



Public giving to alleviate poverty: Surveying provider experiences of a novel scheme

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ABSTRACT

People experiencing poverty and homelessness are at increased risk of malnutrition and physical and mental illness, as well as involvement in crime. Food banks and other related schemes such as community fridges have become commonplace in the UK. However, as the prevalence of poverty increases, other novel methods may be needed to address individual and community well-being and safety. We carried out a survey to explore the attitudes, views and experiences of providers of an alternative giving scheme, developing across England and Wales, known as BillyChip. BillyChips are given to people experiencing homelessness as an alternative to cash and can be exchanged for food and drink at certain outlets. We found that the scheme is acceptable to providers and viewed positively. The experience of providing BillyChip tokens to people in need correlated with positive perceptions of the scheme in its role in alleviating poverty, whilst promoting individual safety. Providers suggested various additional items for redemption using the scheme. The learning from this study will be of interest to stakeholders involved in the development or adoption of BillyChip and other alternative giving schemes.

Key Words Poverty; homelessness; alternative giving; charitable giving; community safety.

INTRODUCTION

The obvious relationship between poverty and homelessness may explain the surprising paucity of research examining the interplay between the two related but distinct phenomena (Sharam & Hulse, 2014). Accepting this apparent lack of research interest, the available evidence still confirms that poverty is often causative in homelessness and serves to maintain homelessness, especially in urban environments (Rukmana, 2020). The consequences of both poverty and homelessness extend beyond housing however, as people experiencing poverty are at greater risk of physical and mental illness (Mitchell et al., 2023), often related to malnutrition (Huang et al., 2022). The often-complex health needs of homeless people are compounded by difficulty in accessing healthcare (Riley et al., 2003), with homelessness itself a robust predictor of premature mortality (Demakakos et al., 2020). Moreover, concerns around food poverty and homelessness span both public health and community safety and well-being arenas, with an overlap between the homeless, criminal justice and substance misuse population groups (Public Health England, 2021). Evidence suggests that homeless people are at increased risk of engagement in crime (DiFiore et al., 2022;

Wu & Wu, 2012) and of being a victim of crime, including violent crime (Miller et al., 2021; Nilsson et al., 2020). Indeed, homelessness has been described as a community safety concern, for example, within the night-time economy (Johns et al., 2019). Therefore, the consequences of homelessness and food poverty are therefore far-reaching beyond public health concerns, impacting negatively on community safety and cohesion and not solely on the health and well-being of individuals.

Food banks and other related schemes, such as community fridges, where food is available for free or nominal cost, have become commonplace in the UK (Sosenko et al., 2022). Social innovations developed at a community level have the potential to influence policy and government funding (see Rabaiotti, 2024). However, as the prevalence of food poverty and homelessness increases and the scope of poverty widens over time, more novel methods may be needed to manage the associated harms. One such example is an “alternative giving” scheme known as “BillyChip,” which originated in Bristol, UK. Shops, cafes and charities participate in the scheme by purchasing tokens known as BillyChips from the BillyChip charity. These tokens can be exchanged at the same outlet at which they were purchased or at other participating

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outlets for food or drink. Participating businesses decide on the exchange value for each token. Patrons of participating businesses can purchase BillyChip tokens and give them to visibly poor people, such as those begging or sleeping rough, instead of giving cash (BillyChip charity, 2024a). This is thought to help people receiving tokens to feel confident in that they can then visit a participating outlet and purchase food or drink themselves, and the tokens cannot be used to purchase alcohol or drugs, making them theoretically safer than cash for a population at risk of violent muggings (Nilsson et al., 2020).

Similar to other charitable schemes, such as food banks, BillyChip involves community giving, and those in need can access it without condition or financial contribution, whilst community fridges tend to involve a nominal charge. Both food banks and community fridges are available in certain (albeit growing) static locations, and people will have to travel to access them during their opening hours. However, they have the added benefits of being able to assist individuals with other needs, such as housing, finance and debt advice (Hanson & Porter, 2023). Similarly, homeless drop-in centres where food is served have been shown to support health and well-being and addictions (Paisi et al., 2023). In contrast, BillyChip is not designed to provide added services, but it has the potential to be accessed and redeemed across flexible locations, during various times, and established in high locations of need, such as urban centres (BillyChip charity, 2024a). Evidence suggests that high use of food from welfare sources by homeless people exists, but they also acquire food through theft and begging due to issues around time and access, or being ashamed or embarrassed (Booth, 2006). Therefore, BillyChip may have a place in responding to concerns about both food insecurity and community safety.

