

Financial insecurity, food insecurity, and disability:

The profile of people receiving emergency food assistance from The Trussell Trust Foodbank Network in Britain

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List of Abbreviations

ESA	Employment and Support Allowance
ESA (WRAG)	Employment and Support Allowance (work-related activity group)
ESRC	Economic and Social Research Council
FSA	Food Standards Agency
HBAI	Households Below Average Income
JSA	Jobseeker's Allowance
USDA	United States Department of Agriculture

Foreword

In April of this year, The Trussell Trust reported that our network of 428 food banks gave out nearly 1.2 million three-day emergency food supplies, a record number. As the numbers continue to grow, the task of challenging injustice and stopping UK hunger becomes more and more urgent.

This is why this report from the University of Oxford is so important. For the first time, we have unique access, with a level of detail unseen until now, into the lives and everyday experiences of people who find a food bank is the only place left to turn. Dr Loopstra devised a wide-reaching, in-depth survey, gathering data from over 400 households across 18 food banks – the biggest national research project to date on food bank use.



The picture we see is stark. Half of the people surveyed were disabled and unable to work, three times the national average observed amongst low-income households in the UK. People who are in work and using food banks are those with part-time or insecure work, not knowing when or how much their next pay check will be. All households had incomes in the past month that fell well below the threshold for even low incomes.

Combined with rising food and household bills, we see a trend – the weight of unavoidable costs on already-squeezed budgets pushing people to extremes in order to cope. Over 78% of households had skipped meals or even gone days without eating in the past 12 months; 1 in 2 had gone without heating because they couldn't afford it; and 1 in 5 had slept rough in the last year.

These findings serve, first, to reinforce what we already know: poverty and hunger are real in the UK today. People referred to food banks are not scroungers looking for a handout. It reminds us how important it is that food banks treat people with dignity and respect and offer them not only food, but a chance to speak to someone who cares. And it reinforces how important volunteers are to our work. Without them, not only would The Trussell Trust not exist, food banks and the vital work they do in local communities would not exist either. Even this research would not exist – this survey was delivered by frontline volunteers in food banks.

Second, this research poses questions both of The Trussell Trust and decision-makers. How do we work to effectively tackle not only the delays in payments which throw people into crisis, but the backdrop of low income and insecurity which underpins unrelenting poverty?

We have some suggestions, which we have been working with decision-makers to pilot, such as improving links between food banks and Jobcentre Plus offices, and having a true yellow-card warning system for sanctioning. This report suggests more could be done to support disabled people through the benefits system, and The Trussell Trust will be working to see how this can be done through our Foodbank Network. We hope this report, the first publication from the ground-breaking research conducted by Dr Loopstra and her team, will inform discussions by decision-makers and other organisations about how we can work together to tackle poverty in the UK.

Food banks are doing crucial work. But food banks cannot stop UK hunger alone.

David McAuley
Chief Executive
The Trussell Trust

Executive Summary

Key Points

- Lone parents and their children constitute the largest number of people receiving help from food banks, though single male households are the most common household type.
- Half of households included someone with a disability. Compared to national population survey data, households using food banks are less likely to be in work, but are three times more likely to contain someone with a disability when compared to other low-income households.
- Households using food banks face extreme financial vulnerability. All food bank users had, in the last month, an income well-below the threshold of low income in the whole population. More than a third of households experienced an income shock in the past three months and over two-thirds reported unexpected and rising expenses during the same period. Most often these rising expenses were for food and household bills.
- Almost half of households reported their incomes were unsteady from week to week and month to month. Both people on benefits and people in work had unsteady incomes, with one-third of the sample awaiting a benefit payment.
- Over 78% of households were severely food insecure, meaning that they had skipped meals, gone without eating, or even gone days without eating in the past 12 months. For a majority of households, this was a chronic experience, happening every month or almost every month over the past 12 months.
- Food bank users experience multiple forms of destitution – 50% had gone without heating for over more than four days in the past 12 months, and 1 in 5 had slept rough in the last 12 months.
- The people using food banks are groups who have been most affected by recent welfare reforms: people with disabilities, lone parents, and large family households. These groups are seeing further reductions in their entitlements from April 2017 forward.
- There is an urgent need for upstream interventions to address the financial insecurity and insufficiency underlying food insecurity among people using food banks.

Background

There has been growing concern about the rapid rise in people seeking help from food banks in Britain since 2010 (Forsey 2014). While case studies and qualitative research have provided insight into the economic vulnerability, financial problems, and severity of food insecurity experienced by people using food banks, to date, no studies have been conducted using systematic sampling methods to learn more about the characteristics of people using food banks, the nature of their financial circumstances, and the scale and severity of their household food insecurity across Britain.

This study, based on a large, representative sample of Trussell Trust food bank users, aimed to fill this gap by:

- Describing the socio-demographic and economic profile of people receiving food parcels.
- Understanding food bank clients' access to social security, where gaps in support may exist, or where support may not be sufficient.
- Exploring the prevalence of recent short-term income and expenditure shocks, and describing the causes of these shocks.
- Understanding the severity and chronicity of household food insecurity and other material hardships.
- Exploring the prevalence of health conditions and disabilities and assess how these affected activities of everyday living.

Findings

Socio-demographic and household characteristics

The most common household type using food banks were single male households (39%), followed by lone mothers with children (13%) and then single females (12%). When we compare the profile of children and adults using food banks to the profile of adults and children in the low-income population, we see that lone parents and their children are notably more likely to use food banks, suggesting that, even compared to the low-income population, lone parents and their children are particularly vulnerable to needing food banks. We observed that children from households with three or more children were also over-represented among food bank users compared to low-income children in the whole population.

“ lone parents and their children are particularly vulnerable to needing food banks.”

Health conditions and disability

An important part of the profile of food bank users is just how many are living with health conditions and disability, either themselves or through a household member. About 64% of respondents had a health condition, and 17% also had a family member with a health condition. Another 5% of respondents did not have a have condition themselves, but someone in their household did.

Mental health conditions were most common, affecting about 1 in 3 households in the sample. After mental health conditions, respondents reported respiratory problems, back and neck problems, and heart and circulation problems.

Over 50% of households were classed as having a disability. This was based on responses to a question about how their health condition impacted their day-to-day activities, consistent with the definition used in national surveys.

“ among low-income households, having a disability makes households particularly vulnerable to needing to use food banks.”

When we compare the profile of low-income households from national survey data to the observed profile of households using food banks, we see that after accounting for economic status, households with a disability are over-represented by about three times amongst food bank households. This suggests that, among low-income households, having a disability makes households particularly vulnerable to needing to use food banks.

Economic status and benefit receipt

Approximately 2 in 5 food bank users were receiving Employment and Support Allowance (ESA), a benefit payment for people who are unable to work due to illness or disability. Most were claimants in the ESA work-related activity group. Jobseeker’s Allowance (JSA) claimants were also over-represented among food bank households.

One in six households in our data had someone in work or receiving income from employment. Most households in employment had someone working part-time or were self-employed. The absence of people in full-time work suggests that full-time employment is protective against the need to use food banks, while underemployment or insecure employment may put households at risk of needing to use food banks.

Over one-third of households were currently waiting on a benefit application or benefit payment they had recently applied for. While some had only recently filed their applications (i.e. 20% had made their application within the past two weeks), for the majority, it had been 2-6 weeks since their initial application. Most were waiting on decisions or payments for ESA or JSA. The fact that they needed to use food banks during this time highlights the economic vulnerability of households who are waiting for benefit payments to arrive.

Household incomes and financial insecurity

The financial vulnerability of households using food banks was clear when we looked more closely at their financial circumstances. Household incomes in the past month were very low. After income equivalisation (Department for Work & Pensions 2017), most households reported incomes in the range of £100 to £500 per month; the average income of the sample was £319.43. About 16% of households reported having no income in the past month.

For over one-third of households, their income in the past month was less than it had been three months prior, indicating a recent income shock. The most common reasons reported for income losses were: loss of a benefit (21%), benefit sanction (17%), benefit transition (16%), change in benefit allowance (15%), or job loss (14%).

Over 40% of households reported having unsteady incomes, that is, not being certain how much they would receive from week to week or month to month. This was especially common among households with adults who were self-employed and unable to work for other reasons.

Alongside the challenge of low and unsteady incomes, over two-thirds of households reported experiences of recent expenditure shocks or rising household expenses. These included rising household bills or rent (28%), rising food expenses (25%), unexpected transportation expenses (14%), and/or rising expenses attributable to a new health condition (10%).

Other signs of financial struggle were also highly prevalent. About 31% of households were one to two months behind on bill payments, and another 27% had fallen even further behind. About 13% of households were finding it fairly difficult to make minimum payments on an outstanding loan, while an additional 23% were finding it very difficult.

Household food insecurity, food bank use, and other indicators of material deprivation

It was clear that food bank users were unable to make ends meet and were falling further into financial hardship. This had clear consequences for their material well-being:

they were frequently food insecure and often going without basic essentials.

“78% of households were classed as severely food insecure over the past 12 months.”

Using a standardised measurement tool (Tarasuk, Mitchell et al. 2016), 78% of households were classed as severely food insecure over the past 12 months. In short, respondents were cutting back on food intake, experiencing hunger, and/or going whole days without eating because they lacked enough money for food. Compared to recent national data from the 2016 Food and You survey (Bates, Roberts et al. 2017), the prevalence of food insecurity among food bank users was 11 times higher than observed in the general population (88% vs. 8% moderate/severe food insecurity).

This was not a fleeting experience. For most food bank users, severe food insecurity was a chronic experience, occurring at least once in every, or almost every, month in the past year. Some of these households used food banks frequently in the past year, but for more than half of them, food bank usage was new or had only occurred in the past three months, suggesting a long period of time experiencing food insecurity before receiving food from a Trussell Trust food bank.

Alongside food insecurity, households also experienced other forms of destitution (Fitzpatrick, Bramley et al. 2016). Over 50% indicated they were unable to afford to heat their home for over more than four days in a month and/or being unable to afford essential toiletries. Homelessness was also very prevalent; about 3% of respondents were currently sleeping rough, and another 20% indicated they had done so in the past 12 months.

Conclusions

Households referred to food banks are an extremely vulnerable population. Our findings highlight the depth of poverty, insecurity of incomes, and experiences of food insecurity and material deprivation amongst this group. We have also shown that people over-represented among

food bank users are those with disabilities, lone parents and their children, and single male households.

These findings raise questions about the cost of living and whether the current social security system is meeting people's basic needs. Firstly, are levels of benefit support sufficient to ensure that all households relying on this income can always meet their basic needs? Our data suggest that this is not the case, especially for people who have disabilities and are relying on benefits. Secondly, for people in work, does this promise an income which meets their basic needs and that of their dependents? Our data suggests that insecurity and unsteadiness in income means even those in work can experience not having enough money for food.

The profile of people using food banks highlights particularly vulnerable groups in the population and are groups who have been impacted by changes to welfare support (Hood and Johnson 2016, Equality and Human Rights Commission 2017) and increased conditionality (Watts, Fitzpatrick et al. 2014). As of April 2017, new benefit changes were introduced which are likely to mean that these groups will now be more financially vulnerable than at the time of this research (Hood, Keiller Norris et al. 2017).

The severity of poverty observed, and what it means for people's ability to acquire sufficient and adequate food, is a serious public health concern. Household food insecurity should become a cross-departmental priority in the UK. This must include regular monitoring of food insecurity in the population to understand who is at risk and how this problem might be addressed over time (Taylor and Loopstra 2016).

In conclusion, this unique survey has called attention to the financial vulnerability of people using food banks and what this means for their material well-being: severe chronic food insecurity and destitution. This work points to the need for upstream intervention to address the needs of people at the lowest end of the income distribution.

1. Background to the research



1. Background to the research

Summary

Food bank usage has risen rapidly. Various studies have suggested welfare reforms, financial vulnerability, and health conditions may play a role, but to date, no unifying study of food bank users has been conducted to explore these characteristics.

Household food insecurity is highly prevalent among food bank users in other countries, matching qualitative reports from food banks in the UK. To date, the food insecurity status of people using food banks in the UK has not been measured in a national survey.

Trends on low income suggest poverty has not risen in the UK, but other reports of material deprivation suggest it is harder for some to meet basic needs. Data on the financial and material circumstances of people using food banks is needed to understand how food bank usage intersects low income.

1.1 The rise of food banks in the UK

In the past seven years, food banks run by charities and churches where people can go to obtain free emergency food assistance, have spread across the UK. In 2014, an All-Party Parliamentary Group Inquiry highlighted both the rapid expansion of the number of agencies providing emergency food to people and the dramatic rise in the numbers seeking this kind of assistance (Forsey 2014).

One of the largest of these agencies is The Trussell Trust Foodbank Network, a national network that has been tracking their membership and usage. They have grown from only 30 food banks operating in 2009, to over 420 food banks in 2017, consisting of over 1350 distribution centres. The number of instances of people receiving emergency food parcels through their Network has grown from about 61,500 in 2010/11 to over 1.18 million in 2016/17 (The Trussell Trust 2017).

The rapid growth in the numbers using food banks has generated an extensive public debate asking why so many people are using food banks and why this has happened (Lambie-Mumford 2016). Currently, there is little consensus (Butler 2014, Forsey 2014, Gentleman 2014).

Changes to social security are one commonly cited explanation (Taylor-Robinson, Rougeaux et al. 2013, Ashton, Middleton et al. 2014). Food bank usage increased concurrently with many changes to welfare and reductions in local authority budgets, and there is concern, and increasingly, evidence, that these are linked.

For example, data collected through the Trussell Trust referral system highlights that the most frequently given reasons for which people are referred to food banks are benefit delays and benefit changes (The Trussell Trust 2016). Numerous studies (Forsey 2014, Perry, Williams et al. 2014, Beatty, Eadson et al. 2015, Garratt, Spencer et al. 2016) have found immediate, short-term crises commonly put forward as the reasons for people receiving food assistance. In the report by Perry et al. (2014), respondents described reductions in benefit payments, sometimes payments being stopped all together, but also noted recent loss of earnings or changes in family circumstances. People commonly expressed feeling uncomfortable with the idea of receiving food assistance, but felt they had no other choice. Chronic low income was rarely the reason people turned toward food banks, though they regularly struggled to make ends meet. But inadequate incomes made them vulnerable to income crises, pushing them into desperate circumstances that sometimes required the use of food banks (Perry, Williams et al. 2014).

Other work has taken a broader view, combining data from The Trussell Trust with government data on sanctioning, cuts to welfare benefit spending, and cuts to local authority spending, to examine whether there is a pattern of association between these factors (Loopstra, Reeves et al. 2015). This study found that, over 2010 to 2013, in places with higher unemployment, deeper spending cuts on local authority services and

welfare benefits, and higher levels of sanctioning of JSA claimants, Trussell Trust food banks were more likely to have opened and to have been more heavily used (Loopstra, Reeves et al. 2015). Delving deeper, a subsequent longitudinal analysis of quarterly sanctioning rates and food bank usage over 2012 to 2015 demonstrated how more people received food assistance as sanction rates rose. Crucially, the numbers of people receiving assistance also fell as the number of sanctions fell (Loopstra, Fledderjohann et al. 2016).

Beyond welfare reforms, many frontline food providers have suggested other reasons for food bank usage. The All-Party Parliamentary Inquiry into Hunger report identified ‘complex problems’ (Forsey 2014), such as debt, addiction, and experiences of family breakdown. Alongside this complex picture of multiple drivers, there is also evidence that the rising cost of living combined with stagnating wages simply means that some households no longer have enough money to buy food (All-Party Parliamentary Inquiry into Hunger and Food Poverty 2014, Lambie-Mumford and Dowler 2015, Tait 2015, Reeves, Loopstra et al. 2017).

Another emerging question is the intersection of poor health with food bank usage. In-depth ethnographic research based in a Trussell Trust food bank in Stockton-on-Tees highlighted that among people interviewed, many had health problems (Garthwaite, Collins et al. 2015). Mental ill health in particular contributed to financial hardship through job loss, difficulty gaining reemployment, and difficulty maintaining the conditions for receipt of JSA. The stress of living on a low income compounded by the struggle to obtain food also exacerbated health problems (Garthwaite, Collins et al. 2015).

The growing body of literature on food bank usage highlights the amount of interest in understanding why it is that people need to use food banks, but is difficult to interpret given the different approaches to gathering data and different case study sites of interest. To date, a unifying systematic survey of food bank users to investigate and examine how common these various factors are across different food banks has not been conducted.

1.2 Food bank usage, food insecurity, and material deprivation

Is the recent rise of food bank usage driven by greater (and more severe) material deprivation in the UK, where low-income people are no longer able to afford food? In the past, some people have speculated that food bank usage has risen because food banks are newly available and offering free food—in short, that people using food banks are taking advantage of the free food available (Williams 2013).¹ It may also be that hunger has always been prevalent in the population, but that it has been overlooked. Indeed, in 2004, a survey of low-income households showed that about 14% had experienced hunger (Nelson, Erens et al. 2007). This could mean that food banks, because they are new places where people receive help, have made hunger newly *visible*. To understand if this might be the case, it is important to unpack the financial and material circumstances of households using food banks and to be able to compare these to national data on poverty.

“...household food insecurity – captures experiences of adults and children not getting enough to eat, not eating the right kinds of foods, and/or not always being sure they will have enough to eat because of limited finances.”

