and whether they would consider helping in some way.

Individual perceptions

Perceptions as to why people living in poverty in the UK today are in this situation were explored among those living in hygiene poverty (see Figure 15).

The questions explored perceptions of poverty generally, as opposed to hygiene poverty specifically.

A large majority (76%) agreed that the prevalence of poverty is due to Government policies or actions, with six in ten (63%) saying poverty stems from sickness, disability or being otherwise unable to work. A much lower proportion (24%) said it was because of peoples’ own choices or actions.

![Figure 15. To what extent do you agree or disagree with the following statements? Most people living in poverty in the UK today are in this situation...](image-url)
**Government policies or actions**

Of all the potential factors for poverty listed, those experiencing hygiene poverty were most likely to agree that most people (76%) experiencing poverty in the UK are in this situation due to government policies and actions, while only 7% disagreed.

**Unable to work**

Overall, there was high agreement that people experiencing poverty in the UK are in this situation due to being sick, disabled or otherwise unable to work (63%). Disabled people were far more likely to agree with this statement than those with no disability (70% vs. 52%). People who are unemployed or not working were also more likely to agree that being unable to work is cause of poverty when compared to people currently in employment (73% vs. 56%). However, it is important to note that among those experiencing hygiene poverty, half (57%) are working either full or part time, demonstrating that this is an issue affecting people both in and out of work.

**Impact of Covid-19 on the economy**

The data indicates that those experiencing hygiene poverty believe that people experiencing poverty in the UK are in this situation due to the impact of the pandemic on the economy. A majority (60%) agreed with this. Those aged 18 to 34 were more likely to agree (65%), whereas far fewer people (43%) aged 55+ agreed with the statement.

**Poverty as an inevitable part of modern society?**

Among those experiencing hygiene poverty, four in ten (44%) agreed that poverty is an inevitable part of modern society, while thirty-five percent disagreed. Younger people were more likely to hold this view; four in ten (42%) aged 55+ disagreed in comparison to 28% of 18 to 24 year-olds. People from an ethnic minority background were also more likely to agree that poverty is an inevitable part of modern society (53% vs. 42% of white adults).
Actions of employers

Half (50%) of those experiencing hygiene poverty agreed that people experiencing poverty in the UK are in this situation due to the choices and actions of employers, in comparison to 14% who disagreed. There were generally similar levels of agreement across gender, age groups, and social grade. However, disabled people were more likely to agree with the statement than those without a disability (53% vs. 46%). Somewhat surprisingly, there were not statistically significant differences between people split by their employment status.

Support networks

The same proportion (49%) of people experiencing hygiene poverty agreed that having no family or friends to rely on is a reason for poverty in the UK. Income appears to be a factor as over half (53%) of those in lower income households (<£20,000 p.a.) agreed with that a lack of a friend or familial support network is a factor in comparison to four in ten (42%) people earning £40,000 to £59,000 a year.

Addiction issues

Four in ten (40%) agreed that people experiencing poverty in the UK are in this situation due to addiction issues such as alcoholism, drug abuse, and gambling, highlighting the complex link between addiction and poverty. However, views were relatively split, with a third (32%) disagreeing. There were stark differences by age, with those aged 18-24 much more likely to agree with this than those aged 55+ (52% vs. 23%).

Bad luck

Roughly, a similar proportion of people living in hygiene poverty agreed or disagreed that people in the UK experience poverty because they are unlucky (37% and 35%). Once again there are differences between different age groups. For example, four in ten (41%) 18 to 34 year-olds agreed that it was because of bad luck in comparison to one in five (23%) people aged 55+. 
Personal choices and decisions

When thinking about why people in the UK experience poverty, half (49%) disagreed that this is due to people’s own choices or decisions. Whilst only a quarter (24%) agreed. While men and women experiencing hygiene poverty had largely similar views, there were notable differences by age. Those aged 55+ were much more likely to disagree with this than 18-24 year olds (60% vs. 39%).

Societal perceptions

This section explores societal perceptions of hygiene poverty among all adults living in the UK.