We sought to explore the attitudes, views and experiences of people employed at participating outlets and those who work in the third sector helping and supporting people in poverty by way of an online survey. We chose to engage with providers rather than beneficiaries for practical reasons, as we were unable to easily access people who used BillyChip. Our target population includes provider and potential providers of BillyChip tokens from a range of backgrounds including café baristas, shop staff, social or welfare service staff and charity workers. Due to the exploratory nature of our research, we did not formulate formal hypotheses for testing but aimed to answer the following research questions: What are the characteristics of BillyChip providers? How acceptable is BillyChip to providers and potential providers? What are the perceived benefits and pitfalls of the BillyChip scheme? This said, we tentatively hypothesized that providers would be for the most part positive regarding BillyChip as a means of alleviating poverty among street homeless people but may be concerned about the stigma attached to the scheme.

METHODS

We designed a survey to capture demographic data, data related to experience and data related to beliefs and attitudes toward BillyChip. The survey was split into three parts. In the first part of the survey, participants were asked to provide their age, sex, what kind of organization they worked for and their role within that organization.

In the second part, participants were asked whether they had heard of BillyChip, and if they answered positively, they were then asked to provide a brief description of the scheme. If they answered negatively, then they were directed to a video on the BillyChip website explaining the scheme and then asked to summarize their understanding of the scheme.

Participants were also asked if they had any direct experience of the scheme, and if they answered positively, then they were prompted to provide a summary. To conclude this part of the survey, participants were tasked with listing any products they would like to see available in exchange for BillyChip which were not currently available. Prompts for items of toiletries, female hygiene products, contraception, over-the-counter medicines, reading and writing materials, bus fare, phone top-up vouchers, pet food and clothing were included as well as a free-text box for other items.

In the final part of the survey, participants were asked to answer several Likert-type question items along a 5-point scale of “strongly disagree,” “moderately disagree,” “neither agree nor disagree,” “moderately agree” and “strongly agree.” The items were as follows:

“BillyChips can help people struggling to provide food or drink”; “BillyChips can help people feel cared for”; “Cash offers more choice than BillyChips”; “Carrying BillyChips is safer than carrying cash”; “It is easy to exchange a BillyChip for food or drink”; “BillyChips can be sold for cash”; “It’s easier to just give someone food or drink than to give them a BillyChip.”

Participants were then asked to choose from a list of other items on which BillyChips could be spent and to include their own using free text should their preference not be included. As all self-report survey studies are at risk of various biases, we used balanced Likert items to guard against response bias and have avoided confirmatory statements and binary choices, for example, yes/no to avoid the risk of confirmation bias. We did not suggest the BillyChip scheme as being a “good” or “bad” approach to the problem of poverty or homelessness to avoid social desirability bias impacting on responses. We were careful to make respondents aware of the confidentiality of their responses and made them confident in their freedom to answer survey questions freely and honestly.

The survey was hosted on the Qualtrics online survey platform from 20 January 2024 to 27 June 2024. Survey respondents were recruited via emails to participating outlets and emails to third-sector organizations involved in helping and supporting people in poverty in the area in which BillyChip was active. Participants were presented with a participant information sheet and a consent form upon clicking the survey link contained in the emails. A minimum proportion of survey items was set at 60%. Responses which returned lower than this threshold were not included in the analysis. We made this decision as the data we collected (e.g., limited data points expressed as correlations between ordinal self-report scores) were not amenable to interpolation during analysis, and so missing values would be a significant obstacle to meaningful data analysis.

We opted for a bespoke survey design due to our niche research focus, lack of suitable pre-existing tools and the aims of our study. Were our aims related to the acceptability of a specific intervention deliverable by health or social care professionals, usability or the aesthetic quality of BillyChip

tokens, then we would have been in a position to choose a tried-and-tested measure. However, we are interested in the acceptability and perceived pitfalls associated with a novel charitable scheme provided by a diverse group of people employed in very different positions within very different organizations. Therefore, a bespoke approach allowed us to capture data meaningful to our proposed analysis in the most efficient way.