One potent measure of material deprivation is household food insecurity – households experiencing insecure and insufficient access to food because they do not have enough money. Many terms are used to refer to this—hunger and food poverty, to name a few. Most simply, it captures experiences of adults and children not getting enough to eat, not eating the right kinds of foods, and/or not always being sure they will have enough to eat because of limited finances.

Household food insecurity is a concern for many reasons. Many studies have shown how devastating household food insecurity is for health, social well-being, and child development. For example, children living in food insecure households are more likely to do poorly in

1. As explained in Section 2.2, the Trussell Trust model uses a referral system, making it unlikely for people who are not in need of food assistance to be able to obtain free food.

school and, in the long-run, to suffer from more health conditions and mental health disorders than children who do not experience food insecurity (McIntyre, Connor et al. 2000, Whitaker, Phillips et al. 2006, Gundersen and Kreider 2009, Cutts, Meyers et al. 2011, Pilgrim, Barker et al. 2012). Adults experiencing food insecurity are more likely to develop mental health conditions (Heflin, Siefert et al. 2005), to have trouble managing

health conditions (Seligman, Davis et al. 2010, Galesloot, McIntyre et al. 2012, Ippolito, Lyles et al. 2017), and to cost health systems more than adults who are not food insecure (Tarasuk, Cheng et al. 2015). In recognition of its serious consequences for population health, in 2014, the UK Faculty of Public Health identified food insecurity as an emerging public health crisis (Ashton, Middleton et al. 2014).

Box 1 Household Food Security Survey Module (adult questions)

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need. In the last 12 months, can you tell me if these statements were true for you?		
1	“We worried whether our food would run out before we got money to buy more.”	Often true Sometimes true Never true
2	“The food that we bought just didn’t last, and we didn’t have money to get more.”	Often true Sometimes true Never true
3	“We couldn’t afford to eat balanced meals.”	Often true Sometimes true Never true
In the last 12 months...		
4a	Did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?	Yes No
4b	If yes: How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	Almost every month Some months but not every month Only 1 or 2 months
5	Did you ever eat less than you felt you should because there wasn’t enough money for food?	Yes No
6	Were you every hungry but didn’t eat because there wasn’t enough money for food?	Yes No
7	Did you lose weight because there wasn’t enough money for food?	Yes No
In the last 12 months...		
8a	Did (you/you or other adults in your household) ever not eat for a whole day because there wasn’t enough money for food?	Yes No
8b	If yes: How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	Almost every month Some months but not every month Only 1 or 2 months

Importantly, access to adequate food and the right for everyone to be free from hunger are basic human rights recognised in the International Covenant on Economic, Social, and Cultural Rights, which the UK ratified in 1976 (1966, Dowler and O'Connor 2012). In many countries, governments regularly monitor food insecurity to see how they are doing toward meeting this promise. For example, in Canada, household food insecurity is regularly monitored in a national survey using the United States Department of Agriculture (USDA) Household Food Security Survey Module (Tarasuk, Mitchell et al. 2016), and recently, the FAO has introduced a similar module to enable monitoring of household food insecurity using the same scale in countries across the world (Food and Agriculture Organization 2015). Based on responses to a series of questions asked in these modules (see Box 1 for adult questions included in the USDA module), households are classified as marginally, moderately, or severely food insecure.

In the UK, no government department has responsibility for measuring and monitoring household food insecurity, and recent parliamentary debates and Parliamentary Questions on this topic suggest that the government has no intention of regularly monitoring this problem (McGuinness, Brown et al. 2016). However, recently, the Food Standards Agency (FSA) included 10 questions from the USDA Household Food Security Survey Module in their 2016 Food and You survey (Bates, Roberts et al. 2017). For the first time, these data show how prevalent the problem of food insecurity is in the population across England, Wales, and Northern Ireland,² with marginal food insecurity affecting 13% of adults aged 16 and over,³ and another 8% of adults classed as having moderate or severe levels of food insecurity.⁴ Adults with incomes in the bottom quartile, adults who were unemployed or economically inactive, and adults who were under 35 years of age were significantly more likely to be food insecure. But, food insecurity also affected adults in work:

about 7% were moderately or severely food insecure (Bates, Roberts et al. 2017).

How does rising food bank usage relate to the problem of food insecurity in the population? This question is hard to answer because household food insecurity and food bank usage have not been regularly monitored.⁵ In 2013, DEFRA commissioned a review to explore the rising use of food aid in the UK and what it might tell us about food insecurity in the population (Lambie-Mumford, Crossley et al. 2014). Here, the authors drew from international literature, as, at the time, no research had been done to understand food insecurity and the financial circumstances of people using food banks in the UK.

The international literature suggests that in other country contexts, help from food banks is most often sought as a last resort (Loopstra and Tarasuk 2012). People use food banks after they have exhausted other sources of help or they have gone into debt, delaying bill payments and borrowing from friends and family (Bhattarai, Duffy et al. 2005, Loopstra 2013, Tarasuk, Dachner et al. 2014). In fact, international evidence suggests that for every food insecure person using food banks, there are many more people who are food insecure in the population but who are not using food banks, because they do not want to receive help from charity or do not have access (Loopstra and Tarasuk 2015). Thus, among food insecure people, those who use food banks tend to be in the most extreme circumstances, highlighting their vulnerability. To date, to our knowledge, no studies have evaluated the food insecurity status of food bank users across the UK.

1.3 Trends in food bank usage in comparison to trends in low income

Food bank users are likely to be low-income households. But one reason why the rise of food bank usage has been so puzzling is that it stands in contrast to trends on low income. Over the past years, the Households

2. The FSA only covers England, Wales and Northern Ireland. Scotland has recently decided to monitor household food insecurity on the Scottish Health Survey.

3. At the time of writing, the FSA had not released how many children were living in households where adults reported food insecurity.

4. The FSA report uses language from the USDA, describing food insecurity as “low or very low food security”. Here, we use the terms moderate and severe food insecurity used in Canada and by the FAO, and used throughout this report. These categories refer to different thresholds for the number of affirmed responses on food insecurity monitoring modules. Moderate food insecurity/low food security generally means qualitative and possibly some quantitative compromises in diet; severe food insecurity/very low food security indicates instances of going with less or not enough food.

5. The Trussell Trust Foodbank Network has monitored usage in their member food banks since they began to operate as a social franchise. To our knowledge, no other data have consistently been collected and tracked in other food banks.

Below Average Income (HBAI) reports have generally suggested that average household incomes have risen and that measures of low income after housing costs have remained steady or declined since 2012/2013 (Department for Work & Pensions 2017). The growing number of people using food banks from 2011/2012 has not been paralleled by a rise in the number of people experiencing low income.

This might be because low-income trends do not reflect changes in depth of poverty, that is, they do not take into account whether low-income people have become poorer. Incomes have not risen, and may be falling, among households in the bottom of the income distribution (Department for Work & Pensions 2017). Annual income measures can also mask income volatility and may not sufficiently account for changes in the costs of living, particularly for low-income households (Iceland and Bauman 2007, Hills 2015, Browne and Hood 2016). For example, households may experience periods of very low income but may not have changed their overall earning from the previous year. Households may also experience shock expenses that may use up income usually spent on food. Research has shown that income volatility, insecure and unsteady work, rising food prices, and shock expenses are all associated with increased risk of household food insecurity, over and above the strong association between the level of annual income and household food insecurity (Gundersen and Gruber 2001, Ribar and Hamrick 2003, Iceland and Bauman 2007, Coleman-Jensen 2011, Zhang, Jones et al. 2013).

In the UK in particular, income insecurity may be increasing (Citizens Advice Bureau 2015). The proportion of workers reporting temporary contracts because they are unable to find a permanent full-time job has increased and remained high since the recession (Tinson, Ayrton et al. 2016). This may mean that households do not have stable incomes over the year (Trade Union Congress 2016). Welfare reforms can also result in increased administrative errors and delays in payments in the benefit system, which means that those receiving income from benefits can also experience periods without payments. Benefit sanctions stop claimants' payments for a minimum of four weeks, which also introduces periods without payment (Watts, Fitzpatrick et al. 2014, Work and Pensions Committee 2015). Annual income data do not reveal these short-term fluctuations and so may not be capturing the lived experiences of low-income people, who are managing food budgets week to week.

Other measurements, based on the material well-being of households, have suggested that more households are finding it harder to meet their most basic needs. For example, data from the Poverty and Social Exclusion Survey suggests that the prevalence of households reporting being unable to afford to heat their homes rose from about 3% in 1999 to 9% in 2012 (Lansley and Mack 2015). Other increases were also evident across a range of basic necessities, including being able to afford to eat two meals a day and fresh fruit and vegetables every day, and being able to afford appropriate clothing. Data from the EU Statistics on Income and Living Conditions suggests that the prevalence of households experiencing severe material deprivation, that is, being unable to afford four or more items desirable or necessary to lead an adequate life, has been higher since 2012 than any of the previous years (Eurostat 2015).

Thus, to put rising food bank use in the context of trends in low income in the UK, and understand who the users are and why people are in need, it is necessary to understand not only their income levels, but also their sources of income, the stability of their incomes, and their experiences of material deprivation and household food insecurity. To date, no quantitative survey to chart these characteristics among people using food banks has been conducted.

2. About the study



2. About the study

2.1 Scope of the research

Recognising the gaps outlined above, The Trussell Trust initially commissioned research broadly aimed at gaining a better understanding of who was using food banks in their network. Though some data is collected on their referral vouchers (see below), it is not detailed enough to understand the household characteristics, financial circumstances, or material circumstances of the people using their food banks. However, to scale up the study's scope so that it could be carried out in a systematically selected number of food banks across England, Scotland, and Wales, and replicated in the future, the project evolved to pilot a method of volunteer-led data collection, with data collected from different sites across the country. Thus, the aims of the research were two-fold:

1. To conduct a large-scale survey of people using Trussell Trust food banks to provide a detailed description of who is using food banks and to provide insight into potential gaps in access to, or sufficiency of, welfare support;
2. To establish a method for monitoring who is using food banks, so that characteristics can be compared over time.

The details of our collaborative research method are in our Technical Report. This work was funded by the Economic and Social Research Council (ESRC) Impact Acceleration Account at the University of Oxford.

2.2 How the Trussell Trust “Foodbank” operates

As this study focuses on people using food banks operated through The Trussell Trust Foodbank Network,⁶ it is necessary in the first instance to understand how the Trussell Trust model of food banks operates. The Trussell Trust calls their model “the Foodbank”.⁷

In The Trussell Trust Foodbank Network, a food bank is most often run in partnership with a church or coalition of churches. Food bank distribution centres, housed within church halls, community centres, or in some cases, independent centres, store food donated by members of the community, schools, businesses, and supermarkets,

which is packed into food parcels. Some sites have separate warehouses where they store food and run a system of delivery to their distribution sites. In most cases, food is non-perishable, so that food can be stored until it is needed. Some food banks have relationships with local retailers and are able to supplement the standard food parcel with fresh food, but fresh food is not currently coordinated on a national scale for a number of reasons, including a lack of capacity for some food banks to meet additional criteria for cold-chain requirements, and additional food safety regulations for perishable food. The parcels prepared are intended to provide a nutritionally-balanced standardised supply of three days' worth of food matched to household size and composition. Often, food banks provide a number of extras, such as sanitary items, toiletries, and treats or extra items near expiry dates or in abundance of supply.

At a central level, member food banks are asked to follow a standard model of operation. This includes establishing relationships with local frontline social service providers, health providers, and schools, who become “voucher holders” or “referral agents” who act as gatekeepers for referrals to their local Trussell Trust food bank. Each voucher holder receives trackable vouchers, which they issue to clients at their own discretion. Clients bring these to Trussell Trust food banks during their operating hours in exchange for emergency food supplies. When they do so, they are usually greeted by a volunteer who offers them tea or coffee and sits down to have a chat with them, and potentially offers signposting to other services or activities they run in their own food bank. They also go through a check-list of food items, where clients can select their preferences from a list of standard options (for example, pasta or rice; a vegetarian, meat, or fish option; coffee or tea).⁸ Increasingly additional services are being co-located on-site under The Trussell Trust's “More than Food” programme.⁹

Trussell Trust guidance provided on the bottom of the voucher instructs clients to redeem their voucher within three days of issue. Trussell Trust guidance recommends that referral agents provide clients with no more than three referral vouchers within a six-month period, as the model is not intended to habitually support people over

6. To find out more about The Trussell Trust's model and mission, please see www.trusselltrust.org

7. We use the generic term ‘food bank’ throughout the report to refer to all food banks, including Trussell Trust “Foodbanks”. This broadly refers to any charitable agency providing free food parcels to people in need for consumption off-site.

a long period of time. In practice, food banks are advised to use their discretion based on an individual's situation. If someone comes with a voucher for a fourth time, volunteers may want to enquire with a referring agency to learn why their crisis has not yet been resolved and what action has been taken to resolve it. But volunteers may also recognise that the financial crisis bringing someone into their food bank requires assistance over a longer period of time – for example, in cases where an intermediate sanction was issued, stopping benefit payments for 12 weeks – and in these cases, individuals will often be supported for a longer period of time.

With the rapid growth in numbers receiving help from Trussell Trust food banks, the organisation has recognised the need to better understand who is receiving their emergency food parcels, and particularly, their short-term and longer-term financial circumstances, their experiences of food insecurity, and their health. As an advocacy and charitable food practice agency,

understanding the needs of their clientele better will inform their policy recommendations aimed at reducing the need for emergency food assistance, and will shape the support that they offer people receiving food assistance.

Next, we describe how we selected and engaged Trussell Trust food banks in our research study to enable a survey of people using food banks in different sites across England, Scotland, and Wales.

8. Over the course of our research, we observed food banks operating in ways that deviated from this model. In some sites, referring agencies “called in” referrals, so food banks knew exactly how many people would come to pick up a food parcel on a given day that they were open, and had parcels pre-packed and ready. Other food banks used remote pick-up points at local agencies, where clients could go by to pick up a pre-packed food parcel (or pick up a parcel directly from a referral agency), but did not ever interact with food bank volunteers. Some food banks did not have facilities to offer a sit down and cup of tea. In others, some food bank volunteers were trained to issue vouchers themselves.

9. For details on this programme, please see <https://www.trusselltrust.org/what-we-do/more-than-food/>

3. Study methodology



3. Study methodology

3.1 Research objectives

The specific research objectives of the large-scale survey of food bank users were:

1. To describe the socio-demographic and economic profile of people receiving food parcels.
2. To understand food bank clients' access to social security, where gaps in support may exist, or where support may not be sufficient.
3. To explore the prevalence of recent short-term income and expenditure shocks, and describe the causes of these shocks.
4. To understand the severity and chronicity of household food insecurity and how frequently people received food from Trussell Trust food banks.
5. To explore the prevalence of health conditions and disabilities and the nature of these challenges.

3.2 Survey design and sampling methodology

The study protocol and all study materials received approval from the Department of Sociology Research Ethics Committee at the University of Oxford.

The survey was conducted using a multi-stage sampling strategy. In practice, and in keeping with a volunteer-led model of survey implementation, a strictly random and probabilistic approach to sampling could not be adhered to (see our Technical Report).

We used The Trussell Trust's membership list of 401 food banks operating in England, Scotland, and Wales over 2015/16 as a sample frame for the selection of food bank sites, stratified into Government Office Regions. Forty-one food banks were selected using a Probability Proportional to Size selection method, assuming a 50% participation rate. The aim was then to have each participating food bank recruit 40 participants

in a 4-week surveying period, resulting in equal probabilities of selection.

Each participating food bank was responsible for recruiting study participants.¹⁰ The details on how we trained food banks are in the Technical Report, but briefly, clients were approached and asked to participate in the survey after they had been through the usual food bank intake process and while waiting for their food parcel. As clients completed the questionnaire on a tablet, the next potential participant was only approached when the tablet became free for use. Volunteers were coached to approach anyone waiting, so that in theory, any client visiting on a given survey day could be asked to participate. Volunteers tracked the referral voucher numbers for each person asked to participate, their participation and reasons for not participating when applicable, and the total number of vouchers claimed in the Foodbank session.

Exclusion criteria included clients with literacy or language barriers that prevented them from completing the questionnaire in English¹¹ and clients who were in obvious distress or with mental health issues that made it inappropriate for them to be asked to complete the questionnaire.

3.3 Survey questionnaire

The questionnaire was designed to collect data comparable to household surveys conducted in the UK, while enabling clients to self-complete questions independently on a tablet device using the Open Data Kit (ODK) survey application.¹² The sources of questions and design of the survey, including pre-testing procedures, are outlined in the Technical Report. Questionnaire modules covered socio-demographic information, household composition, employment status for adults in the household, household sources of income and status of recent benefit applications, household income range in the past month, housing circumstances, household food insecurity, destitution, and health conditions and disability. Given the focus of The Trussell Trust on alleviating short-term crises, respondents were asked

10. In three sites, food banks were supported with external survey volunteers provided by the research team, as they did not have volunteer resources to conduct survey recruitment themselves.

11. When a survey volunteer was available, clients able to understand English were offered the option of completing the questionnaire with help of a volunteer reading questions and responses to them.

12. Open Data Kit <https://opendatakit.org/>

about whether or not their income in the past month was less than what they had receiving three months ago, and a number of questions followed on to explore the reasons for their reduction in income if one was indicated. A question also asked about experiences of expenditure shocks in the past three months, including an open-ended option to enable a description of any other unexpected rises in expenses not specified in the list. Clients visiting the food bank as a couple who participated were asked to have the person most knowledgeable about the household finances be the primary respondent.

