STATE OF HUNGER

A study of poverty and food insecurity in the UK

NOVEMBER 2019

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the trussell trust
Stop UK Hunger

ACKNOWLEDGEMENTS

The research team and the Trussell Trust are extremely grateful for those participating in this research, including: people referred to food banks; managers, staff and volunteers in food banks; key informants; and referring professionals.

We would also like to thank those who kindly provided support and advice on the design and methodology for this study, including: project advisory board members; the Trussell Trust operations managers and area managers; the Trussell Trust network intelligence team; Dr Rachel Loopstra and the team from the pilot study; Sabine Goodwin (Independent Food Aid Network); Bournemouth Citizens Advice Bureau; Durham Foodbank and Dunfermline Foodbank; Joel Williams (Kantar Public); Professor Arnab Bhattacharjee (Heriot-Watt University); Dr Aaron Reeves (Oxford University); Dr Lisa Doyle (Refugee Council); Citizens Advice; and ASDA's Fight Hunger Create Change partnership which supports this study.

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CONTENTS

Acknowledgements **02**

Contents **03**

Tables and Figures **05**

Acronyms **06**

Glossary **06**

Summary **09**

Background and aims 09

The scale and profile of hunger in the UK 10

Drivers of hunger in the UK 12

The experience of poverty and hunger 13

Chapter 1 Introduction **15**

Key points 15

Background 15

Study aims 17

Report structure 19

Chapter 2 Methods **20**

Key points 20

Overview 20

The definition of hunger and food insecurity 21

Quantitative research 23

Qualitative research 25

Future research and updating 25

Chapter 3 Food insecurity: scale and profile **26**

Key points 26

Introduction 27

Food insecurity in the general population 27

Food insecurity among people referred to food banks 31

Chapter 4 Drivers of food bank use 54

Key points 54

Introduction 55

The wider poverty context 57

Welfare reform 60

Immediate triggers of very low income: focus on the welfare safety net 62

Background drivers of food bank use 79

Conclusion 91

Chapter 5 The experience of poverty and hunger 93

Key points 93

Introduction 93

Context: the wider, ongoing experience of poverty 94

The experience of lacking food and the impact on daily life 95

Impact on physical and mental health 96

Impact on children 97

Coping with hunger and poverty 99

Conclusion 102

Chapter 6 Conclusions 103

Key points 103

The scale of hunger in the UK and the profile of people affected by it 104

Drivers of hunger in the UK 105

The experience of poverty and hunger 107

Policy implications 108

References 110

TABLES AND FIGURES

Tables

Table 3.1 Household composition among people referred to food banks in the Trussell Trust network and among all working age households in the UK 36
Table 3.2 Ethnicity of UK-born people referred to food banks in the Trussell Trust network and UK-born people in the working age UK population 38
Table 3.3 Economic circumstances of people referred to food banks in the Trussell Trust network 40
Table 3.4 Working age people with selected household characteristics, by food bank use/low income household status, 2017/18 50
Table 3.5 Demographic profile of top 20 MSOAs compared to England, Census 2011 and IMD 2015....51
Table 3.6 Demographic profile of top 10 LADs compared to Great Britain 52
Table 4.1 Results of a fixed effects model predicting the number of food parcels provided by food banks in the Trussell Trust network per 1,000 working age population, 325 local authorities in England, 2011/12-2018/19....64
Table 4.2 Responses to the survey question 'How long did you or your partner wait for Universal Credit payment?'....69
Table 4.3 Support from family or friends....79

Figures

Figure 3.1 Number of food banks in the Trussell Trust network....32
Figure 3.2 Number of food parcels distributed by food banks in the Trussell Trust network....33
Figure 3.3 Locations of food banks as of June 2019 34
Figure 3.4 Age profile of people referred to food banks in the Trussell Trust network and the UK population 35
Figure 3.5 Housing circumstances of people referred to food banks in the Trussell Trust network 37
Figure 3.6 Health issues within households referred to food banks in the Trussell Trust network....39
Figure 3.7 Breakdown of mental health issues among households referred to food banks in the Trussell Trust network 39
Figure 3.8 Main economic status of people referred to food banks in the Trussell Trust network 41
Figure 3.9 Current sources of household income among people referred to food banks in the Trussell Trust network 42
Figure 3.10 Breakdown of benefits received by households referred to food banks in the Trussell Trust network....43
Figure 3.11 Distribution of weekly housing costs by weekly net income in the month prior to using a food bank....44
Figure 3.12 Number of essentials lacked in the month before using the food bank (max=6)....45
Figure 3.13 Food insecurity in the past 12 months among households referred to food banks in the Trussell Trust network 46
Figure 3.14 Number of arrears reported by people referred to food banks in the Trussell Trust network (max=6) 47
Figure 3.15 Percentage of people referred to a food bank reporting arrears for different types of bills 47
Figure 3.16 Percentage of people referred to food banks in the Trussell Trust network reporting arrears and/or loans 48
Figure 4.1 Expected rate of destitution in decile bands 59
Figure 4.2 Problematic experiences with the benefit system among households referred to food banks, past 12 months....67
Figure 4.3 Percentage for households referred to food banks who applied for discretionary and crisis elements of the benefit system in the three months prior to visiting a food bank 73
Figure 4.4 Perceptions of how well statutory and non-statutory agencies are able to prevent people needing to use food banks 76
Figure 4.5 Respondents' experiences in the past 12 months....80
Figure 4.6 Profile of service users referral agencies mainly work with (%)....81
Figure 4.7 Issues impacting on service users (referral agencies and food bank manager surveys) 82
Figure 4.8 Adverse employment-related experiences reported by respondents' households, past 12 months....85
Figure 4.9 Trends in selected benefit issues recorded by Citizens Advice (quarterly moving average number of cases) 88

ACRONYMS

AHC	After housing costs
BHC	Before housing costs
CMD	Common Mental Disorder
DHP	Discretionary Housing Payment
ESA	Employment and Support Allowance
FRS	Family Resources Survey
HBAI	Households below average income
HB	Housing Benefit
HFSSM	Household food security survey module
HP	Hardship Payment
IMD	Index of Multiple Deprivation
IS	Income Support
JSA	Jobseeker's Allowance
LAD	Local authority district
LHA	Local Housing Allowance
LWAS	Local welfare assistance scheme
MSOA	Middle Layer Super Output Area
PIP	Personal Independence Payment
UC	Universal Credit

GLOSSARY

Austerity	Real-term reductions to budgets of central and local government departments and governmental agencies, implemented by the post-2010 UK governments.
'Bedroom tax'	A common term for the Removal of the Spare Room Subsidy, introduced in April 2013. The policy reduces Housing Benefit for claimants who are deemed to be under-occupying their social rented property.
Benefit advance	A generic term for a discretionary loan from the Department for Work and Pensions intended to tide benefit claimants over while they are waiting for their first benefit payment or to get early access to a higher benefit entitlement due to a change of circumstances.
Benefit unit	An entity comprising one adult (if living without a partner) or two adults (if living with a partner) and dependent children (if applicable). Also see 'household'; a household may contain one or more benefit units.
Destitution	People are destitute if they cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean. See Box 3.1.

Food bank	A venue where a free food parcel can be obtained. In the Trussell Trust network, a person brings their voucher from a referral agency and collects three days' emergency food in return. Also see 'referral agency', 'independent food bank' and 'voucher'.
Food insecurity	See 'household food insecurity'.
Food parcel	In the Trussell Trust network, a food parcel is an emergency supply of food intended to last one person for three days. Food parcel statistics are a measure of volume rather than unique individuals; a referral for a family of two adults and one child would be recorded as three food parcels.
Homelessness	A broad definition of homelessness is adopted, including not only rough sleeping, but also other forms of insecure accommodation (e.g. emergency or temporary accommodation, staying at a family or friend's house).
Household	One person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area. This excludes people living in communal establishments. Also see 'benefit unit'; a household may contain one or more benefit units.
Household food insecurity	A household-level economic and social condition of limited or uncertain access to adequate food. Households are considered food insecure if they experience 'severe' or 'moderate' food insecurity as measured by the Household Food Security Survey Module. See Chapter 2.
Households below average income	Annual statistics on income distribution and poverty based on the Family Resources Survey.
Hunger	Hunger is understood as 'household food insecurity'. Specifically, hunger captures a range of experiences falling under the categories of severe or moderate household food insecurity. See 'household food insecurity', Chapter 2 and the Trussell Trust (2019).
Independent food bank	A food bank not belonging to the Trussell Trust network.
Key informants	Stakeholders interviewed for the State of Hunger study, representing a wide variety of organisations and perspectives on 'hunger'.
Key worker	A dedicated professional coordinating support for the user of a service, often someone who is vulnerable or in crisis.
Local welfare assistance scheme	A generic term for a discretionary scheme of low-interest loans, grants, or in-kind support for people on low income who fall into financial crisis, or who cannot afford to furnish their new home. These schemes replaced Crisis Loans and Community Care Grants from April 2013 and are run by most local authorities.
No recourse to public funds	Ineligibility for state benefits, due to immigration status.

Private household	A term essentially synonymous with 'household', but emphasising that individuals and families living in communal establishments or with 'no fixed abode' are not in scope.
Referral agency	An agency or service making referrals to food banks in the Trussell Trust network. Examples include welfare or debt advice services, local authority Social Work, GPs, schools, health visitors, day centres for homeless people etc.
Referring professional	A person who makes referrals to food banks in the Trussell Trust network, working or volunteering for a referral agency.
Two-child limit	A limit on eligibility for Child Tax Credit or the Child Element under Universal Credit for the third or subsequent child born after 6 April 2017.
Voucher	A paper or electronic document issued to a person in crisis by a referring professional, required to obtain a food parcel from a food bank belonging to the Trussell Trust network. Vouchers contain some basic socio-demographic information about the person being referred to a food bank and his/her household, as well as information about the reason(s) for not being able to afford food. Also see 'referral agency'.
Working age	Age 16 to 64.

SUMMARY

BACKGROUND AND AIMS

Over the last decade there has been growing public and media concern about more extreme signs of material poverty. Public attention has been particularly captured by the rapid growth in the number of charitable food banks and the numbers of food parcels distributed. The Trussell Trust network, which covers around 60% of food banks, reported an increase in three-day food parcels provided from 61,000 in 2010/11 to 1,583,000 in 2018/19.

In response, there has been considerable policy and academic debate about root causes, including economic change, the increase in supply of food banks, and problems within the benefit system. Despite some new evidence (see, for example, Loopstra and Lalor 2017), this remains a controversial area. There is a clear need for more definitive research on the nature and drivers of the problem and how these are changing over time.

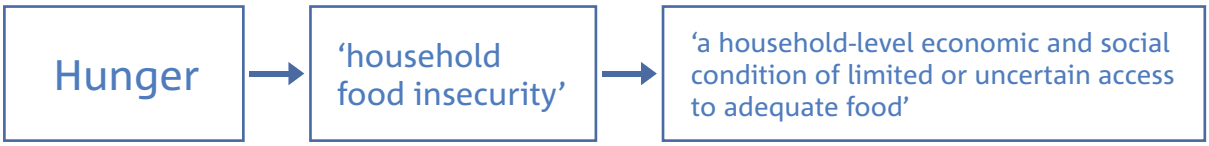
The State of Hunger is a three-year research project designed to provide the Trussell Trust, and the wider sector of stakeholders, with the evidence base required to make recommendations on how to address hunger in the UK. A wide range of methodologies (see Box 1) is therefore employed to provide a better understanding of how many people are affected by hunger, which groups of people are most affected, where, and what drives people to use food banks. The results presented in this report will serve as a benchmark for the subsequent two years of the project.

Box 1 State of Hunger uses evidence from:

- A review of literature and expert opinion (The Trussell Trust, 2019)
- A survey of over 1,100 people who have been referred to food banks in the Trussell Trust network across 42 organisations in the network covering the profile, triggers and background to their use of food banks
- A survey of 306 referral agencies in 13 localities about the drivers and local contexts
- A survey of 28 food bank managers on the same issues, and the administration of the food bank user survey
- In-depth interviews with people who have been referred to food banks about their experience and background
- Statistical modelling of the drivers of food parcel take-up.

As discussed in the project's first interim report (The Trussell Trust, 2019), a broad interpretation of 'hunger' is adopted by the study, for both substantive and methodological reasons. Hunger is understood as 'household food insecurity', which itself is defined as 'a household-level economic and social condition of limited or uncertain access to adequate food' (USDA, 2019). Specifically, hunger captures a range of experiences falling under the categories of severe or moderate household food insecurity. This conceptualisation of hunger is appropriate because it provides a rigorous means of measuring hunger, allows for international comparisons, captures the inability to afford a nutritionally adequate diet, and contextualises the lack of food as just one aspect of wider poverty rather than as a stand-alone phenomenon. This approach enables us to look at hunger affecting people other than just those who have used a food bank, even though the larger part of this research is primarily focused on this group.

Definition of Hunger



THE SCALE AND PROFILE OF HUNGER IN THE UK

Household food insecurity

The study adopted the adult version of the Household Food Security Survey Module (HFSSM), a standardised set of ten survey questions, as the tool for measuring food insecurity.

Food insecurity in the UK

8-10%
of households which are ***food insecure***, 2016-2018

2.8%
of households are ***severely food insecure***, 2016

UP TO **2%**
of UK households ***used a food bank***, 2018/19

The prevalence of food insecurity among children was higher than among adults: around 11% of children lived in food insecure households in 2016. The study found evidence that women living in a couple with children also tended to be more food insecure than men, because they were more likely to skip or reduce meals so children have enough to eat.

The chance of being food insecure was higher among households who have lower incomes, people who were unemployed, who were younger, lone-parent households or single-person households, households who rented (particularly social renters) and people affected by ill health.

Food bank use

Food bank use was a symptom of severe food insecurity: four in five people using food banks in the Trussell Trust network were severely food insecure.[1] People referred to food banks were, on average, a very impoverished population, **with median income after housing costs a mere 11% of the national figure** with households living on just £215 a month on average. Almost all (94%) met the definition of being destitute (Fitzpatrick et al, 2018). **Over three-quarters of households were in arrears**, often on two or more bills, most commonly rent (43%) or council tax (36%).

The geographical pattern of food bank usage was also very similar to that for destitution (Fitzpatrick et al, 2016, 2018), with a strong emphasis on former industrial urban areas in the North and Midlands, some coastal towns and a range of London boroughs. At a local level, areas with the highest food parcel take-up clearly show a high prevalence of economic disadvantage and poor health.

The most common sources of income for people referred to food banks were state benefits, reported by 86% of people using food banks in the Trussell Trust network. Universal Credit was the most commonly received benefit in late 2018. Other sources of income, such as paid employment or family/friends, were much less common. Around **one-in-seven households (14%) using food banks had someone in employment**, typically part-time.

Most of the demographic 'risk factors' for being food insecure were also risk factors for being referred to a food bank, including low income, being a lone parent, having more than two children, living alone, being a renter (particularly a social renter), being unemployed and living in a household affected by ill health. People aged 25-54 had an increased risk of being referred to a food bank, whereas people of pension age (65+) constitute only a very small minority (2%) of people referred to food banks.

Nearly half of households referred to food banks contained one person living alone, with 22% lone parents, 11% couples with children, 9% couples and 12% other adult households.

Seven in ten households who had used food banks lived in rented properties, mostly in social housing (44%). Most of the remaining households were homeless, that is living in emergency or temporary accommodation, staying at a family or friends' house or sleeping rough. Home-owners constituted only 4% of households referred to food banks.

Nine in ten (89%) people who had used a food bank in the Trussell Trust network were born in the UK; slightly above the national level (86%). Of those UK-born, 93% described themselves as White and 4% as Black.

Ill health was a common experience among households using food banks: **nearly three-quarters reported that someone in their household had a health issue**. Poor mental health (including stress, depression and anxiety) was the most

DESTITUTION
People relying on food banks are, on average, very impoverished.

GEOGRAPHY
The pattern of food bank use is very similar to that for destitution.

INCOME
The most common sources of income for people referred to food banks are state benefits. Other sources of income are much less common.

RISK FACTORS
Low income, being a **lone parent,** having **more than two children,** being a working age adult **living alone,** being a **renter** (particularly a social renter)**,** being **unemployed** and living in a household affected by **ill health**.

1 All data in this section refers to food banks in the Trussell Trust network.

common health issue, affecting slightly over half of households referred to food banks. A quarter of households had a member with a long-term physical condition or illness, and over a third (37%) had someone whose daily activities were limited 'a lot' due to health issues.

DRIVERS OF HUNGER IN THE UK

The scale of financial and material deprivation experienced by people referred to food banks is a testimony that there is a strong economic need underlying food bank use.

Statistical modelling showed that the increased number of food banks (the 'supply factor') had an inevitable effect on numbers but was far from the whole or main story. Instead, the more detailed evidence collected on drivers of food bank use showed that **demand for food parcels resulted mainly from three simultaneous factors**:

- **Benefits – inadequacy, gaps and reductions:** there was high consistency in what different sources of information (referral data, survey data and statistical modelling) told us. While qualitative interviews showed that some drops in benefit income were caused by administrative or claimant errors, it was equally clear that drops or gaps in income were frequently designed into the benefit system: the five week wait for the first Universal Credit payment, benefit sanctions, changes to eligibility for health-related benefits, the benefit cap, 'bedroom tax' and, last but not least, the rules around how much benefit could be deducted to repay debts or advances. Statistical modelling of the changes in food parcel demand showed clear and robust evidence that the extent and timing of five key benefit changes (sanctions, Universal Credit, 'bedroom tax', benefit levels, Personal Independent Payment assessments) had sizeable and significant effects, confirming the findings from the surveys of people referred to food banks and referral agencies. Conversely, an increase in out-of-work benefit values is associated with lower food bank demand.

BENEFITS
Income from benefits was insufficient and subject to sudden gaps and reductions

- **Challenging life experiences or ill health:** a majority of people referred to food banks have had at least one 'challenging life experience' (such as eviction or divorce) in the year prior to using a food bank, lowering their capacity to earn or engage with the welfare system, or increasing their expenses. A substantial minority of people referred to food banks also reported having at least one 'adverse work-related experience' (such as losing a job or reduced work hours) in the year prior to using a food bank. A large proportion of households had someone who was ill or disabled, which often entailed additional expenses.

CHALLENGING LIFE EXPERIENCES
Most people experienced a challenging life experience and/or ill health before needing a food bank

- **Lack of informal support:** the vast majority of people referred to food banks had either exhausted support from family or friends, had a resource-poor social network or could not access support due to social isolation.

LACK OF SUPPORT
People either didn't have, or had exhausted, support, and had nowhere else to turn

THE EXPERIENCE OF POVERTY AND HUNGER

Qualitative interviews with people referred to food banks and key informants shed light on the experience of hunger and poverty. For the majority of people referred to food banks interviewed, poverty, financial struggle, ill health and/or adversities in life were a long-term or at least a cyclical experience. Often these experiences interacted with each other, making people's situation worse, for example when financial debt problems adversely affected respondents' mental health.

> *I do [skip meals]. The kids don't, but I do. [...] I can go three days without eating. [...] When I first started doing it, it was like, oh my God, I feel ill. Now, I'm used to it.*
>
> **(Qualitative respondent, Female)**

> *It's very depressing. You feel very hopeless. Yes. You feel a failure in some ways, I suppose. It's a hell of a morale boost, even if you're just getting tins of soup and pasta, it's a hell of a morale booster having a full belly.*
>
> **(Qualitative respondent, Male)**

Accounts of hunger from people referred to food banks particularly highlighted hunger's negative impact on daily functioning, due to fatigue, dizziness and a general lack of energy. Some key informants emphasised the negative impact of eating a nutritionally inadequate diet in the long-term on physical health. Most key informants and people referred to food banks, however, spoke more widely about the negative impact of lacking food on mental health, wellbeing and self-esteem.

Key informants felt that the impact of living in a severely food insecure household affected children's mental health, while also affecting wider educational, physical and social development. Children were thought to be adversely affected due to their awareness of parents going without food, as well as due to stigma at school.

> *In the winter... You're cold, so you're burning more calories to keep warm and if you're in a cold environment, to be cold and hungry is like torture. Human beings shouldn't have to endure that.*
>
> **(Qualitative respondent, Female)**

> *Well, it affects health; it affects their wellbeing; it affects their ability to concentrate in school. It has a profound effect. [...] It's mental, physical, emotional, social. It's all of those things.*
>
> **(Key informant, Voluntary organisation)**

People used different strategies to cope, for example disguising hunger by drinking lots of water or sleeping longer. Many could not rely on family or friends, or could do so only occasionally. Access to support from voluntary or statutory organisations varied, people with such support faring somewhat better than those without. Experiences with discretionary local welfare assistance schemes, even where they existed, were variable. Referral agencies and food bank managers felt that such discretionary local relief could work better in many areas.

Policy implications

It is clear from the findings of this study that, to address the problems of hunger in the UK today, a number of key areas will need to be addressed, including:

- The general level of working age benefits and their erosion through the benefits freeze and cuts to entitlements
- Problems with Universal Credit, particularly the five week wait
- The benefit sanctions regime and assessments for health, disability, and work capability
- Rules on deductions from benefits, including the rate of repayments
- The availability of key worker support for adults with complex needs at high risk of destitution
- Stronger emergency local welfare provision, driven by minimum standards – particularly in England.

CHAPTER 1
INTRODUCTION

KEY POINTS

There has been growing public, media and policy concern since 2010 about more extreme forms of material poverty, including hunger and the growth of food banks across the UK.

The causes of these trends have been subject to considerable debate, for example regarding the role of wider economic factors, changes in the welfare system, and the supply of charitable food aid.

The State of Hunger project was established, building on a previous pilot study, with a comprehensive approach sustained over three years to build a much clearer evidence base.

The project aims to clarify the definition of 'hunger'; to develop a robust evidence base on who is affected by it and where in the UK, and what factors it is driven by; and to assess lessons for alleviating hunger.

While an interim report addressed issues of definition and existing knowledge from literature and experts, this report is the first main output reporting on all aspects of the new empirical research carried out over the first year of the project.

BACKGROUND

Since the early 2010s, there has been growing public concern about the worsening material position of many people living on low incomes. Mainstream media has frequently reported on issues such as homelessness, the use of food banks, and children coming to school hungry (e.g. BBC, 2019a, BBC, 2019b, Channel 4, 2019, Booth, 2019). Parliamentary debates, inquiries and questions have also focussed on these more severe forms of material hardship.[2] Voluntary services providing support to people in hardship have produced a number of reports expressing alarm about the rising tide of hunger: people having to skip meals, facing the dilemma of whether to 'heat or eat', adults cutting down portion sizes to make sure children have enough to eat and other manifestations of food insecurity (e.g. Perry et al, 2014; Citizens Advice Scotland, 2016; Turn2Us, 2018; Real Life Reform, 2015).

2 E.g. https://www.parliament.uk/business/news/2019/february/prime-ministers-questions-13-february-2019/

The rapid growth in the number of charitable food banks has particularly captured public attention, as has the quantity of food parcels they distribute. The Trussell Trust network of food banks, constituting around 61% of all food banks in the UK, had 65 food banks in early 2011, which had risen to over 1,200 in early 2019.[3] Likewise, the Trussell Trust network distributed 61,000 food parcels in 2010/11, rising to 1,583,000 in 2018/19. The question around what factors are driving this growth of food banks has proven to be a bone of contention between UK governments and voluntary support organisations, including providers of food parcels, over this period.

The state of the UK economy has not provided a clear indication about what has been driving the demand for food parcels. Food banks were expanding particularly rapidly during the first half of this decade, at the same time as the economy was slowly recovering from the recession triggered by the 2007 global financial crisis (ONS, 2018a). While real-term earnings have still not recovered to their pre-recession levels, there has not been a dramatic decline in average income (ONS, 2019d), nor has the material situation of the general household population deteriorated (Bourquin et al, 2019). Furthermore, the employment rate has been steadily rising to reach a joint-record high in 2019 (ONS, 2019e). However, general trends may be obscuring those affecting specific, smaller sections of the population.

When ministers have commented on the rise in food bank use, they have pointed to these economic indicators and questioned whether it could be attributed to the expanded supply of food banks. For example, the then-Minister for Welfare Reform, Lord Freud, stated that 'food from a food bank—the supply—is a free good, and by definition there is an almost infinite demand for a free good' (HL Deb 2 July 2013).

In contrast, food bank managers and services making referrals to food banks have argued that the demand for food parcels reflects real need and is linked to post-2010 retrenchment of the welfare state under the banner of 'welfare reform' and 'austerity' (Perry et al, 2014; Lambie-Mumford, 2014). These reforms comprised real-term reductions to levels of working-age benefits, restrictions in benefit eligibility and increased welfare conditionality, as well as wide-ranging changes to the way benefits are administered (e.g. Wilson et al, 2016; Kennedy et al, 2016). The views of frontline service providers are supported by independent research evidence demonstrating a link between benefit sanctions and food bank use (Loopstra et al, 2015, 2018).

Furthermore, from 2011, the budget for the discretionary Social Fund – which included support for financial crises – has been gradually reduced. In 2013, the scheme was devolved as discretionary services to local authorities in England and administrations in Scotland, Wales and Northern Ireland. At the same time, local authority budgets for providing direct and contracted services for supporting vulnerable people were significantly reduced (Fitzpatrick et al, 2019).

While recent governments have been reluctant to accept that such policies may have contributed to rising food bank use, the former Work and Pensions Secretary Amber Rudd conceded that 'the main issue which led to an increase in food bank use could

3 Note that this report defines the food bank as each venue where food parcels are distributed (see Glossary). Historically, the Trussell Trust used to define the food bank as an organisation (with a Manager, Trustees, etc.) that operates one or more food parcel distribution centres. At the time of writing, there are 426 such organisations in the Trussell Trust network, between them operating over 1,200 venues distributing food parcels. See Chapter 3 for more detail.

have been the fact that people [Universal Credit (UC) claimants] had difficulty accessing their money early enough' (HC Deb 11 February 2019). Other recent adjustments in policies identified by many commentators as contributing to 'hunger' or severe forms of hardship include changes in UC (HM Treasury, 2017), Housing Benefit (HB) (DWP, 2017) and sanctions (HC Deb 9 May 2019).

Clearly, the debate about drivers of food bank use is far from settled and more evidence is required. While there is a particularly pressing need for wide-scale quantitative evidence, the fast-changing policy landscape also necessitates more (and up to date) qualitative evidence.

The State of Hunger aims to address precisely these research needs. It is a three-year research programme, with each year culminating in a main report. The study's foundations were laid by the Trussell Trust in 2016-17 when a team of researchers led by Dr Rachel Loopstra of the University of Oxford conducted a pilot research project involving a survey of people referred to food banks (Loopstra and Lalor, 2017). The State of Hunger builds on this important base: its central element is an expanded survey of people referred to food banks. The study also incorporates other methods of data collection and analysis, including a survey of services making referrals to food banks, qualitative interviews with people referred to food banks, and statistical modelling of drivers of demand for food parcels (see Chapter 2). Using a wide range of research methods allows the research team to sense-check and triangulate findings.

While the main focus in the research is on people who have needed the support of food banks (as food bank use is a clear manifestation of hunger and food insecurity), it is also recognised that 'hunger' exists among sections of the population who, for a variety of reasons, have not used a food bank. The State of Hunger project team has used a range of secondary datasets to report on hunger, poverty and food insecurity among the general UK population.[4]

STUDY AIMS

The overarching aim of the project was to provide both policymakers and frontline organisations with the evidence base needed to create policy recommendations to end hunger in the UK.

The study's aims were to:

- Establish what we mean by 'hunger' in social policy discussions
- Develop a robust evidence base on who in the UK is affected by hunger, and what drives hunger
- Use this evidence base to assess what might alleviate hunger.

4 While users of 'soup kitchens' or 'soup runs' are unquestionably a population relevant to any inquiry into hunger, the lack of national data sources prevents the State of Hunger from specifically covering that group (but many will be captured by the current study if they also happen to be people referred to food banks). This sector is also covered by the Destitution in the UK study (Fitzpatrick et al 2018).

Seven research questions were developed to achieve these aims:

1. **What is hunger?**
    - What are the existing definitions of hunger; how is this concept used by a range of stakeholders including the general public; and what are the alternative concepts?
2. **Why is hunger happening in the UK?**
    - Establish whether economic, policy, behavioural and other factors operating at the national, local and household level contribute to hunger, and if so, which mechanisms are at play.
3. **Where is hunger occurring in the UK?**
    - Identify regions of the UK and types of localities particularly affected by hunger; and identify whether different policy choices across the four UK nations have a different effect on hunger.
4. **Who are the people affected by hunger?**
    - Develop profiles of people receiving emergency food assistance from the Trussell Trust network, and profiles of the general population who are food insecure, particularly those who are severely food insecure.
5. **How does hunger impact on individuals and families?**
6. **What trends can be identified?**
    - Identify trends in levels of hunger in the UK as well as trends in the profile of people affected by hunger.
7. **What 'works' in preventing or alleviating hunger?**
    - What are the most effective practices and policies in the experience of support services and authorities?

The first of these research questions was addressed by the year one interim report, published in June 2019 (The Trussell Trust, 2019). Having reviewed existing definitions of hunger and related concepts, as well as having collected views of 16 key informants, hunger was interpreted in the study as 'household food insecurity'. The interim report described this process and the rationale in detail, while Chapter two of the current report provides an overview.

The remaining questions are addressed by this report. Research findings presented in this first main report will serve as a benchmark for the remaining two annual reports (in Autumn 2020 and Autumn 2021). Briefing papers on specific themes of interest are planned for each of the two remaining years of the project.

REPORT STRUCTURE

The next chapter provides an overview of research methods employed by the study. The chapter also describes the activities undertaken to establish the definition of 'hunger' used in the study.

The following two chapters constitute the key quantitative findings of the report. Chapter 3 presents secondary evidence on the scale of food insecurity in the general population and the profile of people who are food insecure. It also presents primary and secondary evidence on the scale of food bank use and the profile of people referred to food banks. Chapter 4 investigates evidence on factors driving demand for food parcels, including those related to the welfare safety net, challenging life experiences, adverse work-related experiences, ill health and the lack of an informal support network.