How much of problem is hygiene poverty currently in the UK

When asked how much of an issue hygiene poverty is in the UK currently, views were relatively split (see Figure 16). Four in ten (44%) UK adults said it was a very or fairly big problem, whilst a third (32%) said it was not a very big problem or not a problem at all. It is worth noting that nearly a quarter (24%) said they did not know. This implies a lack of awareness of the issue.

Figure 16. How much of a problem, if at all, do you consider hygiene poverty to currently be in the UK?

<table>
<thead>
<tr>
<th>Net: A big problem</th>
<th>44%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net: Not a big problem</td>
<td>32%</td>
</tr>
<tr>
<td>A very big problem</td>
<td>10%</td>
</tr>
<tr>
<td>A fairly big problem</td>
<td>34%</td>
</tr>
<tr>
<td>Not a very big problem</td>
<td>27%</td>
</tr>
<tr>
<td>Not a problem at all</td>
<td>5%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>24%</td>
</tr>
</tbody>
</table>

Base: All UK adults (2,125)
There are significant splits between men and women when answering this question. For example, half of women (52%) said this was a problem compared to over a third (36%) of men. Furthermore, roughly the same proportion of men recognised hygiene poverty as a problem (36%) as those who did not (37%). Twenty-seven percent of men answered 'don't know' to the question which is a higher proportion than women (20%). This suggests men are slightly more unaware or lack understanding of hygiene poverty.

There were also key differences by age. Those aged 18-24 were much more likely to perceive hygiene poverty in the UK to be a problem, rising to over half (54%) compared to a third (35%) of those aged 55+.

**Community partner perceptions**

During the qualitative interviews, Community Partners thought that the awareness of the issue among the general public is gradually increasing. However, they also commented that hygiene poverty is a sensitive topic to talk about and those experiencing hygiene poverty often prefer to avoid discussing it with others. Community Partners felt that the general public often do not consider hygiene products to be ‘essential’ in the same way as they think of food or basic utilities.

“I guess maybe the stigma that goes with hygiene is more than goes with food… hygiene products that’s maybe slightly more embarrassing than saying I can’t afford breakfast”

Community Partners defined ‘hygiene poverty’ as an inability to purchase hygiene products. Although there was not a consistent definition amongst Community Partners, most stated that those experiencing hygiene poverty need to make choices around how to manage their budget and what products to prioritise. Some referred to making those decisions as ‘making sacrifices’ e.g., whether to put a nappy on a baby or how often to change their nappies, which hygiene products to buy or how to make them last longer. When thinking of hygiene products, Community Partners referred to ‘essentials’ such as shampoos, shower gels, deodorants, toilet rolls, period products etc. and not for example skin creams, perfumes or make-up products.
“Principally it’s about people who are not able to afford the essentials, so whether it’s feminine hygiene products or shampoos, shower gel or even if you’ve got a baby… that incorporates all those sorts of things that we take for granted in keeping yourself comfortable and clean”

“[… ] the money people receive weekly e.g. through Universal Credit, furlough etc. is not adequate to have hygiene as people focus on utility bills etc.”

“[… ] we’re experiencing a lot of families can’t make meet the needs of day to day”

Community Partners thought that hygiene poverty in the UK is a growing problem. They did not think that it was a significant issue 10 or 20 years ago. They commented that hygiene poverty is growing in their local communities and that they were aware of many other deprived neighbourhoods with a growing need to provide hygiene products as part of their services.

“It is an increasing problem and there is need for some interventions to address it”

“If we go back 20 years ago we did not see this back then. There is a massive difference in terms of the service we provide now and back 20 years ago, we did not deal with mental health issues or provide these products - food and hygiene. Maybe even 10 years we did not have that”

“We cover a huge area, a lot of people are put into housing there, if you don’t have transport, a lot of it is hidden in these areas…, judging by the amount we give out… up 60% on previous years. Last year we gave out just under 6,000 packages not including kids, that’s just crisis. Up 20% this year and will go up after furlough and universal credit”

“Every week we get 150 families and some of them are big families, they are regular visitors… we also have contact with another 120 families in another place”
Causes of hygiene poverty in the UK

According to UK adults, the three most commonly reported causes of hygiene poverty were: low wages and poor employment conditions (64%), long term physical or mental health conditions (49%), and personal lifestyle choices (41%) (see Figure 17).