3.4 Results of recruitment and the sample population

Of the 41 food banks selected to participate in the study, 18 participated in the study over October and December 2016. This report describes the findings from these first 18 sites. Another five food banks participated over January to April 2017. Reasons for non-participation and an analysis of food bank participation are detailed in the Technical Report.¹³

Participating food banks were asked to run the survey in as many sessions and at as many distribution sites as their volunteer resources allowed during a four-week period between October and December 2016. The recruitment goal for each session was 40 clients divided by the number of sessions the food bank was running the survey in over the four-week period.

Over October to December 2016, a total of 413 people across 18 food banks in The Trussell Trust Foodbank Network completed the survey questionnaire. Rates of recruitment and participation varied across food bank sites but the average participation rate (see Technical Report), after excluding non-eligible clients, was 70.4%. Most respondents (83.1%) completed the questionnaire with little or no help, whereas 10.1% had a volunteer read the questions to them.

3.5 Study limitations

As this study focused on people using Trussell Trust food banks, the sample frame did not include food

banks operating outside of The Trussell Trust Foodbank Network. Because non-Trussell Trust food banks operate in different ways (for example, many do not use a referral system), the profile of people using Trussell Trust food banks may differ from people who use non-Trussell Trust food banks, and thus, the results of this study cannot be assumed to represent everyone receiving food assistance from food banks in Britain.

While the survey was designed to result in recruitment of participants from a random, representative sample of food banks across The Trussell Trust Foodbank Network, the relatively low response rate at the food bank level may have resulted in a biased sample of participating food banks. In our Technical Report, we compare food bank and area-level characteristics for food banks participating and not participating in the study. We found that our sample food bank characteristics matched the PPS sampling approach, which favoured food banks that served more people in 2015/2016. This may also have been reflected in the tendency for sample food banks to be located in more deprived areas than non-sample food banks, though differences were not statistically significant for most variables.

The exclusion criteria mean that clients in visible distress, with language or learning barriers, or with mental incapacity are not represented in our sample. These accounted for relatively few of the reasons tracked for non-participation but it is also possible that people with these characteristics were not approached (see Technical Report). The recruitment of participants into the study could have resulted in a biased sample of food bank clients participating in the sample if some types of clients were more inclined to participate than others, or if clients were not randomly asked to participate by volunteers. In our Technical Report, we compare our sample to routine data collected by a subset of individual food banks participating in the study and to routine data collected by food banks. At the national level, our sample matched client characteristics. At the food bank level, there was little evidence of bias between clients asked and not asked to participate, or between those participating and those who declined to do so. However, as with any survey, it is likely that undetected differences exist between those participating and not participating in our study.

13. Of the 41 food banks selected to participate, three were unable to do so in study period, but willing to participate in 2017. Thus, it was decided that a second phase of data collection would be added to cover these three sites, and to enable us to invite new food banks to participate in three regions with a poor response rate in our first phase of data collection. At the time of writing, data collection is ongoing.

Recruitment rates and participation rates varied across food banks, though all sample estimates are adjusted for the different selection probabilities of food banks into the sample and of clients in different food banks over the survey period of October to December 2016. In general, estimates are presented for the total sample as the number of participants in individual food banks is too low to provide estimates at the food bank level. As population characteristics differ across different areas of Britain (e.g. immigration, unemployment), it would have been of interest to enable comparisons of how food bank clients compare with their local area populations, but this was not possible in this study.

4. Socio-demographic and household characteristics



4. Socio-demographic and household characteristics

Key findings

The most common household type helped by food banks is single men, followed by women who are lone parents with dependent children.

As a proportion of the total number of people living in households helped by food banks, parents and children in lone parent households make up the largest proportion of food bank users.

Children living in households with three or more children are over-represented among children using food banks.

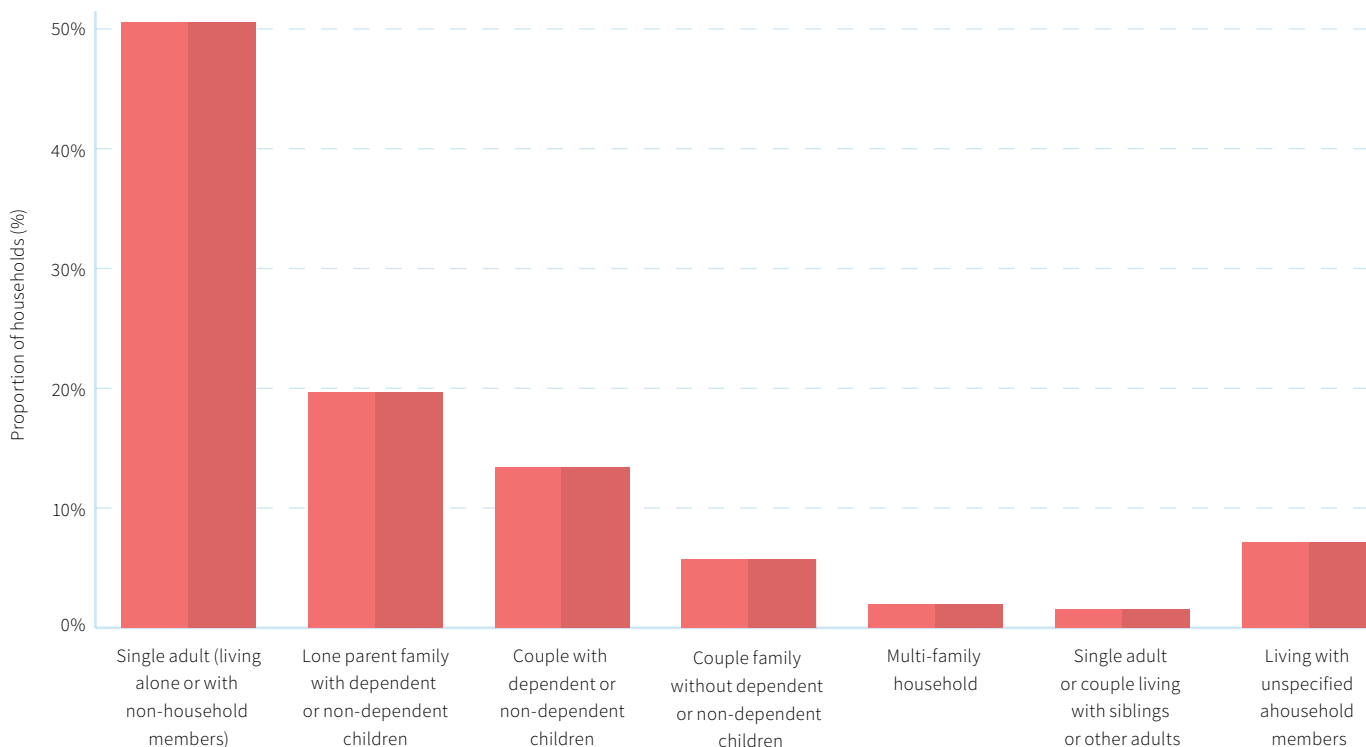
Adults with low levels of education and adults seeking asylum are also over-represented among food bank users compared to the general population.

4.1 Respondent and household characteristics

Table 1 presents socio-demographic characteristics for the sample, for men and women separately, and the total sample combined. While approximately equal numbers of men and women participated in the survey, they had different characteristics.

The majority of participants were under 50 years of age, with most falling between the ages of 25 and 49. Women participants tended to be younger, whereas about a quarter of men in the sample were over 50.

Figure 1 - Households by household type



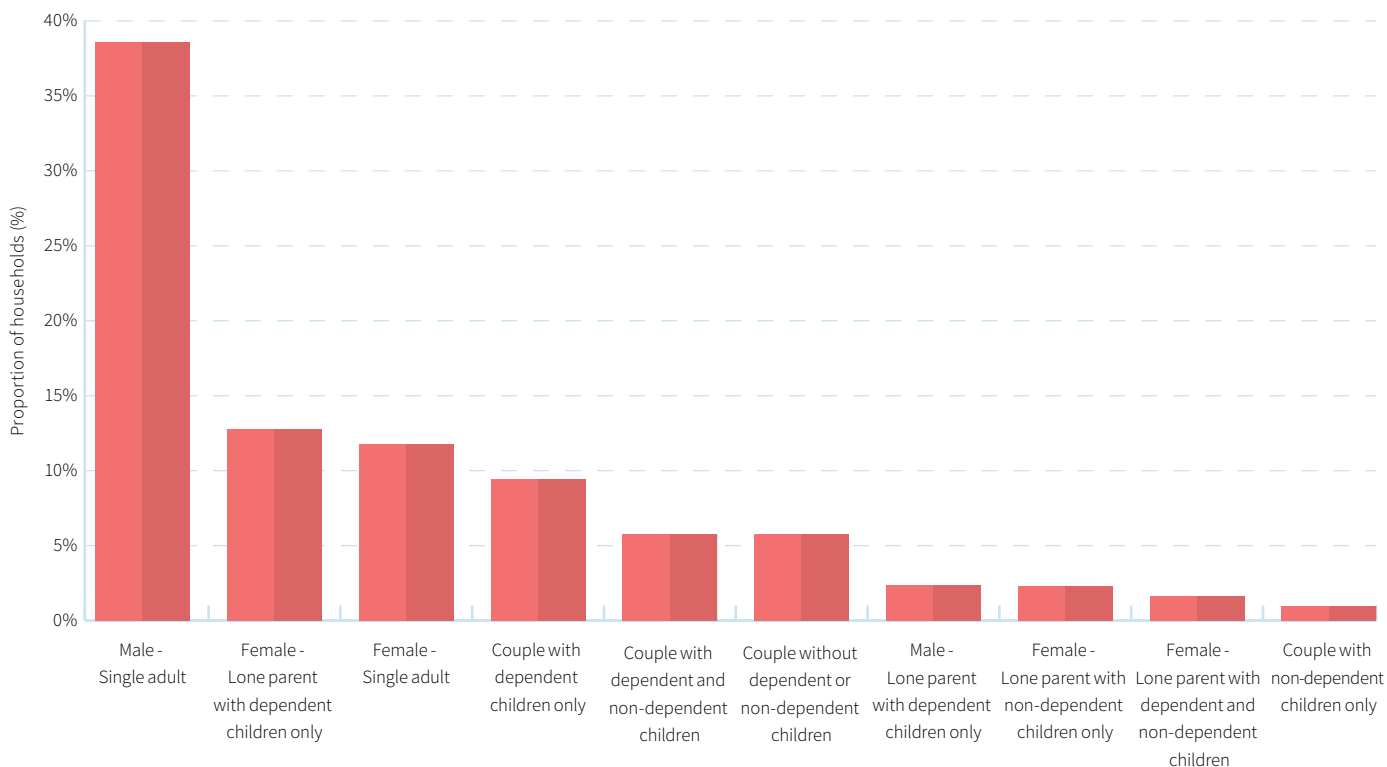
Notes: Household types classified in relation to survey respondent’s relationships with household and family members. Non-dependent children are respondent’s or a partner’s children who are 16 years of age or older. Data are weighted sample proportions.

Table 1 - Respondent socio-demographic characteristics

	Men (n=211)		Women (n=201)		Total sample (n=413)	
	n	%	n	%	n	%
Gender						
Male	---	---	---	---	211	52.0
Female	---	---	---	---	201	47.6
Missing	---	---	---	---	1	0.43
Age						
18 to 24	21	11.2	23	11.6	44	11.3
25 to 34	44	22.5	71	34.9	115	28.3
35 to 49	90	41.2	79	36.7	169	38.9
50 to 64	52	23.2	25	15.8	78	20.0
65+	4	1.89	2	0.73	6	1.33
Missing	---	---	1	0.32	1	0.15
Marital status						
Single	141	65.8	102	49.6	243	57.8
Living with a partner or spouse	37	18.1	64	32.3	101	24.8
Separated from husband/wife/partner	13	5.60	17	8.02	30	6.73
Divorced	15	8.16	14	8.37	29	8.23
Widowed	5	2.36	2	0.73	7	1.58
Missing	---	---	2	0.96	3	0.89
Household members						
Live with household members (for example, children, a partner, others you live with as family)	59	26.1	153	75.4	212	49.5
Live with others but not people who are part of your household	22	10.1	12	5.85	34	8.01
Live alone	130	63.8	36	18.8	167	42.5
Highest qualification						
No formal qualifications	77	36.7	70	32.4	147	34.5
GCSE / O level	71	33.3	78	40.6	149	36.6
AS/A level	5	2.12	9	5.34	14	3.65
Diploma or equivalent	27	13.3	21	10.4	48	11.9
First degree-level qualification (i.e. from university)	7	2.62	9	5.11	16	3.79
Postgraduate or higher degree, diploma or certificate (i.e. MSc, PhD, etc)	6	1.81	3	1.32	9	1.57
Other higher education courses	16	9.27	9	3.70	25	6.58
Missing	2	0.92	2	1.21	5	1.49
Immigration status						
Born in UK	189	90.1	169	84.9	358	87.3
Less than 2 years	4	1.56	5	2.22	9	1.87
Between 2 and 5 years	3	1.36	6	2.00	9	1.66
More than 5 years but less than 10 years	3	1.55	8	3.77	11	2.60
10 or more years	12	5.42	13	7.06	25	6.18
Missing	---	---	---	---	1	0.43
Seeking asylum						
No	16	7.23	22	10.1	38	8.57
Yes	6	2.66	10	4.95	16	3.74
Not applicable	189	90.1	169	84.9	358	87.3
Missing	---	---	---	---	1	0.43

Notes: Data are unweighted n and weighted column proportions. Test for difference between gender: *p<0.05, **p<0.01, ***p<0.001

Figure 2 - Most prevalent household types by gender



Notes: Data are weighted sample proportions.

Approximately two-thirds of male food bank users were single, while only half of women were single and another third were partnered or married. Regardless of marital status, women were significantly more likely to be living with household members (75%), whereas 74% of men did not live with household members. Household members were defined as family or people who participants were living with as if family, for example, sharing resources, living space, and meals.

Figures 1 through 3 provide more detail on the household composition of participants. Figure 1 shows household composition using standard classifications used by the Office of National Statistics. This highlights the fact that the most common household type using food banks is single adults, followed by lone parent families, and then couples with children.

Figure 2 further breaks down household types by gender and distinguishes between dependent and

non-dependent children. This shows how common single male households are among food bank users, followed by female lone parents with dependent children, single females, and couples with dependent children.

As a proportion of households in the sample, 38.7% included a child under 16 years of age. As shown in Figure 3, among households with children under 16 years of age, 40% of households had three or more children.¹⁴

In addition to looking at children in households, we identified households with pensioners. Only 2.1% of households included pensioners, either the respondent, a parent living with the respondent,¹⁵ or another person in the household receiving a pension income.

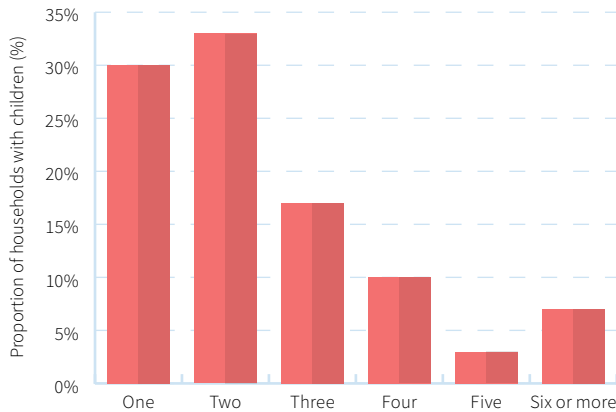
As shown in Table 1, education qualifications were fairly low, with over one-third of respondents identifying that they have no formal qualifications, and 37% indicating GCSE/O level as their highest qualification. Only just over

14. The survey questionnaire did not collect information on ages of children 15 years of age or older or on ages of children 16+. The education status of children aged 16+ was also not collected.

15. Because age of household members was not specified, pension status of household members was imputed by combining information on respondent age and indication of a parent in the household. This may overstate the presence of pensioners if the respondents' age difference from a parent was less than 20 years of age. Receiving pension income was also used to indicate presence of a pensioner in the household.

6% of respondents indicated that they had a first degree level or higher qualification, but over 20% had A levels, a diploma, or other higher courses such as National Vocational Qualifications.

Figure 3 - Number of children <16 years of age among households with children (n=142)



Notes: Data are weighted sample proportion of households with children <16 years of age.

The majority of respondents, 87%, were born in the UK. Of those not born in the UK, less than half had moved to the UK within the past five years (Table 1). While they constitute only a small proportion of the sample, it is important to note that about 3.7% of participants indicated that they were seeking asylum in the UK. Seeking asylum is the status granted while waiting for approval of a refugee application. During this period, individuals and households have no recourse to public funds and are not allowed to be employed.

4.2 How do the characteristics of households using food banks compare with the general population?

Compared to national survey data,¹⁶ the proportion of single person households among food bank users is 1.8 times higher than the general population (50.5% vs 28.5%). Lone parents with dependent or non-dependent children are also over-represented, making up almost twice the proportion of households using food banks than they do in the population (19.7% vs 9.96%).

Among households with children, households with three or more children are also over-represented among food bank users. In the general population, only 15% of households with children have three or more children but in the sample, this figure was 36.8%. It is important

to note that our sample figure may underestimate the number of dependent children, as national data include 16 to 18 year olds in full-time education as dependent children, but we did not have the data to distinguish the education status or age of children aged 16 or older.

Data for the UK indicate that among the population aged 16 to 64, only 8.7% of individuals do not have a formal qualification, and over 28.5% have a degree equivalent or above. This shows that people using food banks have much lower formal education levels compared with the population.