Chapter 5 focuses on the experience of hunger and on the impact of hunger on adults, children and families. Chapter 6 draws out the overall conclusions from the first year of the study, and identifies some areas of policy which would merit review.

CHAPTER 2 METHODS

KEY POINTS

The State of Hunger is a three-year research study which uses a wide range of research methods, both quantitative and qualitative.

The data collected in this first year serves as a benchmark for assessing subsequent trends, while later reports will also examine particular themes in greater depth.

The most significant element of the research is a new survey of people who have used a food bank in the Trussell Trust network across the UK in October-November 2018, with over 1,000 responses from 42 food bank organisations.

While 'hunger' is a term of value in wider communication, researchers should use 'household food insecurity' as an operational definition which can be consistently measured through surveys and compared internationally.

OVERVIEW

The State of Hunger is a three-year, mixed-methods study. A wide range of research methods are being used to answer the study's research questions, including:

- Literature review
- In-depth interviews with national key informants
- A survey of people using food banks in the Trussell Trust network
- A survey of agencies referring people to food banks in the Trussell Trust network
- A survey of managers of food banks in the Trussell Trust network
- In-depth interviews with people using food banks in the Trussell Trust network
- Analysis of the Trussell Trust's referral data
- Statistical modelling of drivers of changing demand for food parcels
- Analysis of the socio-demographic profile of small areas with very high demand for food parcels
- Analysis of secondary data around wider economic trends in the past 10-15 years.

Data collected in year one will serve as a benchmark, while a key purpose of data collection in years two and three is to track trends. Additionally, in years two and three the study will collect more in-depth evidence on specific themes of interest. To allow the study to respond to the changing policy and research landscape, these themes have not been pre-determined.

A natural starting point for the study was to define how to understand 'hunger' and how hunger will be measured. This is described in the next section (see The Trussell Trust, 2019 for a more detailed account). The remaining two sections of this chapter provide more detail on the quantitative and qualitative methods.

THE DEFINITION OF HUNGER AND FOOD INSECURITY

To conceptualise hunger for the purpose of this study, a literature review of existing definitions of hunger and related concepts was carried out, as well as interviews with 16 national key informants comprising a range of experts from across academia, government, the private sector and voluntary sector covering perspectives on health, social security, social justice, poverty, food provision, and advocacy, support and advice services.

The literature review showed that there is no widely accepted definition of 'hunger'. In everyday language, the meaning of hunger refers to a bodily sensation arising from not eating: 'A feeling of discomfort or weakness caused by lack of food, coupled with the desire to eat' (Oxford English Dictionary, 2018). Similarly, the UN's Food and Agriculture Organisation (FAO) defines hunger as 'an uncomfortable or painful physical sensation caused by insufficient consumption of dietary energy' (FAO, IFAD, UNICEF, WFP and WHO, 2018, p.159). There is no reference in these definitions to what has caused this 'lack of food' or 'insufficient consumption'. The understanding of hunger among stakeholders was contested; some emphasised the physiological, while others felt a link to poverty was naturally implied. In contrast, there was an agreement among the stakeholders that hunger is not suitable as an analytical or measurement tool.

Of concepts related to hunger, 'food insecurity' was most commonly used internally within the stakeholders' organisations, as well as being prevalent in the international literature (e.g. Riches and Silvasti, 2014). Perhaps the most frequently used definition of food insecurity is:

> *Food insecurity exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain. (Anderson, 1990, p.1560)*

This definition refers to the social and economic problem of lack of food due to resource or other constraints, not fasting or dieting or the effects of illness. Hunger is a potential, although not necessary, consequence of food insecurity (Wunderlich et al, 2006).

Many of our key informants approved of this concept because it accommodates a range of experiences, from going without meals and not being able to afford a nutritionally adequate diet, to feeling insecure about where the next meal is going to come from.

Some stakeholders appreciated that food insecurity (unlike 'food poverty') has a clear, internationally used definition that has standard operationalisation and therefore allows for robust measurement.

Having reviewed the existing evidence and stakeholder testimony, we decided it would be difficult to use the term hunger itself for analytical and measurement purposes. In contrast, 'household food insecurity' has an internationally accepted definition, a validated measure, and is useful for capturing a spectrum of relevant experiences and circumstances. This research therefore uses 'household food insecurity' as its core understanding of 'hunger', operationalised throughout the study via application of the adult version of the HFSSM. Originally developed in the US, it collects data on food security by asking ten questions as part of a household survey.[5] This study uses more intuitive terms for the scales of food (in)security than the official HFSSM suite of terms (see Box 2.1).[6]

Box 2.1 Defining 'hunger'

Household food insecurity is defined as 'a household-level economic and social condition of limited or uncertain access to adequate food' (USDA, 2019).

Hunger is defined as a range of experiences falling under severe or moderate household food insecurity, measured by the HFSSM scoring system on a scale of 1-10.

At the same time, as reflecting stakeholders' views, the study recognises the need to use the more engaging terms of 'hunger' or 'hunger and poverty' when communicating findings to the wider public and policymakers.

5 The full version of HFSSM asks eight additional questions about children (if applicable). Using the 10 question version results in more comparable classifications of food insecurity for households with and without children.

6 Although the term 'household' is used, the definition and the measurement method also apply to individuals and families who live in communal establishments or have 'no fixed abode'.

QUANTITATIVE RESEARCH

The most significant strand of the State of Hunger study is an annual ***food bank user survey,*** for people referred to food banks in the Trussell Trust network across the UK. This survey builds on the recent work of Loopstra and Lalor (2017). The year one survey collected responses from over 1,000 service users and was conducted across 10% of organisations belonging to the Trussell Trust network (42 out of a total of 426 organisations). The survey questionnaire was designed to provide insights into the socio-demographic profile of people referred to food banks, as well as the immediate triggers of food bank use and longer-term background factors (reported in Chapters 3 and 4).

The survey was conducted on tablet devices and designed for self-completion, with help available from food bank volunteers trained by the research team. Participating food banks were selected using stratified random sampling with probability proportional to size; each participating food bank organisation was asked to return 30 completed questionnaires.[7] Selection bias was avoided by instructing survey administrators to approach the next available service user coming into the food bank. The first survey, carried out predominantly over October-November 2018, resulted in 1,130 responses which represented 90% of the possible 1,260 (42 food banks each returning 30 completed questionnaires).

To review the delivery of the food bank user survey, the administrators at participating food banks completed a follow-up survey. The questionnaire asked about the survey logistics and probed how frequently a person referred to a food bank was found ineligible for the survey, and on what grounds. In year one, slightly over half (57%) of survey administrators participated in this supporting survey.

A ***referral agency survey*** explored the referring professionals' views of general, as well as specifically local, factors influencing food bank use, and identified examples of local policies and provision that impact positively or negatively on food bank use. Each year, an online survey is to be administered to referral agencies across a target of ten local authorities. These were purposefully selected to represent different points on the economic spectrum as well as different degrees of impact from post-2010 welfare reform. The first survey was conducted over April-June 2019.

Due to General Data Protection Regulations (GDPR) constraints, sampling frames could not be used to draw a stratified random sample as planned. Instead, food bank managers issued the survey to all referral agencies on behalf of the research team. To address low response rate from four areas, a boost sample of six additional local authorities was used after the end of the initial four-week survey window. By the end of the extended data collection period, 306 surveys were returned from 13 local authorities.

A ***food bank manager survey*** – a modified version of the referral agency survey – for managers whose food bank had participated in the food bank user survey. The first survey of food bank managers took place over April-May 2019 and resulted in 28 responses (67% response rate).

7 See the Technical Report for a more detailed description of the survey methodology.

The same core survey (reported in Chapters 4 and 5) issued to referral agencies and food bank managers examines their views on:

- Reasons for food bank use - immediate triggers and background factors
- The impact of drivers – grouped in terms of access to services, benefits and costs, employment, health and wellbeing, and life events
- Specific issues with benefits – issues with administration and assessment, benefit deductions and sanctions, and UC and welfare reform
- Local policies that prevent or contribute to food bank use and the effectiveness of local statutory and voluntary services in preventing the need for people to use food banks
- Patterns of referrals and the impact on communities and individuals/families.

A substantial secondary data analysis looked at the role of potential drivers of food bank use over time and geography, and shed light on the prevalence and profile of food insecurity among the general population. This involved ***analysis of the Trussell Trust's referral data and analysis of external datasets***. The latter included national survey, socio-economic and demographic data from the Office for National Statistics (ONS) and administrative data on benefit receipt from the Department for Work and Pensions (DWP), as well as data from the Independent Food Aid Network (IFAN) and Citizens Advice. The 'triangulation' of the Trussell Trust and external data further allowed for building a socio-demographic profile of places where demand of emergency food parcels is highest - for example, in terms of area deprivation rates, unemployment rates, levels of long-term unemployment, and workless households with dependent children.

An important aspect of the analysis of external data has been ***statistical modelling*** of factors driving changing demand for food parcels over time at the local level. This aimed to explore whether factors related to the economy, housing and population health are associated with the changing demand for food bank parcels - and if so, how strongly – allowing for the effect of other variables. The modelling also provides evidence on the extent to which particular features of and changes in the benefit system may be associated with changes in food bank use. As part of year one analysis, a series of regression models were fit to a panel dataset containing relevant information about 325 Local Authority Districts (LADs) in England, including information about the number of food parcels distributed by food banks in the Trussell Trust network in each area. The dataset covered eight financial years where food bank voucher data is sufficiently robust, from 2011/12 to 2018/19. A detailed description of this modelling can be found in the separate technical report. This analysis will be repeated in years two and three with new data covering 2019/20 and 2020/21 (respectively) added to the model.

QUALITATIVE RESEARCH

The study conducts 25 in-depth interviews per year with people referred to food banks in the Trussell Trust network (75 in total over the course of the project). These interviews are designed to provide a deeper understanding of both the experience of people referred to a food bank, and of the mechanisms that push people into severe hardship.

Interviewees were selected purposively from food bank user survey respondents agreed to be contacted for further interview. Sample selection was based on issues identified in the food bank user survey as key drivers of demand but also ensures representativeness in terms of key socio-demographic characteristics. In year one, the interviews explored the subjects of ill health, challenging life experiences, issues with the benefit system, and seeking help from formal and informal sources.

In year one, interviews lasted on average 45 minutes. The interviews were conducted over the phone, recorded with permission and professionally transcribed. The transcripts were imported into specialist software for qualitative data analysis, coded and thematically analysed.

FUTURE RESEARCH AND UPDATING

In its second year of data collection and analysis, State of Hunger will continue to track changes in the main socio-demographic characteristics of people referred to food banks and any developments in drivers of food bank use over the course of 2019/20. The activities planned for this second year include a repeat of three surveys: the food bank user survey, the referral agency survey and the food bank manager survey. The local authority 'case study' areas from which referral agencies will be drawn will be different from year one. Food banks and food bank managers participating in the surveys will be the same as in year one, unless a substitution is required for practical reasons.

The statistical modelling exercise will be repeated and the extra year of data is hoped to provide enhanced results. Furthermore, alternative modelling techniques will be explored in an attempt to achieve a more detailed analysis.

A fresh set of 25 qualitative interviews with people referred to food banks is also planned for year two. As in year one, the interviewees will be purposefully sampled and the topics will be selected based on which appear to be the key factors of interest.

The research team will develop thematic papers on topics agreed with the Trussell Trust and the project Advisory Board, drawing on all elements of the research data and analysis.

Beyond the State of Hunger project, data on food insecurity in the general household population is expected to be much improved from 2021 onwards, with the addition of the adult version of HFSSM to the Family Resources Survey (FRS) questionnaire (Environmental Audit Committee, 2019). While there will be a two-year lag in data (the first published results will refer to 2019/20), it will in future be possible to track trends in food insecurity, to more precisely estimate the prevalence of severe food insecurity and to compare the prevalence of food insecurity between the UK nations and the regions of England. FRS data should also allow the investigation of drivers of food insecurity in the general household population. The year three report of the State of Hunger should include food insecurity estimates from the FRS, providing that these are published before Autumn 2021.

CHAPTER 3
FOOD INSECURITY: SCALE AND PROFILE

KEY POINTS

Food insecurity in the UK affected around 8-10% of households in 2016-18, while the prevalence of its more severe form in 2016 was 2.8%. This is consistent with this report's estimate that up to 2% of all UK households used a food bank in 2018/19.

The proportion of children affected by food insecurity was higher, around 11% in 2016, because households with children are more at risk.

Most of the demographic 'risk factors' for being food insecure were also risk factors for being referred to a food bank, including low income, being a lone parent, having more than two children, living alone, being a renter (particularly a social renter), being unemployed and living in a household affected by ill health.

Four in five people using food banks in the Trussell Trust network were experiencing severe food insecurity. More than nine in 10 met the formal definition of being destitute and their median household income after housing costs (AHC) represented 10% of the national median household income. Over three-quarters of these households were in arrears.

The geographic pattern of food bank usage was very similar to that for destitution, with a strong emphasis on former industrial urban areas in the North and Midlands, some coastal towns and a range of London boroughs.

The most common sources of income for people referred to food banks were benefits, with UC increasingly dominant. Relatively few received income from work, pensions or friends/relatives.

The vast majority of people referred to food banks in the Trussell Trust network were born in the UK, broadly in line with the general population (89% of food bank users, compared with 86% in the UK overall).

Nearly three-quarters of people referred to food banks reported that someone in their household had a health issue, most commonly poor mental health (half of all users), while a quarter had a household member with a long-term physical condition or illness and over a third (37%) had someone whose daily activities are limited 'a lot' due to health issues.

INTRODUCTION

To examine the nature of food insecurity and the groups most likely to fall into it, this chapter presents key primary and secondary evidence on the scale of food insecurity in the UK and the profile of people affected. Evidence from national household surveys on food insecurity among the general population is presented first. Then the prevalence of food bank use is examined, initially through analysis of contextual data on the number of food banks and emergency food parcels distributed, before turning to a detailed socio-demographic picture of people referred to food banks in the Trussell Trust network generated by a nationally representative survey. The chapter closes by considering in more detail the profile of geographical areas with a very high demand for food parcels.

FOOD INSECURITY IN THE GENERAL POPULATION

The scale of food insecurity

In recent years, around 8-10% of households in the UK experienced food insecurity (as measured by HFSSM, see Chapter 2).[8] Food insecurity recorded by the key survey covering England, Wales and Northern Ireland, 'Food and You', increased from 8.1% in 2016 to 9.8% in 2018 but the change was not statistically significant,[9] meaning that we cannot be confident that the increase recorded in the survey sample also occurred in the wider population. The prevalence of severe food insecurity (score 6-10 on HFSSM) was 2.8% in 2016.[10]

The 'Food and You' survey does not allow for a precise estimation of what proportion of children live in food insecure households. Analysis using an approximate estimation suggests that in 2016, around 11% of all children under the age of 16 in the UK lived in food insecure households. The 'Food and You' survey also shows that 11% of households with dependent children were food insecure in 2016, compared to 7% of households without dependent children.

The margin of error in available survey estimates is too large to state whether the prevalence of food insecurity varies between UK nations or between the regions in England.

8 Source: HM Government (2019) 'Voluntary National Review of progress towards the Sustainable Development Goals' and own analysis of 'Food and You' survey 2016 and Scottish Health Survey (SHeS) 2017. Although the latter measures food insecurity slightly differently than the former, our matching analysis shows that the prevalence in Scotland is similar to that in the rest of the UK. Note that 'Food and You' and SHeS have much larger sample sizes than the annual survey of food insecurity conducted in UN countries by the FAO (FAO, IFAD, UNICEF, WFP and WHO, 2018). For this reason the estimates from 'Food and You' and SHeS are considered superior to the ones from FAO and consequently the latter are not presented here (notwithstanding the differences in how food insecurity is measured).

9 Authors' analysis of the 'Food and You' survey 2016 combined with published headline results from the 2018 edition (HM Government (2019) 'Voluntary National Review of progress towards the Sustainable Development Goals').

10 Data for England, Wales and Northern Ireland from the 'Food and You' survey 2016. The 2018 dataset was not publicly available for analysis at the time of writing. The published headline results from the 2018 survey do not include an estimate of severe food insecurity.

Food insecurity: profile

The sample size in available household surveys is sufficient enough to build a profile of people who are overall food insecure, but not sufficient to analyse in detail the narrower group of people affected by severe food insecurity. All data in this section comes from the 2016 'Food and You' survey unless stated otherwise.

Existing data shows that socio-demographic characteristics, including income, age, household type, housing tenure and health were statistically associated with food insecurity in the general private household population.[11]

Economic position: The prevalence of food insecurity was greater among lower income households.

23%
of households on income below £10,400 were food insecure

13%
of households on income between £10,400 and £26,000[12]

Consistent with this, the prevalence was visibly higher among people reporting adjusting consumption in the past year, such as 'eaten food past its use-by-date more', 'changed the food you buy to cheaper alternatives' and 'changed the places you buy food for cheaper alternatives'. Not having a car and not having access to the internet at home were also associated with food insecurity. People with A levels, O levels or no qualifications had a higher chance of being food insecure than those with a degree.[13]

Employment status: Food insecurity was strongly associated with employment status: a third (35%) of unemployed 'Food and You' survey respondents were food insecure compared to 7% of those in work and 2% of those who were retired.

This relationship remains significant when the effect of age is taken into account (young people are more likely to be food insecure and more likely to be unemployed).[14]

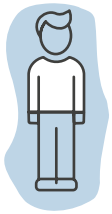
11 See also Loopstra et al (2019) for a recent analysis of food insecurity in the 'Food and You' 2016 survey.

12 The difference is statistically significant.

13 A statistically significant difference, age-standardised.

14 Direct standardisation.

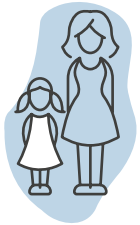
Age: Food insecurity was related to age; it was highest among respondents aged 16-24 (16%) and lowest among those aged 65+ (2%).[15]



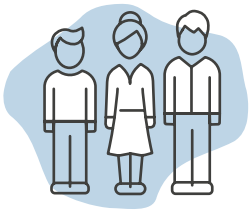
16%
aged 16-24

2%
aged 65+

Household composition: Lone parents had the highest prevalence of food insecurity (17%) while households composed of two or more adults and no children under 16 had the lowest prevalence (6%).[16] Having a child under 16 was statistically associated with food insecurity.



17%
lone parents



6%
households composed of two or more adults and no children under 16

Data from the Scottish Health Survey 2017[17] showed that it was not only lone parents who had a statistically higher chance of being food insecure, but also single working age adults living alone.[18]

In the 'Food and You' survey there were no statistically significant differences in levels of food insecurity between men living on their own and women living on their own, or between men and women living with another adult (not partner) and no children. There was a statistically significant gendered difference among couples with children: female respondents living in such households had a higher prevalence of food insecurity (14%) than the equivalent male respondents (5%). This resonated with evidence from some key informants that mothers are at particular risk of sacrificing their food intake for the sake of children.[19] Sample sizes did not allow for a breakdown by sex for lone parents, as almost all lone parents in the sample were female.

Housing: Housing tenure data is not available in the 'Food and You' survey, but the Scottish Health Survey 2017 data showed that housing tenure was associated with food insecurity. In 2017, the prevalence was highest among social renters (16%) followed by private renters (8%). Owner occupiers had the lowest risk of being food insecure (2%).[20]

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15 The difference between 16-24 and all age bands above the age of 55 was statistically significant.

16 The difference between these two categories was statistically significant. Differences between other categories were not statistically significant.

17 The survey asked three food insecurity-related questions of which one ('During the last 12 months, was there a time when you ate less that you thought you should because of a lack of money or other resources?') is almost identical to one of the HFSSM questions ('In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?') and is a very good predictor of food insecurity on the measure preferred by this study, i.e. score 3-10 on HFSSM.

18 The prevalences were as follows: lone parents 18.5%, single working age adults living alone 17.6%, two adults aged 16-64 and no children 7.6%, two adults and children 6.9%, one adult aged 65+ and no children 1.1%.

19 However, there is also a possibility that this association is spurious or weaker than found if men carrying parental responsibilities have a stronger propensity than equivalent women to not admit honestly that they failed to provide sufficient food for the family. This might be related to societal gender norms.

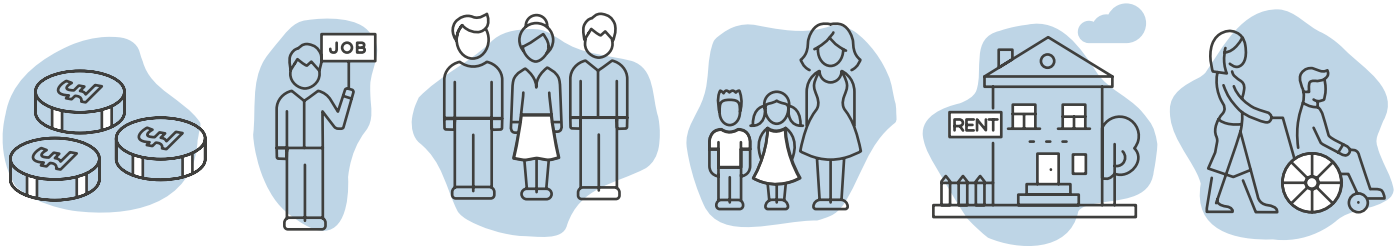
20 The differences were statistically significant. Direct standardisation for age.

Health status and wellbeing: A third (35%) of people reporting 'very bad health' were food insecure compared to 13% of those reporting 'fair' health.[21] The prevalence among those who have a long-lasting physical or mental health condition limiting their daily activities 'a lot' was 18% compared to 7% among those without a long-lasting condition. Age-adjusted proportions were even higher: 45% of those reporting 'very bad health' and 26% of those with daily activities limited 'a lot' were food insecure when the effect of age was taken into account.

A comparison of wellbeing between people who were food secure and food insecure showed that the latter had, on average, lower life satisfaction and higher anxiety than those who were food secure. In the 'Food and You' survey, the differences were statistically significant but not very pronounced. The mean life satisfaction score (on a 0-10 scale where 10 is 'completely satisfied') was 7.1 for people who were food insecure and 8.1 for those who were not.[22] The mean score on anxiety (on a 0-10 scale where 10 is 'completely anxious') was 3.7 for the food insecure group and 2.4 for those who were not food insecure.[23]

The Scottish Health Survey 2017 data however suggested that the differences in wellbeing between the food insecure and the food secure were larger. The proportion of people who were food insecure with at least one symptom of anxiety was 16%, compared with 6% for the food secure group. The proportion of food insecure people with at least one symptom of depression was 20% compared with 5% among food secure people. The mean life satisfaction score (on a 0-10 scale where 10 is 'completely satisfied') for food insecure people was 6.0, compared with 7.9 for food secure people and the mean score on General Health Questionnaire (GHQ12, 0-12 scale where 0 is the most positive) was 4.9 for food insecure people an 1.3 for food secure people.[24]

The risk of being food insecure was higher among:



households who had a ***lower income***

unemployed people

younger people

lone-parent and ***single-person households***

households who ***rented*** (particularly social renters)

people affected by ***ill health***

Regression analysis indicates that low income, young age, being unemployed, living alone, poor self-reported health, and having a condition that limits daily activities 'a lot' were significant predictors of increasing severity of food insecurity, allowing for the effect of other variables (also see Loopstra et al, 2019 for a similar analysis).[25] Being a lone parent approached statistical significance in this model while gender was not statistically significant.

21 A statistically significant difference.

22 Age standardised estimate.

23 Age standardised estimate.

24 All age standardised. All differences were statistically significant.

25 Negative binomial regression using raw food security score (0-10) as the dependent variable. Complex survey design taken into account. Negative binomial was used as the optimal regression type (generalised linear model with family binomial, ten trials, and log link) did not converge.

FOOD INSECURITY AMONG PEOPLE REFERRED TO FOOD BANKS

The pilot study to the State of Hunger (Loopstra and Lalor, 2017) found a high prevalence of food insecurity, particularly more severe food insecurity, among people referred to food banks. By employing a larger sample, the State of Hunger enhances the precision of estimates from this pilot study. Further, by including additional questions in the food bank user survey, the State of Hunger provides additional evidence with regards to the socio-demographic profile of people referred to food banks.

Food banks and food parcels

Number of food parcels given out across the UK

As of June 2019, there were an estimated 2,070 food banks in the UK, comprising 1,261 food banks in the Trussell Trust network and 809 independent food banks (Goodwin, 2019). There is no precise figure available for the total number of food parcels distributed in the UK, as independent food banks do not aggregate their statistics, except for an exercise undertaken in Scotland by IFAN (IFAN, 2019). Data for 2018/19 shows that food banks in the Trussell Trust network distributed 1,583,668 food parcels. In Scotland, in the same year, at least 159,849 food parcels were given out by 84 independent food banks taking part in the data collection project (IFAN, 2019) on top of the 210,605 food parcels provided by food banks in the Trussell Trust network in Scotland.

AROUND
3 MILLION
food parcels distributed in 2018/19 by food banks in the Trussell Trust network and independent food banks

Assuming independent food banks in England, Wales and Northern Ireland distribute a similar number of food parcels on average as those in Scotland, the total number of food parcels distributed across the UK over 2018/19 by food banks in the Trussell Trust network and independent food banks would be around 3 million. A forthcoming report from a survey of independent food banks in England should help to refine this estimate.[26]

Unique users of food banks

The Trussell Trust's administrative data collection processes are generally designed to measure the volume of food parcels distributed, rather than unique people referred to food banks. However, a supplementary system of recording unique users has been operational since April 2016 and therefore there is some scope through this research to estimate the number of unique users. The State of Hunger survey of people referred to food banks in the Trussell Trust network is another source of data from which the number of unique users may be inferred.

Based on a mid-point estimate between the Trussell Trust's administrative records and results of the State of Hunger survey, ***around 290,000 unique households received one or more food parcels from food banks in the Trussell Trust network over 2018/19***. This constituted 1.07% of all UK households (ONS, 2017). Between them, these households comprised 400,000 adults and 215,000 children. The average size of households was around 2.1 people and the average number of food bank visits over the year was around 2.6. The estimate of the number of unique households and adults/children would be around 15% higher if administrative records were to be solely relied upon but 15% lower if survey results were to be solely relied upon.

26 Personal communication with Dr Rachel Loopstra (King's College London) and Sabine Goodwin (IFAN).

In considering the accuracy of estimates, survey estimates may be subject to sampling and measurement error. Conversely, administrative records may suffer from erroneously categorising a person who has moved addresses (or has 'no fixed abode') between two food bank visits as two unique users. The Technical Report describes these issues in more detail.

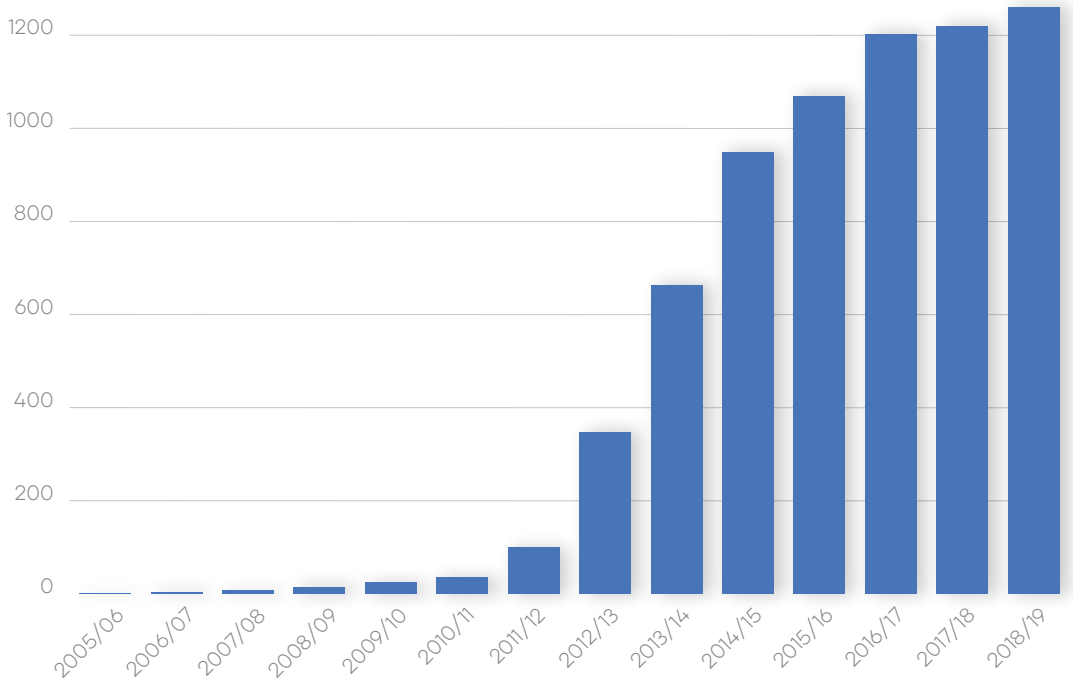
UP TO 2%
of all UK households used a food bank in 2018/19

Based on these calculations plus an extrapolation of data from Scottish independent food banks, we estimate that ***up to 2%*** of all UK households used a food bank in 2018/19.