DATA ANALYSIS

The first stage of our planned analysis was to describe our sample in terms of age, sex and professional background.

The second stage was to measure correlations between survey item responses and familiarity with the BillyChip scheme. As item responses were measured using Likert-type scales, the data would be ordinal and non-normally distributed. Experience was defined as a binary dichotomous variable of yes/no to the question “does the participant have direct experience of BillyChip?” (e.g., providing a chip to someone, redeeming a chip for someone) as opposed to familiarity which was defined as having knowledge of what the BillyChip scheme is, but no direct experience of the scheme. Through the process of completing the survey, all participants were familiar with the scheme, as all participants were able to learn about the scheme by viewing an animated infographic hosted on the official BillyChip website.

Based on the types of data being collected, we planned to calculate Kendall’s tau coefficient as a nonparametric measure of the strength and direction of association between one ordinal scale variable and one binary dichotomous variable. Kendall’s tau is a robust measure of association suitable for the identification of meaningful statistical relationships between ordinal and categorical variables when sample sizes are small and data are non-normally distributed (Keown & Hakstian, 1973).

The third and final stage of our analysis involved reporting the type and average number of additional items respondents thought should be purchasable with BillyChip tokens. We planned to report suggestions alongside set-choice responses by including a free-text box as part of this survey question.

RESULTS

Over the observation period, 71 respondents accessed the survey, with 40 respondents completing the minimum proportion of survey items (40%). These responses were included in the analysis.

Most respondents were in the 35–44 age bracket and were female. Most respondents worked in charitable organizations, followed by local government. A variety of different roles were described by 36 respondents. Most described supporting people in poverty within local government organizations ($n = 16$). Participant demographics are summarized in Table I.

Numerical scores for agreement with Likert items were lowest for “It’s easier to just give someone food or drink than to give them a BillyChip” with a mean agreement for this item at 2.45 (1.93). The next lowest scores were for “BillyChips can be sold for cash” with a mean agreement of 3 (1.64) and “It is easy to exchange a BillyChip for food or drink” at 3.1 (1.51).

TABLE I Respondent characteristics

Age (years)	18–24	6 (15%)
	25–34	17 (42.5%)
	35–44	8 (20%)
	45–54	7 (17.5%)
	54+	2 (5%)
Sex	Female	32 (80%)
	Male	8 (20%)
Organization	Charitable organization	12 (30%)
	Local government/council	8 (20%)
	Private business	6 (15%)
	Housing association	4 (10%)
	Health service (including third-sector addiction services)	4 (10%)
	Community hub/centre (including library)	4 (10%)
	Religious organization	2 (5%)
Role	Supportive	14 (35%)
	Managerial	12 (30%)
	Voluntary	5 (12.5%)
	No data	4 (10%)
	Administrative	2 (5%)
	Healthcare	2 (5%)
	Sales orientated	1 (2.5%)

The remaining item statements scored within a similar range of agreement. These were “Cash offers more choice than BillyChips” at 3.4 (1.74); “BillyChips can help people feel cared for” at 3.6 (1.65); “Carrying BillyChips is safer than carrying cash” at 3.73 (1.65); and “BillyChips can help people struggling to afford enough food or drink” at 3.78 (1.56).

Less than half of respondents had heard of BillyChip prior to completing the survey (40%, $n = 16$), and close to a third had firsthand experience of the scheme (32.5%, $n = 13$).

Agreement with Likert scale items concerning BillyChip’s potential to help people in food poverty, helping people feel cared for, safety and ease of exchange was significantly associated with experience of the scheme. Correlations are summarized in Table II.

An average of 3.03 (standard deviation 3.42) purchasable items were suggested by respondents. The frequency of suggestions is displayed in Table III. No participants opted to use the free-text option to describe unlisted items.