The proportion of respondents who are not born in the UK is approximately the same as in the population, which is about 15%. This is also true when we draw comparisons with the average proportion in the local areas where food banks in the sample were located (see Technical Report). The exclusion of people with barriers to speaking English from our sample could potentially explain the slightly lower figure in our sample.

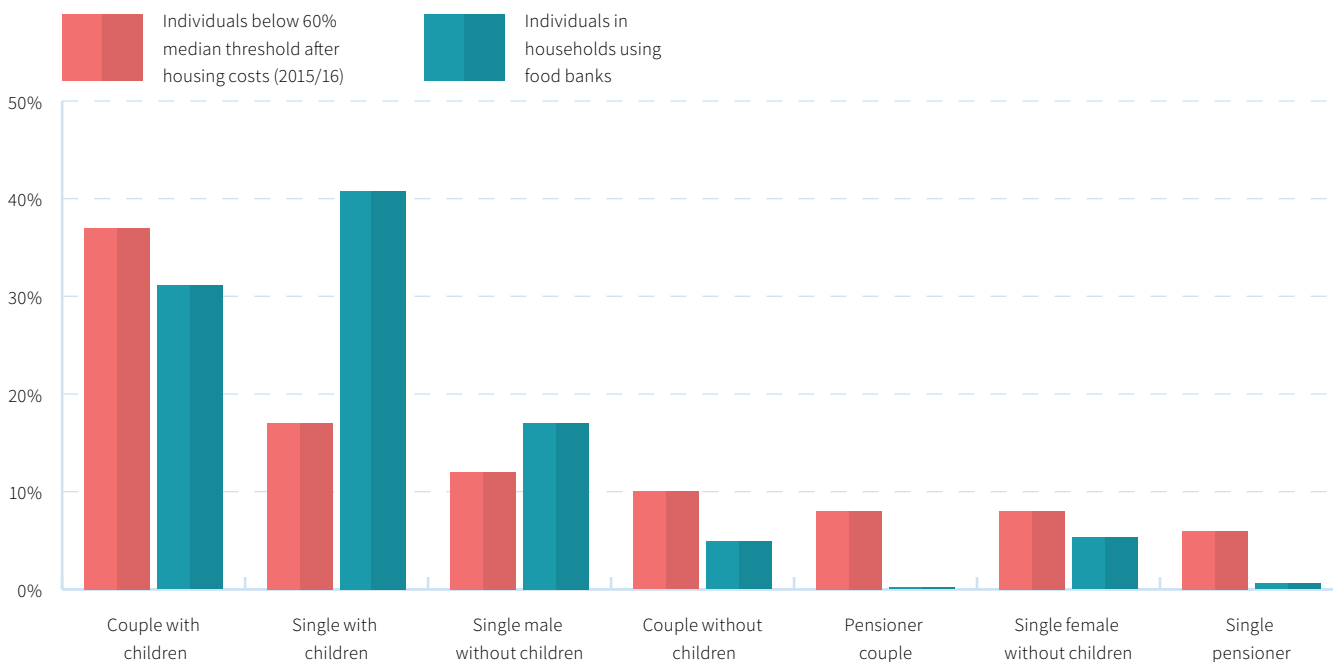
While making up only a small proportion of the sample population, comparing the number of households making asylum applications in the UK¹⁷ (<0.1% of households), asylum seekers are over-represented among food bank users, suggesting this is a group in the population that is very vulnerable to the need to use food banks.

4.3 How do the characteristics of households using food banks compare with the low-income population?

As outlined in the Background, a key puzzle has been why food bank use is increasing when the prevalence of low income has remained steady. However, rates of low income have increased for some demographic groups in the population, namely, adults under age 55 and steadily declined for pensioners (Tinson, Ayrton et al. 2016). Tax and benefit reforms have also impacted working-age households, those with and without children, at the bottom of the income distribution, while pensioners have mostly been protected (Hood and Johnson 2016). Thus, as all households in the sample were low-income households (see next sections), it is also of interest to compare the profile of food bank users to what is known about low-income households to observe who, among low-income households, is using food banks.

16. Proportions calculated from the ONS report <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2016>

Figure 4 - Proportion of individuals in households using food banks compared to proportion of individuals in low-income households in UK population by household type



Notes: Population data from the HBAI report for 2015/16 (Department for Work & Pensions, 2017).

First, we compare the demographic profile of food bank users to the population of individuals with incomes below 60% of median income after housing costs (based on 2014/15 national data). Here, we change our analytical unit, moving from examining *households* to examining the *number of individuals within households* using food banks. This enables us to compare proportions among food bank users to proportions of people on low income based on national data.

Figure 4 shows the distribution of people using food banks into household types and compares these proportions to the distribution of low-income individuals by household types. Here, the populations generally match, falling within about five percentage points for most household types. However, there are significantly more people in lone parent households among food bank users than there are among low-income people. Single males without children are also more common. In contrast, some low-income groups are less common among food banks users: these include pensioners and couples with and without children.

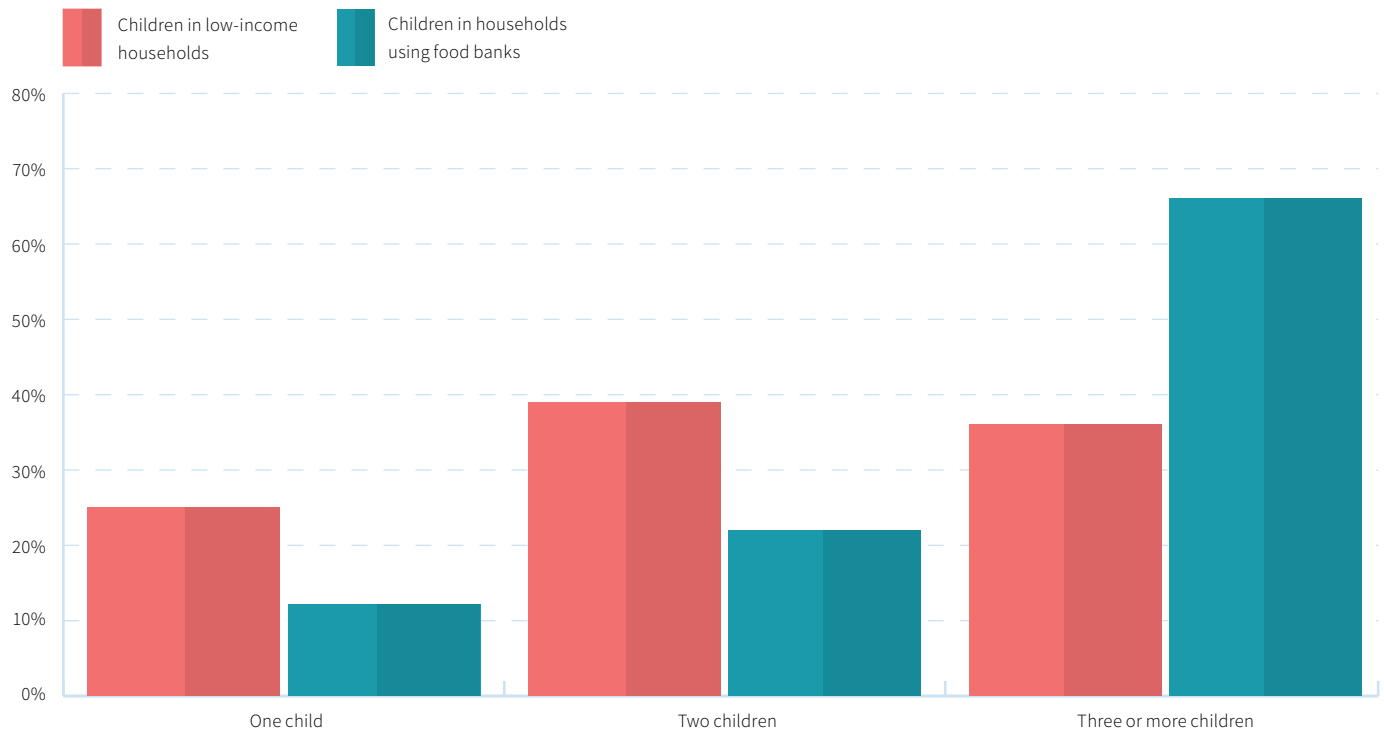
Next, we compare characteristics for children in households using food banks to children in low-income households. In Figure 5, we see that as a proportion of children using food banks, many more live in households with three or more children than do among children in low-income households.

These comparisons can be interpreted in two ways: one, they suggest who among those on low incomes is particularly vulnerable to needing to use food banks. Our findings suggest that children in large households, children and adults in lone parent households, and single males are at the greatest risk.

On the other hand, the fact that we see some groups more than others may suggest a lack of access. Pensioners were nearly absent among food bank users, yet they make up about 11% of people in poverty (Tinson, Ayrton et al. 2016). Does this mean that pensioners are less likely to need food banks or that they are not accessing them?

17. These figures are based on the number of asylum applications in 2015 (n=32,141) compared to the total number of households (27.1 million). It is possible that respondents indicated claiming asylum even if they had received a decision. If we only consider those in the UK for less than two years, a conservative estimate of the proportion of asylum seekers is 1.07% of households.

Figure 5 - Proportion of children in households using food banks compared to proportion of children in low-income households in UK population by number of children in household



Notes: Population data from the HBAI report for 2015/16 (Department for Work & Pensions, 2017).

The recent publication of data from the 2016 Food and You survey suggest pensioners were at lower risk of food insecurity than other age groups (Bates, Roberts et al. 2017). The risk of being in poverty has also steadily declined among pensioners, and as a whole, pensioners have been protected from changes to welfare benefits and were less likely to be affected by the recession in recent years. These observations may explain why so few pensioners are using food banks.

Two other socio-demographic characteristics among food bank users stand out: firstly, the majority were under 40 years of age; and secondly, there were low qualification levels. Recent reports highlight how lower age groups have higher poverty rates than other age groups, and that low income has been increasing among younger age groups (Tinson, Ayrton et al. 2016). Not having formal education qualifications is also associated with higher rates of low-paid work and unemployment (Tinson, Ayrton et al. 2016).

Next we turn to understanding the financial circumstances of households using food banks.

5. Economic status and benefit receipt



5. Economic status and benefit receipt

Key findings

Most adults in households using food banks are economically inactive, the majority because they are unable to work.

Unemployed adults are over-represented, but about 1 in 6 households contained working adults.

Employment and Support Allowance, a benefit payment for people with disabilities and long-term chronic health conditions and illness, was the most common source of income among households receiving out-of-work benefits.

Over one-third of households were currently waiting on a benefit payment or benefit decision.

5.1 Economic status

Survey participants were asked to indicate how many adults in their households were working (full-time, part-time, or self-employed), in education, caregiving, unable to work due to illness or disability, looking for work, or not working for other reasons. As shown in Table 2, 45% of households contained adults who were economically inactive, that is, not working because they are unable due to illness or disability, caregiving, or currently enrolled in education. Another 26.1% of households only contained adults who were unemployed and looking for work, and another 5.1% contained a combination of adults who were economically inactive and unemployed. In contrast, only 9.5% provided an indication that one or more adults had work, though combining this variable with information on income sources, 14.8% of households indicated some work or income from employment (Figure 6).¹⁸ Part-time work was the most common form of work in the sample, with almost no households having full-time work (Table 2).

“45% of households contained adults who were economically inactive, that is, not working because they are unable due to illness or disability, caregiving, or currently enrolled in education.”

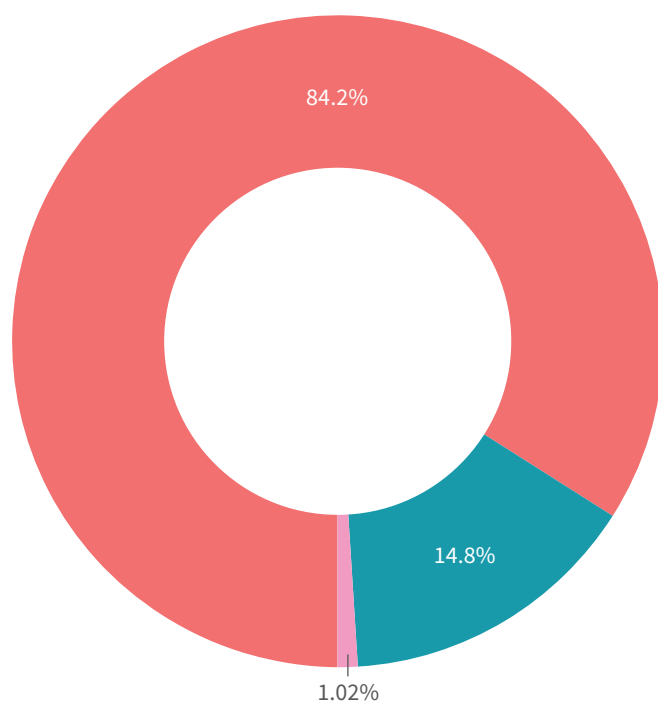


Figure 6 - Proportion of households with employment income or with adults employed

- No employment indicated
- One or more adults employed or reported employment income
- Missing information on both employment and earnings

Notes: Information on income sources and employment status combined to make an indicator of employment in the household. Data are weighted sample proportions.

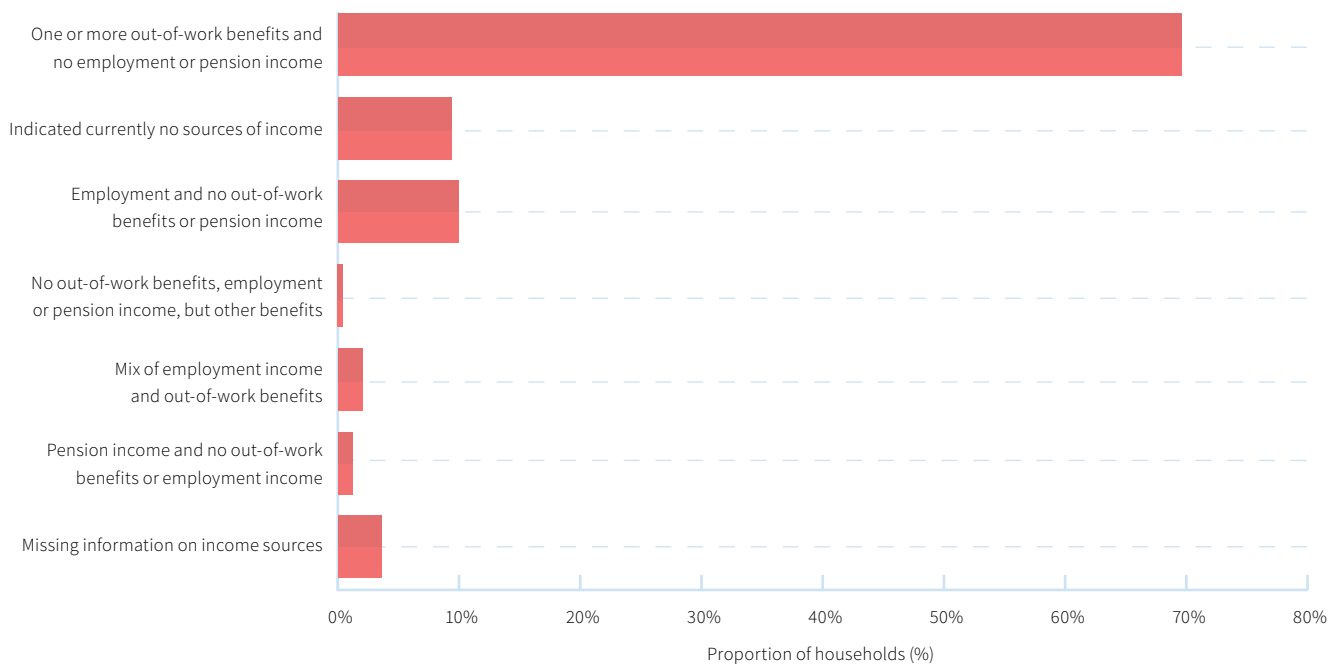
18. About 11% of households did not provide detail on employment status for themselves or household members but provided information on sources of income.

Table 2 - Economic status of adults in households

	n	%
Adult(s) with employment	37	9.52
Only with full-time work	8	1.84
Only with part-time work	20	5.90
Only with self-employed work	8	1.53
Adult(s) unemployed and looking for work	114	26.1
Economically inactive adult(s)	173	45.1
Only in education	9	2.48
Only caregiving	26	6.23
Only unable to work due to illness	105	27.9
Only retired	5	1.41
Only unable to work for other reasons	9	2.00
Economically inactive adults for mixed reasons	19	5.05
Adult(s) with mixed employment status	40	9.07
Working and economically inactive	11	3.12
Working and unemployed	3	0.44
Unemployed and economically inactive	26	5.51
No information on employment status provided	49	10.3

Notes: Respondent was asked to report the number of adults in their household with each employment status category. Data are unweighted ns and weighted sample proportions.

Figure 7 - Sources of household income



Notes: Out-of-work benefits include Universal Credit, Employment and Support Allowance, Jobseeker’s Allowance, Income Support Allowance, and/or Incapacity Benefit (IB). Pension credit was included with pension incomes.

5.2 Sources of income

We also gathered information on sources of income to better understand what types of state support and income households had access to. Respondents were asked to indicate all sources of income from a list or to provide information on other sources. They were asked to include benefits they were currently signed on for, even if they were sanctioned.

Nearly 10% of indicated that they had had no source of income for the past month (Figure 7). As we will see, these households were often waiting on a new benefit application.