Growth of the Trussell Trust food bank network and demand over time

The Trussell Trust network has grown considerably since 2011/12 (Figure 3.1). This increased supply has translated into an increase in number of food parcels distributed by the network (Figure 3.2). Importantly however, this process has not been completely linear: juxtaposition of Figure 3.1 and Figure 3.2 shows that the growth in the number of food parcels in 2013/14 outpaced the equivalent growth in the number of food banks.[27] Similarly, the growth in the number of food parcels post-2016 outpaced the equivalent growth in the number of food banks.[28]

Figure 3.1 Number of food banks in the Trussell Trust network

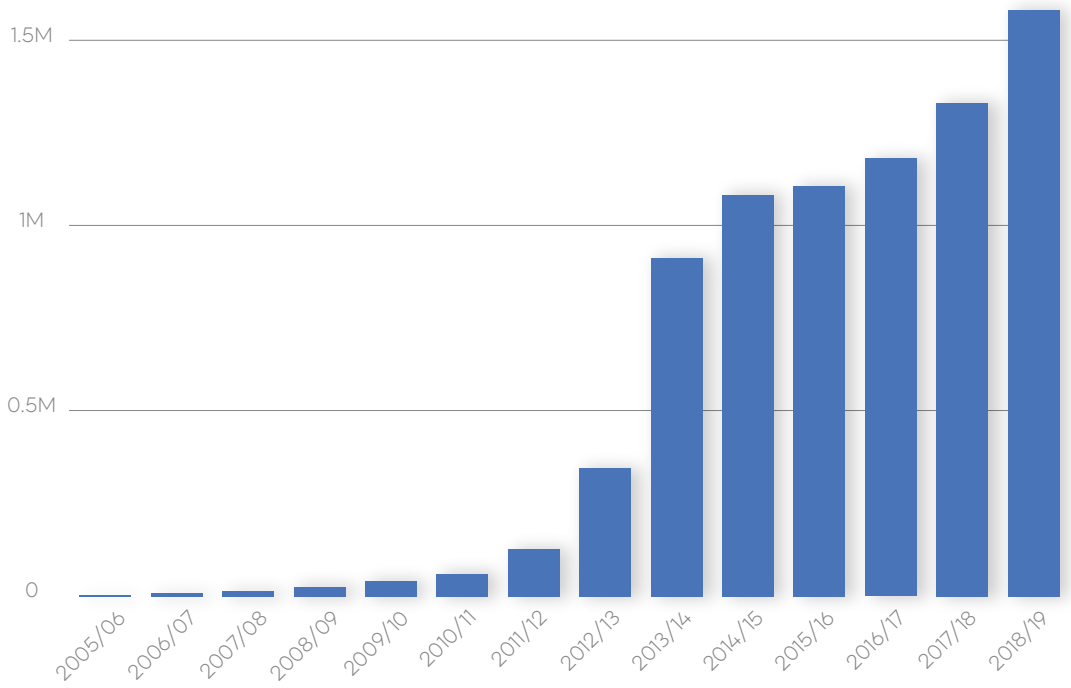


Note: values are for September in each financial year.

27 163% increase in the number of food parcels and 90% increase in the number of food banks, compared to 2012/13 figures.

28 In 2017/18 there was a 13% increase in the number of food parcels and 1% increase in the number of food banks. Figures for 2018/19 are 19% and 3% respectively.

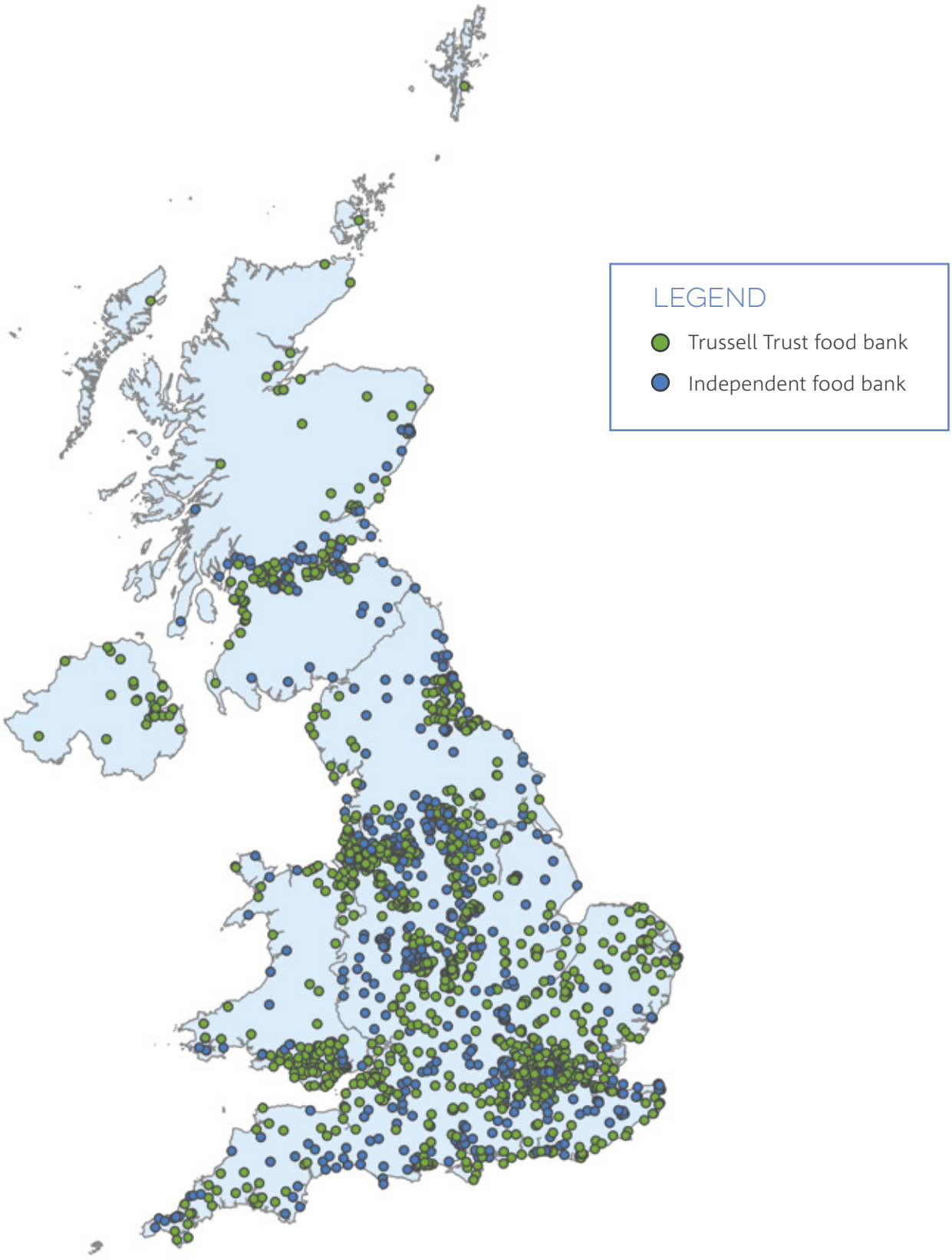
Figure 3.2 Number of food parcels distributed by food banks in the Trussell Trust network



As can be seen in Figure 3.3 below, food banks are found in all but the most remote parts of the UK,[29] and are particularly heavily concentrated around Greater London, the North West, South Wales, West Yorkshire, the North East and the Central Belt in Scotland.

29 Remote communities may be served by food banks through deliveries.

Figure 3.3 Locations of food banks as of June 2019



Source: The Trussell Trust administrative data and Goodwin (2019). Some independent food banks are missing from the map as they do not wish their location to be in the public domain.

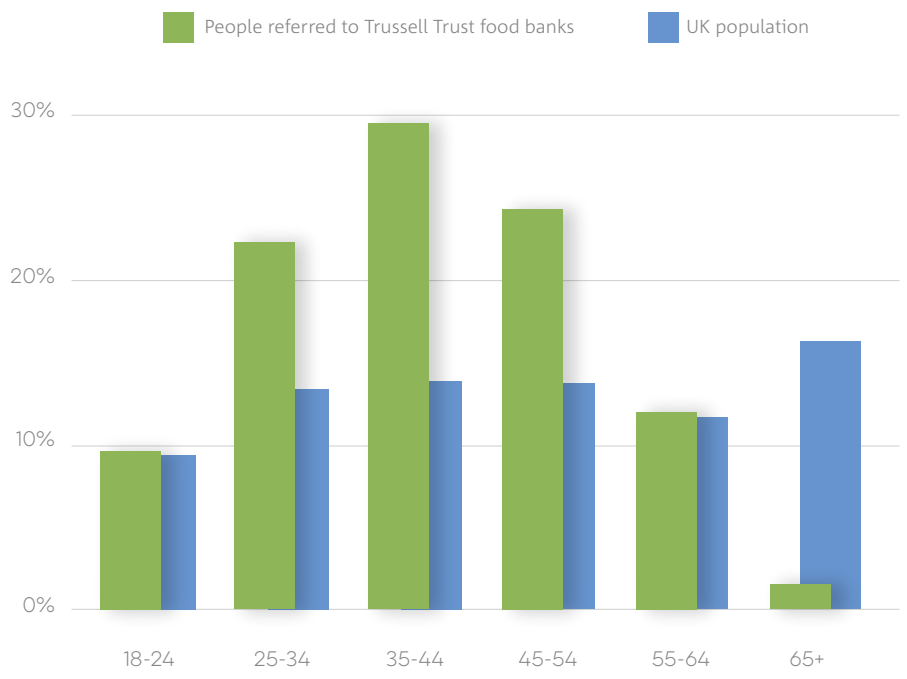
Profile of people referred to food banks

This section presents results from the central element of the State of Hunger study, a survey of people referred to food banks in the Trussell Trust network (see Chapter 2 for methodological details). Comparisons with the profile of the general population are made throughout this section to show which groups are particularly likely to be referred to a food bank in the Trussell Trust network.

Demographic profile

People aged 25-54 were considerably over-represented among people referred to food banks compared with the national age profile, while those of pension age were strongly under-represented (Figure 3.4). The share of young people aged 18-24 and those aged 55-64 was similar to their national share.[30]

Figure 3.4 Age profile of people referred to food banks in the Trussell Trust network and the UK population



Note. Data for people referred to food banks from State of Hunger survey, n=1,130. Data for UK population from ONS, 2017.

The majority of households referred to food banks were single people without children aged 16+ (58%) and the majority of those lived on their own (Table 3.1). Those living on their own were strongly over-represented against the national profile: nationally, 10% of working age households are one person households. Respondents living on their own were more likely to be male (73%) than female (27%). This tendency was more pronounced than nationally, where men constituted 59% of working age people living alone (ONS, 2017).

The majority of households using food banks are single people without children, living on their own

30 These results are in agreement with the Trussell Trust voucher (referral) data. In 2018/19, 9% of vouchers were issued to people aged under 25 and 2% were issued to people aged 65 or over. These two data sources are not directly comparable, however, since the voucher data refers to unique food bank visits rather than unique people who have used a food bank.

Table 3.1 Household composition among people referred to food banks in the Trussell Trust network and among all working age households in the UK

	People referred to food banks in the Trussell Trust network %	All working age households in the UK %
Single person living alone	46	10
Single person not living alone, no children under 16	12	13
Lone parent of child(ren) under 16	22	5
Couple, no children under 16, may be other people	9	42
Couple with child(ren) under 16	11	30
Total	100	100

Note. Data from State of Hunger survey, n=1,130 and own analysis of Labour Force Survey (LFS) for Q4 2018 (household dataset, weighted). 'All working age households in the UK' refer to households where the respondent to LFS was aged 16-64.

Lone parents were significantly over-represented at food banks compared with the general population

Lone parents were significantly over-represented at food banks compared with the general working age population (22% vs 5%). In contrast, couples were strongly under-represented (20% vs 72%), suggesting that being able to share the cost of running a household as well as sharing incomes tends to decrease the risk of having to use a food bank.

The vast majority of lone parents were female. Respondents living with a partner and children were also more likely to be female than male (71% female 29% male), meaning that women in such households were more likely than men to be the person who came to the food bank. This echoed the finding that food insecurity was higher among women living in a couple with children than among equivalent men.

Households with more than two dependent children under 16 were a relatively small minority of households using food banks (10%). However, they were still over-represented against the national proportion (5% of all working age households).[31]

While Table 3.1 shows that 33% of people referred to food banks lived in a household with children under 16, a further 5% of people referred to food banks lived in a household where there is a child aged 16 or over but no younger children. Therefore the proportion of households with children (of any age) among all households referred to food banks was 38%. [32]

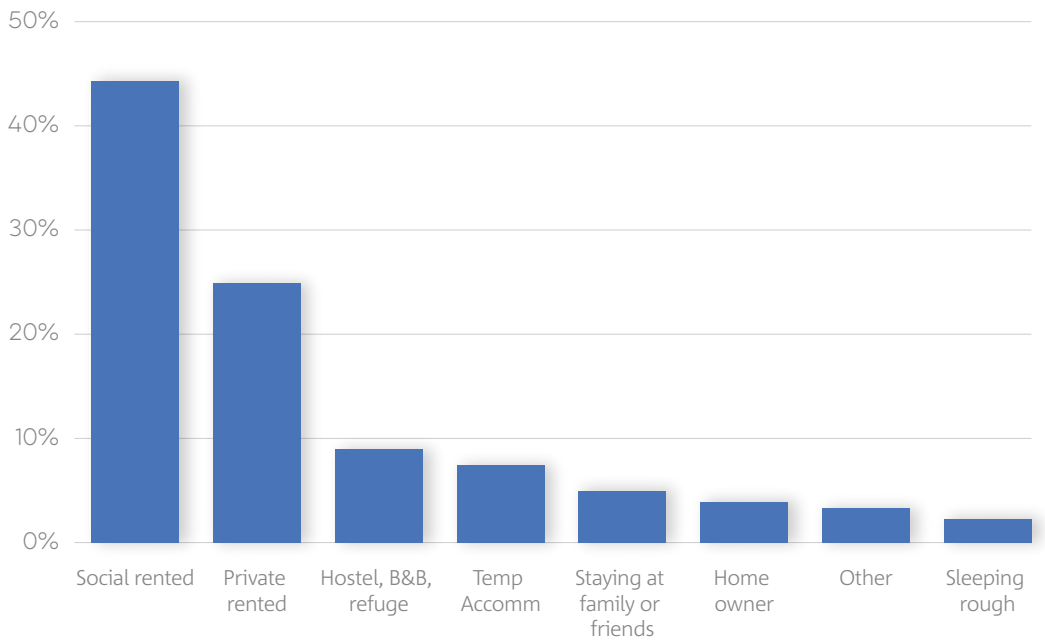
31 Own analysis of LFS for Q4 2018 (household dataset, weighted)..

32 Supplementary analysis of the Trussell Trust referral voucher data suggests that the survey estimate of the proportion of households with children under 16 – particularly of couples with dependent children - may be an underestimate, by about 3%. The referral data shows that each year around 36% of food bank visits are done by households with children under 17, and similarly around 36% of the total volume of food parcels goes to such children. The difference is partly due to the higher age threshold for children in the Trussell Trust data compared to the survey data (under 17 vs under 16), but a small degree of selection bias may also be responsible for the difference. Our analysis suggests that the frequency of visits does not lie behind this difference.

A substantial proportion of households referred to food banks were homeless (23%): 9% were in emergency accommodation, 7% in temporary accommodation, 5% staying at a family or friends' house and 2% were rough sleeping. People referred to food banks were commonly renters (Figure 3.5). In comparison to the housing tenure profile of the private household population in England (MHCLG, 2019),[33] private renters were considerably over-represented (25% of all households referred, but 32% of 'private households', versus 19% nationally) and social renters were hugely over-represented (44% of all households referred, but 57% of 'private households', against 17% nationally). Only a small proportion of people referred to food banks were homeowners (4% vs 64% of the general population).

23%
of households referred to food banks ***were homeless***

Figure 3.5 Housing circumstances of people referred to food banks in the Trussell Trust network



Note. Data from State of Hunger survey, n=1,130.

Nine in ten (89%) people referred to food banks in the Trussell Trust network were born in the UK; slightly above the national level (86%; ONS, 2018b). It is likely that this figure to a small extent overestimates the proportion UK-born, as some non-UK born people would not have participated in the State of Hunger survey, if they were unable to understand English sufficiently to take part (even with help from the food bank). Of UK-born people referred to food banks, 93% described themselves as White and 4% as Black (Table 3.2). In comparison to the ethnic profile of UK-born working age population, people of Black ethnic background were over-represented among those referred to a food bank.

9 IN 10
people referred to food banks in the Trussell Trust network ***were born in the UK***

33 Private households include home-owners, renters and those living in Temporary Accommodation provided by local authority.

Table 3.2 Ethnicity of UK-born people referred to food banks in the Trussell Trust network and UK-born people in the working age UK population

	UK-born people referred to Trussell Trust food banks %	All UK-born working age people in the UK %
White	93	94
Black	4	1
Asian	1	3
Mixed	2	1
Other	0	0
Total	100	100

Note. Data from State of Hunger survey, n=1,034 and own analysis of Annual Population Survey (pooled dataset Jan 2016 – Dec 2018 from the UK Data Service, weighted). Figures do not sum to 100 per cent due to rounding.

Analysis of the Trussell Trust's voucher (referral) data is in agreement with the above picture. Around 86% of vouchers were issued to people of white ethnicity, a number which is very similar to the results of the State of Hunger survey. In the latter, 83% of all respondents were white, UK-born and a further 3% were likely to be predominantly white as they indicated 'Europe' as the region where they were born.[34] The referral data showed that London is a clear outlier in terms of ethnicity, with only 55% of food bank vouchers issued to people of white ethnicity. Nearly one-in-three (28%) of food bank vouchers in London were issued to people of black ethnic heritage.

Six in ten (59%) people referred to food banks had low educational qualifications (GCSE or none). This compared to 38% of the working age population nationally.[35] Most of the remaining people had vocational qualifications. A small minority (8%) had a degree; significantly below the national rate (31%). Non-UK born people referred to food banks had a higher rate of degree-level qualifications than those UK-born.

Health in the household

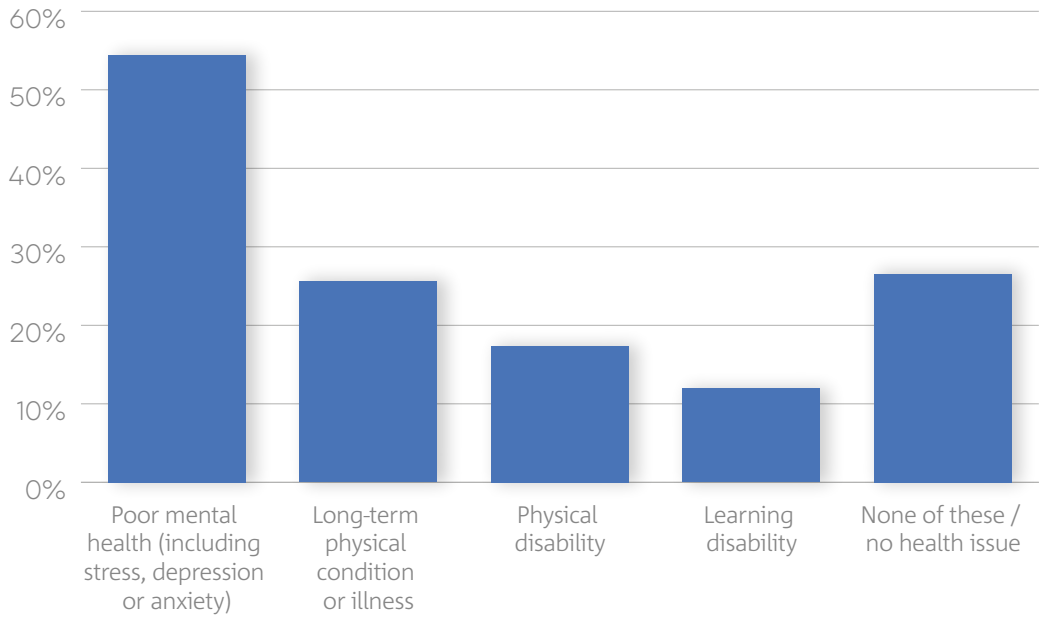
Health issues were significant for people referred to food banks, with almost three-quarters reporting health issues affecting someone in the household (Figure 3.6). Poor mental health affected more than half of households. A quarter of households were affected by a long-term physical condition or illness, and one in six reported a physical disability. The prevalence of learning disability was also substantial at over 10%.

NEARLY 75% reported someone in their household had a health issue

34 It needs to be remembered though that these two data sources are not directly comparable, since the voucher data refers to unique food bank visits rather than unique people referred.

35 UK data for 2018 from the Annual Population Survey.

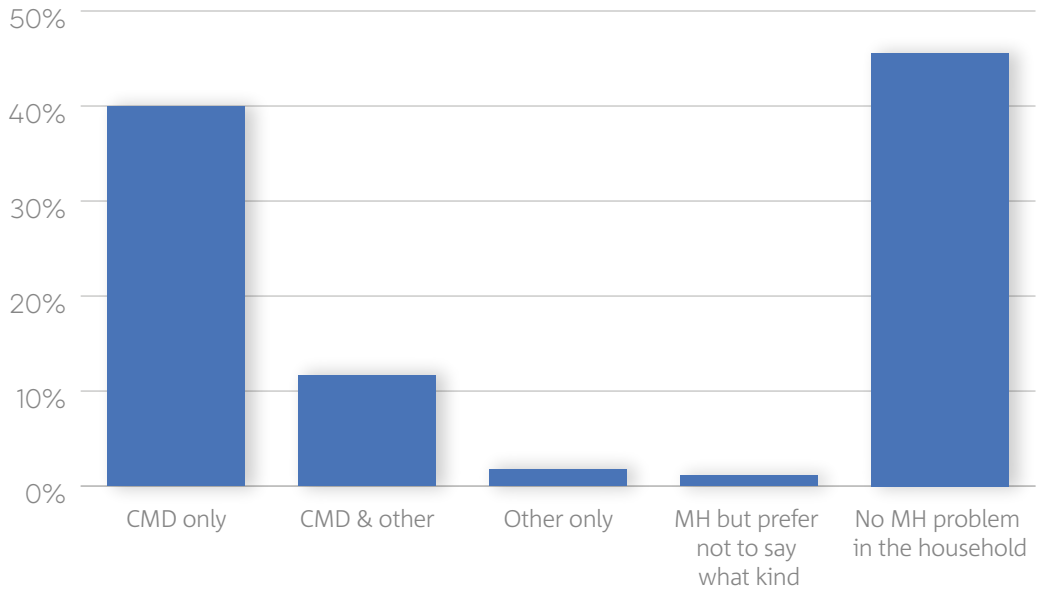
Figure 3.6 Health issues within households referred to food banks in the Trussell Trust network



Note: Multiple-response question. Data from State of Hunger survey, n=1,130.

For the majority of households reporting poor mental health, the reported issue was a Common Mental Disorder (stress, depression, anxiety). For a significant minority (13% of all households) the issue was a mental health problem other than CMD, although typically experienced in combination with CMD (Figure 3.7).

Figure 3.7 Breakdown of mental health issues among households referred to food banks in the Trussell Trust network



Note: CMD: Common Mental Disorder (anxiety, depression, stress). MH: Mental Health. Data from State of Hunger survey, n=1,130.

Anxiety in the household was the most frequently reported CMD (48% of all households) closely followed by depression (44%). This was significantly higher than the national rate - in 2014, 19% of working age people in England reported having experienced depression or anxiety in the week prior to being asked (Public Health England, 2018). 35% of all people referred to a food bank reported stress in the household.

Over a third (37%) of people referred to a food bank lived in households with someone whose daily activities were limited 'a lot' due to health issues and a further 28% with someone whose daily activities were limited 'a little'. This was in stark contrast to the national profile from Census 2011, where 8.7% of the whole population reported activities limited 'a lot' and 9.5% reported activities limited 'a little'. [36]

Economic position of the household

Only around one in three people participating in the survey experienced a short-term financial crisis (Table 3.3). Conversely, a quarter of people reported having been in financial hardship for a very long time or all their lives. As explained below, when adjusted to an approximate annual 'unique users' basis, the share of short term financial crises was somewhat higher relative to long term financial difficulty.

1 IN 3
of people participating in the survey experienced a short-term financial crisis

Table 3.3 Economic circumstances of people referred to food banks in the Trussell Trust network

	%
I used to manage financially until recently but I am going through a crisis	30
I have times when I'm managing financially and times when I really struggle	21
I have been struggling financially for a while	23
I have been struggling financially for a very long time	17
I have never known a time when I have not struggled financially	9
Total	100

Note. Data from State of Hunger survey, n=1,130.

25%
of people reported having been in financial hardship for a very long time or all their lives

The average income of households referred to food banks represented around 11% of the national median household income and as such was much lower than the official poverty threshold (60% of the median household income).[37] The median weekly equivalised household income AHC was in the region of £50 in late 2018 and the monthly equivalent was £215 (the reference point is a couple without children).[38]

On average, people at food banks had an income of
£215
a month after housing costs

36 The Census prevalences were even lower among the working age population in private households (6% 'a lot', 7% 'a little'). Source: Census 2011 table DC3302EW. Note that the question about limitations to daily activities in State of Hunger survey was broader than the Census question, as it asked about any health conditions or disabilities, not just about those that 'have lasted, or are expected to last, at least 12 months'.

37 The State of Hunger survey measured income at the benefit unit level rather than the household level. 'Household income' is the term used in the report for simplicity. For consistency, income equivalisation was done for the benefit unit, i.e. disregarding family members or unrelated adults.

38 OECD equivalence scale as employed in HBAI reports. The values were £40 weekly and £175 monthly when the PSE 2012 equivalence scale was used. This latter scale gives an additional weight to a person with a limiting long term illness (Maher and Drever, 2013). Also see the previous footnote.

The official relative poverty AHC threshold in 2017/18 was £262 per week and the median household income AHC was £437 per week. This means that almost all (94%) of respondents to the State of Hunger survey who provided information about income and housing costs were in relative poverty AHC. [39]

14%
of households had someone in employment

Across all households referred to food banks, 14% had someone in employment; 83% were not in work and the remaining 3% were retired. A third of households with no working adults had someone who was employed in the past year, a further third had someone employed 1-5 years ago and the remaining third of such households (27% of all households) consisted of people who had not been employed for at least five years. People referred to food banks tended to be either jobseekers or unable to work due to disability or illness (Figure 3.8). The majority of those who worked were in part-time employment.

Figure 3.8 Main economic status of people referred to food banks in the Trussell Trust network

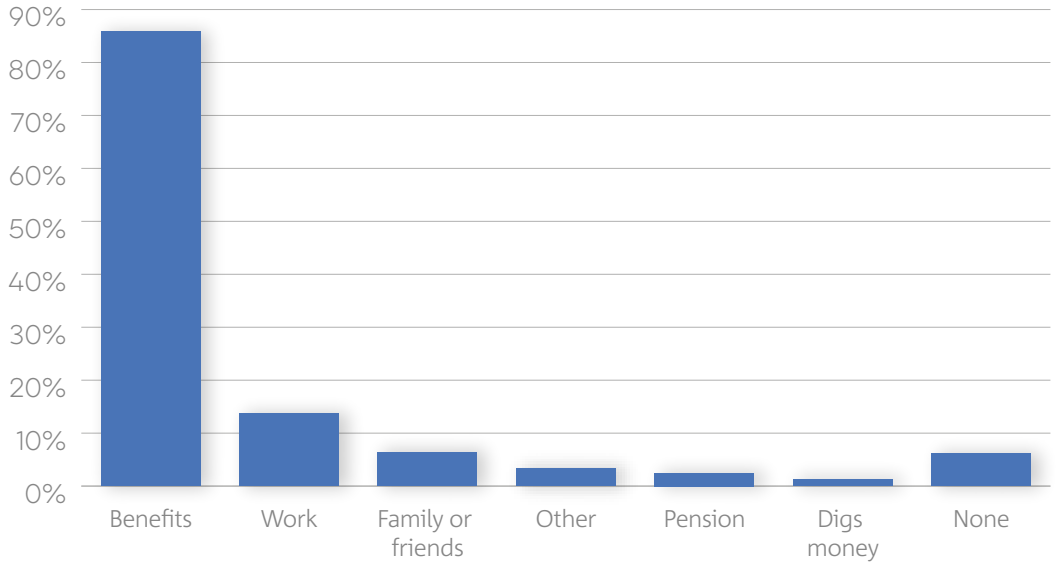
Note. Data from State of Hunger survey, n=1,130.

Benefits were the most common source of income for households referred to food banks: 86% indicated that benefits were one of their 'current sources of income' for the household (Figure 3.9). A further 8% indicated having some contact with the benefit system in the past year but not at the time of the survey. One in eight (13%) reported income from work but 6% reported no source of income. An additional 9-12% indicate that they had zero income but also indicated a source of income other than 'none', suggesting that their income flow is interrupted. Few people referred to food banks reported having income from family or friends.

86%
of households indicated that benefits were one of their 'current sources of income'

39 Three quarters of respondents provided income and housing costs data.

Figure 3.9 Current sources of household income among people referred to food banks in the Trussell Trust network

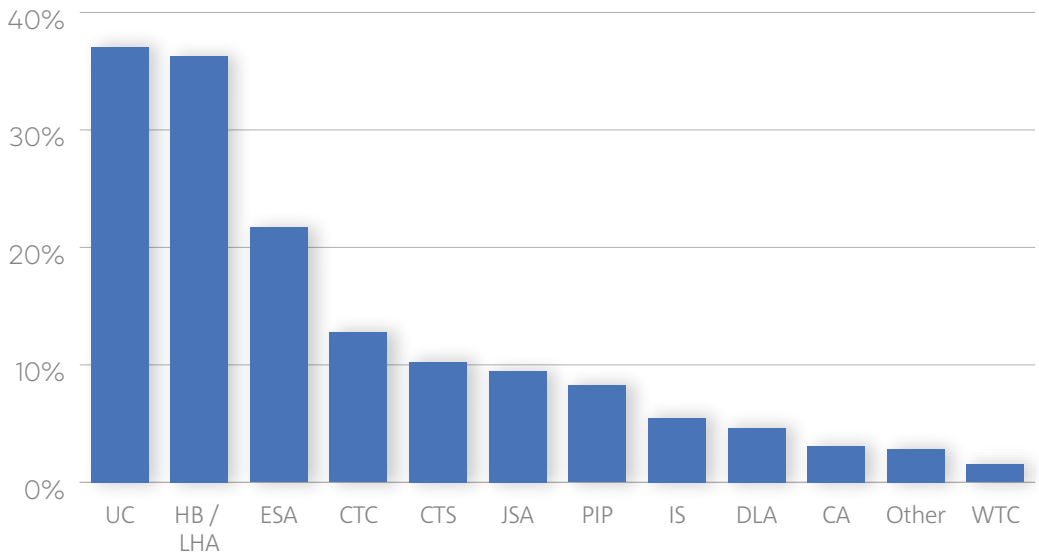


Note. Data from State of Hunger survey, n=1,130. Multiple response question. 'Digs money' refers to payments from household members for house-keeping (e.g. from adult children).

In late 2018, UC was the most commonly received benefit among households referred to food banks (reported by 37% of all households and 48% of those on any benefit; Figure 3.10). As UC rollout has progressed, this proportion is expected to have risen. Around three in four of respondents on UC indicated receiving the housing element (a housing allowance similar to HB).