DISCUSSION

This survey is to our knowledge the first evaluation of provider experiences of a novel alternative giving scheme. The scheme in question, “BillyChip,” uses tokens of no fixed monetary value to facilitate giving of food and drink in collaboration with participating outlets. The scheme is novel, and according to

TABLE II Likert scale response correlations

Statement	Correlations	Kendall's tau B	<i>p</i>	Lower 95% CI	Upper 95% CI
BillyChips can help people struggling to afford enough food or drink	Agreement–experience	0.529	<0.001	0.388	0.670
	Agreement–familiarity	0.116	0.440	–0.076	0.308
BillyChips can help people feel cared for	Agreement–experience	0.577	<0.001	0.436	0.719
	Agreement–familiarity	0.175	0.232	–0.023	0.372
Cash offers more choice than BillyChips	Agreement–experience	–0.091	0.532	–0.245	0.062
	Agreement–familiarity	–0.172	0.238	–0.363	0.018
Carrying BillyChips is safer than carrying cash	Agreement–experience	0.351	0.018	0.202	0.501
	Agreement–familiarity	0.035	0.815	–0.159	0.228
It is easy to exchange a BillyChip for food or drink	Agreement–experience	0.299	0.039	0.135	0.464
	Agreement–familiarity	–0.095	0.510	–0.294	0.103
BillyChips can be sold for cash	Agreement–experience	0.021	0.881	–0.155	0.198
	Agreement–familiarity	–0.166	0.246	–0.366	0.033
It's easier to just give someone food or drink than to give them a BillyChip	Agreement–experience	–0.071	0.618	–0.209	0.066
	Agreement–familiarity	–0.081	0.571	–0.267	0.104

CI = confidence interval. Bold values significant at $p \leq 0.05$.

TABLE III Additional purchasable product suggestions

Suggestion	Number of Participants	Proportion of Sample
Bus fare	18	45%
Pet food	16	40%
Feminine hygiene/period products	15	37.5%
Clothing (including shoes)	17	42.5%
Toiletries (e.g., soap, toothpaste)	16	40%
Phone top-up voucher	16	40%
Reading and writing materials (e.g., books, magazines, stationery)	9	22.5%
Contraception	8	20%
Over-the-counter medicines	8	20%

our findings, it is perceived positively among providers. This has relevance for the development of this and similar schemes.

Our sample was small, disproportionately female and fell mostly in the age bracket of 25–44 years. However, setting aside sample size limitations, these age and sex characteristics are congruent with data regarding the characteristics of people most likely to be involved in charitable giving (Einolf, 2011; Leslie et al., 2013; Pharoah & Tanner, 1997). Due to the continued negative impact of poverty and homelessness in the UK, community-based interventions such as the BillyChip alternative giving scheme can be expected to proliferate.

Moreover, social innovations developed at a community level have the potential to influence policy and government

funding (see Rabaiotti, 2024). This should be encouraged if said schemes are effective in reducing the suffering caused by poverty and homelessness and comorbid problems. However, not all schemes may successfully engage with the most marginalized populations; whilst stigma for food banks, for example, has arguably reduced due to their proliferation, there have been concerns that not everyone feels comfortable accessing community food provision, such as via warm hubs (Rabaiotti, 2024) or other welfare facilities (Booth, 2006). Therefore, BillyChip, which is a street outreach scheme, may reach a population group that is underserved and may be combined with community safety schemes, such as via Street Pastors, to provide additional welfare support within the night-time economy (BillyChip charity, 2024b; Johns et al., 2019).

Our data do not provide evidence for or against the efficacy of alternative giving schemes, but they do provide evidence of the high acceptability of said schemes among providers from a broad range of roles. We also found that providers' convictions that BillyChip can help people struggling to afford enough food or drink; can help people feel cared for; is safer than carrying cash; and are easy to exchange for food or drink were positively related to respondent's experience with the scheme. This suggests that the BillyChip scheme does, from the perspective of those delivering it, provide benefits in practice and not just in theory.

The BillyChip alternative giving scheme provided by the participants allows people to give food and drink to those in need. However, reflecting the variable manifestations of poverty, participants suggested a wide array of potential redeemable items in addition to food and drink. The need for items such as pet food (Kerman et al., 2019), feminine hygiene products (Gruer et al., 2021) and travel needs

(Murphy, 2019) has been the subject of research in the recent literature. Therefore, there is support for BillyChip as a means to accessing low-cost items, to alleviate, rather than address, poverty. There are other alternative giving schemes that seek to provide more significant financial support, such as cash transfer programs (see Morton et al., 2020).