Consistent with data collected on the economic status of adults, most respondents indicated receiving income from one of the main out-of-work benefits (69.6%), including those supported by ESA/IB (42.8%), JSA (16.8%), Income Support (9.3%) or Universal Credit (2.7%).

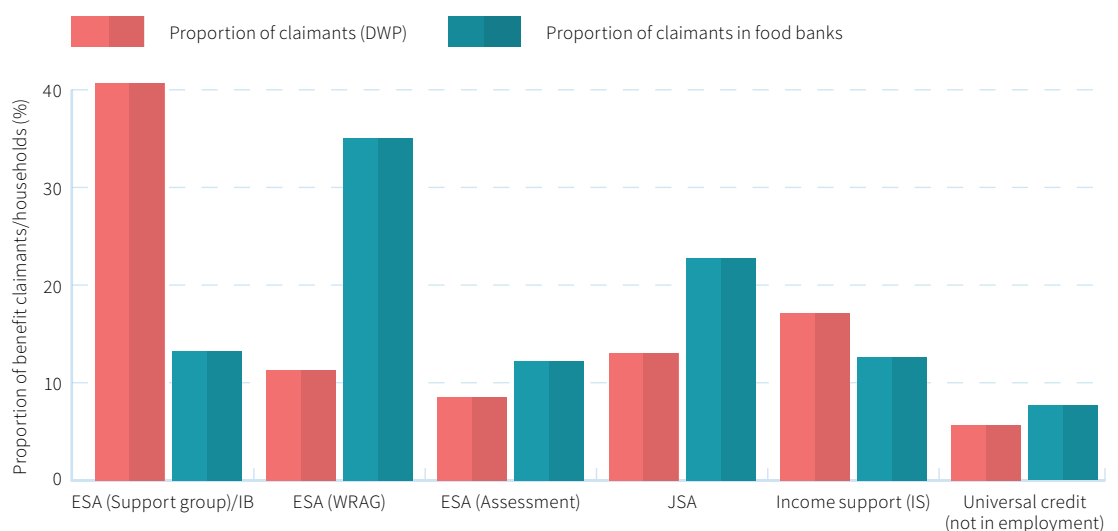
When we compare claimant rates among households to claimant rates in the working-age population (Stat-Xplore, Nomis Official Labour Market Statistics 2017), we observe that there is a much higher proportion of households claiming out-of-work benefits among households using food banks.¹⁹ About 9% of the working-age population claim out-of-work benefits, compared to the 69.6% of households in our sample. This highlights how out-of-work benefit claimants are over-represented among food bank users by seven times.

Households claiming out-of-work benefits are at higher risk of poverty than households in work. However, some benefit types are more generous than others, and some benefits come with conditions, which can result in claimants experiencing periods without payments (i.e. sanctions) (Watts, Fitzpatrick et al. 2014, Hood and Phillips 2015, Hood and Johnson 2016). Some benefits have also newly been introduced or changed, which means claimants may have experienced, or may be experiencing, administrative waiting periods, delay to payments and decisions, or a reduced benefit entitlement. Examining the share of food bank users supported by particular benefit types among benefit claimants compared to how commonly they are claimed in the population can shed light on which benefit payments might be insufficient to meet the costs of living compared to others, and can also reflect where claimants have gone through changes to their benefits.

Figure 8 shows how the proportions of food bank households claiming out-of-work benefits compare with out-of-work benefits in the working-age population.²⁰ Here, we see that the composition of out-of-work benefit claimants is very different in the general population than amongst food bank users. In particular, we see that almost three times more households who are in the ESA “work-related activity group” (ESA (WRAG)) are among food bank users than amongst claimants in the general population. We also see a higher proportion of JSA claimants. In contrast, a relatively lower proportion of ESA claimants in the “support group” are among food bank users.

Figure 8 - Proportion of households' benefit types as a proportion of households receiving out-of-work benefits among food bank users (n=308) compared with claimants in Great Britain in 2016

Notes: Claimant data from Nomis (2017) and Stat Xplore (Department of Work & Pensions, 2017).



19. Total claimants were summed across out-of-work benefits (excluding Pension Credit) and divided by the working-age population.

20. Compared to number of benefit claimants in August 2016 from Nomis and Stat Xplore.

This pattern suggests that benefit claimants who are subject to welfare conditionality and vulnerable to sanctions are more common among food bank users. These are also groups who are more likely to have experienced a recent benefit transition due to a work capability assessment or to introduction of Universal Credit. The high proportion of ESA (WRAG) claimants is particularly a cause for concern, as this survey was conducted before the introduction of the reduction in entitlement for this group in April 2017. This benefit cut reduced payments for new ESA (WRAG) claimants by £30 per week, or about £1400 per year (Hood, Keiller Norris et al. 2017). This may result in even more ESA claimants having to use food banks.

5.3 Waiting on a new benefit application

Many respondents also had an outstanding benefit application; specifically, 39% of respondents affirmed that they had recently made an application for a new benefit payment and were still waiting for the decision or payment (Figure 9A). In Table 3, the proportion of households with a recent claim is shown by current income source. Households not currently receiving out-of-work benefits and those with no current source of income were more likely to indicate waiting for an outcome on a recently made application for a benefit. About 40% indicated their application had been approved but they were still waiting for payment, while 60% said they had not heard the outcome yet (Figure 9B). While some had only recently filed their applications (i.e. 20% had made their application less than 2 weeks ago), for the majority, it had been 2-6 weeks since they had made their application (Table 4). Another 19.2% indicated waiting

for seven or more weeks. The benefits most frequently applied for were JSA, ESA, Personal Independence Payment, Child Tax Credits, and Housing Benefit (Table 5).

These responses align with data collected from Trussell Trust Foodbank referral forms, which at mid-year, indicated that 27.4% of referrals to food banks were given out because of a benefit delay (The Trussell Trust 2016). However, referral agencies tend to only record one primary reason for referral. Our observation that over one-third of clients were currently waiting on a benefit payment or decision may reflect the fact that people had made new benefit applications in response to other reasons listed for referral, such as recent job loss, low income, or changes in household circumstances, and that these were recorded as the reason for referral.

The high proportion of people using food banks who are waiting on an application for a benefit suggests that this is vulnerable period for new claimants. This is worrying because as Universal Credit is rolled out, more new claimants will be subject to a waiting period of a minimum of six weeks, whereas these data show that, for some, even waiting a couple of weeks can mean having to use a food bank.

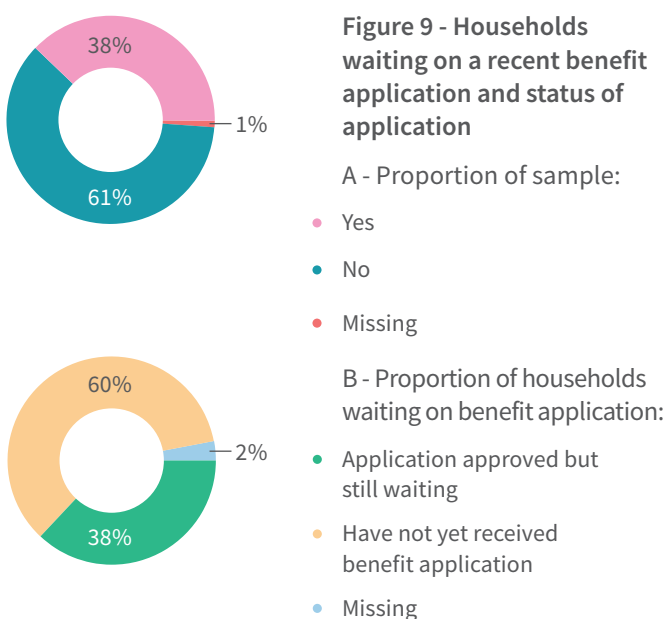


Table 3 - Households waiting on a benefit application by current source of income

Income source	Not waiting on benefit application		Waiting on benefit application	
	n	%	n	%
One or more out-of-work benefits and none of employment income or pension income, n %	199	68.0%	87	32.0%
Employment and none of major replacement benefits or pension, n %	25	69.7%	10	30.3%
Mix of employment income and out-of-work benefits	6	51.4%	4	48.6%
None of out-of-work benefits, employment or pension, but other benefits, n %	10	48.5%	11	51.5%
Indicated currently no sources of income, n %	7	14.3%	32	85.7%
Pension income and none from replacement benefits or pension, n %	3	54.9%	2	45.1%

Notes: Cells are unweighted ns and weighted row percentages for income source categories.

Table 4 - Length of time waiting since made application for new benefit payment (n=151)

	n	%
< 1 week	21	13.1
1 week	12	6.80
2 weeks	43	29.2
3 weeks	16	9.81
4 weeks	20	14.7
5 weeks	2	1.77
6 weeks	4	1.94
7 weeks or more	29	21.1
Missing	4	1.75

Notes: Data are unweighted ns and weighted sample proportions.

Table 5 - Length of time waiting since made application for new benefit payment (n=151)

Type of benefit applied for	n	%
Employment and Support Allowance	42	32.1
Jobseeker's Allowance	42	24.8
Child tax credit	18	14.5
Housing benefit	16	13.0
Personal Independence Payment	20	12.1
Income support	12	9.12
Working tax credit	8	7.41
Universal credit	13	6.66
Child benefit	6	5.04
Missing	7	3.66

Notes: Data are unweighted ns and weighted sample proportions.

6. Household incomes and financial insecurity



6. Household incomes and financial insecurity

Key findings

All households using food banks had incomes well below measures of low income in the past month. One in 10 had no income at all in the past month.

Over one-third of households had received less income in the past month than they had three months prior. The most common reasons for income losses were benefit sanctions and benefit changes.

Almost half of households indicated they have unsteady incomes, that is, were not certain how much they will receive from week to week or month to month.

A high proportion of households with income from work indicated unsteady incomes, suggesting the nature of work among working people at food banks is insecure.

Rising food and housing-related costs were the most frequently cited unexpected expenses.

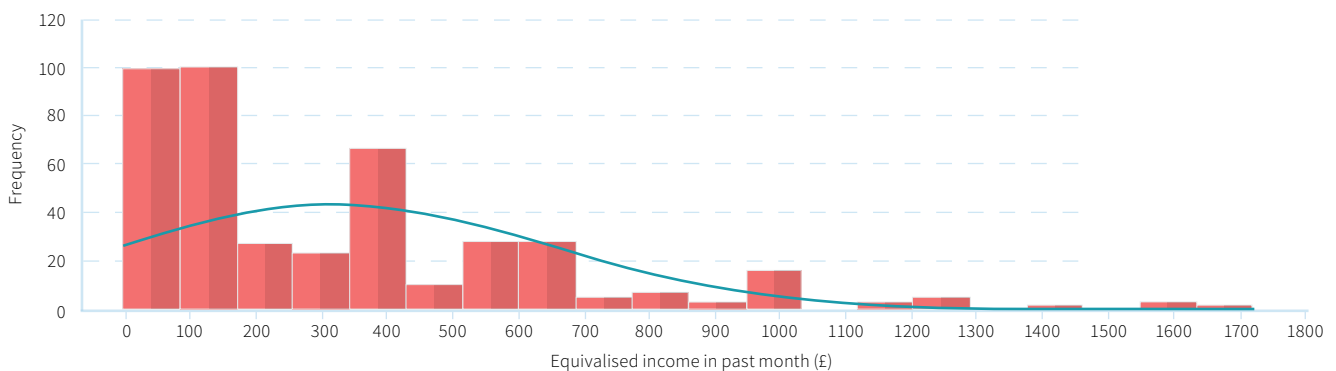
Almost all households indicated some form of financial insecurity in the past three months.

6.1 Household income in the past month

The vast majority of food bank users have extremely low incomes. Households were asked to report their income for the past month, after any transfers and deductions, that is, the actual amount their household received from all sources. Respondents indicated the range that best matched their income in the past month from the following options: None, < £200, £200-299, £300-399, and so on up to the highest range of option of £1200 or more.

In Figure 10, we show the income distribution for households in the past month based on the mid-range equivalised income.²¹ Most households had incomes that fell between £100 and £500 in the past month. The average household income, equivalised for household size, was £319.43. After excluding households reporting no income in the past month (16% of households), the average household income was £387.54.

Figure 10 - Reported income in past month



Notes: Data are weighted frequencies.

21. Household incomes were equivalised by taking the mid-range value and dividing by equivalised household size using the method used by the Department for Work and Pensions (2017). A total of 10 households indicated incomes in the range of £1200 or higher. These were given a mid-range value of £1200 so incomes may be underestimated for these 10 households.

In comparison to measures of low income in the UK (Department for Work & Pensions 2017), households using food banks had incomes that were well below low-income thresholds for 2015/16. In short, all households using food banks were experiencing deep income poverty in the past month.

6.2 Stability of incomes and income shocks

While most respondents had incredibly low incomes in the past month, just over one-third of respondents reported that in the past month, their income had been less than it had been three months previously, indicating a recent loss in income. Among these households, reasons for income losses were mixed, but in the majority of cases, an income loss was tied to a benefit related change, such as a sanction, a benefit transition, no longer receiving a benefit received previously, or because of a change in benefit allowance (Table 6). In some cases, income losses were tied to loss of a job, fewer work hours, or wages not being paid by an employer. In general, personal or household circumstances such as separation, maternity leave, or sick leave were less frequently indicated as reasons for losses in income.

We also asked respondents to rank how steady their incomes were from month to month or week to week. Respondents selected from options: 1) Very steady-- I know exactly how much I will receive; 2) Fairly steady; 3) Somewhat unsteady; or 4) Extremely unsteady-- I'm never certain how much I will receive. For our analysis, we combine the former two rankings and the latter two rankings.

As shown in Figure 11, 44% of households said their incomes were somewhat unsteady or extremely unsteady. This suggests households using food banks may be vulnerable to periods with insufficient income.

Table 6 - Reasons indicated to explain why income less this month than three months ago (n=142).

Reasons indicated for why income this month less than three months ago	n	%
No longer receiving a benefit payment you had previously	29	20.8
Benefit sanction	21	16.8
Move from one benefit type to another	25	16.3
Change in benefit allowance	16	14.8
Loss of a job	21	14.1
Separated or divorced from a partner	8	6.39
Fewer work hours	10	6.18
Wages not paid by employer	6	4.70
Sick leave	4	2.47
Pay cut	2	1.42
Maternity leave	2	1.30
Benefit payment capped	2	1.01
Death of a household member	0	0.00
Other reason	12	6.69
Other reason why less: unexpected deduction from income	5	3.47
No reason for income loss provided	6	3.14

Notes: Open-ended responses were coded among other reasons for income loss. The most commonly reported category reported here. Data are unweighted ns and weighted sample proportions.

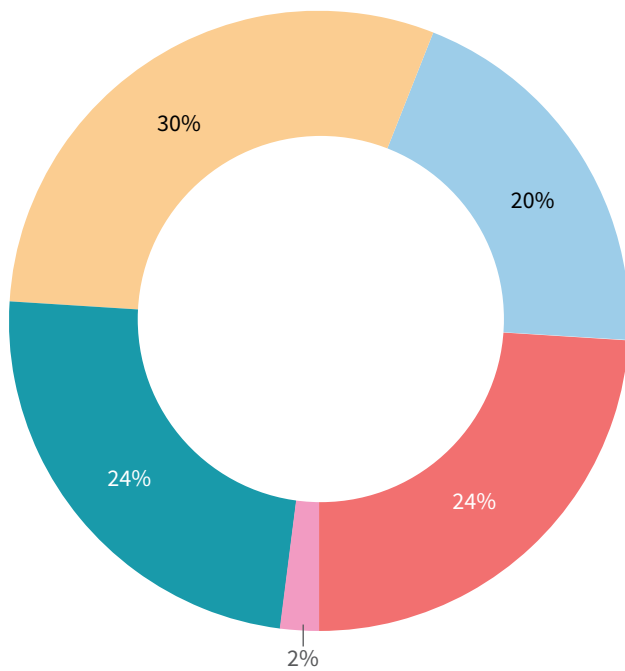


Figure 11 - Steadiness of income from week to week or month to month (n=413)

- Very steady. I know exactly how much I will receive
- Fairly steady
- Somewhat unsteady
- Extremely unsteady. I'm never certain how much I will receive
- Missing

In Table 7, we report how common unsteady incomes were by household economic status. We see that a high proportion of households with employment indicated having unsteady incomes. This was especially the case for households that contained self-employed adults (although this was a small number of households in

the sample). Along with the observation that amongst households with working adults, most were in part-time work (Table 2), this suggests the nature of work among households using food banks is insecure and/or insufficient to meet income needs.

Table 7 - Proportion of households reporting steady and unsteady incomes by household employment status

	n	Steady/very steady	Unsteady/extremely unsteady
Adults only in full-time work	7	48.3%	51.7%
Adults only with part-time work	20	68.2%	31.8%
Adults only self-employed	8	29.2%	70.8%
Adults only unemployed	113	50.8%	49.2%
Adults only in education	9	44.1%	56.0%
Adults only caregiving	26	59.0%	41.0%
Adults only unable to work due to illness	105	62.7%	37.3%
Adults only unable to work for other reasons	9	0.0%	100.0%

Notes: Cells are unweighted n and weighted row percentages. Showing only households with mutually exclusive economic status. Categories with total counts with 5 or fewer and households missing economic status not shown.