Also in late 2018, just over 20% of people referred to a food bank (and 42% of those on any of the six legacy benefits superseded by UC) reported Employment and Support Allowance (ESA) as their source of household income. This is consistent with the high level of poor health among households referred to a food bank.

Figure 3.10 Breakdown of benefits received by households referred to food banks in the Trussell Trust network



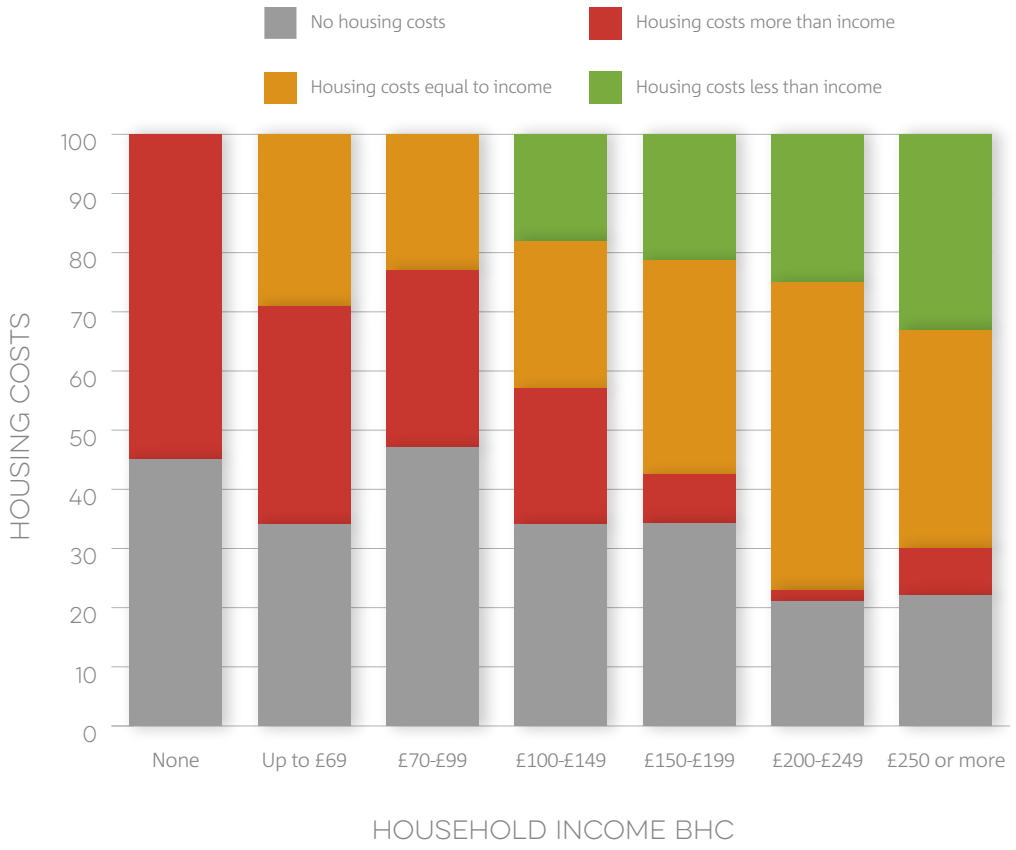
Note: Percent refers to all survey respondents. UC: Universal Credit; HB/LHA: Housing Benefit or Local Housing Allowance; ESA: Employment and Support Allowance; CTC: Child Tax Credit; CTS: Council Tax Support; JSA: Jobseeker's Allowance; PIP: Personal Independence Payment; IS: Income Support; DLA: Disability Living Allowance; CA: Carer's Allowance; WTC: Working Tax Credit. Data from State of Hunger survey, n=935.

Over a third (38%) of people referred to food banks reported that their household had no housing cost, suggesting either that their housing support fully covered their rent, they were living rent-free, their mortgage was paid off, or they were sleeping rough.[40] However, a substantial proportion of households had housing costs at similar levels to their income in the last month, suggesting that they have little (if any) money left to buy other essentials (Figure 3.11). Among people reporting no income in the past month, over half had housing costs, implying that they were going into arrears.[41]

40 Housing support refers to HB, Local Housing Allowance (LHA), or the UC housing element.

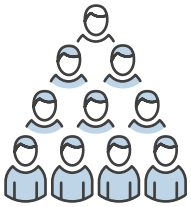
41 Between 15-18% reported having no income at all in the last month, the imprecision due to the 'don't know' responses to the question about income.

Figure 3.11 Distribution of weekly housing costs by weekly net income in the month prior to using a food bank



Note: Data from State of Hunger survey, n=845. Weekly income (before housing costs) and housing costs in the month prior to the survey, not equivalised to aid interpretation.

The level of destitution – lacking the essentials that we need to eat, stay warm and dry, and keep clean – among people referred to a food bank was very high (see Box 3.1). Only 7% did not lack any essentials in the month before using the food bank and 82% lacked two or more essentials (Figure 3.12). Seven in ten (69%) had income AHC that was too low to purchase the essentials for themselves (Fitzpatrick et al, 2016).[42] Overall, more than nine in ten (94%) were destitute, i.e. they met the 'destitution on essentials' criterion, the 'destitution on income' criterion, or both.



MORE THAN 9 IN 10
of people referred to a food bank were destitute

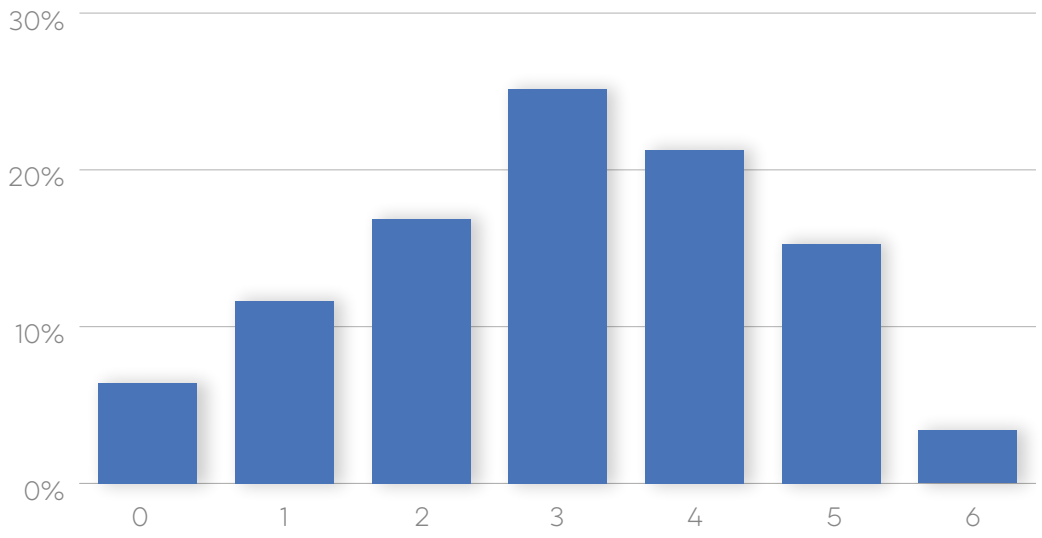
42 This statistic refers to survey respondents who indicated household income and housing costs (three quarters of all respondents).

Box 3.1 Defining destitution

People were defined as destitute if they lacked two or more of the following six essentials over the past month because they could not afford them (the 'destitution on essentials' criterion), or their income was so low (less than £10 per day for a single person AHC) that they were unable to purchase these essentials for themselves (the 'destitution on income' criterion):

- Shelter (have slept rough for one or more nights),
- Food (have had fewer than two meals a day for two or more days),
- Heating their home (have been unable to do this for five or more days),
- Lighting their home (have been unable to do this for five or more days),
- Appropriate clothing and footwear,
- Basic toiletries (soap, shampoo, toothpaste, toothbrush).[43]

Figure 3.12 Number of essentials lacked in the month before using the food bank (max=6)



Note. Essentials included food, clothes/shoes, toiletries, heating, lighting and shelter (see Fitzpatrick et al, 2016). Data from State of Hunger survey, n=1,125.

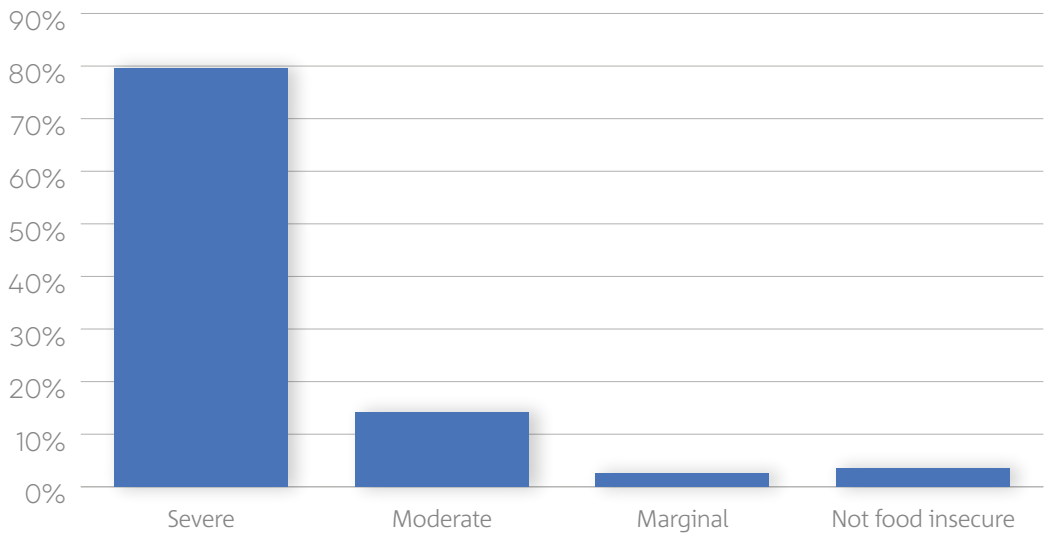
43 This definition was originally developed by Fitzpatrick et al (2016).

The prevalence of food insecurity over the year prior to using a food bank was also very high: 94% of people referred to food banks classified as food insecure. Among food insecure households the vast majority (80% of all respondents) classified as severely food insecure (Figure 3.13).

94%
of people referred to food banks classified ***as food insecure***

80%
of food insecure households were classified as ***severely food insecure***

Figure 3.13 Food insecurity in the past 12 months among households referred to food banks in the Trussell Trust network



Note: Data from State of Hunger survey, n=1109.

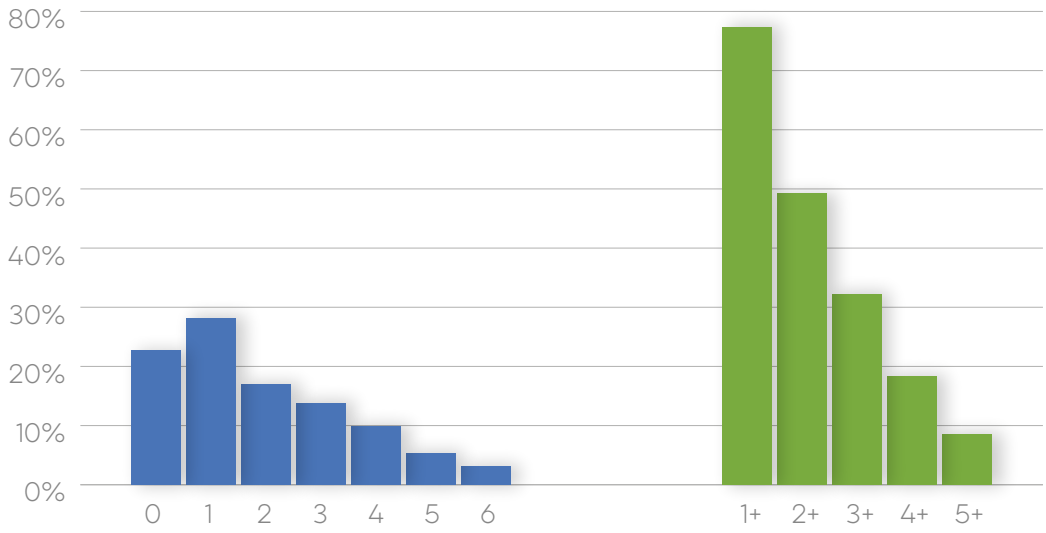
Over three-quarters of people referred to food banks were in arrears (Figure 3.14). This was many times higher than the equivalent figure for all working age adults in private households (6%) and all working age adults in private households who are in relative poverty (16%).[44]

OVER 75%
of people referred to food banks ***were in arrears***

A third of people referred to food banks were in arrears with three or more bills (Figure 3.14). As for specific types of bills, nearly 45% were in rent arrears and slightly over 35% were in council tax arrears (Figure 3.15). It is worth noting here that the receipt of Council Tax Support (10%) appears low considering the levels of income poverty and the prevalence of council tax arrears.

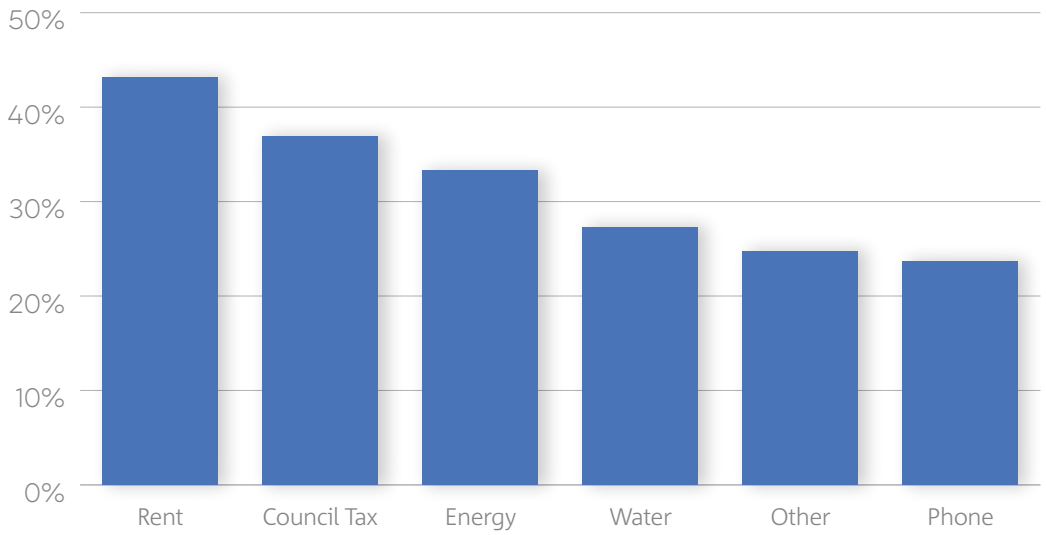
44 Source: DWP (2019). Table 5_6db for 2017-18 (AHC). In the State of Hunger survey the proportion weighted for individual working age adults was 78% (base=1,114).

Figure 3.14 Number of arrears reported by people referred to food banks in the Trussell Trust network (max=6)



Note: The types of arrears included: rent, council tax, energy, water, phone and 'other'. Data from State of Hunger survey, n=1,130.

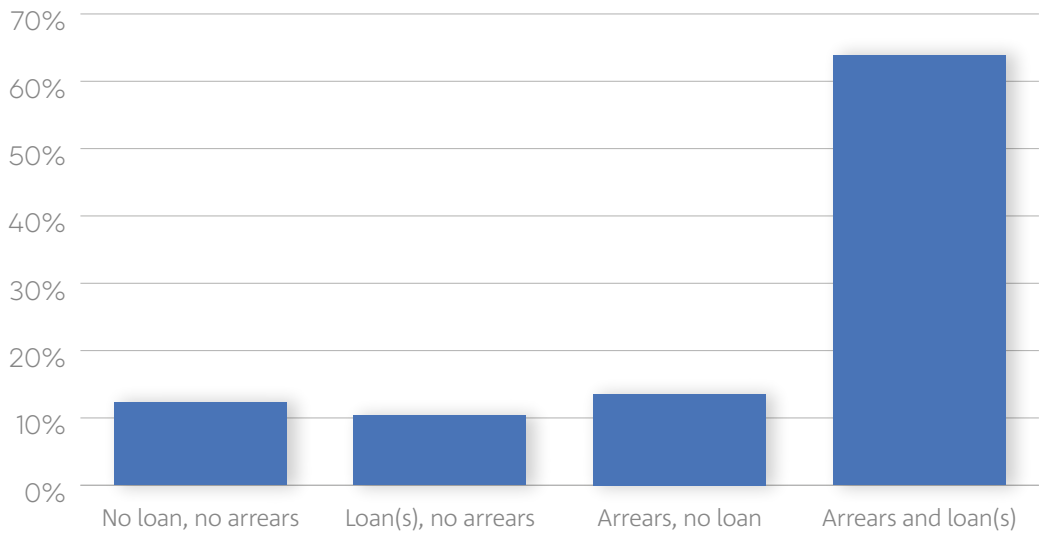
Figure 3.15 Percentage of people referred to a food bank reporting arrears for different types of bills



Note: Multiple-response question. Data from State of Hunger survey, n=1,130.

Those respondents who were in arrears also tended to have loans. Nearly two-thirds of all people referred to a food bank were in this position (Figure 3.16).

Figure 3.16 Percentage of people referred to food banks in the Trussell Trust network reporting arrears and/or loans



Note: Data from State of Hunger survey, n=1,130. Information refers to benefit units.

The above profile of people referred to food banks in the Trussell Trust network is a point-in-time (snapshot) one, equivalent in character to a population census. Additional analysis taking into account the frequency of food bank use shows that the profile of **unique** individuals referred to food banks in the Trussell Trust network **over the course of one year** would be similar to the point-in-time profile.

A characteristic that was somewhat more frequent in the annual profile was being in a short-term crisis; this is because one-off food bank users are more likely to report being in a short-term crisis than long-term financial difficulties. Being a lone parent is another characteristic that was slightly more frequent in the annual profile of unique users, as their average number of food bank visits was slightly lower than that of other household types. In contrast, single people living alone were somewhat less frequent in the annual profile of unique users, as their average number of visits was slightly higher than that of other household types.

It is also worth emphasising that findings of the State of Hunger survey are similar to those of the pilot study (Loopstra and Lalor, 2017).

The profile of people referred to food banks compared with the profile of all low-income households

So far, this chapter has compared households referred to food banks with all UK households. Some further insights into 'demographic risk factors' may be gained by comparing the former with low-income households. This section draws on data on households whose income is below 60% of the median household income nationally (an official measure of relative poverty). This data regards individuals rather than households, although characteristics of interest are household-level ones.

In comparison to the low-income working age population, people referred to food banks were more likely to live in a ***household with no working adults***, to be a ***social renter***, and to be a ***lone parent*** or a ***single person*** (see Table 3.4).

This suggests that these are 'risk factors' for being not only in general poverty but also in severe poverty, as manifested by food bank use. In contrast, private renter status appeared to be associated more with generic poverty than with severe poverty. This finding is understandable, as households on very low incomes are likely to struggle to enter this tenure (due to deposit being required) and are at a higher risk of eviction than better-off households (due to difficulties with paying rent).

Table 3.4 also shows that living in a household with three or more children increases the risk of using a food bank only slightly, over and above the risk of being in a low-income household. This might be pointing to the protective role of Child Benefit, which – although unavailable to those with 'no recourse to public funds' and arguably low in value – is a stable and unconditional benefit, and is not affected by the 'two-child limit' on benefits. However, living in a household with three or more children may, in the near future, become a factor strongly increasing the risk of needing to use a food bank. This is because as time passes, gradually more households claiming UC or Child Tax Credit will find themselves affected by the 'two child limit' (CPAG, 2019).

Table 3.4 Working age people with selected household characteristics, by food bank use/ low income household status, 2017/18

	Working age people referred to food banks in the Trussell Trust network	Working age people in low-income private households (60% below average income)	Working age people in all private households in the UK
In workless households	86%	32%	11%
Social renters	47% (57% of those in private households)	33%	15%
Private renters	24% (28% of those in private households)	34%	22%
Family composition:			
Couple no dependent children	15%	21%	34%
Single people	48%	36%	30%
Couples with dependent children	18%	33%	31%
Lone parents	19%	10%	5%
3+ dependent children	12%	10%	5%

Note: Low income figures are AHC. The percentages for people referred to food banks in this table are different to the ones presented throughout the chapter so far, as these figures regard individuals rather than households.

Source: Data from State of Hunger survey (weighted, base=1,114), DWP (2019) and Stat-Xplore.

Small area characteristics

Additional insight about people referred to food banks is available through analysing the characteristics of the areas where they live. In this section, we focus on Middle Layer Super Output Areas (MSOAs), a geographical unit used in Census 2011 in England and Wales, before moving on to LADs. Although Census data is now eight years old, it still offers the best information about small geographical areas (MSOAs had a mean population of 7,200 in England). Data on local authorities are more recent but the characteristics of interest are more 'diluted' because LADs are much larger than MSOAs (mean population 170,000 in Great Britain).[45]

45 Due to the differences in size between MSOAs and LADs, people referred to food banks constitute a smaller proportion of the overall population in the top 10 LADs than in the top 20 MSOAs.

Table 3.5 presents figures for selected demographic characteristics in 20 MSOAs with the highest 'Trussell Trust food parcel per capita' value,[46] compared to the whole of England. The table clearly shows that the prevalence of economic disadvantage and poor health was much higher in areas with very high demand for food parcels than it was nationally. Unemployment, lack of qualifications, long-term sickness or disability, renting, and living alone/being a lone parent were two-three times more common than in an average small area.

Table 3.5 Demographic profile of top 20 MSOAs compared to England, Census 2011 and IMD 2015

Characteristic	Year	England (median for all MSOAs)	Median for top 20 MSOAs for Trussell Trust provision per capita
		%	%
Long-term sick or disabled*	2011	3.5	9.8
Economically active unemployed	2011		
as percent of all economically active and inactive		3.8	8.7
as percent of all economically active		5.3	14.7
Long-term unemployed**	2011	2.7	11.7
Workless families with dependent children***	2011	9.5	28.8
Part time employees as % of all employees	2011	26.9	30.9
Households deprived on 3+ dimensions	2011	4.6	14.4
Day-to-day activities limited a lot	2011	8.0	12.3
No qualifications	2011	21.9	34.0
Social renters	2011	13.6	35.0
Private renters	2011	13.1	27.1
Single person under 65****	2011	28.9	44.3
Lone parent with dependent children****	2011	6.3	11.9
Index of Multiple Deprivation decile	2015	5.6 (mean)	1.4 (mean)

Note: All figures are percentages apart from the IMD decile. IMD data is provided at Lower Layer Super Output Area (LSOA) level. We calculated the mean IMD decile for LSOAs feeding into each MSOA. IMD data refers to 2015.

* As a proportion of all economically active and inactive people.

** NS-SeC of Household Reference Person - People aged under 65.

*** As a proportion of all families with dependent children.

**** As a proportion of all households.

46 2015 has been chosen as the reference year due to the uneven roll-out of UC from 2016. These 20 areas are not necessarily areas with the highest demand for food parcels per se, since other places may have even higher 'per capita' values once independent food bank provision is taken into account.

A similar picture emerges from a comparison of the top 10 local authorities (for Trussell Trust food parcels per capita) in Great Britain with the British average (Table 3.6). Unemployment, low qualifications and long-term sickness were again higher in those selected areas than on average in the country, but the discrepancies were smaller than was the case with small areas. This is to be expected given that local authorities have much larger populations than MSOAs.

Table 3.6 Demographic profile of top 10 LADs compared to Great Britain

Characteristic	Year	Great Britain	Median for top 10 LADs for Trussell Trust provision per capita
		%	%
Economically active unemployed	2018	4.2	5.1
Long-term sick as % of economically inactive	2018	22.7	30.0
Households that are workless	2017	10.7	21.7
No qualifications	2018	7.8	11.3
Gross weekly full-time pay	2018	571	541
Claimant count	2019 (May)	2.2	3.4
Main out-of-work benefits	2016 (Nov)*	8.4	11.9
Part-time jobs as % of all jobs	2017	32.5	34.8
Jobs density	2017	0.86	0.76

* The series was discontinued after November 2016.

Source: Own analysis of ONS data available through the NOMIS service (www.nomisweb.co.uk).

Overall, the socio-demographic profile of areas with very high demand for food parcels is congruent with the profile of people referred to food banks presented earlier and to some extent explains the latter. Yet, even in areas with very high demand for food parcels the prevalence of characteristics such as being a jobseeker, inability to work due to poor health, being a renter or being a lone parent was considerably higher among people referred to food banks than among the overall populations of those areas.

One part of the background modelling work using secondary data sources looked at the factors systematically associated with the variation in food bank use across local authority areas in England.[47] This showed that there was, as expected, a strong supply effect, with areas with more distribution centres having higher rates of food bank use. Areas that had higher unemployment rates/lower employment rates had somewhat lower take-up, somewhat contrary to expectations. Areas of high housing pressure (such as through high unaffordability and homelessness) had substantially more take-up of food parcels, which is consistent with the evidence of widespread homelessness and debt/arrears among people referred to food banks. There was also a particularly strong relationship with the factors which measure or proxy destitution (in general, and also that part related to complex needs). Areas of very low housing demand had marginally lower food parcel take-up, as did areas of demographic growth.

47 More details are provided in Technical Report.

CONCLUSION

In recent years, food insecurity has affected around 8-10% of UK households and around 11% of children. Around 3% of households have experienced severe food insecurity. Low income, young age, being unemployed, self-reported poor health, being a lone parent, being a working-age adult living alone and being a renter were associated with food insecurity in the general population.

The scale of charitable food parcel provision in the UK is large: in 2018/19, around 2,000 food banks distributed an estimated two-three million emergency food parcels, the beneficiaries of which were 1-2% of all UK households.

Households referred to food banks experienced very high levels of food insecurity and also shared these socio-demographic 'risk factors' with the wider food insecure population. One exception is age – with those aged 18-24 being over-represented among those who were food insecure but not among people referred to food banks – suggesting there may well be many food insecure young people not using food banks. It is also notable that people of pension age were at a very low risk of being referred to food banks. Additionally, the sheer scale of homelessness found among people referred to food banks suggests that the prevalence of homelessness is higher among people who have used banks than among the general food insecure population.

Households that were referred to food banks in the Trussell Trust network experienced very high levels of financial and material deprivation. Almost all (94%) were destitute. Only a small minority were not in arrears and not owing money. Median weekly equivalised household income AHC was in the region of £50 per week (£7 per day for a couple without children) in late 2018. This was drastically below the official relative poverty threshold of £262 per week AHC. State benefits were the predominant source of income.

Poor health in the household was a very common experience among people referred to food banks: nearly three in four reported that someone in the household was in poor health. More than half of households referred to food banks were affected by poor mental health, predominantly anxiety or depression. A quarter of households had someone with a long-term physical condition or illness.

CHAPTER 4 DRIVERS OF FOOD BANK USE

KEY POINTS

Food bank use is driven by economic need. Although on average the economic situation of the low income population may have been stable or, on some measures, improving over the last decade, it appears that this masks a deterioration of the economic position of some groups at the extreme end of poverty.

Evidence of drivers suggests that experiences with the benefit system, alongside challenging life events and access to informal support, determines who needs to use food banks.

Immediate triggers for referrals to food banks tend to relate to very low benefit incomes or interruptions in benefit income. A range of background factors also influence the risks of being referred to a food bank, including factors relating to wider support, financial resilience, cost of living, ability to engage with the benefit system and regional context.

Certain features of the benefit system – i.e. more failed Personal Independence Payment (PIP) assessments, more households impacted by 'bedroom tax', more benefit claimants subject to a sanction and more UC claimants - are associated with more food parcels being distributed, after controlling for the increase in the number of food banks. Conversely, an increase in out-of-work benefit values is associated with fewer food parcels being distributed.

Two-thirds of households referred to food banks reported having a problematic experience with the benefit system in the 12 months prior to the survey.

The 'top three' most commonly identified (unprompted) triggers of food bank use identified by referral agencies and food bank managers related to benefits were: the move to UC, delays in benefits and benefit changes, while 'the benefit system' was the top-most 'background factor' named by referring professionals.

UC claimants were two-and-a-half times more likely to be in the sample of food bank users than would be expected on the basis of their overall numbers of claimants. This suggests that there is something about the make-up of UC that drives food bank use, in comparison to other benefits.

Challenging life events are often associated with food bank use, with seven in ten respondents reporting at least one such life event in the previous 12 months. Recent employment shocks had affected around one in three people using food banks.

Most households referred to food banks did not apply for a benefit advance, Hardship Payment (HP), Discretionary Housing Payment (DHP) or local welfare assistance schemes (LWAS) in the three months prior to the survey. Interviews suggest this is at least partly driven by people not wanting to go into debt, lack of awareness of those schemes, and lack of local welfare assistance schemes in some areas of England.

The vast majority of people referred to food banks have either exhausted informal support, have a resource-poor social network or cannot draw on informal support due to social isolation.

INTRODUCTION

This chapter examines the factors influencing and underlying severe food insecurity in the UK, as manifested by food bank use. The analysis centres on the reasons why households turn to food banks for help. Due to limitations in available data on severe food insecurity in the general population, analysing drivers of food bank use is currently the best proxy for understanding the drivers of severe food insecurity. As Chapter 3 showed, households referred to food banks are overwhelmingly in severe food insecurity.

The previous chapter established that very low income (especially AHC) is a prominent characteristic of households referred to food banks. Throughout this chapter we therefore refer to factors directly linked to having very low income as 'immediate triggers' of food bank use.

Given benefits are a source of income for the vast majority of households referred to food banks, 'immediate triggers' of very low income among people referred to food banks are likely to relate to the benefit system. Households referred to food banks were predominantly working age households without work or sufficient earnings, who needed the welfare safety net to cover living costs. Conversely, the fact that only 2.5% of households referred to food banks were full employment households and 2% were pensioner households signals that full employment and pension income strongly protect from having to use a food bank. The levels of working age, means-tested income replacement benefits stand in stark contrast to the income of those relying on pensions or earnings: the rate of the guaranteed pension income is more than double

that of the main unemployment benefit, and those relying on the main unemployment benefit receive less per day than those working at the National Living Wage earn in 1.5 hours.