Our sample size for the analysis is a major limitation of our study. In addition to this limitation, even if our sample size were larger, our findings may not be generalizable to the population of people likely to provide BillyChips as we did not manage to sample a sufficient proportion of participants from private businesses such as cafes and shops, and so further research targeting this population is required. However, a further planned step to triangulate our findings involves undertaking semi-interviews with people managing or working within participating outlets, as well as public sector and third-sector organizations involved in helping and supporting people in poverty in the area in which BillyChip is active. In addition, further qualitative research into the experience of those who are the beneficiaries of BillyChip will contribute to a deeper understanding of the role BillyChip may play in supporting those experiencing homelessness and food poverty, as well as community safety and well-being.

In carrying out an online survey study of providers of an alternative giving scheme known as BillyChip, we have found that the scheme is acceptable to providers and viewed positively. Experience of providing BillyChips to people in need correlates with positive perceptions of the scheme in multiple domains. Providers suggested various additional items for redemption using the scheme, most often bus fare, clothing, pet food, toiletries and phone vouchers.

Though our data regarding provider's views regarding additional items have value, the views of beneficiaries or potential BillyChip beneficiaries would be most valuable. Further research capturing these data is warranted.

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CONFLICTS OF INTEREST DISCLOSURE

The authors have no conflicts of interest to declare.

ETHICS APPROVAL AND INFORMED CONSENT

This study received favourable opinion from the Swansea University Faculty of Humanities and Social Sciences ethics committee.

AUTHOR AFFILIATIONS

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REFERENCES

- BillyChip charity. (2024a, July 17). BillyChip. <https://www.billychip.com/>
- BillyChip charity. (2024b, December 3). Billy chip foundation series – episode one – compassion [YouTube]. <https://youtu.be/A8Sloef7wVVI?si=Er9lIKnoHANZpUjh>

- Booth, S. (2006). Eating rough: Food sources and acquisition practices of homeless young people in Adelaide, South Australia. *Public Health Nutrition*, 9(2), 212–218. <https://doi.org/10.1079/PHN2005848>
- Demakakos, P., Lewer, D., Jackson, S. E., & Hayward, A. C. (2020). Lifetime prevalence of homelessness in housed people aged 55–79 years in England: Its childhood correlates and association with mortality over 10 years of follow-up. *Public Health*, 182, 131–138. <https://doi.org/10.1016/j.puhe.2019.12.017>
- DiFiore, G., Hannan, C., Fiks, A. G., Virudachalam, S., Glanz, K., & Mayne, S. L. (2022). Associations between food insecurity and neighborhood safety, social cohesion, social control, and crime among mothers of preschool-aged children. *Journal of Health Care for the Poor and Underserved*, 33(3), 1258–1274. <https://doi.org/10.1353/hpu.2022.0111>
- Einolf, C. J. (2011). Gender differences in the correlates of volunteering and charitable giving. *Nonprofit and Voluntary Sector Quarterly*, 40(6), 1092–1112. <https://doi.org/10.1177/0899764010385949>
- Gruer, C., Hopper, K., Smith, R. C., Kelly, E., Maroko, A., & Sommer, M. (2021). Seeking menstrual products: A qualitative exploration of the unmet menstrual needs of individuals experiencing homelessness in New York City. *Reproductive Health*, 18(1), 77. <https://doi.org/10.1186/s12978-021-01133-8>
- Hanson, S., & Porter, B. (2023). A qualitative exploration of a financial inclusion service in an English foodbank. *Perspectives in Public Health*, 145(1), 42–44. <https://doi.org/10.1177/17579139231180755>
- Huang, C., Foster, H., Paudyal, V., Ward, M., & Lowrie, R. (2022). A systematic review of the nutritional status of adults experiencing homelessness. *Public Health*, 208, 59–67. <https://doi.org/10.1016/j.puhe.2022.04.013>
- Johns, N., Green, A., Swann, R., & Sloan, L. (2019). Street Pastors in the Night-Time Economy: Harmless do-gooders or a manifestation of a New Right agenda? *Safer Communities*, 18(1), 1–15. <https://doi.org/10.1108/SC-05-2018-0015>
- Keown, L. L., & Hakstian, A. R. (1973). Measures of association for the component analysis of Likert scale data. *The Journal of Experimental Education*, 41(3), 22–27. <https://doi.org/10.1080/00220973.1973.11011405>
- Kerman, N., Gran-Ruaz, S., & Lem, M. (2019). Pet ownership and homelessness: A scoping review. *Journal of Social Distress and Homelessness*, 28(2), 106–114. <https://doi.org/10.1080/10530789.2019.1650325>
- Leslie, L. M., Snyder, M., & Glomb, T. M. (2013). Who gives? Multilevel effects of gender and ethnicity on workplace charitable giving. *Journal of Applied Psychology*, 98(1), 49–62. <https://doi.org/10.1037/a0029943>
- Miller, K. R., Jones, C. M., McClave, S. A., Christian, V., Adamson, P., Neel, D. R., Bozeman, M., & Bennis, M. V. (2021). Food access, food insecurity, and gun violence: Examining a complex relationship. *Current Nutrition Reports*, 10(4), 317–323. <https://doi.org/10.1007/s13668-021-00378-w>
- Mitchell, E., Waring, T., Ahern, E., O'Donovan, D., O'Reilly, D., & Bradley, D. T. (2023). Predictors and consequences of homelessness in whole-population observational studies that used administrative data: A systematic review. *BMC Public Health*, 23, 1610. <https://doi.org/10.1186/s12889-023-16503-z>
- Morton, M. H., Chávez, R., Kull, M. A., Carreon, E. D., Bishop, J., Dafe-rede, S., Wood, E., Cohen, L., & Barreyro, P. (2020). *Developing a direct cash transfer program for youth experiencing homelessness: Results of a mixed methods, multistakeholder design process*. Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/Developing-a-Direct-Cash-Transfer-Program-for-Youth.pdf>