6.3 Expenditure shocks

While international research highlights how income losses can result in periods without sufficient incomes to cover basic needs such as food and household bills, unexpected expenses and rising living costs, especially for low-income households (Browne and Hood 2016, Tinson, Ayrton et al. 2016), can also result in households not having enough money to cover their basic needs.

We asked respondents if they had experienced rising costs or unexpected expenses in the past three months. Respondents indicated any experiences they had from a list (see Table 8) or could record other types of unexpected expenses they had experienced. These are indicated as Other in Table 8, with sub-categories shown for the most common other types of expenses recorded.

“Over 60% of households indicated one or more types of expenditure shocks in the past three months.”

Table 8 - Experiences of unexpected expenses and rising living costs in past 3 months

	n	%
A rise in expenses related to your housing, such as heating, utilities or rent	120	28.3
A rise in food expenses.	118	25.4
Unexpected expenses related to transportation, such as car repair or increased transit costs	46	13.5
A rise in living expenses due to a new health condition	43	10.3
Unexpected expenses related to an accident, injury, or medical emergency	42	9.48
Unexpected expenses due to a necessary housing repair	33	7.65
A rise in living expenses due to a new baby	23	4.96
Other changes specified to have increased household expenses	58	15.1
Debt payments	10	3.05
Rising costs associated with children (e.g. school uniforms and expenses)	10	2.43
Benefit change	5	1.87
Moved house	6	1.31
Separation from partner	6	1.18
Indicated did not experience any unexpected expenses or rise in costs in past 3 months	105	25.3
Missing	35	7.78

Notes: Data are unweighted ns and weighted sample proportions.

Table 9 - Intersection of unsteady income, losses of income, and budget shocks

	n	%
Fairly or extremely unsteady income	178	46.3
Income loss in past three months	142	39.1
Unexpected expense or rise in expenses in past three months	268	68.8
One or more of above	352	90.5
Reported none of above	38	9.50

Notes: About 5% of the sample was missing one or more of above; not shown. Data are unweighted ns and weighted sample proportions.

Over 60% of households indicated one or more types of expenditure shocks in the past three months. Rising living costs related to housing-related costs (e.g. heating costs) and food prices were most frequently reported, but about 10% of respondents had experienced unexpected expenses related to an accident or emergency, a new baby, or new medical condition. The most frequently indicated experiences in the other category included rising costs related to children and unexpected or rising debt repayments.

It is clear from these data that food bank users are an extremely financially vulnerable group. In addition to reporting extremely low incomes in the past month, almost all households had experienced at least one of the following indicators of financial vulnerability: a drop in income in the past three months, unsteady incomes, or an unexpected expense or rise in expenses in the past three months (Table 9).

“almost all households had experienced at least one of the following indicators of financial vulnerability: a drop in income in the past three months, unsteady incomes, or an unexpected expense or rise in expenses in the past three months.”

7. Household food insecurity, food bank use and other indicators of material deprivation



7. Household food insecurity, food bank use and other indicators of material deprivation

Key findings

Over two-thirds of households have experienced *severe food insecurity* in the past 12 months, meaning they had cut back on food intake, gone without eating, and in the worst cases, gone whole days without eating.

Severe food insecurity was a chronic experience for over two-thirds of respondents.

In addition to food insecurity, many respondents had also gone without shelter, essential toiletries, heating, or electricity, indicating a high prevalence of destitution among food bank users.

We turn now to the potential consequences of financial insecurity and low incomes: household food insecurity, bill arrears, and the inability to afford other basic essentials. We found that these experiences were highly prevalent among food bank users.

7.1 Household food insecurity and food bank usage

Household food insecurity was measured using the USDA Household Food Security Survey module used to monitor food insecurity in the United States and Canada (United States Department of Agriculture 2013, Tarasuk, Mitchell et al. 2016). Households were classified as marginally food insecure if they answered only one question affirmatively on the food insecurity scale, usually relating to anxiety about food supplies running low or being unable to eat balanced meals. Households that answered 2-5 questions affirmatively were scored as moderately food insecure. This relates to experiences of qualitatively changing diets and possibly cutting back on food. Severe food insecurity is indicated when households have cut back on food intake, experienced hunger, and/or gone whole days without eating (Tarasuk, Mitchell et al. 2016).

In Figure 12, we see that most households, 78%, had experienced severe food insecurity in the past 12 months. The prevalence of severe household food insecurity in this sample is more than five times higher than that observed among a study of low-income households in the UK Low

Income Diet and Nutrition Survey over 2003-2005 (Nelson, Erens et al. 2007). Compared to the level of moderate and severe food insecurity observed in the general population in the 2016 Food and You survey (Bates, Roberts et al. 2017),²² the prevalence amongst food bank users is more than 10 times higher. Compared to small studies of people using food banks in Canada and the Netherlands, this level of severity is also about 20-40 percentage points higher than among people using food banks in those countries (Tarasuk, Beaton et al. 1998, Neter, Dijkstra et al. 2014, Loopstra, Dachner et al. 2015).

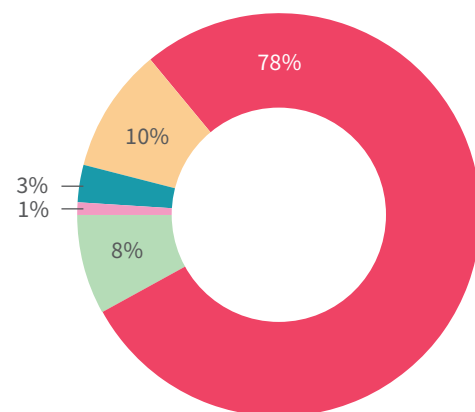


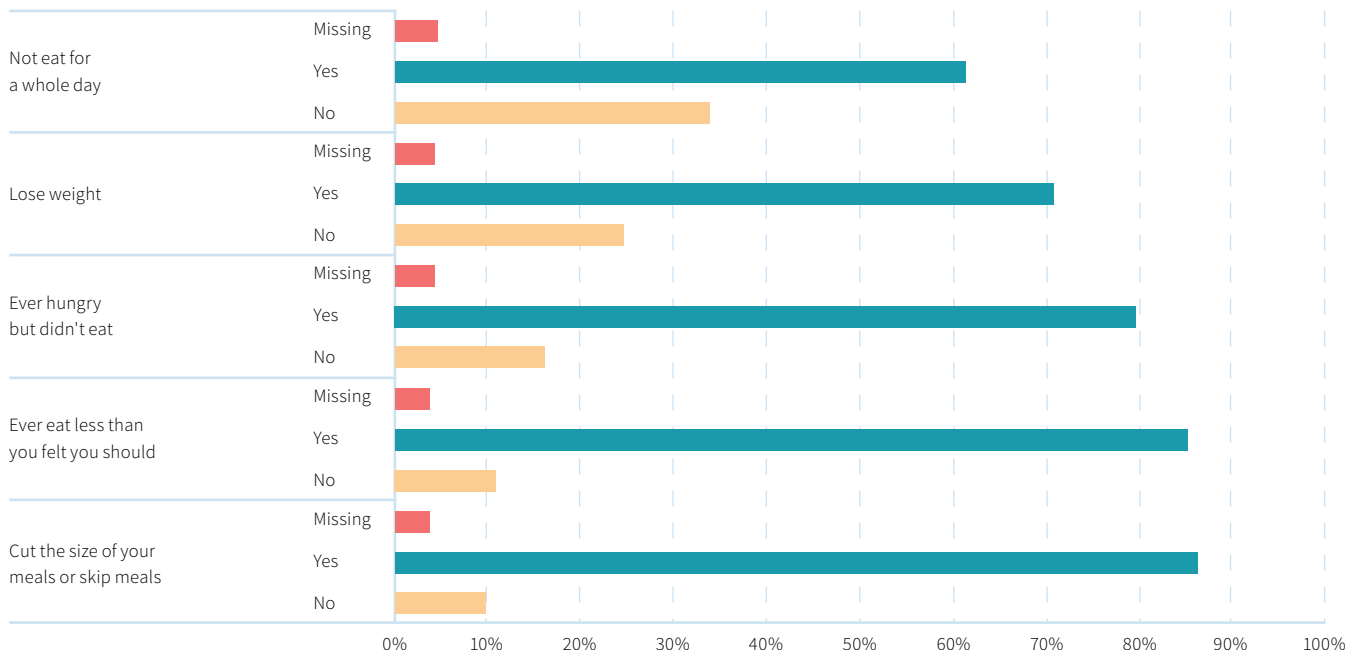
Figure 12 - Household food insecurity status

- Food secure
- Marginal
- Moderate
- Severe
- Missing

Notes: Data are weighted sample proportions.

22. In this publication, USDA language is used, referring to low and very low food insecurity, and a threshold of three affirmatives is used to denote food insecurity. When we apply the same threshold to our sample population, the prevalence of food insecurity is 87% vs. 8% in the general population.

Figure 13 - Selected responses from USDA Household Food Security Survey module



Notes: All questions posed reference the past 12 months and include the clause “due to a lack of money for food”. Data are weighted sample proportions

In particular, the proportion of respondents reporting going whole days without eating is exceptionally high, along with other experiences of cutting back and going without food. As shown in Figure 13, the majority of respondents reported this experience, and for most, this had happened frequently in the past 12 months. In most national surveys (e.g. Canada, United States), this indicator of food insecurity is reported by very few households (<1-2%) (Coleman-Jensen, Rabbit et al. 2016, Tarasuk, Mitchell et al. 2016). The observation that so many respondents reported this reveals the vulnerability and severity of food insecurity experienced by food bank users.

The figures also suggest food bank usage is occurring for most in a context of chronic household food insecurity. Almost all households reported at least a low-level of chronic food insecurity in the past 12 months; but two-thirds reported severe chronic experiences, that is every month or almost every month over the past year, skipping meals, feeling hungry but going without eating, or the most extreme, going whole days without eating (Table 10).

Some of these households used food banks frequently in the past year (Table 11), but for more than half of them,

food bank usage was new or recent,²³ suggesting a long period of time before households received food from a Trussell Trust food bank. These findings also highlight how for many food bank users, severe food insecurity is a chronic problem, even after receiving food assistance.

Table 10 - Chronicity and severity of household food insecurity among food insecure households (n=361).

	No indication of chronic	Mild chronic	Severe chronic
Marginal	0.63%	1.88%	---
Moderate	5.37%	4.28%	0.77%
Severe	9.43%	16.0%	61.6%

Notes: Chronicity of food insecurity missing for 66 households. Cells are weighted sample proportions.

In addition to receiving help from Trussell Trust food banks, about 17% of respondents reported receiving food parcels from other agencies, such as other food banks or a local authority, in the past 12 months.

“61% - the proportion of respondents reporting going whole days without eating is exceptionally high.”

23. Frequency of use in the past 12 months and past 3 months was asked of respondents. Those whose number of visits in the past 3 months matched the total number of visits in the past 12 months were designated recent users. Frequent use was designated as using food banks four or more times.

Table 11 - Pattern of Trussell Trust food bank usage by chronicity of severe food insecurity over past 12 months

	First time using the food bank	Recent food bank user – all use in past 3 months	Using for 3+ months but 3 or fewer times	Using for 3+ months and frequent use
No chronic food insecurity over past 12 months	6.08%	4.08%	4.71%	2.61%
Mildly chronic food insecurity over past 12 months	3.72%	7.23%	5.35%	5.06%
Severe chronic food insecurity over past 12 months	18.6%	17.4%	13.5%	11.7%

Notes: Chronicity of food insecurity missing for 66 households. Cells are weighted sample proportions.

7.2 Other experiences of material deprivation

Compromising on food intake is one of the many types of deprivation that households using food banks had experienced. Households had also experienced deprivation in housing and the inability to afford other basic essentials.

“more than 20% of respondents indicated that they had slept rough in the past 12 months or were currently doing so.”

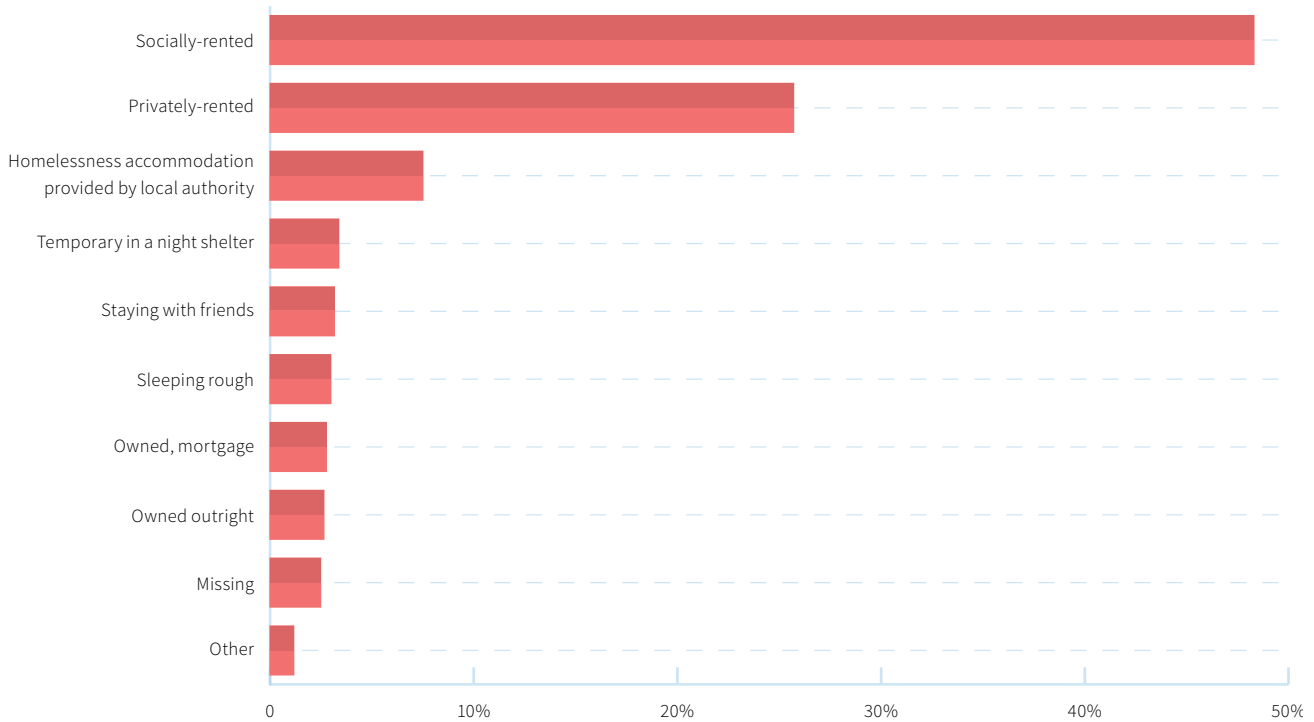
About 16% of households using food banks were currently homeless, as indicated by living in homelessness accommodation provided by a local authority, living in a temporary night shelter or hostel, sleeping rough, staying with friends, or staying in a women’s refuge (Figure 14). As shown in Figure 15, more than 20% of respondents indicated that they had slept rough in the past 12 months or were currently doing so.

Respondents also reported going without other basic necessities classed to indicate destitution in the UK (Figure 15) (Fitzpatrick, Bramley et al. 2016). These include heating, toiletries, and clothes appropriate for the weather conditions. Over 50% of respondents had gone without heating for more than four days in a given month, had been unable to afford essential toiletries, and/or had been unable to afford appropriate clothes for the weather. These findings are consistent with a recent study of destitution among frontline emergency service users (Fitzpatrick, Bramley et al. 2016).

Many households reported being behind on bill payments (Table 12); another indication of their struggle to afford basic necessities. For some, falling behind on bill payments was a recent experience, but others were months behind. As household incomes were so low in the sample, it is likely that many households will struggle to catch-up on these payments unless their financial circumstances significantly improve.

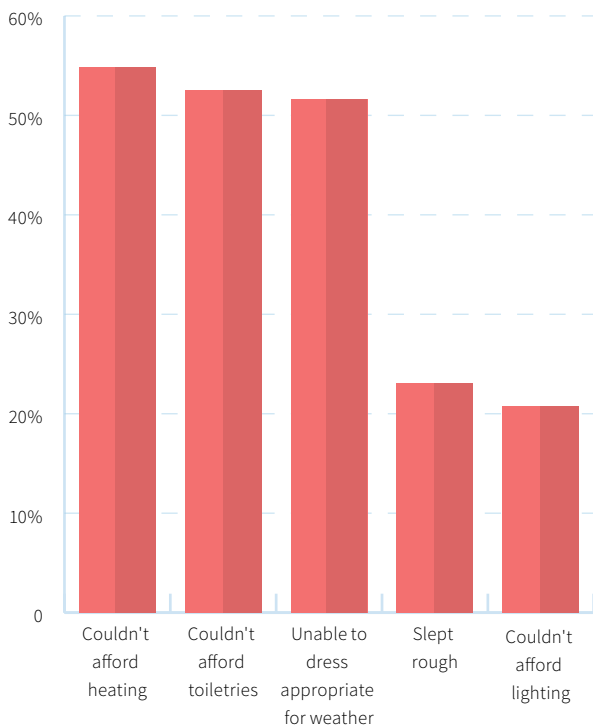
Paying rent was also a struggle for many households. In Table 13, we show how frequently households living in rented accommodation reported difficulty affording their rent. We divide households into those living in socially-rented accommodation and those living in privately-rented accommodation. The latter group more frequently reported difficulty, but many households living in both housing types were struggling to afford their rents.

Figure 14 - Current accommodation



Notes: Data are weighted sample proportions.