The UK welfare safety net is designed to provide financial support to those who need it, including those who have lost a job, are unable to work for a range of reasons (often health-related), are not working enough hours to make a living, or are unable to afford housing. The question which naturally arises then is **why the incomes of households referred to food banks were so low, despite them being supported by the welfare safety net.** The analysis below of 'immediate triggers' therefore focuses particularly on people referred to food banks' experience of the benefit system.

However, the previous chapter also established that certain demographic groups were at a higher risk of being food insecure even when low income is accounted for. Young people, working-age people in poor health, lone parents, working age people living alone and social renters were at greater risk of food insecurity, with all but young people also over-represented among people referred to food banks. Based on these findings, it is clear that the analysis of drivers of food bank use should be focused on low income (recognising the different reasons why income may be low or interrupted) but at the same time should take account of these wider socio-demographic factors.

Insofar as the above-mentioned demographic features are predictors of food insecurity, this may mean that people with those features may be more likely to have particular characteristics that drive food bank use. These may include having less support from family and friends (e.g. being more socially isolated or having a social network that is equally resource-poor), having less financial resilience due to having no savings, having higher expenses than other demographic groups (e.g. due to illness or addiction) or, last but not least, having to rely on income that is not only low but precarious.

The analysis in this chapter therefore also investigates whether such factors, conceptualised as 'background drivers', also influence food bank use. Furthermore, the analysis also considers whether some groups are more at risk of: failing to engage with the safety net (and if so, for what reasons), disengaging from the safety net, not being able to cope financially even when supported by the safety net, or are by definition ineligible to access the safety net.

It is also important to recognise that demand for food parcels may be shaped by factors at the local or regional level, for example by the labour market, the housing market and the level of funding for support services. Furthermore, the actual availability of food banks will have influenced take-up in some periods and areas. These potential drivers are also considered below.

To help understand the mechanisms behind low income, the next section outlines the wider poverty context and welfare changes in the UK.

THE WIDER POVERTY CONTEXT

The UK economy for the last decade or more has been characterised by relatively low growth, with high/rising levels of employment but very low or negative growth in earnings and incomes (ONS, 2019a, 2019b). Growth slowed in the last year, such that real median household income growth stalled in 2017/18 (Bourquin et al, 2019). Growth is forecast to slow further; the extent of this may depend on whether, and how, the UK leaves the European Union. There have been marked regional differences in economic growth in this period, with London and parts of the South outperforming much of the North and Midlands (Inman, 2019).

Taking a longer-term view, in real terms, median annual earnings remain 0.6% below the level of 2004 and 2.8% below the level of 2010 (ONS, 2019c). Over the period since 2004 only older workers, primarily those over 50, saw marked increases in earnings, while younger workers saw reductions, particularly during the recession. Since 2010, the biggest real drop in earnings was 6.3% for those aged 30-39. Overall household income inequality in Britain has remained broadly flat in recent years, following a very marked shift to greater inequality in the 1980s. However, there is evidence of growing inequality at the very top of the income and wealth scales (DWP, 2019).

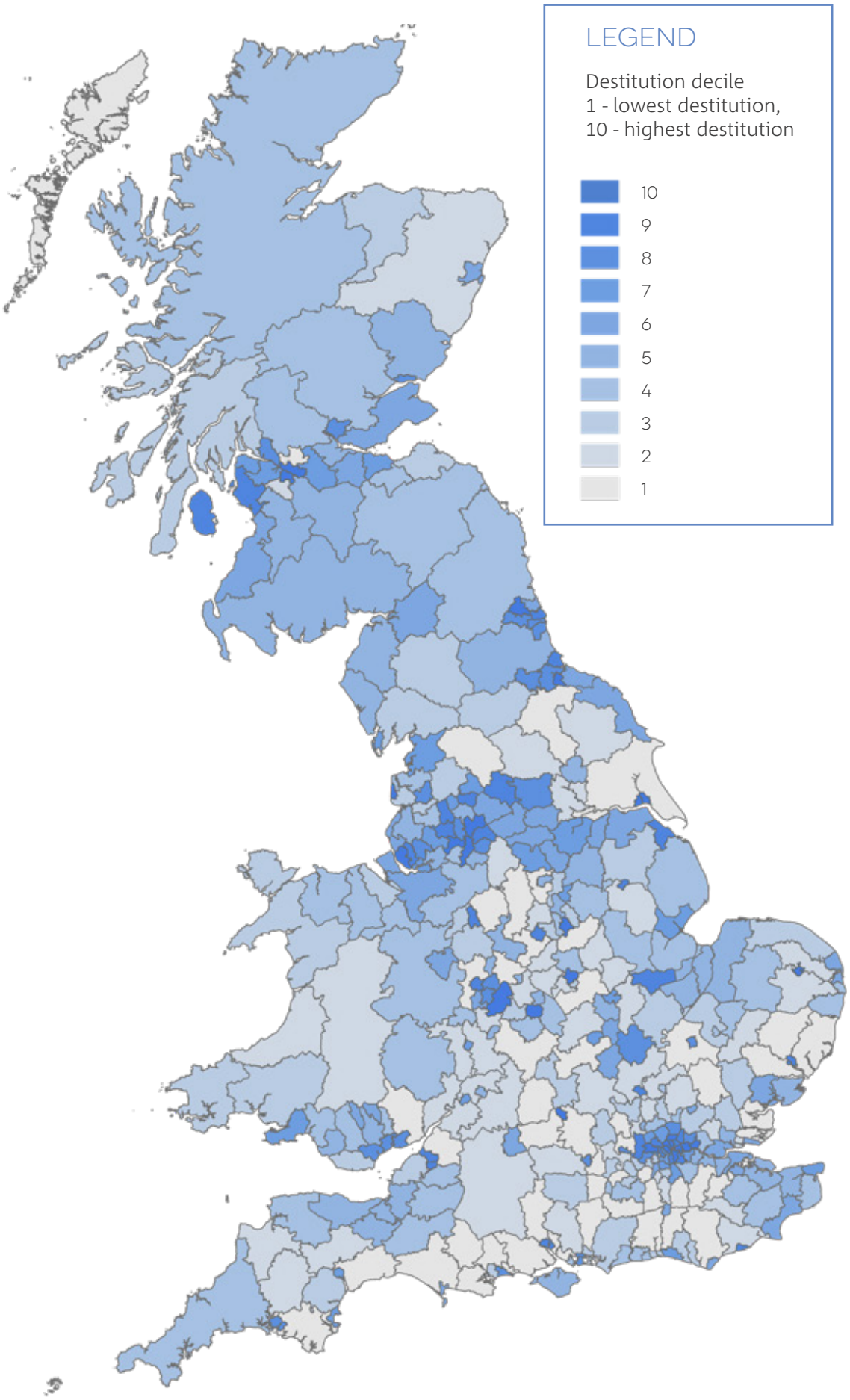
Relative measures of poverty have generally been upwards since 2013, particularly for families and pensioners, although taking a longer view the picture has been one of general improvement since the late 1990s (DWP, 2019), albeit with some rise and fall around the time of the financial crisis between 2008 and 2010. There was also some fall in absolute poverty for working age households between 2010 and 2017. The most recent figures show slight increases in the numbers of families experiencing absolute child poverty and material deprivation. There are also apparent rises in pensioner poverty while material deprivation continues to fall for pensioners, an inconsistency that might indicate some data quality issues (Bourquin et al, 2019). Particular groups which became worse off in the decade to 2015/16 were younger working age households, the poorest lone parent households, Londoners and social tenants, and disabled individuals and households (Obolenskaya and Hills, 2019).

While overall poverty provides part of the context, this reflects a broad canvas of what is happening to around a fifth of the population, whereas hunger is clearly most related to the most extreme end of the poverty spectrum, the worst-off 1-3%. Trends for this group will not necessarily match trends for the broader group. There are no agreed or official measures of 'severe poverty', partly for technical reasons. A recent analysis which compared several measures concluded that, while relative income and expenditure measures appear to suggest no improvement in severe poverty, in contrast with the improving picture for general poverty over the last two decades, the material deprivation measure appears to show a recent improvement (Bourquin et al, 2019, ch.4). This was possibly due to prices falling for some items relied on more by low-income households. They also show that severe poverty has a similar, but slightly more skewed, geographical and tenure distribution than general poverty. However, there are caveats with these data; in particular, they do not cover important groups at risk of extreme poverty. Extreme poverty tends to affect people who either are not counted in household surveys (e.g. homeless people) or for whom information collection within these surveys is incomplete or absent (Bramley et al, 2018).

A definition of 'destitution' has been developed and implemented in two surveys conducted in 2015 and 2017 for the Joseph Rowntree Foundation (JRF), using a methodology based on surveying users of services providing emergency assistance (Fitzpatrick et al, 2015, 2018; also see Chapter 3). Measures of very severe poverty were developed by combining criteria of low relative income AHC, material deprivation and financial stress (or subjective poverty), and contrasting the profile of this group with those found to be destitute. This showed, for example, that severely poor people within the household population were much more likely to be lone parent families, and less likely than destitute people to be single adults of working age. While it was difficult to develop time series for this measure, some evidence was presented in Fitzpatrick et al (2016) that very severe poverty had increased in the period around 2010-12. The destitution survey conducted in 2017 suggested that destitution levels had actually fallen between 2015 and 2017, using like-for-like comparison of the same services featuring in both surveys. This fall was attributed to the dramatic drop in benefit sanctions in this period, as well as modest improvements in the economy and some decrease in immigration levels (particularly refugees and European Union nationals).

The geography of destitution is best illustrated by Figure 4.1, which shows particularly high risk in former industrial urban areas in the North and Midlands, some coastal towns, and a range of London boroughs. The relative rate of destitution varies by a factor of ten between the least and most affected local authorities. It is clear from the destitution survey itself, which included quite a substantial number of food banks among the services surveyed, that there is a very strong overlap between households referred to food banks and destitute service users. Of the types of services covered in the JRF study, food banks had one of the highest proportions of destitute service users. Also, as reported in Chapter 3, food parcel take-up is strongly related to indicators of destitution across local authorities in England.

Figure 4.1 Expected rate of destitution in decile bands



WELFARE REFORM

Discussion about the drivers of poverty trends tends to focus on two key strands: economic and societal trends, including in the labour and housing markets (as briefly reviewed in Chapter 3 and above) as well as demographic factors; and policy changes and their implementation, particularly in the welfare system but also in allied areas like housing support or local government spending budgets. Given the extensive and wide-ranging nature of welfare reforms implemented by the Coalition and Conservative governments since 2011, these have tended to be the focus of most scrutiny and debate.

The welfare reforms fall chronologically into four main groups:

1. **The period from 2011:**
    a. The modifications to support with housing costs in the private rented sector, including: reduction of the Local Housing Allowance (LHA) rent level to 30th percentile; a cap on maximum LHA; extension of the Shared Accommodation Rate to 25-34 year olds; increased non-dependent deductions in HB and CTB
    b. The first major wave of austerity cuts to local government budgets (including relevant programmes like 'Supporting People' losing their specific budget allocation)
    c. Benefits indexing to CPI, not RPI; Child Benefit rates frozen; various Tax Credit cuts
    d. Benefit sanctions regime toughened in 2012.
2. **Further measures from 2013:**
    a. Changes to HB, affecting particularly the social rented sector, including: the Removal of the Spare Room Subsidy (the 'bedroom tax'); benefit cap; further raised non-dependent deductions
    b. The localisation of and cuts to Council Tax Support as well as the former discretionary Social Fund
    c. Changes in support for people with disabilities being PIP replacing DLA
    d. The uprating of most working age benefits and Child Benefit uprating shifted from CPI to 1%; LHA uprating at lower of 30th percentile rent or CPI/ then 1% from 2014
    e. Restrictions in migrants' access to benefits
    f. Gradual introduction of UC.

3. **The 2015 Summer Budget:**
    a. A four-year freeze on working age benefits and LHA rates
    b. Cuts across legacy benefits and UC, including a lower benefit cap and two-child limit on children's elements of working age benefits (the latter from April 2017)
    c. Substantial cuts to UC entitlements, particularly work allowances (proposals for similar cuts to tax credits were later reversed).[48]
4. **From 2016, the progressive rollout of UC 'full service' to all new claimants (including people whose legacy benefit eligibility ended when their circumstances changed, e.g. due to job loss or illness); key income-related changes from the legacy system include:**
    a. Monthly payments in arrears
    b. A six (later five) week wait for a first payment
    c. An initial presumption against direct payment to landlords of support for housing costs
    d. Significant reductions for some groups (lone parents, larger families, disabled people)
    e. Higher rate of deductions for repayment of arrears and advances
    f. Increased impact of sanctions due to HP changing from a grant to a loan
    g. Stricter earnings assumptions (the 'Minimum Income Floor') for self-employed claimants.

The effect of many of these measures has been to significantly reduce the incomes of households already close to the poverty line (see Equality and Human Rights Commission (2018)), although this may not be apparent in wider poverty statistics due to the aforementioned offsetting effects of other changes in the wider economic environment. For households directly affected there will have been an increase in the risk of problem debt and arrears building up on essential bills like rent and council tax – evidence on this is mixed, with Citizens Advice and StepChange showing debt problems rising since 2014 or 2015 while Households Below Average Income (HBAI) data shows some decline since 2010 (Bourquin et al p.64).

However, some individuals and groups may have experienced a much sharper reduction in income, such as in the case of a benefit sanction, in some cases leaving them with little or nothing to live on. People in this situation would be much more likely to experience destitution and seek emergency assistance from food banks and other agencies. Progressively, over time, the reduced rate and subsequent freeze on uprating of benefits in line with inflation has further squeezed household incomes.

48 From April 2016, levels of most working-age benefits and tax credits have been frozen at 2015 levels for four years. It has been estimated that by April 2020 this will have affected 27 million people, including 11 million children (Barnard, 2019). In 2013/14, 2014/15 and 2015/16, the uprating of the main unemployment benefits was capped at 1%, significantly below what the uprating would have been without the cap (2.2%, 2.7% and 1.2% respectively; see McInnes, 2019).

IMMEDIATE TRIGGERS OF VERY LOW INCOME: FOCUS ON THE WELFARE SAFETY NET

This section looks at immediate triggers of very low income, by focusing on the experiences of the welfare safety net amongst people referred to food banks. It first looks at the results of statistical modelling of drivers of changing demand for food parcels. This is particularly valuable as it provides an independent check of the study's own empirical findings from surveys. The section then moves on to thematically present quantitative and qualitative evidence collected by the study.

Insights from statistical modelling

An analysis of the Trussell Trust's administrative data, combined with available data from the DWP and ONS, provided valuable insights into the ways in which the safety net relates to demand for food parcels. This regression analysis was designed to investigate a wide range of potential drivers, related to demographics, economy, housing, immigration and the benefit system. The modelling controlled not only for a wide range of potential drivers but also for the fact that some issues such as unemployment, the 'bedroom tax' or PIP assessments are higher in areas with high demand for food parcels (as shown in Chapter 3).

The modelling technique, chosen for its robustness, is particularly useful for detecting drivers that vary significantly in levels over time. By its nature, the technique cannot estimate the role of factors that do not vary over time, or vary only minimally. This means that factors that were not found statistically significant in this modelling process may still be drivers of demand for food parcels, but the model was unable to demonstrate this.

The model found that an increase in the number of food banks in the Trussell Trust network is a strong predictor of an increase in the number of food parcels distributed by the Trust, in agreement with analysis in Chapter 3 (Figures 3.1 and 3.2). This has been controlled for in the evidence presented below.

The model found that five benefit system-related factors are statistically associated with changing demand for food parcels, allowing for the effect of other factors – including any change in the number of food banks. These factors include:

- The number of benefit sanctions (JSA/ESA/Income Support (IS)),[49]
- The roll-out of UC,
- The number of households subject to 'bedroom tax,'
- The number of failed PIP assessments,
- The benefit freeze and the cap on benefit uprating.

49 UC sanctions could not be merged with other sanctions as the way they are recorded differently (Keen, 2018). JSA sanctions were merged with ESA and IS sanctions to avoid collinearity with the number of people on JSA.

The first four factors were positively associated with demand for food parcels, which means that an increase in them predicts an increase in the number of food parcels distributed. The last factor - where the relevant variable is the weekly value of main out-of-work benefits, adjusted for inflation - was negatively correlated, which means that the higher the real value of such benefits, the lower the demand for food parcels.

This model did not find evidence of the driving role of factors related to housing, demographics, or immigration levels (however, a cross-sectional model showed that areas with high housing pressure had more food bank demand; see Chapter 3 and the associated Technical Report). The model found some tentative evidence that demand for food parcels increases as the number of working age people with a disability (limiting the amount or kind of work they can do) increases. Complementing this, the model found some tentative evidence suggesting that the higher the receipt of health-related benefits among the population affected by ill health, the lower the demand for food parcels.

As for economy-related factors, the change in wage levels (adjusted for inflation) was not identified by the model as a driver of demand. The modelling provided inconclusive results regarding to the role of unemployment. In a similar fashion to the above health-related findings, it is possible that increased unemployment is a driver of demand for food parcels while the higher the receipt of unemployment benefits within the unemployed population, the lower the demand. This is an area for further investigation.

Table 4.1 Results of a fixed effects model predicting the number of food parcels provided by food banks in the Trussell Trust network per 1,000 working age population, 325 local authorities in England, 2011/12-2018/19

	Coefficient	Robust Std Err	Significance (p-value)	95% confidence interval Lower	95% confidence interval Upper
Number of food banks	3.37	0.52	0.000	2.36	4.39
Real weekly value of main out-of-work benefits*	-1.52	0.47	0.001	-2.44	-0.60
Number of work seekers per 1,000 working age population	-2.06	1.24	0.097	-4.50	0.37
Interaction of the value of main out-of-work benefits and numbers seeking work per 1,000 working age population**	0.03	0.02	0.101	-0.01	0.07
Percent of working age benefit claimants on UC	0.46	0.09	0.000	0.28	0.64
Number of people on health-related benefits per 1,000 WA population***	-0.23	0.24	0.342	-0.70	0.24
Number of JSA/ESA/IS sanctions per 1,000 working age population	0.31	0.10	0.002	0.11	0.50
Number of failed PIP assessments per 1,000 working age population	0.93	0.37	0.012	0.21	1.65
Number of households subject to 'bedroom tax' per 1,000 working age population	0.68	0.13	0.000	0.41	0.94

* JSA/ESA/IS personal allowance, UC standard allowance.

** 'Numbers seeking work' refer to JSA claimants and UC 'searching for work' claimants.

*** ESA, IB, SDA, UC 'no work requirement', UC 'preparing for work'. The two latter benefit categories contain a relatively small number of claimants without health issues, such as carers of a child aged 2. It is not possible to disaggregate these categories using publicly available data.

Effect sizes (coefficients) in Table 4.1 show that every 100 failed PIP assessments in one year is associated with an additional 93 food parcels distributed that year, all else being equal. The effect is smaller for 'bedroom tax' (68 additional food parcels per 100 additional households subject to the 'bedroom tax') and for benefit sanctions (31 additional food parcels per 100 sanctions). The higher effect of failing PIP and 'bedroom tax' versus sanctions is understandable considering that the financial consequences of those former two factors are more long-lasting than the consequences of most sanctions.

A ten-percentage point increase in the proportion of working age benefit claimants on UC is associated with 4.6 additional food parcels per 1,000 working age population. This translates into 27 food parcels for every 100 claimants being on UC rather than on legacy benefits.

A £1 increase in the real weekly value of main out-of-work benefits is associated with 0.8 fewer food parcels per 1,000 working age population. This translates into 84 fewer food parcels per year in a local authority with average working age population and average population of people seeking work.

A **£1 INCREASE** in the weekly value of benefits would mean 84 less food parcels given out in a local authority per year

In terms of the effect of additional supply, the presence of each additional food bank is associated with 354 more food parcels distributed over a year.

A further analysis taking into account the presence of independent food banks (a potential confounder) suggests that in reality effect sizes might be higher than reported in Table 4.1. Therefore the reported coefficients should be treated as approximate. A range of alternative methods of estimation were tested and these suggest that the above results are generally reasonably robust. Technical details of the modelling are outlined in the Technical Report.

Benefit changes and interruptions to benefit income

The remainder of this chapter considers quantitative and qualitative evidence collected through the State of Hunger research. Issues with the benefit system featured prominently in the material collected. This section provides an overview of evidence on benefit changes and interruptions to benefit income and includes evidence from the Trussell Trust's voucher referral data, households referred to food banks, referral agencies and food bank managers on the role of benefits as a driver of the need for food bank use. Later thematic sections discuss UC, debts to the DWP and deductions, benefit levels, and finally benefit penalties such as the 'bedroom tax'.

The survey of people referred to food banks asked about benefit issues in three time periods: immediately before visiting the food bank; in the three months prior to the visit; and in the 12 months prior to the visit. This longer-term view of issues with the welfare system reflects previous research which shows there is sometimes a delayed impact of welfare changes (Fitzpatrick et al, 2018). For example, a benefit problem may push people into problem debt, the repayment of which may force people to use a food bank a few months later.

Benefit issues immediately before visiting the food bank

Analysis of in-depth referral agency voucher data from each visit to a food bank in the Trussell Trust network shows that in 2018/19, benefit issues (changes, delays and refused benefit advances) were one of the main reasons for referral in nearly half (43%) of cases.[50]

In **43%** of cases, benefit issues were one of the main reasons for referral

This referral data further showed that the largest combined sub-category among benefit issues was 'change to a different benefit / new claim not yet awarded / awaiting first payment', responsible for 61% of benefit issues in 2018/19. The share of this category increased slightly since 2016/17, while the share of the combined category 'interrupted payments and sanctions' decreased between 2016/17 and 2018/19 (from 37% to 26% of benefit issues). While loss of income due to an interrupted benefit

50 This figure is slightly higher than the published figure as it draws on additional data about multiple reasons for referral, provided by around a third of referring professionals.

payment or a sanction was still a reason behind many referrals, it appeared to be outnumbered by the loss of income among those moving onto UC (85% of 'benefit changes' in Q1 2019 involved UC). Consistent with this evidence, 7% of surveyed households referred to food banks were under a benefit sanction at the time of their visit to the food bank while at least 22% were waiting for a benefit payment, the majority of them waiting for a UC payment.[51]

85%
of 'benefit changes' in January-March 2019 involved Universal Credit

Evidence collected by State of Hunger researchers through the survey of referral agencies is in agreement with the above picture: the 'top three' most commonly identified (unprompted) triggers of food bank use were related to benefits – the move to UC, delays in benefits and benefit changes, while 'the benefit system' was the top-most 'background factor' named by referring professionals.

'the benefit system' was the top-most 'background factor' named by referring professionals

Benefit-related drop in income in the last three months

Two-thirds (63%) of households referred to food banks reported that they had experienced an income drop in the three months prior to the survey. Of those, a majority (70%, or 44% of all respondents) reported a drop in benefit income. Nearly half of this latter group gave 'a change of circumstances' as a reason, which is likely to have triggered an application for UC and a minimum five-week wait. More than one in ten (12%) reported a sanction in the past three months and 13% believed they were receiving incorrectly calculated (too low) benefit payments.[52]

63%
of households referred to food banks reported that they had ***experienced an income drop*** in the three months prior to the survey

Benefit-related experiences in the 12 months prior to the survey

Two-thirds of households referred to food banks reported having a problematic experience with the benefit system in the 12 months prior to the survey (Figure 4.2).[53] The most common problem was a 'long wait for a benefit payment' which affected four in ten respondents. One fifth (21%) reported having been sanctioned in the past 12 months.[54]

The most common benefits problem people experienced was a '***long wait for a benefit payment***'

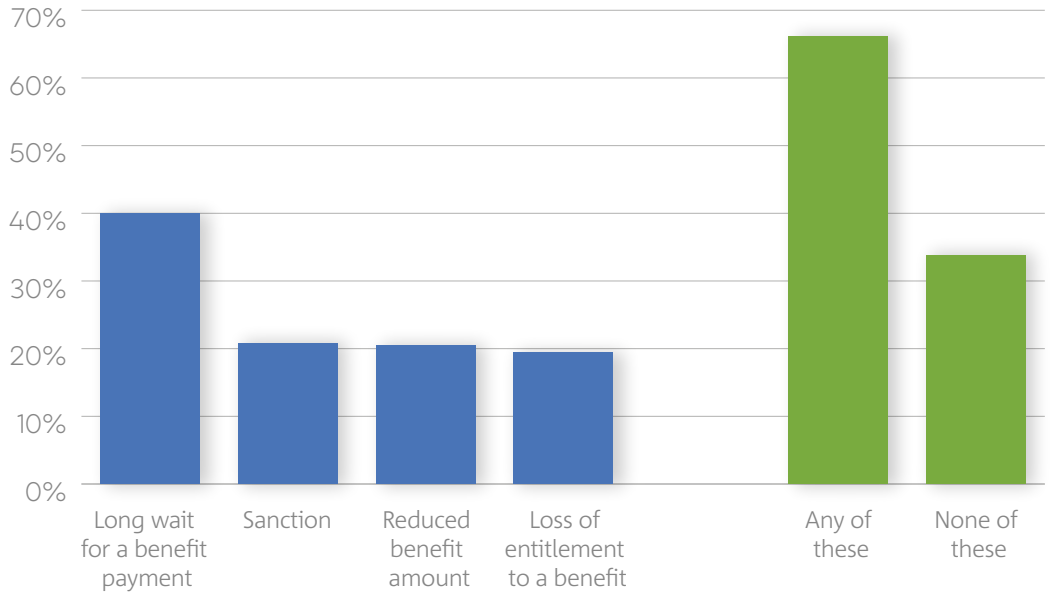
51 The survey asked only about 'a long wait for a benefit payment', hence not capturing people who were waiting for a relatively short period.

52 Half of respondents under sanction at the time of the survey did not report the sanction as a reason behind drop in benefit income in the past three months.

53 Some respondents who were subject to benefit deductions at the time of the survey did not report these as 'reduced benefit amount'. When such cases are added to the 12-month picture, over three-quarters (77%) of survey respondents had a problematic experience with the benefit system in the year prior to the survey.

54 A further 7% either 'didn't know' whether they had been sanctioned or said 'no' but mentioned a sanction elsewhere in the questionnaire.

Figure 4.2 Problematic experiences with the benefit system among households referred to food banks, past 12 months



Source: Data from State of Hunger survey (n=1,130).

Of those households referred to food banks who indicated having income from benefits at the time of the survey, only one in five did not indicate having a problematic experience with the benefit system in the past 12 months.

Of those who reported experiencing a benefit sanction in the past 12 months, 38% received more than one sanction in that period. For just over half of the respondents who reported at least one sanction, the length of the latest sanction was longer than one month.[55]

People who experienced a benefit sanction in the past 12 months reported more frequent food bank use, on average, than others.[56] Furthermore, the average frequency of food bank use increased with the number of sanctions and with the length of the latest sanction.

A reduction in benefit amount (other than due to a sanction) and a loss of entitlement to a benefit (again, not due to a sanction), each affected about a fifth of respondents. Benefit amounts can be reduced if someone is reassessed for a disability benefit and is no longer found eligible for the same level of support. Similarly a loss of entitlement can also occur following a reassessment if someone is found to no longer be eligible for a disability benefit following a reassessment.

55 This statistic is very similar to the equivalent national data on the duration of sanctions (Webster, 2019, Figure 12).

56 A statistically significant association, net of the effect of other variables.

Researchers spoke to claimants about their experiences undergoing reassessments for disability benefits. Some claimants in the ESA support group were reassessed and moved to the work related activity group, which entails a reduction in benefit value, while others were found to no longer be eligible for any support. In these cases participants felt that the assessments did not take into account medical evidence that they had provided, and in some cases even though their health conditions had not improved they were told that they were no longer eligible for support for their condition, and were expected to look for work:

> *Well, I was on ESA for two years and then when I came up north, because I was down south, I had to go for a review medical last May, and then they didn't ring me until November just gone, to let me know that I didn't score any points at all, and I don't know why because everything is exactly the same as it was before!*
>
> **(Qualitative respondent, Female)**

Focus on Universal Credit

Evidence collected by the study shows that the most common problem with UC that households referred to food banks experienced was the minimum five-week wait for the first payment. It is worth emphasising that for those moving from a legacy benefit onto UC, the effect of this wait on income is equivalent to receiving over a month-long benefit sanction.[57] It is potentially worse, as research suggests claimants often wait to apply for UC following a change of circumstances or struggle to provide all the necessary paperwork, resulting in additional delays (NAO, 2018). The comparison of the transfer to UC to receiving a sanction is backed by the results of statistical modelling, which found that the effect of 100 additional sanctions is very similar to the effect of 100 benefit claimants being on UC rather than on legacy benefits (31 and 27 additional food parcels, respectively).

27%

Over a quarter of households at food banks reported a long wait for a UC payment

Over a quarter (27%) of households referred to food banks reported 'a long wait for UC payment' in the past 12 months. At least 15% of all households were still waiting for it at the time of the survey.[58]

Overall, 64% of those reporting a long wait for UC in the past 12 months (but no longer waiting) waited up to six weeks (Table 4.2). The fact that the wait for UC was experienced by claimants as 'long' shows that they perceived it, in practice, as a benefit delay, even if it is not officially such. For a third of those reporting a long wait for UC the wait was longer than the official processing target.[59] This did not necessarily mean that the DWP was late with the payment – for example, it could be that the claimant did not provide all the necessary paperwork on time, resulting in a delay (see further below).

57 The gap in HB income created by the move to UC has been reduced by two weeks, due to the run-on introduced in April 2018.

58 The survey asked only about 'a long wait for a benefit payment' rather any wait for a benefit payment.

59 The reference period of 12 months partly included the time when the processing target was 6 weeks and partly when the processing time was five weeks. The target was shortened in April 2018.

Table 4.2 Responses to the survey question 'How long did you or your partner wait for Universal Credit payment?'

	%
Less than 3 weeks	3
3-4 weeks	10
5-6 weeks	51
7-8 weeks	24
9-12 weeks	8
More than 12 weeks	4
Total	100

Note: Percent refers to respondents who indicated 'a long wait for UC payment' in the past 12 months but were no longer waiting. Data from State of Hunger survey, n=138.