- Murphy, E. R. (2019). Transportation and homelessness: A systematic review. *Journal of Social Distress and Homelessness*, 28(2), 96–105. <https://doi.org/10.1080/10530789.2019.1582202>
- Nilsson, S. F., Nordentoft, M., Fazel, S., & laursen, T. M. (2020). Homelessness and police-recorded crime victimisation: A nationwide, register-based cohort study. *The Lancet Public Health*, 5(6), e333–e341. [https://doi.org/10.1016/S2468-2667\(20\)30075-X](https://doi.org/10.1016/S2468-2667(20)30075-X)
- Paisi, M., Withers, L., Erwin, J., Horrell, J., Witton, R., Shawe, J., & Byng, R. (2023). Embedding health and wellbeing opportunities for people experiencing homelessness in a wider support system. *Perspectives in Public Health*, 143(3), 126–128. <https://doi.org/10.1177/17579139231157527>
- Pharoah, C., & Tanner, S. (1997). Trends in charitable giving. *Fiscal Studies*, 18(4), 427–443. <https://doi.org/10.1111/j.1475-5890.1997.tb00272.x>
- Public Health England. (2021). *Guidance - Inclusion health: Applying All Our Health*. <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>
- Rabaiotti, E. C. (2024). Safe and welcoming “warm hubs”: Building social connections and inclusion in Welsh communities. *Journal of Community Safety and Well-Being*, 9(1), 46–51. <https://doi.org/10.35502/jcswb.370>
- Riley, A. J., Harding, G., Underwood, M. R., & Carter, Y. H. (2003). Homelessness: A problem for primary care? *British Journal of General Practice*, 53(491), 473–479.
- Rukmana, D. (2020). The causes of homelessness and the characteristics associated with high risk of homelessness: A review of intercity and intracity homelessness data. *Housing Policy Debate*, 30(2), 291–308. <https://doi.org/10.1080/10511482.2019.1684334>
- Sharam, A., & Hulse, K. (2014). Understanding the Nexus between poverty and homelessness: Relational poverty analysis of families experiencing homelessness in Australia. *Housing, Theory and Society*, 31(3), 294–309. <https://doi.org/10.1080/14036096.2014.882405>
- Sosenko, F., Bramley, G., & Bhattacharjee, A. (2022). Understanding the post-2010 increase in food bank use in England: New quasi-experimental analysis of the role of welfare policy. *BMC Public Health*, 22(1), 1363. <https://doi.org/10.1186/s12889-022-13738-0>
- Wu, D., & Wu, Z. (2012). Crime, inequality and unemployment in England and Wales. *Applied Economics*, 44(29), 3765–3775. <https://doi.org/10.1080/00036846.2011.581217>