Figure 17. Which, if any, of the below do you think are causes of hygiene poverty in the UK?

The data indicates that there were differences between which causes men and women think are greater factors. For example, of all the potential causes women were more or similarly as likely to say them as men. The only exception to this is that men were more likely to identify personal lifestyle choices than women (44% vs. 37%). In contrast, women were more likely than men to say: low wages and poor employment conditions (70% vs. 58%), long-term health conditions (51% vs. 46%) and difficult life experiences (43% vs. 35%).

Base: All UK adults (2,125)
There were big differences in opinion by age. The most commonly reported cause for both those aged 55+ and 18-24 was low wages and poor employment conditions, but this was much more commonly reported by those in the younger age group (69% vs. 56%). By contrast, those aged 55+ were more likely to attach personal blame to people with half (49%) identifying personal lifestyle choices as a cause in comparison to a quarter (27%) of 18-24 year-olds. This is in contrast to younger people currently living in hygiene poverty, who appeared more likely to agree that is due to personal responsibility than older people, as mentioned earlier. Furthermore, 18-24 year-olds were more likely to identify forces outside people’s control such as the way the UK economy works when compared to those age 55+ (41% vs. 22%).

Conclusions
The qualitative phases of this research revealed that hygiene poverty is not an isolated issue; it is linked to and compounded by some of the biggest issues currently facing the UK, and has a detrimental impact on individuals, communities and the wellbeing of a future generation.

“It makes me feel angry, in this day and age and this country, we shouldn’t have people going without”

“We should be having a wider discussion about this, one that is open and honest… There’s this impression that people on benefits are lazy or they are asking for it somehow, but this is not something I would choose for myself”

“We shouldn’t need food banks, the government should put better safety nets in, particularly for working families… it’s about investing for the future”

Additionally, there is a lack of awareness among the general public as to how much of a problem hygiene poverty is in the UK, with a quarter (24%) of the general public saying they ‘don’t know’. This suggests there would be value in increasing communications about hygiene poverty and its impact, with the aim of increasing understanding and support.

Stigma acts as a key barrier to accessing support, with close to half (48%) of those experiencing hygiene poverty saying they have been unable to afford hygiene products but are too embarrassed to ask for help. Whilst those who accessed support from food banks felt that they were treated with respect and that their fears around judgement were at least partly allayed, others still felt a deep sense of shame whilst at the food bank (or when accessing another form of support).

Given hygiene poverty affects six percent of the population, this suggests the need to normalise seeking support, and signpost people to places they can access it.

Appendix A
Phase 1

Phase 1 involved surveying 2,193 adults living in the UK. Fieldwork was undertaken between 4th - 5th October 2021. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+) by gender, age, social grade, region and education status.

Phase 2

Phase 2 involved in-depth one-on-one interviews with The Hygiene Bank Community Partners across the UK. They were informed about this research by The Hygiene Bank and those interested in taking part in the study, directly contacted YouGov Qualitative team to arrange the interview over Zoom or phone. These interviews aimed to understand experiences of hygiene poverty at the coal face, exploring the support they offer and any specific challenges. The interviews took 45-60 minutes and were conducted between September 13th - 29th 2021.

Phase 3

Phase 3 involved surveying 2,006 adults in the UK who are experiencing hygiene poverty. Fieldwork was undertaken between 6th - 24th January 2022. The survey was carried out online. The figures have been weighted and are representative of adults living in hygiene poverty by gender, age, social grade and region.

Phase 4

Phase 4 involved surveying 2,125 adults living in the UK. Fieldwork was undertaken between 4th - 7th February 2022. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+) by gender, age, social grade, region and education status.

Phase 5

In Phase 5 the qualitative team conducted 13 x 45-minute interviews with those impacted by hygiene poverty to understand their lived experience, their views on
accessing support and the impact living in hygiene poverty has had on them. All participants opted into the research at the end of the quantitative survey. We spoke to those from a mix of age, genders, ethnicities and locations across the UK, including those with children. Fieldwork was undertaken between 22nd February - 1st March 2022.