Waiting for the first UC payment was associated with an above-average number of visits to the food bank, for households referred to food banks.[60]

In the qualitative research, waiting for an initial UC payment was a common driver of food bank use. With no income during the wait for the first payment, participants said they needed to use a food bank to support their family in the meantime.

> *I think at the time [of the first food bank visit], because I was just going on to benefits, so it was just while I was waiting for money to come through.*
>
> **(Qualitative respondent, Female)**

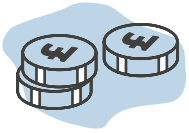
Some of those reporting needing the food bank in the initial waiting period for UC had a longer wait to resolve their financial issues, beyond the standard five-week wait. Both these respondents had ongoing health problems which might have impacted on their ability to navigate the benefit system.

> *It was tortuous. I can understand there are other people who are going through it, and it's that start of the [benefits] system, that start of the thing where nobody wants to know, and nobody is there for you. I don't know, it's sorted itself out now, but it took a year.*
>
> **(Qualitative respondent, Female)**

> *So that took a wee while to apply for [UC], so it was about four months [...] I think I went [to the food bank] about two or three times when I really needed it, then obviously the benefits got sorted out and there was more money coming in.*
>
> **(Qualitative respondent, Male)**

60 A statistically significant association, net of the effect of other variables.

For households participating in the State of Hunger survey, UC was the most commonly received benefit (48% of respondents on any benefit). At the time when the survey was being conducted, 19% of working age benefit claimants were on UC in local authorities where the surveyed food banks were located.[61] Therefore, UC claimants were two-and-a-half times more likely to be in the sample of food bank users than would be expected on the basis of their overall numbers. This suggests that there is something about the make-up of UC that drives food bank use, in comparison to other benefits. An obvious difference is the longer waiting time for the first UC payment, though there are also other reasons, such as different payment levels and benefits delivery (Millar and Bennett, 2017).



Debt to the DWP

Being in debt to the DWP is a very common problem for households referred to food banks. Four in ten (40%) respondents indicated that part of their benefit income was subject to deductions. For over 80% of respondents in this group, a DWP loan or a benefit advance was being deducted, and for 20% the reason for the deduction was benefit overpayment.[62] A further 5% of all respondents indicated that they were repaying benefit overpayments but not via benefit deductions. In agreement with this, the DWP was the second most common lender among those who indicated having a loan, after 'family and friends' (28% and 40% respectively).

40%
of respondents said that part of their benefit income was subject to deductions

OVER 80%
of households with deductions to their benefits were paying money back to the DWP

Benefit deductions are problematic in two ways. First, as levels of main income-replacement benefits are extremely low (the rate of Job Seeker's Allowance/UC standard allowance for single adult householders aged 25+ was just above destitution level in 2017; Fitzpatrick et al, 2018). Therefore, any reduction in benefit income is likely to push the claimant into destitution and may make the difference between having or not having to go to the food bank. Second, there is evidence that where the claimant is involuntarily subject to more than one deduction, relevant agencies (DWP, local authorities, energy providers, magistrate courts) do not coordinate their decisions on the level of deduction to apply (Fitzpatrick et al, 2018). This may result in the claimant being subject to large deductions. Of the 40% of households referred to food banks who reported current benefit deductions, over a quarter (12% of all respondents) further reported that the deductions constituted more than a quarter of their usual benefit income.

Those who experienced multiple, uncoordinated deductions from different agencies, found it very difficult to manage financially. People who had experienced multiple deductions also found it frustrating when they did not receive any information about why the deductions were being made, how much they had to repay, or if a debt had been passed to a debt collection agency. One person had not understood why or how her debts had been passed on to a bailiff:

> *I think that had been arrears, but the thing I was really confused with was that the deductions were coming off and going to the council, and then I received stuff from [bailiff] saying that it had been passed on to them. I don't know why it had been passed onto them because the council were getting the money off my income support.*

(Qualitative respondent, Female)

61 Own analysis of the 'Benefit Combinations' dataset on Stat-Xplore.

62 Responses add up to more than 100% as it was a multiple-response question.

Another respondent was no longer having deductions taken, but recalled a period where this had been a problem.

> *Normally, say today, I'm fine where nothing is getting taken out but it's when the deductions start and you don't know the reasons why... - then that money is gone then isn't it? It's mainly just a cash issue of people just going in and having no consent and not talking to you about how much you need to be taken out and it's leaving you short.*
>
> **(Qualitative respondent, Female)**

Another person managed to get deductions reduced periodically to help him manage better:

> *It's probably about just over a year [paying deductions], but how they do it, I get in a position, my mental health will get really bad...and then they would give me a month, I can't remember what they call it, but they would give me a month where they wouldn't take anything.*
>
> **(Qualitative respondent, Male)**

Benefit levels

Low benefit levels and the benefit freeze

Analysis of secondary data from each visit to a food bank in the Trussell Trust network shows that over 2018/19 'low income' was one of the reasons for referral in nearly half (45%) of cases.[63] Importantly, among those referred to a food bank for this reason in 2018/19, 87% were 'on benefits, not earning' and a further 7% were 'on benefits and earnings'. The appropriate way to refer to this category is therefore 'low benefit income'. The proportion of visits related to 'low benefit income' rose between 2016/17 and 2018/19 from 36% to 45%. The continuing benefit freeze is likely to be one major factor driving this trend.

In **45%** of cases, the reason for referral in 2018/19 was 'low income'

Overall 79% of food bank referrals over 2018/19 involved either a benefit issue ('change', 'delay', 'refused benefit advance') or 'low benefit income'. This is likely to be an underestimate since some referring professionals may have chosen to not indicate a benefit problem on the food bank voucher when such problem was a secondary factor.

A number of qualitative respondents had used the food bank as they were regularly struggling to cover the cost of essentials due to the level of their benefits not meeting their budget needs:

> *Oh gosh, [I've used the food bank] quite a few times because I was on such a low income before I got my PIP. I was getting £141 a fortnight. [...] I had a mental breakdown because basically, the amount they give me doesn't cover the costs of when I went in the flat.*
>
> **(Qualitative respondent, Female)**

63 This figure is higher than the published figure as it draws on additional data about multiple reasons for referral, provided by around a third of referring professionals.

A couple of Wednesdays ago I was stood here looking at the calendar, and it was 15th of this month, May, and I was going, 'It's all right, darling, you get your PIP and your ESA tomorrow, on the Tuesday.' Then, three o-clock in the morning, I'm still up and I check the bank balance, and it hadn't come in, and I started panicking. I came down and looked at the calendar and it was like, 'Oh, no, it's going to be another week. I got the weeks wrong.'

(Qualitative respondent, Male)

Of relevance here, the 'Destitution in the UK' study has found that the rate of the basic allowance of main income-replacement benefits (UC, JSA and ESA) for single people aged 25+ is only marginally above the destitution rate (Fitzpatrick et al, 2016, 2018), while the rate for claimants under 25 is below the destitution level (see also Chapter 3).

With such low benefit rates, it is practically impossible for claimants to build up financial resilience, or 'buffer'. This is illustrated by the fact that 94% of people referred to food banks participating in the 'Destitution in the UK' survey in 2017 had no savings at all and the rest had a very small amount in savings.[64]

Levels of support for housing costs

A large proportion of households referred to food banks relied on state support to cover housing costs. A quarter of respondents (nearly half of those who indicated getting help with rent) indicated needing to top it up. The median top-up amount was £76 per month, but a quarter of those needing to make up the difference needed to top up by £140 or more per month. The median top-up represented 27% of the rent value, but again a quarter needed to top-up the equivalent of half of the rent or more.[65]

On average, private renters needed to top-up their LHA by a higher amount than social renters needed to top up their HB. Echoing this, proportionally more private renters needed to top-up their LHA (71%, against 44% of those on HB). Among social renters, the 'bedroom tax' and the benefit cap exacerbated problems with the levels of HB/UC housing element (see following section).

Benefit penalties

One in five social renters in the food bank survey (9% of all respondents) were affected by the Removal of the Spare Room Subsidy, also known as the 'bedroom tax'. 4% of respondents were paying it from their own pocket, 3% were not paying it (were going into rent arrears) and 2% had their 'bedroom tax' covered by DHPs.

Local areas with high demand for food parcels have a higher proportion of households subject to the 'bedroom tax': in 2015, nationally on average 1.1% of households were subject to it while in the top 20 local areas (MSOAs) for food bank use the proportion was 4.3% of households, on average.

64 Own analysis.

65 Support for housing costs refers to HB, LHA, or the UC housing element.

The proportion of households referred to food banks affected by the benefit cap cannot be reliably estimated based on the food bank user survey due to an uneven geographic distribution of the benefit cap: it is highly skewed towards London[66], where housing costs are much higher than elsewhere. Participants affected by the benefit cap described how it had significantly reduced the amount that they received and had made it much more difficult for them to afford food, clothes and other essentials:

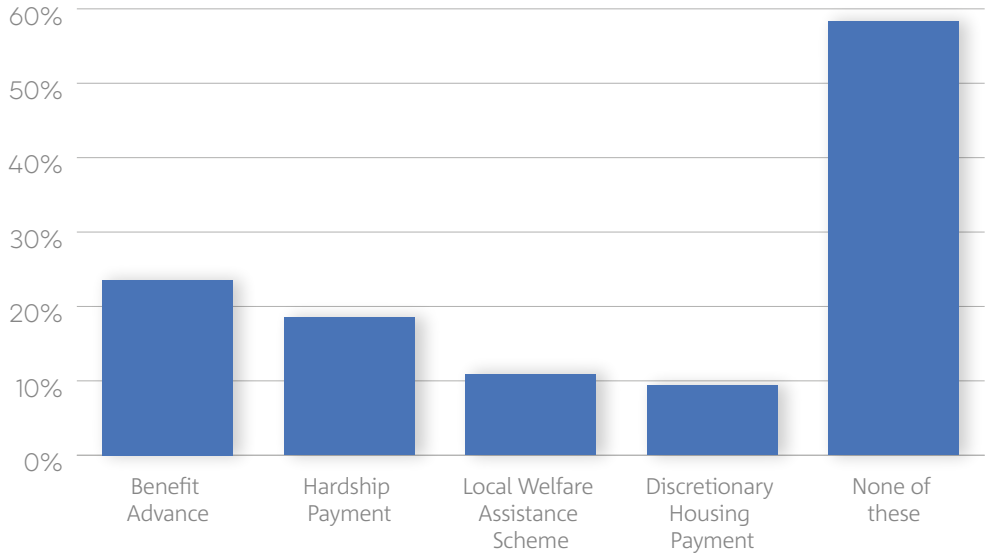
> *Yes, it's because of the cap to the benefit; I suffered quite a lot of financial loss and stress, I wasn't really able to afford shopping coming in, so yes. The kids weren't going without, but it wasn't great.*
>
> (Qualitative respondent, Female)

Discretionary part of the welfare safety net

The food bank user survey probed whether respondents made use of the four discretionary schemes forming part of the welfare system. The schemes included two administered by the DWP - benefit advances and HPs – and two managed by local authorities, DHPs and LWAS (though in some English local authorities the latter does not exist).

Over half (58%) of households referred to food banks did not apply for a benefit advance, HPs, DHP or LWAS in the three months prior to the survey. Nearly a quarter of all respondents applied for a benefit advance and close to 20% applied for HPs (Figure 4.3). Applications for DHPs and LWAS were less common, at around 10%, although the valid prevalence of LWAS applications was 17% once areas without LWAS were discounted.

Figure 4.3 Percentage for households referred to food banks who applied for discretionary and crisis elements of the benefit system in the three months prior to visiting a food bank



Notes: Multiple response question. Data from State of Hunger survey, n=1,130. The valid prevalence of applications for help from LWAS was 17% as some areas did not have a LWAS scheme. Names of LWAS used in the questionnaire were place-specific.

66 Own analysis of cumulative Benefit Cap caseload data from Stat-Xplore.

Some socio-demographic characteristics were associated with a lower propensity to apply for help from any of these four schemes: having a higher equivalised income, having no loans and no arrears, being a home-owner, being a couple with children, and not having experienced an issue with the benefit system in the past 12 months. Non-British citizens were much less likely to seek formal help, likely due to lower levels of awareness of such schemes and their perception that they would not be eligible for support due to having no or limited 'recourse to public funds'.

Looking in more detail into applications for a benefit advance in the three months prior to the survey,[67] the results show that 40% of those who indicated a 'long wait for a benefit payment' and who were still waiting at the time of the survey had applied for a benefit advance. Of those who applied, 75% received the advance, 9% were waiting for a decision and 15% had the application refused.

On the one hand, it is positive that the level of successful applications was high and that the processing time for an advance seemed to not be overly long (judging by the fact that only a small minority were waiting for the outcome). On the other hand, it is of concern that more than half of people in that situation did not apply for an advance and that receiving an advance did not prevent the recipient households from having to use the food bank. This latter fact suggests that either the value of the advance was too low, or that the level of repayments was too high, but the situation for some may have been complicated by their debt situation. Last but not least, it is concerning that 15% of applicants had their application rejected, despite needing a food bank.

The 60% who did not apply for the advance were more likely to be: a lone parent; in employment; not have loans or arrears; and be a non-UK citizen.

Concerns about not being able to meet the repayments, and accruing problem debt, was one of the main reasons why participants said that they did not apply for an advance:

> *No, I didn't [apply for an advance]. I didn't want to because I didn't know how much I'd have to pay back. [...] I hate borrowing money, I'm absolutely petrified, to be honest with you. I'm absolutely petrified of letters coming through my door now.*
>
> **(Qualitative respondent, Female)**

There were differing experiences of advances, with one example of a respondent getting the advance and paying it back at what he felt was a manageable level:

> *I think it was around about £300. I mean, I bought some basic stuff, clothes and all this kind of stuff...nothing too expensive, it was just basic and kind of I made the best of it. [...] that was coming off around about £25 a month, £30 a month.*
>
> **(Qualitative respondent, Male)**

67 To avoid confusing survey respondents the question asked about 'benefit advance', although formally it is called an 'advance payment' under UC. This means there may be some people including other types of benefit advance in their answers.

Other respondents regretted taking out advances, due to the level of repayments:

Anyway, I got advances to get them sort of bits. Yes, I just didn't realise they'd take it all out in one big lump sum. It's my own fault for not reading the small print, I suppose. [...] Yes. I'll go on record as saying I don't like Universal Credit! [...] Probably the Universal Credit advances have snookered me, I would say.

(Qualitative respondent, Male)

They gave me an advanced payment while I was waiting to be paid on UC, they started taking that off at £50 a month, and then plus £20 for something else. Well, when you're only supposed to be getting £317 from over £400, it's a big drop to find you're only getting just over £200, if you know what I mean.

(Qualitative respondent, Female)

These two respondents were already vulnerable so had the added complexity of mental ill health and potentially unmet support needs. They had not been helped to negotiate manageable payment plans and had been left with significant income gaps.

DHPs are grants that can provide support to claimants who receive support with housing costs but still cannot meet their housing costs. Of those respondents for whom DHPs were relevant, only 12% were on DHPs at the time of the survey and only a further 11% applied for a DHP in the three months prior to the survey. Of those who applied for a DHP, 40% received it, 36% were waiting for the decision and 24% had their application refused. These outcomes are less positive than the outcomes of applications for a benefit advance: the refusal rate was high and the processing time appears to be long.

Awareness of the scheme was a major barrier to applying; of the relevant respondents who had not applied for a DHP, 70% indicated they had 'never heard of' DHPs. Those who had not applied and 'never heard of' DHPs were on average younger than those who had applied for DHPs.

70%
indicated they had 'never heard of' DHP

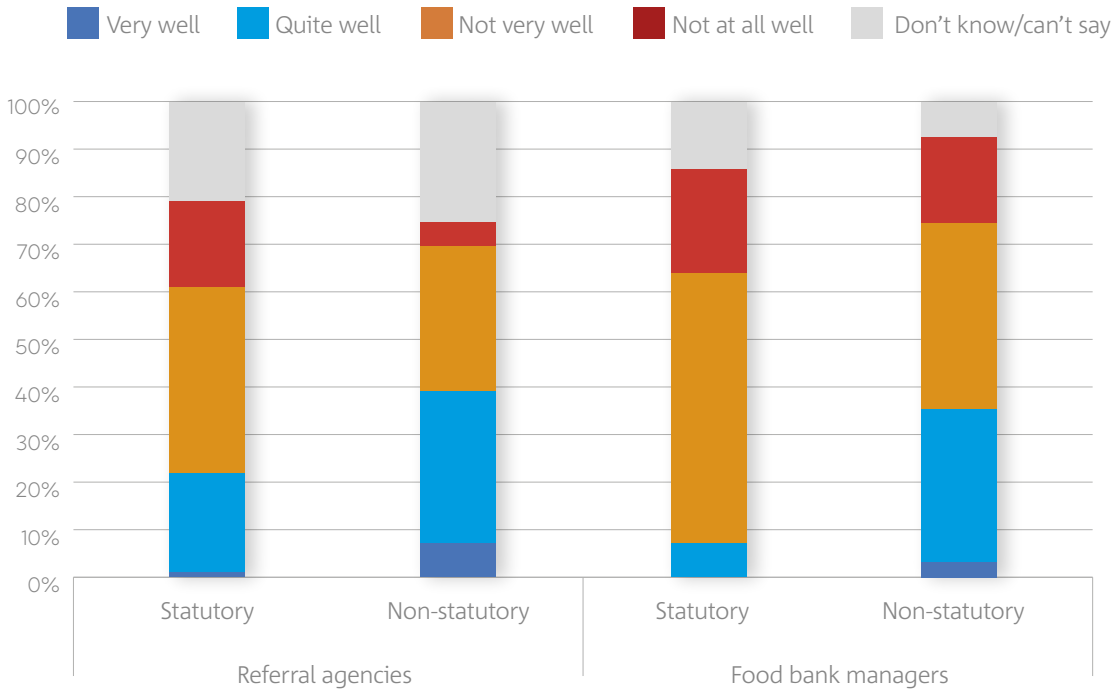
HPs are loans (under UC) or grants (under JSA and ESA) that claimants can apply for if they have been subject to a sanction. Only slightly over a third (36%) of those who have received a sanction in three months prior to the survey applied for a HP. The absolute numbers were too small to say whether those on UC sanctions were less likely to apply for a HP. Of those who did apply, 56% received HP, 8% were waiting for a decision and 35% had their application refused – this last figure is obviously concerning. Those relevant respondents who did not apply for HP were more likely to be lone parents, private renters, living in a hostel/bed and breakfast/emergency accommodation, and those who viewed their situation as a 'short-term crisis'.

Lastly, two in three respondents lived in areas with post-discretionary Social Fund schemes that are collectively described here as LWAS. The lack of consistency in the availability of this type of assistance is itself of concern. Where available, only 17% of respondents applied for support from such a scheme in the three months prior to the survey. This suggests that awareness of local welfare schemes might be an issue. It was positive, however, that most (two-thirds of applicants) were successful in accessing funds and only 8% were waiting for a decision, suggesting relatively short processing times. It followed that one in four applicants had their request for assistance declined.

Those most in need seemed more likely to apply; with people with no arrears or loans, no health issues in the household, or no challenging life experiences in 12 months prior to the survey less likely to apply for LWAS.

The referral agency and food bank manager surveys asked about the availability of support locally. When asked how well statutory and non-statutory/voluntary agencies were able to prevent people needing to use food banks, most referral agencies and food bank managers said, 'not very well' or 'not at all well' (Figure 4.4). Referral agencies and food bank managers were more critical of statutory agencies than non-statutory agencies.

Figure 4.4 Perceptions of how well statutory and non-statutory agencies are able to prevent people needing to use food banks



Source: Referral agency and food bank manager surveys (n=247 referral agencies, 28 food bank managers)

Food bank managers were more critical of the response of statutory and non-statutory agencies, compared with referral agencies.

Food bank managers were asked how well their food bank was able to meet local demand for food, with 61% saying they coped quite well and 36% saying they coped very well, with just 4% saying they did not know. It is possible that the food banks who did not participate in the survey were those who were struggling.

Common themes in the open-text responses were of overstretched services across the statutory and voluntary services:

> *Everything has been reduced and people in need have much less help available to them.*
>
> (Referral agency)

There are not enough people working in help agencies to effectively support people in need - staff shortages/cutbacks mean that people in need are pushed from one adviser to the next or just left in limbo

(Food bank manager)

Examples of the factors that were said to ***contribute*** to food bank use include the impacts of national policies on local responses, including cuts across a range of social care services, as well as a lack of, or heavily constrained local welfare assistance provision, limited use of DHPs, delays in LWAS payments and errors in HB and Council Tax Support. Some landlords were felt to have a low tolerance for arrears and actively pursue eviction.

The impact of central government decisions, particularly benefit issues, has impacted on the local authority, and as a consequence the council has passed on the impacts to the local citizens.

(Referral agency)

Too strict criteria to access the local welfare, clients are denied support and rely on food banks.

(Referral agency)

Conversely, referral agencies and food bank managers wrote that examples of initiatives that help ***prevent*** people needing to use food banks are primarily the effective use of local discretionary funds, including LWAS, DHPs, Council Tax Support, as well as other creative solutions, active homelessness prevention activities and floating tenancy support:

[X] Council, despite having massive cutbacks, allocate a generous budget to help with urgent needs i.e. vouchers for fuel & food... however other councils in the region are far less generous.

(Referral agency)

The local authority provides Discretionary Housing Payments to help clients to reduce rent arrears or limit the impact of the 'bedroom tax' (which frees up income to cover basic needs).

(Referral agency)

They [the voluntary sector] are looking at creative ways to help provide support and help. Often stepping in where statutory agencies are too pushed.

(Food bank manager)

However, the potential to prevent the need for food bank use was felt to be limited, in some areas:

In all honesty I'm not aware of any of the local council's policies that could help.

(Referral agency)

Due to funding cuts there are limited places that can offer help and we have many referrals from council departments

(Food bank manager)

Experiences of discretionary provision for people referred to food banks were mixed, possibly reflecting the considerable variation in local provision. Some interviewees were not aware of what was available or would not approach discretionary schemes due to lack of confidence or knowledge, others were put off by their awareness of limited resources or strict rationing, while some had approached the LWAS and had a good experience:

I've thought about it, but I don't know how to, sort of, go about it.

(Qualitative respondent, Female)

To be honest, I've never been really one that would ask for help. I only went to the food bank because it's something that the school offered and, yes, I was made aware of it [local welfare scheme].

(Qualitative respondent, Female)

Since I've moved in the flat, the Scottish Welfare Fund is coming fitting the carpet, and they've offered us a paint pack for the walls, you have to choose a colour and stuff.

(Qualitative respondent, Male)

Well, we did one time. There's [local welfare assistance scheme], it's called, and I went there asking for a bit of help, because we'd run out of gas and electricity, and we didn't have any food, and needed electric for my wife's nebuliser. I couldn't believe it, they topped up a tenner on the leccy and the gas, and gave me £30 worth of Morrisons vouchers.

(Qualitative respondent, Male)

Some respondents lived in areas where local welfare assistance had been terminated. One of such interviewees gave an account suggesting that in such places, food banks have effectively become a substitute 'safety net below the safety net':

> *If it wasn't for using the food bank, I don't know what I would have done, to be honest with you. I would have been in a really bad situation if I hadn't have been able to access any help from the food bank. Probably just gone without, I suppose, because you can't really get any help from the DWP or anything now. They don't do, like, Crisis Loans or anything like that any more, so if it wasn't for the food bank, then I would have to just wait it out 'till I got paid really.*
>
> (Qualitative respondent, Female)

BACKGROUND DRIVERS OF FOOD BANK USE

Lack of informal support network

For a household in a difficult financial situation, having effective informal support systems may make the difference between needing to visit a food bank or avoiding it. While lack of support is not a driver of food bank use per se, it clearly is a contributory factor. The study has therefore collected evidence in this area.

The survey of households referred to food banks explored whether the respondent has sought help from family or friends, and if not for what reason (Table 4.3). The findings show that nearly nine in ten respondents have either exhausted such help, did not have anyone to ask for help or were receiving help but that was not enough to prevent having to use a food bank. Only a minority of respondents (12%) said that they did not want to ask family or friends for help.

9 IN 10
respondents did not have, or had exhausted, help from family or friends

Table 4.3 Support from family or friends

	%
I have already asked family or friends for help but I can't ask any more	44
I can't ask family or friends for help because they are not in a position to help me	10
I don't have family or friends who I could ask for help	16
I don't want to ask family or friends for help	12
I am getting help from family or friends but that's not enough to tide me over	10
Total	100

Source: Data from State of Hunger survey, n=1,130.

It was clear that friends and family were important forms of financial support to participants in the qualitative research. Some were also relying on ex-partners. Those who did not have family or friends to rely on found it much more difficult to manage:

> *Yes, just about, but I'm borrowing money off other people for food and stuff. [...] Well, I've got my mam, bless her, and my sister.*
>
> (Qualitative respondent, Female)

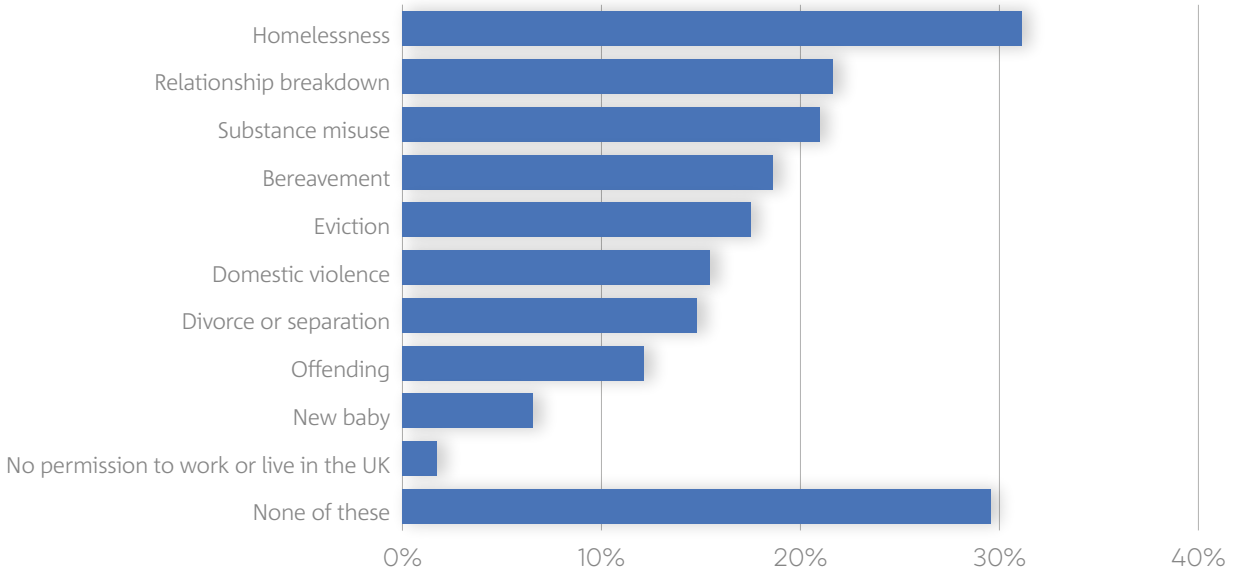
> *Well, I had no money and I was struggling, and I had no family to help me and stuff like that.*
>
> (Qualitative respondent, Female)

Challenging life experiences

The food bank user survey explored the prevalence of challenging experiences in the 12 months prior to visiting the food bank. Such experiences were far from uncommon: seven in ten respondents reported at least one (Figure 4.5). Three in ten respondents experienced homelessness in the year prior to the survey. Furthermore, the prevalence of substance misuse and offending - experiences that together with homelessness have been argued to be key components of 'severe and multiple disadvantage' (Bramley and Fitzpatrick, 2015) – was high at 20% and 12% respectively. One in six respondents (15%) had two or three of these experiences.

7 IN 10 respondents reported at least one challenging life experience in the last 12 months

Figure 4.5 Respondents' experiences in the past 12 months.



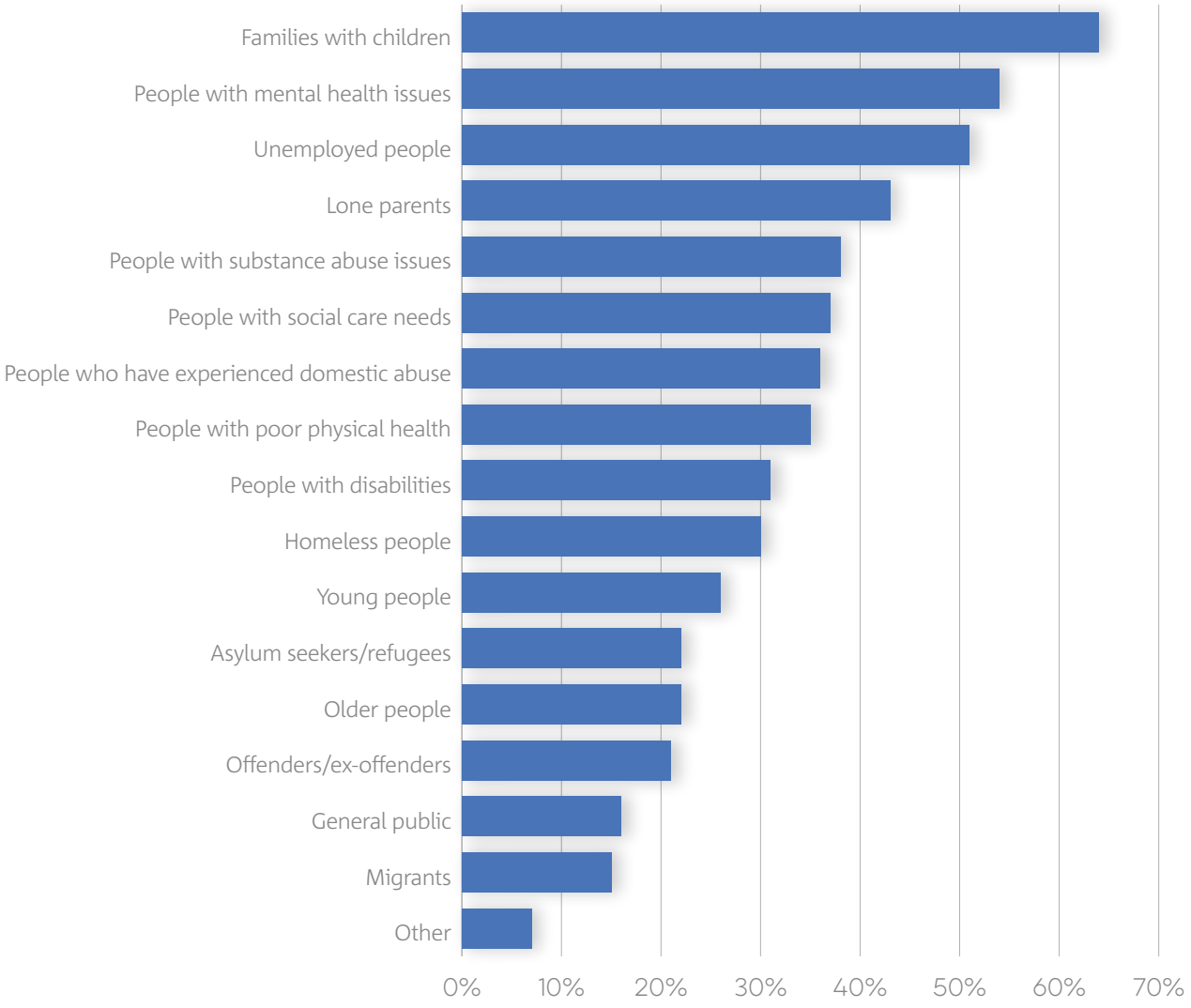
Note: Multiple response question. Data from State of Hunger survey, n=1,130.