Figure 15 - Experiences of destitution in past 12 months



Notes: Questions specified not being able to dress appropriately for the weather because did not have suitable shoes or clothes and could not afford them, going without basic toiletries because could not afford them, being unable to heat home on more than four days in a month, being unable to light home on more than four days in a month. Data are weighted sample proportions.

Table 12 - Proportion of households in bill arrears

Household bill arrears	n	%
Up-to-date with all payments	131	30.5
Less than 2 months behind with some or all payments	122	31.8
2-3 months behind with some or all payments	52	12.4
4-5 months behind with some or all payments	13	3.26
6 or more months behind with some or all payments	54	11.9
Missing	41	10.1

Notes: Question asked of all participants. Missing here likely reflects not applicable, as might not have monthly bill payments. Data are unweighted ns and weighted sample proportions.

Table 13 - Proportion of households reporting ease or difficulty affording rent among households living in rental accommodation

	n	Very easy	Fairly easy	Fairly difficult	Very difficult	Not applicable
Socially-rented accommodation	185	15.6%	23.1%	22.3%	21.3%	17.7%
Privately-rented accommodation	119	10.1%	11.4%	30.5%	34.8%	13.2%

Notes: Not applicable selected if respondent did not make rent payments. Question only asked of respondents indicating they live in rented accommodation. Data are unweighted ns and weighted row percentages.

7.3 Household debt

Another indicator of financial struggle is debt. For many in society, credit is used to smooth consumption during periods when incomes are lower than usual or when unexpected expenses have arisen. Credit is taken out against the belief that incomes will recover or that minimum payments to cover an unexpected cost can be managed. However, having to rely on credit to meet basic needs in the context of chronic low income can quickly turn problematic. Thus, outstanding loans among households using food banks may indicate these households have had to look to alternate financial resources to make ends meet. Previous research on coping strategies find that households borrow from friends and family, use credit cards, or take out other payday and related loans, as a coping strategy against the inability to cover food and living costs and/or to cover unexpected expenses (Maxwell, Ahiadeke et al. 1999, Hadley and Crooks 2012, McIntyre, Bartoo et al. 2012).

Table 14 - Personal or household loans, and difficulty of making minimum payments

	n	%
No money owing for a personal loan	195	47.4
Very easy/fairly easy	31	9.06
Fairly difficult	61	13.1
Very difficult	94	23.0
Not making loan payments	6	1.45
Missing	22	5.95

Notes: Data are unweighted ns and weighted sample proportions.

Among respondents, approximately half reported having an outstanding loan (Table 14), and of these, loans from family and friends were the most frequently indicated source (Table 15). While this suggests that food bank users were able to turn to friends and family for financial help, this can have consequences for relationships if loans are unable to be repaid. As we will see next, most were struggling to make loan repayments, which may lead to conflict with friends and family.

Table 15 - Loan providers among households with loans (n=196)

Loan providers	n	%
Loan type: Bank	49	29.4
Loan type: Credit card company	40	22.2
Loan type: Payday loan company	40	18.3
Loan type: Friend or family	101	51.7
Loan type: Other	55	26.3
Other type: arrears	5	2.24
Other type: catalogue loan	5	4.64
Other type: Credit Union	2	1.79
Other type: door step loan company	11	3.15
Other type: DWP	6	2.79
Other type: pawn shop	2	0.93
Other type: loan shark	2	0.96
Loan type: not specified	2	0.87

Notes: Respondents could indicate more than one loan type. Other loan types provided as open responses; these were coded and most frequently indicated types reported here. Data are unweighted ns and weighted sample proportions.

Outstanding loans may also exacerbate financial struggle due to unmanageable minimum payments. Payments owing back on previous debts may be contributing to food insecurity by reducing the amount of income respondents have for food and other basic essentials. Among households who indicated other unexpected expenses, a number indicated debt repayments as a shock expense in the past three months. Among households owing money for a personal or household loan, almost all were finding it fairly difficult or very difficult to make minimum monthly payments (Table 16), reflecting one-third of all households in the sample. This suggests debt repayments were another source of financial difficulty facing households using food banks.

8. Health conditions, illness and disabilities



8. Health conditions, illness and disabilities

Key findings

Three-quarters of households using food banks contained someone with a health condition and/or disability.

About one-third of households included someone with a mental health condition.

Compared to the profile of low-income households in the UK, the households of food bank users are almost three times more likely to contain someone with a disability.

The last area of enquiry on the questionnaire captured information on health conditions and disabilities among respondents and their household members. Respondents were asked to indicate if they personally had a health condition, and whether or not any household members had a health condition. These were defined as illnesses or disabilities, short or long-lasting injuries, mental or emotional problems, and/or problems with alcohol or drugs. We included short-lasting injuries, as these could be a cause for a recent change in employment or income status. Respondents were then asked to list the types of conditions in their household. Based on the open-ended responses provided, conditions were classified into 34 different types, in accordance with descriptions used in the national Labour Force Survey. The World Health Organisation disability assessment schedule was then used to assess the impacts of respondents' health conditions on their daily lives (World Health Organisation 2017). A question pertaining to the impact of health conditions on activities of day-to-day living was used to classify disability, in accordance with the UK's national definition (Department for Work & Pensions 2017).

8.1 The prevalence and nature of health conditions among respondents and household members

As shown in Figure 16, almost two-thirds of respondents indicated they had a health condition, and another 5% of respondents did not have one themselves, but had a household member who did.

Figure 17 shows the types of conditions most frequently indicated among households with health conditions. Depression was highly prevalent among households, followed by anxiety. After mental health conditions, respiratory conditions, most frequently asthma, were most common, followed by back problems and neck pain.

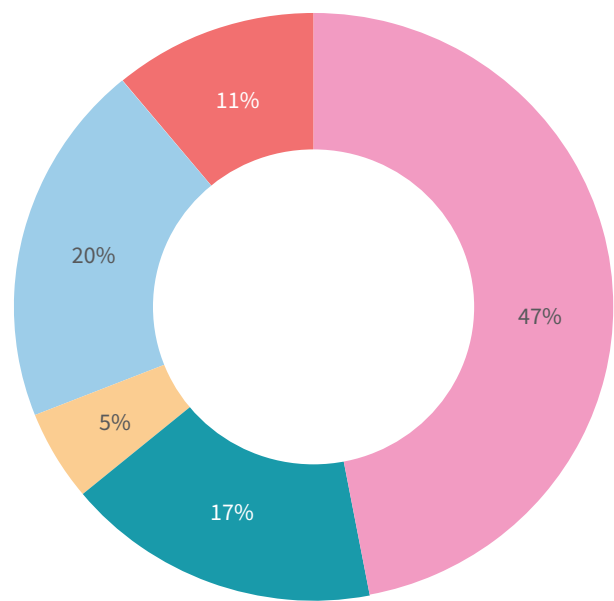
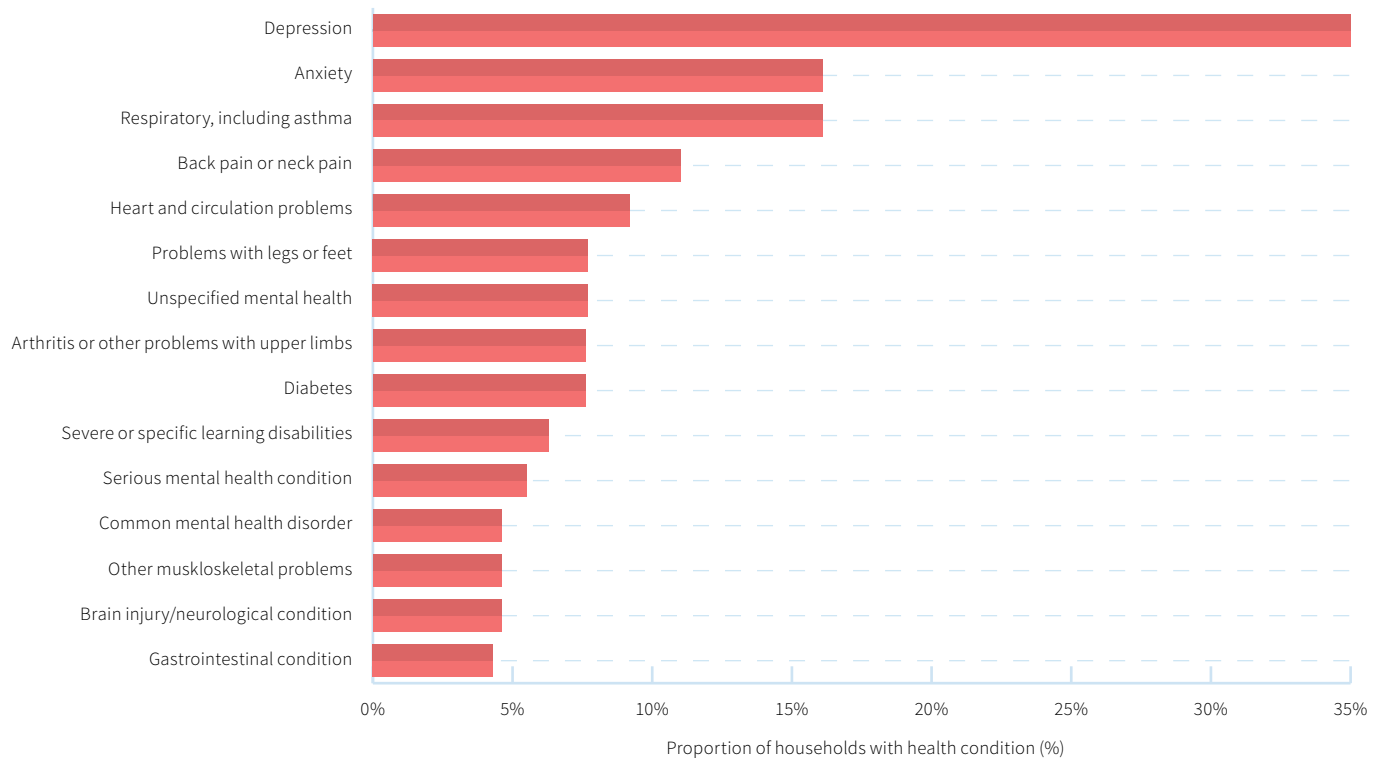


Figure 16 - Prevalence of health conditions among respondents and household members

- Only yourself (no one else in household)
- Yourself and other household member(s)
- Not yourself but household member(s)
- Not yourself or anyone else in household
- Missing

Notes: Data weighted sample proportions.

Heart conditions, arthritis, and diabetes were also highly prevalent, especially considering the relatively young age of respondents.

Figure 17 - Conditions of highest prevalence among respondents and their household members with health conditions (n=284).

Notes: Data are weighted sample proportions.

In Table 16, we look more closely at mental health related conditions among all households in the sample. We show how when we combine indications of depression, anxiety, common mental disorder, unspecified mental health problems, and more serious types of mental health problems, that almost one-third of respondents (or a household member) in the total sample had a mental health condition.

Table 16 - Prevalence of mental health conditions (n=413).

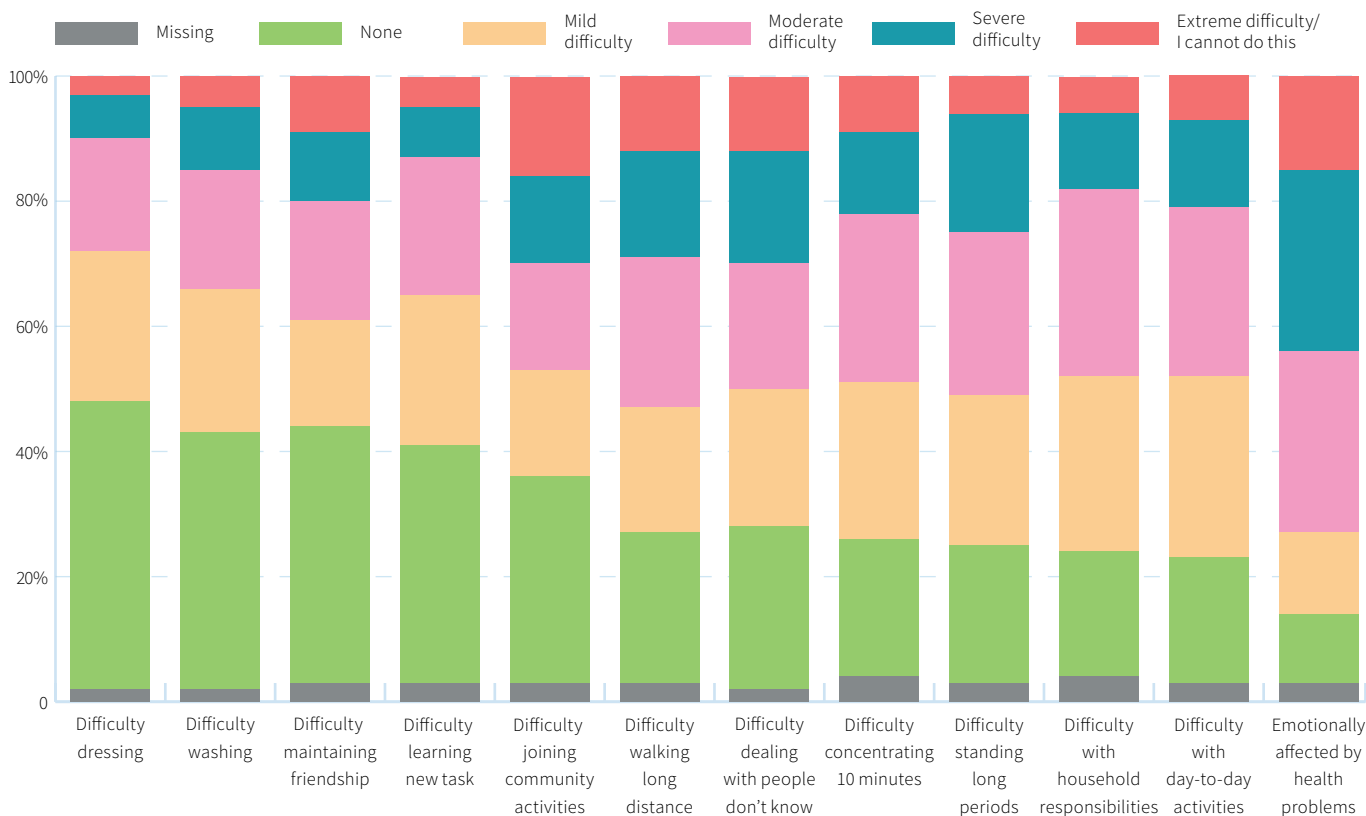
	n	%
Depression	97	24.3
Anxiety	39	11.2
Unspecified mental health condition	16	5.35
Severe mental health	13	3.80
Other common mental health disorder	24	3.21
One or more of the above	138	35.1
Missing	68	16.4

Notes: Serious mental health condition includes psychosis, schizophrenia and bipolar disorder. Other common mental disorders include personality disorder, paranoia, phobias and post-traumatic stress disorder. Data are unweighted ns and weighted sample proportions.

Though our data rely on self-reporting, if we compare the prevalence of mental health conditions assessed in the Annual Population Survey among the general population, these conditions are over-represented among people using food banks (Department for Work & Pensions 2017).

Lastly, respondents who had a health condition were asked a series of questions used to assess the impact of their health condition on different domains of daily living. Based on the 12-item questionnaire, most respondents had a health condition that had moderate or severe impacts on their daily living. Figure 18 highlights how the majority of respondents were at least mildly impacted by their health conditions across the different domains.

Figure 18 - Impact of health problems on domains of daily living among respondents with a health condition



Notes: Respondents who indicated that a household member had a health condition but not themselves personally were not asked the World Health Organisation disability assessment questions. Data are weighted sample proportions.

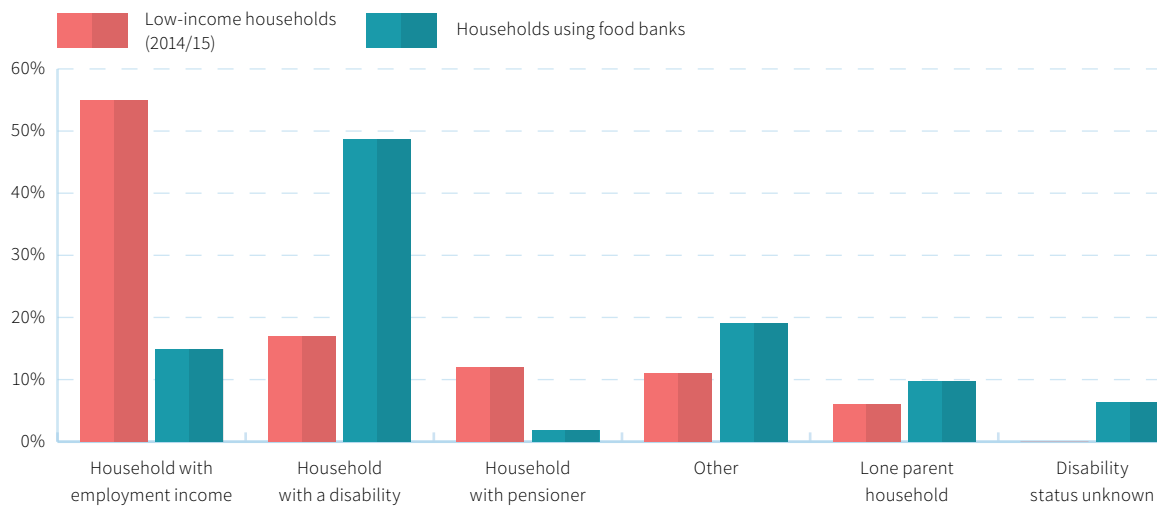
8.2 The profile of food bank users accounting for disability

People with disabilities are at greater risk of poverty in the UK. This may be because their conditions limit their ability to work, because they face discrimination when applying for work, and/or because additional living expenses resulting from their disability make it so their incomes are not sufficient to meet their basic needs (Tinson, Ayrton et al. 2016). The most recent data on HBAI show that, after housing costs, the percentage of individuals with less than 60 per cent of the contemporary median income where someone is disabled was 31% in 2015/16. This is compared to 28% in 2012/13 (Department for Work & Pensions 2017).