In terms of demographic characteristics, respondents aged 18-24 were much more likely to report at least one challenging life experience, while those aged 55-64 much less likely to do so. Couples with children were also much less likely to report having challenging life experiences. As for specific experiences, respondents living on their own were more likely to report homelessness, eviction or an alcohol/drug problem.

Lone parents were more likely to report domestic violence, divorce or having a new baby. Lone parents and couples with children were much less likely to report substance abuse or offending. The proportion reporting homelessness was the highest among respondents aged 18-24 and lowest among those aged 55-64. Divorce and domestic violence were more likely to be reported by those aged 25-44. Having a new baby was heavily concentrated among those aged 18-34. Substance misuse was higher than average among the 35-44 age band, reflecting higher problem drug use in this cohort.

The service user profile of referral agencies provides further insights into the challenging life experiences of households referred to food banks (Figure 4.6). The chart below shows a wide range of vulnerable groups are referred to food banks, the most common being families with children (particularly single parents, given 43% also say single parents use their services), people with mental health issues and unemployed people.

Figure 4.6 Profile of service users referral agencies mainly work with (%)

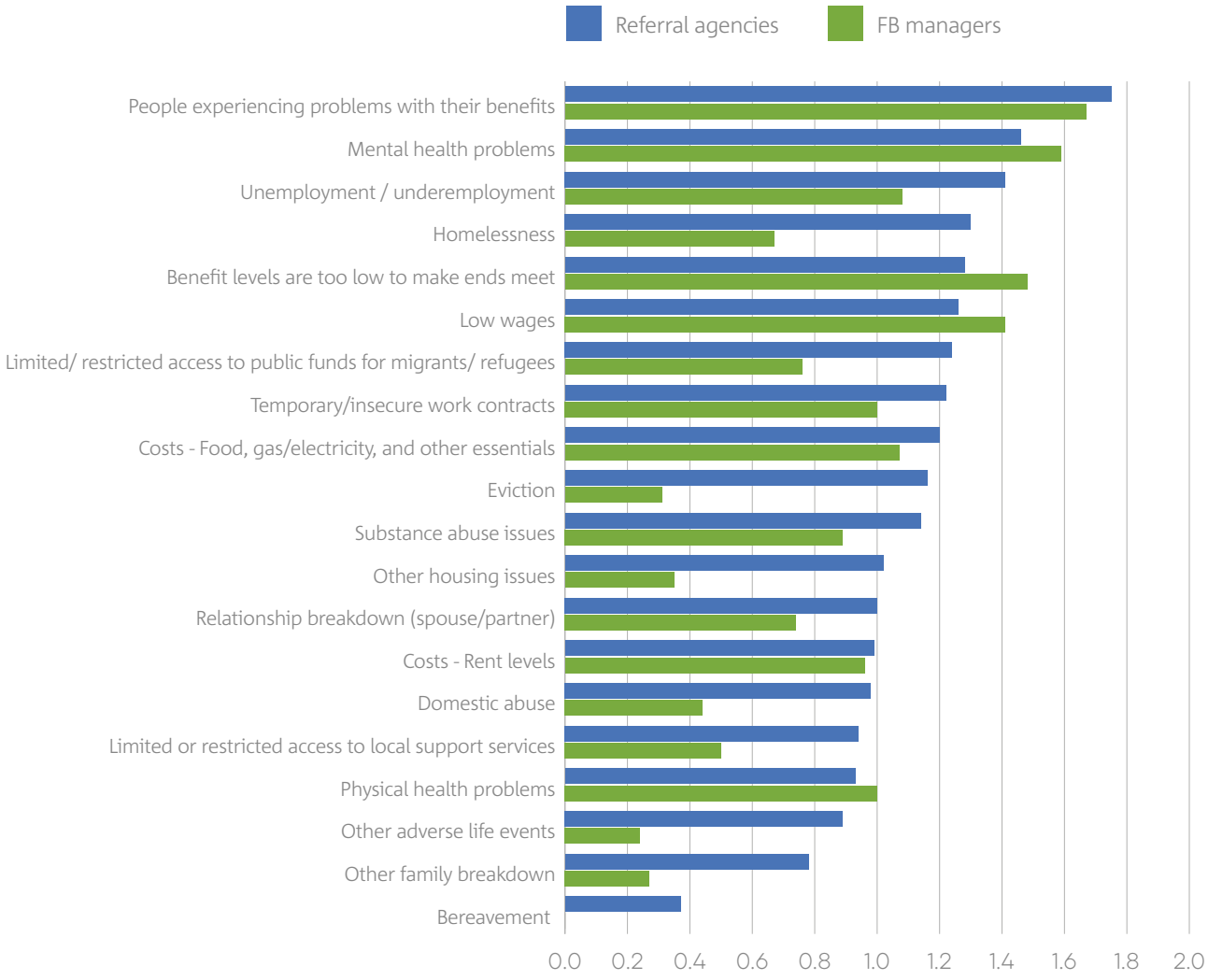


Source: Surveys of referral agencies and food bank managers (n=253 referral agencies, n=28 food bank managers)

Note – multiple response, so % add up to more than 100%

In line with this picture, when asked to indicate what impact different factors had on driving food bank use, referral agencies gave on average high 'impact scores' to homelessness, restricted access to the welfare safety net for migrants, eviction, substance abuse, relationship breakdown and domestic abuse. Figure 4.7 below shows the average scores on perceived impact – with very high impact getting a score of 2, high impact 1, moderate impact 0, low impact -1 and very low impact -2. Higher scores are given where factors are felt to have most impact.

Figure 4.7 Issues impacting on service users (referral agencies and food bank manager surveys)



Note: The chart shows average (mean) scores on impact, with scores calculated as follows: Very high impact scores +2, high impact +1, moderate impact 0, low impact -1, very low impact -2. Don't know excluded.

Source: Surveys of referral agencies and food bank managers (n=253 referral agencies, n=28 food bank managers)

On many issues, referral agencies give higher impact scores compared with food bank managers. This may be because referral agencies have more in-depth knowledge of the challenging life experiences of service users, compared with food bank managers. Food bank managers give higher scores to low income – benefits and wages – and physical and mental health issues.

It is possible that challenging life experiences drive demand for food parcels by negatively impacting on one's financial situation. Three kinds of mechanisms may be at work:

- Through weakening the capacity to find employment and sustain it (for example a challenging experience may affect one's mental health to the point of being incapable of doing paid employment; criminal record may be an obstacle to finding employment; rough sleepers may find it difficult to look presentable at job interviews; addiction may be an obstacle to being a reliable employee; not having permission to work in the UK is a barrier it itself);
- Through weakening the capacity to claim benefits and to sustain the claim (for example poor mental health, addiction, rough sleeping and having 'no recourse to public funds');
- Through increasing expenses (for example having a new baby, bereavement, splitting up the household and addiction).

The study collected both quantitative and qualitative evidence on each of these three mechanisms. With regards to the first of them, survey results show that the capacity to find employment was lower among those who indicated one of the following adverse experiences in the past 12 months: homelessness, addiction, offending, bereavement, domestic violence, and relationship breakdown. [68]

Not being able to find employment or sustain it is not, by itself, a direct driver of food bank use as the benefit system should be a protective factor. Rather, it is an indirect driver as it can leave people living on low and precarious benefit income, as was evidenced above.

Regarding the second mechanism, the survey did not find evidence of a lower capacity to claim benefits but it did find evidence of lower capacity to sustain the benefit claim among those reporting one of the following experiences in the past 12 months: domestic violence, relationship breakdown, divorce, addiction, offending, and homelessness.[69] In agreement with this, in the qualitative interviews, people who had experienced sanctions tended to be in more difficult situations, such as recent prison leavers (the first respondent below) and people experiencing domestic abuse (the second respondent below):

> *I had a brief stint in prison, so... They were supposed to shut down my claim when I was in prison, but they never, so when I came out there was a sanction on it ... I didn't realise they were going to take that much off that quickly.*
>
> **(Qualitative respondent, Male)**

68 As measured by being in employment at the time of the survey.

69 As measured by being subject to a benefit sanction in the past three months or at the time of the survey.

> *They're trying to say I've done a sanction, or I haven't done something. [...] I've done everything you've told me to do, but then just because at the end of the month I haven't written I've still got no earnings because I'm signed off sick, you've shut my claim. They did that four months running.*

(Qualitative respondent, Female)

As for the third mechanism – increased expenses – survey results show that increased expenses in the past three months were more likely to be reported by people who had one of the following experiences in the past 12 months: a new baby, relationship breakdown, divorce, addiction, offending, and homelessness. Two people recently moving into permanent accommodation identified the costs involved:

> *Yes, that was it, because I had nothing, just a rucksack with clothes in, basically. I needed furniture. I got some vouchers for the [X] furniture warehouse, which got me...[a w]ardrobe, sofa bed, a little table-top oven thing...[a f]ridge. I had to pay extra for a fridge and freezer, and there was pots and pans and stuff.*

(Qualitative respondent, Male)

> *I'm in debt with my family, put it that way. [...] My mum and dad come up and paid for carpets in my new place, because I just don't have any money. They've paid for my curtain rails and things like that, because I just... I don't know how you're supposed to do it on benefit.*

(Qualitative respondent, Female)

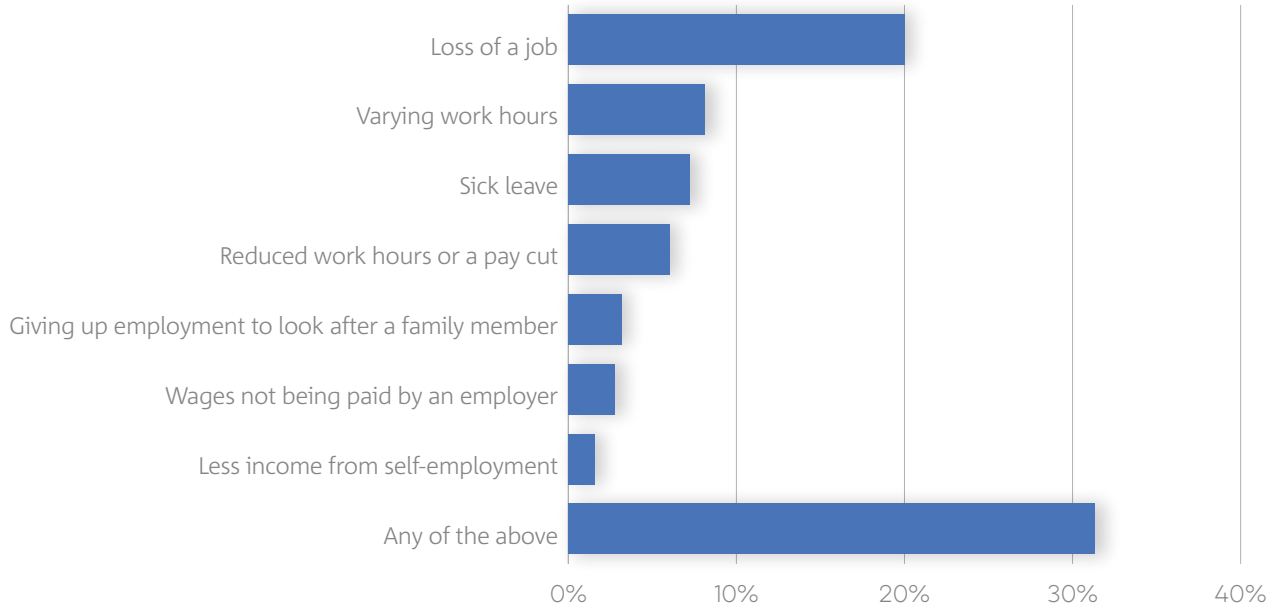
Overall the survey found evidence supporting the claim that challenging life experiences were a 'background driver' of demand for food parcels. In some cases this was because of increased expenses while in other cases challenging life experiences increased reliance on low and unstable benefit income. Some challenging life experiences were associated with an increased risk of not being able to sustain a benefit claim.

Households referred to food banks who had demographic characteristics mentioned previously in this chapter – being a lone parent (vs a couple), being a social renter (vs a home owner), being affected by poor health in the household – were more likely to report challenging life experiences. This evidence sheds light on why those demographic groups are at a higher risk of using a food bank.

Work-related drivers

Nearly a third of all food bank survey respondents reported at least one adverse work-related experience in the year prior to the survey, with job loss being the most common (20%) followed by varying work hours and sick leave (Figure 4.8).

Figure 4.8 Adverse employment-related experiences reported by respondents' households, past 12 months



Note: Multiple-response question. Data from State of Hunger survey, n=1,130.

Reflecting the fact that couples with children were more likely to be a working household, they were also more likely to report at least one adverse work-related experience, particularly job loss, varying work hours and sick leave.

Both quantitative and qualitative evidence collected by the study suggests that adverse work-related experiences drive food bank use in an indirect manner, by pushing one into a position of full or partial reliance on the benefit system. For example, households referred to food banks reporting any work-related issue were more likely to report a 'long wait for a benefit payment'. In three-quarters of cases, UC was the relevant benefit.

A common experience identified in the qualitative research was of the loss of employment associated with the onset of serious health issues. However, the initial loss of employment is then compounded by the wait for benefits:

> *[The main reason for using the food bank was] Me not working, and benefits not coming through, and we lost £500 a month, suddenly, in money. [...] The transition from earning to benefits really takes a hell of a long time, and you've got to give them so much information, and then they've got to decide, and then it goes to some other committee, and then they delay it even longer. You eventually get the money from the date that you claimed, but it's trying to survive from then until then. [...] I would say that being disabled has been the main issue.*
>
> (Qualitative respondent, Male)

The referral agency survey highlighted the importance of unemployment, with 51% of referral agencies saying that unemployed people used their services. Unemployment and low wages were two of the issues most acutely driving the need for food banks. Households on the minimum wage in particular found that their income was not enough to manage their rent and household bills:

> *My rent's £655 a month...and my council tax is £120 a month. It's absolutely ridiculous. My partner's on minimum wage, so obviously that's not a lot, and he does 33 hours. I just feel like I'm not getting nowhere at the minute.*

(Qualitative respondent, Female)

In relation to low wages, it is of concern that that the take-up of Working Tax Credit (a low wage top-up) among households referred to food banks appeared to be low: only around 15% of working households who were not on UC reported receiving Working Tax Credit.

Fluctuations in earnings from employment, and how this affected UC payments, was identified as a key issue. Participants were unable to predict how their overall income each month would be affected. This was especially difficult for people whose earnings were subject to significant fluctuation, such as through varying hours, which meant that their UC payment could also vary greatly each month.

> *I'm never ever going to know where I am with Universal Credit. Never ever, because it changes every month. Where, at least with Child Tax Credits, you knew what you was getting every week or every month. Where, Universal Credit, you don't. It's like my first payment, I got £741. Last month I got £168. Yes. You see, I've got to have structure. I've got to know what I've got and what I'm doing because of my mental state, and obviously I never know what I'm going to get until the 10th, and I get paid on the 16th of every month with Universal Credit, so I won't know until 10th June what I'm going to get on the 16th for the month.*

(Qualitative respondent, Female)

Nearly one in twenty (4%) of households referred to food banks reported that their income was unstable due to self-employment or being on a zero-hours contract. While not large in absolute terms, this group represents a third of those who were in employment at the time of the survey. Some participants had visited the food bank because they were working in low paid employment and worked few hours or variable hours.

Disability and health-related drivers

Chapter 3 showed that food insecurity and food bank use are associated with an above-average chance of poor health. In agreement with that evidence, the referral agency survey found that 54% of referral agencies had service users with mental health issues and 37% had service users with social care needs. Physical health issues also affected service users of around a third of the referral agencies surveyed – 35% supported people with physical health problems and 31% worked with people with disabilities.

This section uses data from the food bank user survey to explore associations between health status and lower capacity to work, lower capacity to claim and sustain benefits, and having higher expenses. For methodological reasons we narrow down the focus to health issues that include long-term physical condition or illness, physical disability, learning disability and a mental health condition other than stress, depression or anxiety. This is because these conditions are likely to have been present for at least some time before the survey – and therefore could be considered as potential drivers of food bank use – while stress, depression and anxiety might have been present only for a short period of time before the survey or might have been a consequence of being in a difficult financial situation, rather than a contributor to being in a difficult financial situation.

Households participating in the food bank user survey who indicated a health issue were much less likely to have someone in employment than households without a health issue (with only one third of the latter's employment rate). One way in which poor health is a 'background driver' of food bank use is therefore by compromising one's chance to make a living through earnings. By itself, not being able to do paid work would not result in food bank use if relevant households were efficiently protected by the welfare safety net. However, such households were more likely to report benefit-related issues, suggesting that poor health drives demand for food parcels by forcing some households to rely on a welfare safety net that does not efficiently protect their incomes.

The difference between households reporting poor health and those free from health issues was the most pronounced on 'loss of entitlement to a benefit'. Regarding the 'long wait for a benefit payment', disability-related benefits involved on average the longest waiting times, which is not surprising considering that many claimants of those benefits also indicated in the survey that they 'asked for the decision to be looked at again'.

Experiences of a long wait for a health-related benefit were common:

> *Because my health is why I had to give up work so that's why I had to go on benefits which, when you don't get any money for ages, is why I had to then start using the food banks. Debts and things just pile up. You've got no work, but you've still got rents to pay, you've still got bills to pay, you've still got gas, electric, kids and everything to pay for, but you're not getting any income...everything just piles up.*
>
> (Qualitative respondent, Male)

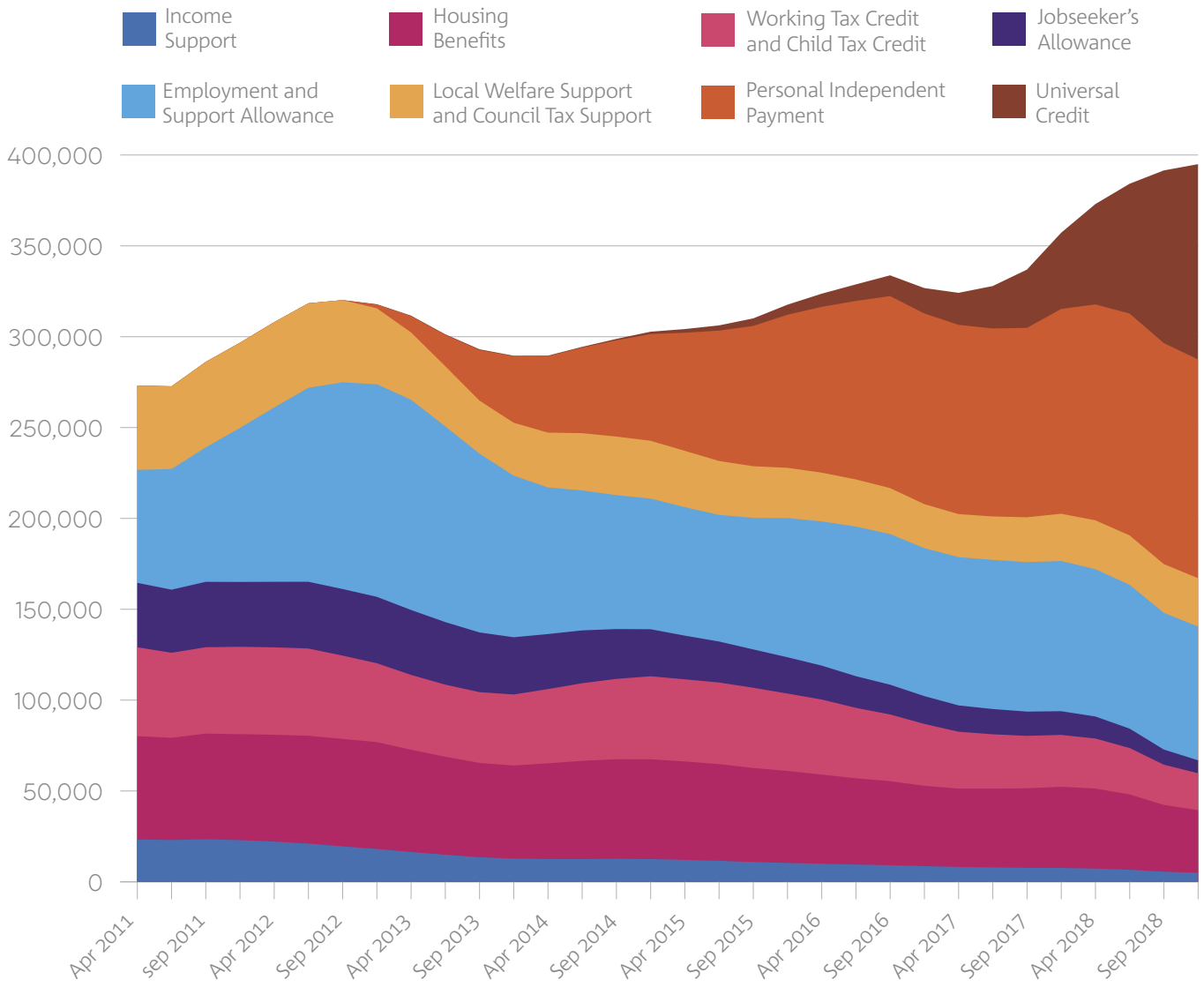
> *That's where I am now, but obviously I get my disability [benefits], as well, now, so I can afford to live now. I've not been using food banks since that came through. [...] Well, yes. To be honest, I've struggled for about two years now. I really struggled, so I feel quite normal now. That is a normal situation.*
>
> (Qualitative respondent, Male)

After UC and benefits to cover housing costs, ESA was the benefit most commonly mentioned by survey respondents in the context of benefit problems: altogether 10% of respondents reported an issue with their ESA in the past 12 months. This included 'a long wait' for ESA payment, losing entitlement to ESA or having the value of ESA reduced.

It is worth noting that small areas with very high demand for food parcels have a much higher number of cases of failed PIP assessment than nationally. In such areas in 2015, the number of cases of failed PIP assessment (including failed DLA to PIP re-assessment) was equivalent to 2.1% of their working age population, compared to 0.7% nationally. This was higher than the equivalent statistic for benefit sanctions (1.5% in top 20 MSOAs and 0.4% nationally).

Of relevance to the link between poor health and benefit issues, Citizens Advice data show that issues with PIP and ESA constitute a large proportion of the Citizens Advice caseload related to benefits (Figure 4.9).

Figure 4.9 Trends in selected benefit issues recorded by Citizens Advice (quarterly moving average number of cases)



Source: Citizens Advice.

A significant minority of households referred to food banks affected by poor health were not receiving any health-related benefits. 60% of households affected by a long-term physical condition or illness received health-related benefits, compared with 57% of households affected by physical disability and 52% of households affected by

learning disability. Take-up was highest among households affected by poor mental health issues other than a CMD (stress, depression, anxiety) at 72%. The receipt of PIP/DLA among food bank user survey respondents (12%) appears to be low considering the proportion of households with someone whose daily activities were limited 'a lot' (37%) and the proportion with someone having a long-term physical condition or illness (26%) or a physical or learning disability (also 26%).

While in some non-claiming households the health issue was perhaps not serious enough to pass the threshold to be eligible for a disability benefit, it appears that there were at least some households who should be receiving a health-related benefit but were not. It is difficult to say whether such households attempted to claim health-related benefits but were not successful, or for some reason did not engage with the relevant benefits at all.

Responding households with a health issue were more likely to report having increased expenses in the three months prior to the survey. This provides evidence that poor health is also a 'background driver' of food bank use through the higher inescapable costs of households affected by poor health.

Predictably, increased expenses related to health were the most pronounced. The second category of expenses more likely to be reported was fuel. In qualitative interviews, participants described being burdened by high heating costs due to their physical illness, with some having to choose between 'heating or eating':

> *I've got behind with some of my bills anyway because it's just difficult getting - through the winter, because with having COPD [Chronic Obstructive Pulmonary Disease] and everything, I don't want to run the risk of getting cold or flu or anything. I've had the flu jab and a pneumonia one this time, but I still need to keep the place warm because otherwise, it just gets on my chest and that's that, and before you know it I'm in hospital. I was in hospital - after the 24-hour stay and the mental health, about two weeks after that, I ended up in intensive care on a ventilator in [Hospital] because of my chest. So I was pretty poorly with that. So it gets to a point where you think, well, what am I paying? What do I pay first, if you know what I mean?*
>
> **(Qualitative respondent, Female)**

After issues with benefits, mental health concerns are the driver of food bank use that both referral agencies and food bank managers assessed as most important. However, for mental health, causality is hard to unpack. Some interviewees described their difficulties with benefits as driving their mental health problems:

> *My mental health, it relates directly to my financial situation. I mean, I seem to be a lot better in myself, now, but that's just because I can eat every day, and then you're sleeping properly, because you're eating properly. It just all improves your overall mental health, really.*
>
> **(Qualitative respondent, Male)**

Some others spoke of their pre-existing mental health problems getting worse due to issues with the benefit system. One respondent had quite serious underlying mental health issues which she felt were not being properly acknowledged and living on a lower benefit income had pushed her into crisis:

> *I honestly believe that there are probably people that have taken their own life. I can tell you I've self-harmed because of it all (benefits problems). My bulimia got worse over it all. My personality disorder, I got more and more erratic. I got more and more closed in. It was because there was no understanding. [...] If I was given the correct benefit for my situation (severe mental health issues), I would have had plenty of money to survive, but in that situation what I know is that... That's the main factor, the fact that it was the wrong benefits. I wasn't getting the correct money for the situation I was in. That meant that I had to go to the food bank.*
>
> (Qualitative respondent, Female)

Yet other interviewees spoke of their mental health problems as having a more complex relationship with their financial difficulties. For one male respondent, long-standing mental health issues came to a head due to getting into problem debt. Having these problem debts then contributed to heightened anxiety and lack of self-worth, further intensifying his mental health problems:

> *As I say, I've been on anti-depressants for more years than I can remember, it (debt) put me through such a bad mental state [...] Everything just builds up and just makes you feel worse than what you already are. You're a complete waste of space. Emotionally and mentally it was so draining and just so embarrassing having to ask again and again (for food).*
>
> (Qualitative respondent, Male)

Another respondent admitted that he got into arrears because he was in such poor mental health that he didn’t bother with paying bills. At his lowest point, he had suicidal thoughts which meant paying bills was the furthest thing from his mind:

> *Yes, I did get into arrears when I first moved in. I'll say it and get it out the way. When I first moved in, my intention was to end myself, so I didn't really pay attention to rent or anything like that, so... It's getting sorted out now, though.*
>
> (Qualitative respondent, Male)

Restricted access to the UK welfare safety net

A small minority (5%) of households referred to food banks had limited or restricted access to the benefit system as they did not have UK citizenship or a refugee status. Around a third of that group (1.8%) were EEA nationals, whose access to benefits is relatively unrestricted if they are working and have been in the UK for at least three months. Those without work have a much more restricted access to means-tested benefits: providing that they can prove they have been in the UK for at least three months, they can claim JSA or its UC equivalent generally only for six months and cannot claim HB while searching for work. Non-EEA nationals generally have no recourse to public funds unless they have indefinite leave to remain.

In the food bank user survey sample, nearly half of those 5% of respondents indicated some contact with the benefit system in the 12 months prior to the survey. Therefore it appears that only a very small minority of people referred to food banks - around 2.5% - are completely excluded from the welfare safety net on the grounds of their status. Of relevance here, considerably more (5%) survey respondents had UK citizenship but had no engagement at all with the benefit system in the 12 months prior to the survey. The reasons for this are unclear and call for further investigation.

CONCLUSION

This chapter analysed in detail factors influencing demand for food parcels. In conclusion, the evidence collected by the study shows that this demand is driven by a combination, or joint working, of three factors: the make-up of the welfare safety net (low benefit rates and built-in mechanisms creating drops in benefit income), higher than average exposure to challenging life experiences or ill health for people who have used a food bank, and people referred to food banks having no access to informal support or their informal support being exhausted.

With regards to the first of these three factors, there is high consistency in what different sources of information - the referral data, survey data and statistical modelling - tell us. Benefit issues and low benefit income are a reason behind four in five visits to food banks in the Trussell Trust network; only one in five survey respondents on benefits had not experienced a benefit issue in the year prior to the survey; a number of features of the benefit system (sanctions, UC, 'bedroom tax', benefit levels, PIP assessments) are significant predictors of demand for food parcels.

While some of reductions in benefit income are due to administrative errors and errors on the part of benefit claimants, the main factors underlying drops in benefit income regard built-in features of this system: the five-week wait for UC, benefit sanctions, changed criteria of eligibility for health-related benefits, benefit penalties, and benefit freeze. Having to wait five weeks for the first UC payment is currently a more common driver of food bank use than benefit sanctions and other benefit interruptions.

The data suggests that the rates of working age means-tested, income-replacement benefits are too low to allow for building up financial resilience, or 'buffer'. This lack of financial resilience has repercussions when a person's benefit income drops, when a benefit deduction is imposed or when additional expenses arise.

While some of the households referred to food banks received a benefit advance, this did not prevent food bank use. For them, it appears that benefit levels were too low to be able to pay off the advance and still afford essentials, although debt can be a complicating factor. Linked to that, there appears to be clear gaps in oversight of debt repayment, with many households referred to food banks paying large parts of their benefits back to the DWP and other creditors.

The second key factor underlying food bank use was the higher than average vulnerability of people referred to food banks - the majority of households referred to food banks have experienced one or more 'challenging life experiences' during the 12 months to the study. Homelessness, experienced across a range of temporary and insecure accommodation, was reported most commonly (by 31%), followed by relationship breakdown and substance misuse (both around 20%). The prevalence of poor mental and physical health was also very high among households that have used a food bank. Challenging life experiences and poor health have a potential to increase living costs, to compromise a person's ability to do paid employment, or compromise the ability to engage with the welfare safety net.

Households referred to food banks also tended to have either a resource-poor support network or simply lacked an informal support network. This drives demand for food parcels as there is no-one to tide you over when income drops or when expenses rise.

This means that for some lower income groups there is a higher risk of relying on food banks not only because of their lower incomes but because they are likely to have more contact with the benefit system, lower financial resilience/more precarious incomes, less strong support networks and also higher expenses. Therefore food bank use reflects the interaction of a number of risk factors related to low incomes.

CHAPTER 5
THE EXPERIENCE OF POVERTY AND HUNGER

KEY POINTS

For many people referred to food banks, poverty, financial struggle, ill health and life challenges were a long-term or at least a cyclical experience.

People identified numerous health impacts of going without food – from feeling cold/lacking energy to having recurring physical ailments and poor mental health. So food insecurity could put pressure on already strained physical and mental health services.

Cutting back on food and buying cheaper food were common strategies to cope with food insecurity. Some people reported relying sporadically on family and friends' support.

Going without food can be stigmatising for adults and children, with parents often doing without to shield their children as far as they were able.

Despite this, professionals identified numerous risks for children ranging from being stigmatised in school, not being able to concentrate and fainting in class to longer-term health impacts.

INTRODUCTION

Our understanding of food insecurity would not be complete without knowing how being food insecure is actually experienced and its impact on people. As in the previous chapter, due to lack of relevant data about the food insecure population we focus here on people referred to food banks – a group affected predominantly by severe food insecurity.

Drawing on evidence from qualitative interviews with key informants and people referred to food banks, this chapter outlines the wider experience of poverty and the experience and impact of severe food insecurity. It closes with strategies households employ to cope with hunger and poverty.

CONTEXT: THE WIDER, ONGOING EXPERIENCE OF POVERTY

For the majority of people referred to food banks interviewed, poverty, financial struggle, ill health and/or challenges in life were a long-term or at least a cyclical experience. The following account is an illustrative example, specifically of the experience of ongoing issues with benefits and mental health:

> *Yes, I can't remember [when crisis started]. I've fought with tax credits for I don't know how long. They kept messing my money up. Then I rang them and told them that my partner had moved in and my child - so all that stopped because he started school, and then they literally just stopped all my money. [...] Yes, and also, I was on the sick from last August to February this year. I was unfit with depression and stuff, so obviously everything was getting on top of me.*
>
> **(Qualitative respondent, Female)**

Likewise, the daily experience of people who cannot afford enough food is not only defined by the lack of food. The following account illustrates the necessity of coping with other unmet needs:

> *It got in the end to the point where in the winter if we couldn't afford gas, we were going out foraging for wood. My friend gave me a wood burner this year and helped me plumb it in.*
>
> **(Qualitative respondent, Female)**

This wider experience of poverty forms an important background to this chapter, as it is often a challenge not only for researchers but for people themselves to distinguish the experience and impact of factors that may underlie poverty (loss of a job, loss of entitlement to benefits, homelessness, poor mental health, problem debt, etc.) from the experience and impact of not having enough food. By way of illustration, in the following account the interviewee attributes her poor mental health to debt, but her mental health could also have been negatively affected by her not having enough to eat (as shown further below):

> *At the moment I've got loads of bills [arrears] that I need to pay, and if I don't pay those then I'll get the house took off me, I'll get the furniture - it's bailiffs, so... [...] when I get my ESA I get £138, and out of that £130 goes on bills [arrears]. [So that leaves] £8 a fortnight, and that's to get gas, electric, pay my water, pay my TV licence. So it's just impossible; it really is. [...] I go to bed at night wishing I never wake up in the morning.*
>
> **(Qualitative respondent, Female)**

With this context in mind, the evidence below attempts to isolate the impact from the experience of lacking food as far as possible.

THE EXPERIENCE OF LACKING FOOD AND THE IMPACT ON DAILY LIFE

Many of the people interviewed had cut back on food or skipped meals because they couldn't afford to buy food. For some people, this had become a norm:

> *I do [skip meals]. The kids don't, but I do. [...] I can go three days without eating. [...] When I first started doing it, it was like, oh my God, I feel ill. Now, I'm used to it.*
>
> (Qualitative respondent, Female)

Some interviewees spoke of how they felt when they were going without food. This can involve physical impacts on health and wellbeing:

> *I have gone two or three days without food before now. [...] Sometimes I feel very sick, actually.*
>
> (Qualitative respondent, Male)

One interviewee felt that hunger is particularly difficult to bear when it is compounded by lack of warmth:

> *In the winter... You're cold, so you're burning more calories to keep warm and if you're in a cold environment, to be cold and hungry is like torture. Human beings shouldn't have to endure that.*
>
> (Qualitative respondent, Female)

A common theme in accounts of those who spoke about missing meals was the impact on their energy levels and, through that, on their ability to do everyday tasks:

> *I just get very tired.*
>
> (Qualitative respondent, Female)
>
> *You start to get dizzy and start dropping things.*
>
> (Qualitative respondent, Male)
>
> *Yes, of course. Again, it's just fatigue, things like that, if you're not eating.*
>
> (Qualitative respondent, Male)
>
> *Yes, but I mean it's the fatigue as well that comes with it. You're tired. You're physically tired.*
>
> (Qualitative respondent, Female)
>
> *At that time I did struggle. [...] Just very, very weak.*
>
> (Qualitative respondent, Male)

Related to that, one key informant with an in-depth knowledge of people referred to food banks talked about the negative impact of not eating on day-to-day activity:

> *If people absolutely haven't had enough to eat, it's very hard to think straight, it's very hard to make good decisions. If it goes on and on and on, chronically, you tend to just want to go to sleep or sit on the chair or not to do anything, you increasingly lack, literally, the energy to make anything, a change.*
>
> **(Key informant, Independent)**

IMPACT ON PHYSICAL AND MENTAL HEALTH

A number of interviewees mentioned their inability to afford healthy foods, including vegetables and fruit. This meant that children were missing out on the varied diet that their parents know they need:

> *I try and get fruit and vegetables for the kids as well, but it's really hard because that's so expensive as well.*
>
> **(Qualitative respondent, Female)**

Related to that, two key informants with a background in nutrition were of a view that eating nutritionally inadequate food over a long period of time is more damaging to the physical health than short periods of not eating enough. One of them gave this statement:

> *Access to foods that have lots of calories, and salt, fat, and sugar, can lead to being overweight and obese, can increase blood pressure.*
>
> **(Key informant, Voluntary organisation)**

Some people intentionally bulked out their diet with cheaper, nutritionally poorer foods in order to be able to afford to buy enough food. In this respect, buying poorer quality food was intended be a short-term strategy.

One interviewee felt that not having enough to eat was linked to his system being less able to ward off illness and more likely to have longer-term or recurring viruses:

> *You'll, well, just constantly have flu throughout the whole winter. You just can't get rid of it, if you're not eating.*
>
> **(Qualitative respondent, Male)**

Generally, however, interviews with both people referred to food banks and key informants tended to emphasise the negative impact of lacking food on their emotional wellbeing and self-esteem more than their physical health. The following three accounts come from key informants:

> *It [lacking food] impacts upon them emotionally, in terms of high levels of stress, and also stigma. That's really, really important, and that needs to be flagged up.*
>
> (Key informant, Voluntary organisation)

> *It [having access to food] is about the dignity and autonomy of the individual.*
>
> (Key informant, Voluntary organisation)

> *There's a huge amount of shame about not being able to feed your children.*
>
> (Key informant, Voluntary organisation)

Similarly, a person referred to a food bank contrasted the feeling of despair that came with lacking food with the benefits of being able to have a meal:

> *It's very depressing. You feel very hopeless. Yes. You feel a failure in some ways, I suppose. It's a hell of a morale boost, even if you're just getting tins of soup and pasta, it's a hell of a morale booster having a full belly.*
>
> (Qualitative respondent, Male)

IMPACT ON CHILDREN

Those key informants who spoke about this subject felt that children were affected in the same range of ways as adults, with a wide range of impacts on health, wellbeing and learning:

> *Well, it affects health; it affects their wellbeing; it affects their ability to concentrate in school. It has a profound effect. [...] It's mental, physical, emotional, social. It's all of those things.*
>
> (Key informant, Voluntary organisation)

One key informant with a background in nutrition was especially concerned about the long-term impact of not having adequate nutrition very early in life on physical health over the life course:

> *So if we think about the evidence base, and the [first] 1000-days concept [...] we know that it can have lifelong effects*
>
> (Key informant, Voluntary organisation)

Two other key informants spoke about the impact of being hungry on physical health, with examples of cases of children going without food (see also Aceves-Martins et al (2018)):

> *We know of children fainting because of lack of access to food.*
>
> (Key informant, Voluntary organisation)

> *At one far-end of the spectrum, it's where children would be hospitalised with malnutrition, particularly fainting malnutrition.*
>
> (Key informant, Voluntary organisation)

Another key informant felt, however, that the impact on children's mental health was more pronounced than the impact on their physical health:

> *They're buffered by their parents more. So the physical aspects are probably not as prevalent as amongst adults, because mums, in particular, go without, but the stress levels are probably more harmful, because, as a child, you shouldn't be carrying that amount of stress.*
>
> (Key informant, Voluntary organisation)

A few of the interviewed mothers gave accounts that are in agreement with this key informant's view on mothers under-eating for the sake of children, for example:

> *I can go days without anything to eat because there's nothing. As long as I've got something for my daughter, I don't care about me.*
>
> (Qualitative respondent, Female)

Key informants thought two mechanisms were responsible for high levels of stress among children living in households that cannot afford food: one was children's awareness of their parents' hardship, and the other was experiencing stigma at school:

> *It's usually the mother that's the parent that go without in order to feed their children, and the impact actually, on the children when they start to realise that, actually, it's not that the parent is full, or doesn't really want anything, so that kind of detrimental impact when they realise that their parents are going without.*
>
> (Key informant, Voluntary organisation)

> *Parents are definitely trying to buffer children, but the kids that I talk to are fully aware of the situation, and do what they can to protect their parents, and their siblings. So the kids might pretend that they're full, or they're not hungry, but they are.*
>
> (Key informant, Voluntary organisation)

The stigma impacts on them in a really significant way, and socially, that's hugely damaging to children. [...] they just sniff each other out. They don't speak about it at all, but they all know, and they can read the signs of it, and then they're carrying that kind of stigma, and that shame, which is incredibly powerful, and very damaging. Certainly from mid to late primary school, they're very aware of it. Kids are aware of differences from the word dot.

(Key informant, Voluntary organisation)

A few key informants were concerned about children's outcomes in adult life being negatively affected by a compromised ability to concentrate at school and to attend school, and hence by poorer academic achievements:

Children who are malnourished, children who don't have a good nutrient intake in early life, don't do well in school, they tend to be more sick. They get chronic infections of one sort or another, some serious, some not, but it means they, for all of those reasons, they find it difficult to study at school, they tend not to do so well at school in exams, et cetera.

(Key informant, Independent)

COPING WITH HUNGER AND POVERTY

Interviewees mentioned a number of strategies for coping with lack of food, often used intermittently or simultaneously. Some of them spoke of trying to cope independently by taking steps to reduce feelings of hunger, like drinking instead or sleeping longer hours or 'hiding' food in the freezer:

I just drink loads of water. I mean, if you drink water, you don't get hungry.

(Qualitative respondent, Female)

[...] Black coffee, black tea because anything hot to put in your belly, anything hot [helps with hunger].

(Qualitative respondent, Female)

When I buy bread, I put it in the freezer. I don't leave it out because I might be tempted - I know it sounds daft, but I'm less likely to use it if it's in the freezer. If it's out and it's defrosted ready, I quite easily make myself just a bit of bread and butter if I fancied it, or whatever, but if it's in the freezer, if I want a sandwich, I've got to defrost it or use it for toast. I just try and eke things out a bit.

(Qualitative respondent, Female)

Every day I would miss something. I couldn't do three meals a day, it was as simple as that. [...] What I'd try and do, if it came to it, in the mornings, I would try and sleep in a bit later.

(Qualitative respondent, Female)

Other participants reached out to family or friends for help. However, it was obvious from qualitative accounts that support from family or friends is not something that can be drawn on endlessly or constantly:

> *At odd times I have been to a friend's and I've had dinner there, but that's not always possible really.*

(Qualitative respondent, Female)

Having to be the recipient of such support can be also damaging to a person's self-esteem:

> *I've missed many meals. Up here in [X] I've got a mother and a sister. Sometimes, if it wasn't for going to their house, I probably wouldn't have eaten that day. Then they'll send you home with an excessive doggy bag with a few extra bits in it. I was embarrassingly their charity case.*

(Qualitative respondent, Male)

For some interviewees informal support was not available:

> *We've got no family. My family is no longer with us, and my wife is estranged from her family.*

(Qualitative respondent, Male)

Beyond support from family networks, some people referred to food banks were in contact with statutory and voluntary services. However, access to other sources of support beyond a food bank voucher varied. A few spoke positively of having a support worker:

> *My support worker; she's like a community support worker, and that's the only person that I deal with. She knows a lot of people, whether it's to do with DWP or whatever that she can take me to and everything. She's actually said today, she's going to ask somebody she knows in their office that works for DWP, to see if there's anything on the computers yet, as to when my medical will actually be for my sickness benefit, because I'm still waiting for that.*

(Qualitative respondent, Female)

Another participant told us that health services were useful when they hit crisis point, though initially the support offered was a food bank voucher. This man had a long history of mental health issues and appeared to have disengaged from numerous services, including benefits after being sanctioned. He had more recently reconnected with services through his community mental health team.

> *It was in October, when I went to see the mental health people. [X] Community Mental Health team, and yes, they just got to asking about home life and stuff like that, and I said, 'Well, I haven't eaten in like four days'. They were like, 'Oh, for Christ's sake. Here. Go up to the church up the road there with this voucher'. So I did, and yes, got a couple of bags of food. It was nice.*

(Qualitative respondent, Male)

In contrast, some interviewees with mental health issues with no 'key worker'-style support were struggling to get the help that they needed:

> *No, not really. I'm supposed to get some [wellbeing support] but they've turned me down for a bit [...] I was supposed to have a counsellor from [X], but I haven't got through to them, but I don't really have anybody that I can talk to any more about what's happening.*
>
> (Qualitative respondent, Female)

> *What I've always said is if there was someone from the NHS that I could go to and say, 'Listen, this is the things that I'm failing in my life to do. If you could help me just get back on track with that, I can get back into the world. I'm perfectly well,' but I need somebody to go between the two and there isn't anyone to do that. Social workers, they don't really exist anymore.*
>
> (Qualitative respondent, Female)

Along with the lack of local mental health services, some respondents spoke about overstretched local advice services, with short opening hours and long queues:

> *No, because I can never get in there, and then when they are there, they're only here on a Friday or something like that down the town. On a Friday it's sit and wait. Any other time you have to ring up for an appointment, and when you ring up they're like, 'Oh, yes, we've got one for...' and say about seven weeks' time.*
>
> (Qualitative respondent, Female)

CONCLUSION

Experiences of severe food insecurity tend to be enmeshed with wider experiences of poverty. These wider experiences often included managing ill health, dealing with the aftermath of challenging life events, relying on low and unpredictable income, problem debt, and having to choose which need or whose need is not going to be met due to lack of money.

First-hand accounts collected by the study point to experiences of feeling ill and being physically tired due to lacking food, with daily functioning compromised as a result. Some interviewees felt that their immune system had been negatively affected by not having enough to eat. More first-hand accounts related however to the negative impact of lacking food on mental health and wellbeing. This indicates that the societal costs of poverty and food insecurity include the additional healthcare needs of people without adequate access to food.

While parents interviewed for the study spoke about making sure that children have enough to eat, some admitted not being able to provide children with a nutritionally adequate diet. Key informants shed further light on this subject, with some expressing concern that parents' efforts to protect children may not be successful, with children masking their hunger to protect their parents. Key informants also spoke of stigma affecting children from food insecure households at school.

In terms of coping strategies, people referred to food banks spoke of various ways in which they tried to stave off hunger, for example by drinking large quantities of water or by sleeping longer. Reaching out to family or friends was another way to alleviate or prevent hunger, although this option could not be drawn on too frequently and also was unavailable to some people. Access to support services varied between respondents; those supported by services appeared to be faring slightly better than those who were not.

CHAPTER 6
CONCLUSIONS

KEY POINTS

From a range of evidence in this study, there is a case for challenging the general level of working age benefits, especially in the light of the impacts of the prolonged freeze.

Administrative discretion at the client interface of the benefit system has been used, apparently systematically in some time periods, to greatly increase the incidence of 'failures' of claimants to qualify, as seen with JSA sanctions, PIP and ESA assessments, with clearly-evidenced impact on food bank usage and the additional adversities to health and wellbeing mentioned above.

Evidence from multiple sources also confirms that the rollout of UC has become a key driver of food bank usage, with particular concern about the five-week wait.

There appear to be gaps in oversight and limitation of debt repayment, with many people paying massive proportions of their (already very low) benefits back to the Department for Work and Pensions and third parties to cover debts.

People with multiple and complex needs (about one-sixth of people referred to food banks) would benefit from support from key/social workers to negotiate such payments and to obtain benefits to which they should be eligible.

THE SCALE OF HUNGER IN THE UK AND THE PROFILE OF PEOPLE AFFECTED BY IT

Food insecurity at some level affects a substantial part of the British population. The study adopted the adult version of HFSSM, a standardised set of ten survey questions, as the tool for measuring food insecurity. Data from the 'Food and You' survey for 2016-18 shows that the prevalence of such measured household food insecurity in the UK was around 8-10% in that period, while the prevalence of its more severe form (score 6-10 on the HFSSM) in 2016 was 2.8%.

Households with children are more likely to be food insecure, and around 11% of children lived in food insecure households in 2016.

The chance of being food insecure is higher among lower income households. High risk households are generally younger, unemployed, and often lone-parent or single-person households, typically renting and frequently affected by ill health.

The study found evidence that women living in a couple with children tend to be more food insecure, on average, than men living in such couples, consistent with key 'informants' suggestions that mothers are particularly likely to skip meals or cut down portion sizes so that children have enough to eat.

Food bank use is a symptom of severe food insecurity: four in five people referred to a food bank are severely food insecure.[70] People who have been referred to food banks are, on average, a very impoverished population, both financially and materially; 94% meet the definition of being destitute (Fitzpatrick et al, 2018). Their median household income AHC represents one-tenth of the national median household income. Over three-quarters of households are in arrears, with nearly half being in arrears with two or more bills, most commonly rent arrears and council tax arrears.

The geographical pattern of food bank usage is also very similar to that for destitution (Fitzpatrick et al, 2016, 2018), with a strong emphasis on former industrial urban areas in the North and Midlands, some coastal towns and a range of London boroughs. The small areas with the highest food parcel take-up clearly show a high prevalence of economic disadvantage and poor health.

The most common source of income for people referred to food banks are state benefits, reported by 86% in our survey in late 2018. UC was the most commonly received benefit, applying to nearly half of those relying on benefits, a much higher proportion than that applying to all working age benefit recipients at that time in areas where the survey was being conducted. Other sources of income, such as paid employment or family and friends, are much less common; only around one in seven households (14%) using food banks has someone in employment, typically working part-time.

70 References to food banks and people referred to food banks in this chapter are based on evidence derived from the Trussell Trust food bank network.

Most of the demographic risk factors in the general population for being food insecure are also risk factors for being a people referred to food banks, including low income, being a lone parent, having more than two children, being a working age adult living alone, being a renter (particularly a social renter), being unemployed, and living in a household affected by ill health. People aged between 25-54 have an increased risk of being a people referred to food banks, but it appears that 16-24 year olds are less likely to use them despite their high level of food insecurity. People of pension age (65+) constitute only a very small minority (2%) of people referred to food banks.

Nearly half of households referred to food banks contain one person living alone, with a further 12% of households having one adult living with at least one more adult who is not a partner. Lone parent households constitute 22% of households using food banks and the remainder are couples without children (9%) and couples with dependent children (11%).

One of the more striking findings of the survey is that approaching one-quarter (23%) of people referred to food banks are homeless, that is living in emergency or temporary accommodation, staying at a family or friend's house, or sleeping rough. This pattern is similar to that found among destitute people in 2017 (Fitzpatrick et al, 2018). Of those with housing, most are renters, particularly in the social sector and few (4%) are home owners. Statistical analysis of geographical variation in food parcel take-up shows a clear link with areas of higher housing pressure, including homelessness (see the Technical Report).

There is no particular association of food bank usage with migrants. Nine in ten (89%) users of food banks were born in the UK; slightly above the national level (86%; ONS, 2018b).

Ill health is a common experience among households using food banks; three-quarters report that someone in their household has a health issue. Poor mental health (including depression, anxiety and stress) is the most common health issue, affecting slightly over half, with a quarter reporting having a member with a long-term physical condition or illness, and over a third (37%) having someone whose daily activities are limited 'a lot' due to health issues.

DRIVERS OF HUNGER IN THE UK

The scale of the financial and material deprivation experienced by people referred to food banks is testimony to the fact that there is a severe economic need underlying food bank use. Evidence collected in this research shows that demand for food parcels is driven by three concurrent factors: income from benefits being insufficient and subject to sudden gaps and reductions; the higher than average exposure of most food bank-using households to adverse life experiences or ill health; and access to informal support being eroded or non-existent.

Taking the first of these points, the study examined the experiences of people referred to food banks with the benefit system in detail. Low benefit rates and sudden drops in benefit income feature very prominently in data on reasons for using a food bank, as well as in people's financial circumstances in the 12 months prior to using a food bank. Low benefit rates preclude the building up of financial resilience, which has dire

consequences when income flow is interrupted or when a larger expense needs to be accommodated. Both of these situations commonly feature in the recent histories of people referred to food banks. While qualitative data suggest that some drops in benefit income are caused by administrative errors or claimant errors, it is equally clear that these drops or gaps in income are frequently designed into the benefit system: the five week wait for the first UC payment, benefit sanctions, changes to eligibility for health-related benefits, the benefit cap, 'bedroom tax' and, last but not least, the rules around how much benefit can be deducted.

A substantial minority of people referred to food banks waiting for the first benefit payment applied for a benefit advance and, of those, most applicants had their application accepted. This, however, did not prevent needing to use the food bank, suggesting that either the value of the advance was too low, or that the level of repayments was too high, although debt may have been a complicating factor. Concerns about not being able to meet the repayments, and accruing problem debt, was one of the main reasons why participants in qualitative interviews said that they did not apply for an advance.

Agencies making referrals to food banks and food bank managers were of the view that more effective use of local discretionary funds, including LWAS, DHPs, and Council Tax Support, could help prevent people needing to use a food bank; however, they were critical of the effectiveness of these mechanisms in practice in many areas.

At the same time, other evidence shows that a majority of people referred to food banks have at least one 'challenging life experience' (such as eviction or divorce) in the year prior to using the food bank. This is likely to impact negatively on their financial situation by lowering their capacity to earn or to engage with the welfare system, or by increasing their expenses. A substantial minority of people referred to food banks also reported having at least one 'adverse work-related experience' (such as losing a job or reduced work hours) in the year prior to using the food bank. Equally important is the fact that a large proportion of households using food banks have someone who is ill or disabled, which often entails additional expenses.

Lack of informal support is the third key element emerging in this picture of drivers of food bank use. Here, the study collected evidence that the vast majority of people referred to food banks have either exhausted support from family or friends, have a resource-poor social network or cannot access support due to social isolation. The corollary of this is that there are likely to be many people who have been affected by the first two factors outlined above - issues with the benefit system and exposure to adverse life experiences or ill health - but who are still managing without having to resort to using a food bank, thanks to help from family or friends. Nevertheless, if these problems persist, the support network may become exhausted.

It is important to underline that statistical modelling of the pattern of changes in food parcel demand shows clear and robust evidence that the extent and timing of five key benefit changes had sizeable and significant effects, very much confirming the picture from the food bank user and referral agency surveys. These key changes were the in scale of sanctions, the imposition of the 'bedroom tax', the roll-out of UC, the extent of 'failed' PIP assessments and the freeze on benefit uprating. These findings are from models which control for the increased supply of food banks, which clearly had an effect on numbers but was far from the whole or main story.

Given that few food banks existed in the UK in previous decades, it is fair to ask how far the kind of severe material hardship revealed in this study existed in that period, and how it may have been prevented or alleviated. Arguably, the kind of benefit-related factors highlighted above did not operate in the same way or to the same extent then. Additionally, we would suggest that in the run up to 2011 many of those facing hardship were helped by Crisis Loans, a 'safety net below the safety net'. The number of Crisis Loan awards rose from 1.1 million in 2006/07 to 2.7 million in 2010/11, before falling to 1.5 million in 2012/13,[71] reflecting restrictions to eligibility and reductions in the scheme's budget in April 2011 and April 2012. In 2013 the scheme was abolished and replaced with discretionary local authority support, with many local authorities in England further cutting the budget, restricting eligibility or closing their schemes altogether.

THE EXPERIENCE OF POVERTY AND HUNGER

Evidence collected by the study through qualitative interviews with people referred to food banks and with key informants sheds light on the experience of cutting back on food and on a range of impacts that it has on adults, children and families. The accounts of hunger from people referred to food banks mainly focused on its negative impact on daily functioning, due to fatigue, dizziness and a general lack of energy. In terms of the impact on health, some key informants emphasised the negative long-term impact of eating a nutritionally inadequate diet on physical health, including increased risk of obesity, cancers and heart disease. Most key informants and people referred to food banks interviewed for the study spoke more widely however about the negative impact of lacking food on mental health, wellbeing and self-esteem.

Key informants took the view that the impact of living in a severely food insecure household on children is concentrated in the area of mental health. Children were thought to be adversely affected due to their awareness of parents going without food, as well as due to stigma at school. Importantly, key informant interviews suggest that parents' efforts to protect children by sacrificing their own food intake may sometimes not be successful, as children may try to protect parents in return by pretending they are not hungry.

People referred to food banks told the researchers about their strategies for coping with lack of food. One strategy was to disguise hunger, for example by drinking a lot of water or by sleeping longer. Reliance on family or friends was also mentioned, although this option was either time-limited or occasional, and also not available to some respondents. Access to support from voluntary or statutory organisations varied among interviewees, with those having such support appearing to fare somewhat better than those without.

Some interviewees had a positive experience with discretionary LWAS, while some others were not aware of such schemes or were living in areas where such schemes had been terminated.

71 Source: DWP's Social Fund Annual Reports for 2006/07-2012/13.

POLICY IMPLICATIONS

From the broad range of evidence about the extent of extremely low income, often compounding extended periods of significant poverty through exhausting support networks, challenging resilience and adversely affecting health, there is a case for challenging the general level of benefits, especially in light of the impacts of the prolonged freeze.

Some features of the benefit system have been associated with increases in the incidence of 'failures' of claimants to qualify. This is illustrated by the remarkable swings over time (and space) in rates of JSA sanctions, by variations in the health/disability assessment outcomes associated with PIPs, and variations in the assignment of ESA claimants to different groups. This study of household food insecurity has revealed some of the severely adverse impacts of these processes, both on destitution and on mental health.

On UC, there is evidence from multiple sources that the 'five-week wait' is viewed as a delay in benefit payment rather than a system feature. We conclude from a range of evidence including the survey, modelling and qualitative interviews that the waiting period is one of the most critical drivers of food bank use, particularly in this period with the general roll-out of UC. Not everyone fails to cope with the five-week wait, but people who have experienced longer term poverty, those without family and friends able to help and particularly people with multiple deprivation - homelessness, offending, drug misuse and mental health issues - are particularly vulnerable. Therefore, there is a strong case for shortening this or alleviating its effects in other ways, but not ways which simply pile up more problem debt on people at the very bottom of the income distribution.

There appear to be gaps in oversight of debt repayment, with many people paying significant proportions of their (already very low) benefits back to the DWP and third parties to cover debts. It is not quite clear how far this is about a lack of guidance from the Department for Work and Pensions about what is acceptable or a lack of oversight about what proportion of income is being taken. Even the amounts being recouped for the UC advance payment alone can be very large; an area where that one would expect the Department for Work and Pensions to be able to straightforwardly monitor. Ideally, however, there should be clear, shared protocols for acceptable levels of deduction covering all parties and purposes and these should be consistently implemented.

Where people referred to a food bank have key workers, social workers or other sources of sustained professional support they are better able to negotiate smaller repayments, and this particularly applies to people with multiple and complex needs, who constitute around one-sixth of people referred to food banks.

Finally, there is strong evidence to support the reinstatement of a national system of emergency local welfare provision, or at least national minimum standards in locally administered schemes. Certainly, the presence of stronger local welfare assistance (as in Scotland, Wales and some English local authorities) was seen as a positive by referral agencies and its absence a strong negative precipitating household food insecurity and food bank use.

These findings from the first year of the State of Hunger reveal clear areas for policymakers to consider. They also underline that there are grounds for serious concern about the situation facing many households on the lowest rungs of the economic ladder, not least the serious adverse effects of food insecurity, hunger and destitution on people's health and wellbeing. The State of Hunger will continue to highlight emerging evidence and particular themes as it progresses through the coming years.

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