Based on data from the 2014/15 HBAI report, the New Policy Institute and the Joseph Rowntree Foundation examined the profile of low-income people in the UK and observed that half of all people in poverty either have a disability themselves or live with someone who does (Tinson, Ayrton et al. 2016). They then looked at the composition of low-income households and found that after households with someone in work, households who were workless with a disabled member made up another quarter of low-income households (Figure 19).

As all households using food banks were low-income households, we conducted a similar analysis to compare the profile of low-income food bank users to the profile of low-income households in the general population. This figure takes into account earlier figures for the sample on households in work and economic status, and then additionally incorporates detail on disability. Here, we classify respondents who indicated they have at least mild difficulty with activities of day-to-day living on the WHO disability assessment scale as households with a disability. This broadly matches the definition of disability used in national assessments (Department for Work & Pensions 2017). Respondents who indicated only a household member had a health condition but not themselves were not asked the WHO disability assessment questions (n=19), but based on the nature of conditions listed, we estimated the likely impact of the conditions on daily living to be at least mild, thus these were also classed as households with a disabled member.

Figure 19 - Compared with low-income households in the general population, low-income households using food banks are more likely to contain someone with a disability or to be a lone parent family



Notes: Categorisation of low-income based on the Joseph Rowntree Foundation/New Policy Institute report (Tinson et al. 2016). Categories are mutually exclusive and were applied to food bank households. Households classified with a disability are those not in work and who do not contain a pensioner. Lone parent households are those that do not include someone with employment, a pensioner, or someone with a disability. Frequencies for low-income households in population from Tinson et al. (2016). Data for sample are weighted sample proportions.

As shown in Figure 19, we see that among food bank users, households with disabilities are almost three times more prevalent among low-income food bank users than among low-income households in the general population. Lone parents are also over-represented among food bank households, but there are relatively fewer low-income households in work using food banks than in the general population.

We also observe a higher proportion of households fitting into the “other” category. When we take a closer look at the circumstances of these households, we observe that just under half of these households experienced recent income losses, were currently homeless, or were asylum seekers.

What do these comparisons tell us about food bank users in relation to the wider population of low-income households in the UK?

First, they indicate that among low-income households, those with people living with a disability are more likely to be using food banks, suggesting more severe needs among this group. This is consistent with national data from the Food and You Survey from 2016 which showed that adults out of work for other reasons (for example, due to a disability) were more likely to be food insecure

than working households (Bates, Roberts et al. 2017). National survey data also reveals that households where someone has a disability are more likely to go without basic items compared with other households on the same income (Equality and Human Rights Commission 2017).

The relatively lower proportion of people in work using food banks compared to low-income households in the general population could suggest that while they have low incomes, people in work are better off financially such that they do not experience food insecurity. In the recent 2016 Food and You Survey, individuals with employment had lower risk of food insecurity than those without employment (excluding pensioners), so it also follows that they would be less likely to use food banks (Bates, Roberts et al. 2017). However, it is also possible that working households who are food insecure are unable to access food banks, less aware of the existence of food banks, or less willing to use food banks, as has been shown in international literature (Loopstra and Tarasuk 2015).

9. Discussion and conclusions



9. Discussion and conclusions

Taken together, our investigation into the profile and circumstances of food bank users highlights particular vulnerable groups who need to use food banks disproportionately compared to the wider population. We documented how people using food banks face a high degree of financial insecurity and experience severe food insecurity and forms of destitution.

9.1 Main findings and discussion

Food bank users are predominantly made up of single, working-age adults without children, lone mothers with children, and families with three or more children. Together with the high proportion of people with disability, these groups are notably the same groups who have been most severely impacted by benefit reforms (Hood and Johnson 2016). Changes to benefits for these groups have included the transition of lone parents with children over five from Income Support to JSA and increasing conditionality for lone parents (Watts, Fitzpatrick et al. 2014), changes to the local housing allowance for individuals under 35 (Reeves, Clair et al. 2016), the benefit cap (which particularly impacts on large families) (Citizens Advice Bureau 2015, Wilson 2015), the introduction of conditionality and sanctions for people with disabilities deemed able to prepare for work (i.e. ESA (WRAG)) (Watts, Fitzpatrick et al. 2014, Equality and Human Rights Commission 2017), and increasing conditionality and sanctions for JSA claimants, which have disproportionately impacted people with disabilities and those in younger age groups (Watts, Fitzpatrick et al. 2014, Work and Pensions Committee 2015). Consistent with these changes, our data reveal that those receiving JSA and those in the ESA WRAG were over-represented among benefit claimants receiving food aid from The Trussell Trust.

“the continued devaluation (in real terms) of key parts of the welfare state will only serve to exacerbate the problem of food insecurity for a particular subset of low-income households.”

Our analysis sheds light on the financial circumstances of people using food banks, revealing that food bank users have incomes in the lowest range of the income distribution. They are, in short, particularly vulnerable to income and expenditure shocks. A high proportion

of low-income but in-work households experienced fluctuations in income, week to week or month to month. This may suggest a low-pay, no-pay cycle, which makes households vulnerable to food insecurity (Coleman-Jensen 2011). Such insecurity has been rising in the UK (Citizens Advice Bureau 2016, Trade Union Congress 2016). In contrast, it is striking that very few of the people using food banks had full-time, permanent jobs, suggesting that certain types of work can give people the security they need to avoid food bank usage.

Outside of the labour market, a large proportion of households indicated financial pressures generated by the rising costs of food and heating. This is consistent with inflation rates, particularly those observed through the latter half of 2016, when this study was conducted (Office for National Statistics 2017). Since most out-of-work benefit levels have been uprated by only 1% or, most recently, frozen since 2016, the real value of benefits has eroded and will continue to do so over the next four years as the costs of living rise (Emmerson, Hood et al. 2016). This disconnect has likely been most keenly felt among the poorest (Adams and Levell 2014). As most households in our data were supported by benefit incomes, this again suggests that current benefit levels are insufficient to protect households from food insecurity and destitution. If the inadequacy of certain benefits is driving food bank usage then the continued devaluation (in real terms) of key parts of the welfare state will only serve to exacerbate the problem of food insecurity for a particular subset of low-income households.

One particularly striking finding from our data is how many people using food banks have a disability and/or health condition. Though it is already well-known that people living with a physical limitation or who suffer from poor mental health face a much higher rate of poverty than the rest of the population, to find these groups over-represented among food bank users suggests they are particularly at risk of deep poverty and severe food insecurity. The scale of the over-representation is significant; even among low-income households they are three times more likely to visit a food bank than other people in a similar financial situation.

The over-representation of people with disabilities among food bank users may indicate current welfare support for disabled people is insufficient to ensure that such individuals are not left destitute. Many reports have warned of this as a result of welfare reforms disproportionately impacting disabled people and because benefits

have not kept pace with inflation (Kennedy, Murphy et al. 2016). There have been a disproportionate number of people with disabilities affected by the ‘bedroom tax’. Support for people with disabilities has been reduced as a result of the transition from Disability Living Allowance to Personal Independence Payments, and impact assessments have highlighted that welfare cuts have disproportionately impacted people of working-age with disabilities, particularly those with low incomes (Equality and Human Rights Commission 2017). In particular, there is concern that Work Capability Assessments have resulted in people being incorrectly deemed fit for work (Kennedy, Murphy et al. 2016). Work Programmes following on from assessments can also be ill-matched to the needs of claimants with disabilities and the process of going through assessments can lead to administrative delays which then delay benefit payments. Claimants with disabilities, either those in the ESA (WRAG) or people with disabilities only eligible for JSA, must take part in job search and other activation programmes, but these requirements, some have argued, are unfit for purpose when it comes to people with complex needs, and can result in claimants being unfairly vulnerable to sanctions (Connolly 2014, Garthwaite 2014, Watts, Fitzpatrick et al. 2014, Work and Pensions Committee 2015). This is of particular concern for people with mental health issues, where the “invisibility” of the condition can result in a lack of tailored support (Equality and Human Rights Commission 2017). Thus, the disproportionate number of people with disabilities among food bank users might reflect the increasing financial vulnerability of this group on account of changing access to benefit support, exacerbating the deprivation already experienced by those in this group.

The high prevalence of mental health conditions among food bank users raises the important consideration of the bi-directional relationship between mental health and food insecurity. Financial insecurity and household food insecurity can lead to declines in mental health, but mental health conditions can also contribute to difficulty obtaining and maintaining work. The observations that so many people using food banks were struggling with their mental health reinforces the need for greater investment in care and support for people with mental health conditions (Elliott 2016).

Issues with social security are not just financial, they are also administrative. Reductions in income were, for some respondents, simply due to processing delays linked with new claims or changes in their current benefit

status. For some, these delays had lasted over four weeks. Implementing administrative changes to welfare systems will always be difficult and will almost always result in errors and delays, especially when such changes are made during periods of austerity within the civil service. But such delays and errors have real implications for financial hardship and appear to partly explain why a significant proportion of people visit food banks, consistent with data from agencies making referrals to Trussell Trust food banks (The Trussell Trust 2016).

The high rates of chronic severe food insecurity among food bank users are likely to have serious consequences for the health and well-being of this population. Among those who already have health conditions such as diabetes, food insecurity can compromise individuals’ ability to manage their health conditions (Galesloot, McIntyre et al. 2012, Ippolito, Lyles et al. 2017). There has also been concern about rising nutritional deficiency and malnutrition in the UK (UK Faculty of Public Health 2014), and the high prevalence of chronic severe food insecurity suggests that food bank users are vulnerable to these outcomes.

Given the short-term nature of food assistance offered through Trussell Trust food banks, these findings also raise questions about whether this type of intervention alone can meet the needs of the people using food banks. We observed deep levels of poverty and chronic food insecurity in this population. International studies have highlighted how food charity cannot address the widespread and severe problem of food insecurity (Tarasuk, Dachner et al. 2014, Bazerghi, McKay et al. 2016), and the findings of this research strongly point to the need to address upstream drivers of this problem, namely, insecure and insufficient incomes.

Importantly, our findings can be compared to the recent findings from the 2016 Food and You survey, which found that 8% of households experience moderate and severe food insecurity, and an additional 13% experience marginal levels of food insecurity (Bates, Roberts et al. 2017). In this survey, unemployed and economically active households, two groups especially likely to be claiming benefits, were at particularly high risk of food insecurity. This corroborates our findings and is consistent with international evidence suggesting those at the highest risk of food insecurity and poverty are most likely to be in need of food banks. But these national survey data also reveal that the problem of household food insecurity is much more widespread than just among people using

food banks, reinforcing calls for population monitoring and upstream intervention (Taylor and Loopstra 2016).

9.2 New insights and directions for research

Over the course of our research, we interacted with many people serving in food banks and receiving help from food banks. They helped us to see things we overlooked when designing this research and the questionnaire. We share these here as future areas of research.

Council Tax: a number of people noted how difficult it had become to cover their council tax bill, especially after they stopped receiving Council Tax Benefit (which was devolved to local authorities, and in many cases, subsequently became made harder to qualify for). Some people specifically mentioned being in arrears for a council tax bill. Unfortunately, this did not emerge clearly during our pilot and so we did not include this specific topic in our questionnaire. At this point, we do not know how common this experience is.

Sanctions: Approximately 6% of households in our sample had experienced an income loss in the past three months due to a sanction. The number of sanctions given out across the country has fallen in the past two years, to about 2.5% of claimants. As a proportion of JSA or ESA (WRAG) claimants in our sample, 7.2% experienced a loss of income due to a sanction in the past 3 months. However, we did not specifically query whether or not respondents currently had no income because of a longer-lasting sanction, nor did we enquire about respondents' past experience of sanctions. As recent research suggests that people who are sanctioned might have difficulty recovering from this income loss (for example, because they go into debt during their sanction period), learning about past experiences of sanctions, not only current sanctions, should be an important area of research in the future.

A longer-term view of finances and welfare support: The focus of our enquiries was short-term changes in income and expenditure within households, providing rich description of financial challenges that may explain why households were in need of emergency food assistance. While most households reported experiencing these in the short-term, we did not enquire about their longer-term circumstances. Gathering data on households' financial circumstances over the past year or two years, whether or not they had been impacted by changes in their welfare support in years before, and

their longer-term economic status would have helped to put their short-term economic shocks in context and potentially shed light on the longer-term impacts of welfare reform.

Reasons for unsteady income: Almost half of our sample reported having unsteady incomes. We did not probe further to discover why their incomes varied so much from week to week or month to month. Such fluctuations in income were more common among those in work or those who indicated no source of income. However, a large proportion of our sample was households receiving benefits who reported unsteady incomes as well. Understanding causes of unsteady incomes and how these relate to periods with insufficient income and food insecurity is important for understanding food bank usage dynamics in the future.

Ongoing monitoring of food bank users: Our findings are based on a pilot of a nationwide survey of food bank users. As outlined in the background to our study, one of our aims was to design a method that can be implemented again in the future across different food bank sites. Our findings highlight how important this will be going forward, especially as new welfare reforms are implemented. In our Technical Report, we detail improvements to refine the method to achieve robust monitoring in the future.

9.3 Conclusions

Households referred to food banks are an extremely vulnerable population. Our findings highlight the depth of poverty, insecurity of incomes, and experiences of food insecurity and material deprivation amongst this group. We have also shown that people over-represented among food bank users are those with disabilities, lone parents, and single male households.

These findings raise questions about the cost of living and whether the current social security is sufficient to meet basic needs. Firstly, are levels of benefit support sufficient to ensure that households relying on this income can meet their basic needs? Our data suggest that this is not the case. Secondly, for people in work, does this promise an income which meets their basic needs and that of their dependents? Our data suggests that insecurity and unsteadiness in income means even those in work can be in income crisis.

The profile of people using food banks reveals particularly vulnerable groups in the population, namely individuals receiving ESA but classified into the work-related activity group, individuals receiving JSA, lone parents, and children in large households. These are groups impacted by changes to welfare support and increased conditionality, and their presence in food banks suggests that they are no longer receiving adequate levels of support and are vulnerable to sanctions. As of April 2017, new benefit changes were introduced which are likely to mean that these groups will now be more financially vulnerable than at the time of this research (Hood, Keiller Norris et al. 2017).

The severity of poverty observed and what it means for people's ability to acquire sufficient and adequate food is a serious public health concern. This requires that household food insecurity be made a cross-departmental priority in the UK. This must include regular monitoring of food insecurity in the population to understand who is at risk and how this problem might change over time.

These findings point to the need for upstream intervention to address the financial insecurity and insufficiency of people at the lowest end of the income distribution. These must include addressing and preventing the financial insecurity and income crises that arise from benefit transitions, new applications, and appeals, and from income and expenditure shocks. These findings also point to the need for an enquiry into the support and sufficiency of benefit allowances for people with disabilities, especially as new reforms may make people with disabilities relying on benefits even more financially vulnerable (Equality and Human Rights Commission 2017). The presence of households in work at food banks also supports calls to address insecure and low-paid work in the population. Lastly, the role of conditionality and sanctions in causing both short- and long-term financial hardship, especially as these are rolled out to apply to more claimants (i.e. Universal Credit), continues to be a concern, requiring further evaluation of the appropriateness of these welfare policies (Comptroller and Auditor General 2016).

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About the authors

Rachel Loopstra initiated this project while working as a Postdoctoral Researcher in the Department of Sociology at the University of Oxford. In November 2016, she started an ESRC fellowship and lecturer position in the Department of Nutrition and Dietetics at King's College London. Her research focuses on household food insecurity, food bank usage, and impact of social policies on nutrition and health. For this study, she led on methodological design, oversaw implementation and data collection, conducted the analyses, and wrote the project report.

Doireann Lalor completed her PhD in 2011, and since then has worked as a social entrepreneur and community-based social researcher, working on projects relating to sustainable and equitable food systems. For this study, Doireann functioned as the link between the world of research and the world of food banks, drawing on her hybrid background as a researcher and community food practitioner. She contributed to the study's methodological design and managed its implementation, visiting participating food banks and training and supporting food bank staff and volunteers to collect data.

About The Trussell Trust

The Trussell Trust is a national anti-poverty charity which runs a network of over 428 food banks. These food banks provide three days' nutritionally balanced food and support to people in crisis in the UK. Food banks in the network provided 1,182,954 three-day food supplies between 1st April 2016 and 31st March 2017, a 6% increase from the previous year. Issues with benefits continue to be the most common cause of referral.

Over 90% of the food given out by Trussell Trust food banks is donated by generous members of the public. Everyone who comes to a Trussell Trust food bank is referred by a professional such as a social worker, health visitor or schools liaison officer.

Trussell Trust food banks work hard to signpost people to other local agencies and services able to help resolve the underlying cause of the crisis. As part of the charity's More Than Food approach, many food banks also host free additional services like debt and money advice, cooking and budgeting courses, and holiday clubs, to further the aim of stopping UK hunger.

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