# House of Lords: Select Committee on Food, Poverty, Health, and the Environment

**September 2019**

Written Evidence submitted by Dr Mhairi Bowe, Dr Juliet Wakefield, and Rich Pickford

# Executive Summary

* 1. This submission builds on research within Nottingham with foodbank volunteers and users. In partnership with the Trussell Trust, our team of social psychologists have been exploring the culture and activity within foodbanks.
  2. Between March and July 2016, we interviewed 30 foodbank users and volunteers to understand the inner dynamics of foodbanks and how external factors result in foodbank use.
  3. Across Nottingham, we have identified the typical causes of foodbank use: the rising cost of living, changes and limits within the welfare system, relationship breakdown, and increasing ill health, which has affected employment, poor mental health, and increased isolation. These trends are in line with UK population data gathered by the Trussell Trust which has documented a rapid rise in the use of foodbanks within the UK in the last ten years.
  4. Food insecurity is related to extreme food poverty characterised by extended periods without food or with only limited and/or unhealthy food, and most foodbank users experience this before being accessing a foodbank.
  5. Where food aid is provided it is not always sufficient for the maintenance of a healthy diet and is dependent on the resources and time donated by volunteers and communities. Access to these resources may be particularly challenging in rural locations, where some individuals may experience transport restrictions and isolation.
  6. Many foodbank users report being reluctant to use the foodbank due to the stigma of food aid. Our interviews have provided a valuable insight into the personal stories of foodbank users, and how they perceive foodbank volunteers’ humanising and supportive

actions as reducing the stigma of foodbank use, increasing the uptake of this much- needed support and reducing their reliance on other risky behaviours and food restriction. A mirroring of these social dynamics would be beneficial in the delivery of governmental support and alternative food aid provision. We have already published academic literature based on this research (Bowe et al., 2018) which can be viewed [here](https://onlinelibrary.wiley.com/doi/pdf/10.1002/ejsp.2558).

* 1. In response to this inquiry we recommend that reform to tackle each of the identified causes of foodbank use is needed; that food aid should be delivered in a humanising and supportive fashion to reduce the impact of stigma; that the nature of food aid delivery should be monitored longitudinally across the UK, and that prevalence of food insecurity in rural areas should be identified. We suggest that the government should record foodbank usage across the UK as a reliable proxy for food insecurity to monitor the impact of reform, employment and health trends, and welfare changes.

# About the authors

* 1. [Dr Mhairi Bowe](https://www.ntu.ac.uk/staff-profiles/social-sciences/mhairi-bowe) is a Chartered Member of the British Psychological Society and a Senior Lecturer in Social Psychology and Mental Health in the Department of Psychology at Nottingham Trent University. Dr Bowe’s current research is focused on the links between social relationships and health, and how these impact upon the experience of community members undergoing challenges such as identity transition, social stigma, isolation, and poverty. Dr Bowe’s research has been sponsored by the ESRC, third sector charities, and local councils; it currently focuses on foodbank use, community volunteering, and the effectiveness of social prescribing; and it has been published in the European Journal of Social Psychology and Journal of Health Psychology. Recent findings from Dr Bowe’s work on foodbank use were submitted to the UN Special Rapporteur on Extreme Poverty and Human Rights as part of his visit to the UK in November 2018 (Wakefield & Bowe, 2018; [available here](https://www.ohchr.org/Documents/Issues/EPoverty/UnitedKingdom/2018/Academics/NottinghamTrentUniversity.pdf)), and were included in a report entitled Economic and Social Rights in Nottingham, submitted to the United Nations in March 2019.
  2. [Dr Juliet Wakefield](https://www.ntu.ac.uk/staff-profiles/social-sciences/juliet-wakefield) is a Senior Lecturer in Social Psychology and in the Department of Psychology at Nottingham Trent University. Dr Wakefield’s current research is focused on the impact of group memberships on people’s everyday lives, including aspects such as their health and well-being, and their help-giving and help-seeking behaviour. Dr Wakefield has received research funding from third sector charities and local councils:

her recent projects explore issues such as foodbank use and foodbank volunteering, the lived experience of poverty, the effectiveness of social prescribing initiatives, and the social psychological dynamics of eating disorder recovery. Her research has been published in numerous journals, including the British Journal of Health Psychology and Psychiatry Research. Recent findings from Dr Wakefield’s work with Dr Bowe on foodbank use were submitted to the United Nations Special Rapporteur on Extreme Poverty and Human Rights as part of his visit to the UK in November 2018 (Wakefield & Bowe, 2018; [available here](https://www.ohchr.org/Documents/Issues/EPoverty/UnitedKingdom/2018/Academics/NottinghamTrentUniversity.pdf)), and were included in a report entitled Economic and Social Rights in Nottingham, submitted to the United Nations in March 2019.

2.3. [Nottingham Civic Exchange](http://www.ntu.ac.uk/nce) is Nottingham Trent University’s pioneering civic think tank with a primary focus on issues relating to the city and the region. Nottingham Civic Exchange enables discovery by creating a space where co-produced approaches are developed to tackle entrenched social issues. Nottingham Civic Exchange supports the role of NTU as an anchor institution in the city and the region. Nottingham Trent University holds engagement with communities, public institutions, civic life, business and residents at the core of its mission.

# Submission

* 1. This submission responds to the categories of questions laid out in the terms of reference for the inquiry published in 24th July 2019. It is focussed on responding to issues relating to food insecurity, food poverty, health, and barriers to accessing a healthy diet. The data drawn upon derive from a series of interview studies conducting in Trussell Trust (TT) foodbanks in two areas of Nottingham characterised by relatively low socioeconomic status. The results are published in a peer-reviewed academic journal here: [European Journal of Social Psychology](https://onlinelibrary.wiley.com/doi/pdf/10.1002/ejsp.2558).

1. *What are the key causes of food insecurity in the UK? Can you outline any significant trends in food insecurity in the UK? To what extent (and why) have these challenges persisted over a number of years?*
   1. Data on foodbank use in the United Kingdom collected by the UK’s largest food charity provider, The Trussell Trust, demonstrates that the prevalence of food insecurity, defined as a lack of secure access to “sufficient, safe and nutritious food” (FAO, IFAD, UNICEF, WFP and WHO, 2017, p. 107) has increased consistently and rapidly over the

last decade. Their delivery of emergency food parcels has increased by 73% in the last five years and this rise has accelerated since the introduction of Universal Credit (13% rise 2017–2018, 19% rise 2018–2019; Trussell Trust, 2019), but due to the stigma surrounding foodbank use (Garthwaite, 2016) the actual number of people needing help is likely to be far higher. The impact of the introduction of Universal Credit (UC) was evidenced by the TT in the comparative yearly increase in need for emergency food aid in areas with and without Universal Credit roll-out in 2017-2018 (UC area: 52%; Non-UC area: 13%; Trussell Trust, 2018).

* 1. Our interviews with TT foodbank users in Nottingham show that they all experience food insecurity and typically experience extreme food poverty before visiting a foodbank.

They cite rising costs of living, increases in benefit delays and sanctions, utility costs, low paid work, long-term ill health (mental and physical), and lack of social support as the causes. Overall our data suggest that there are increased levels of hardship in Nottingham and that this is due to: 1) costs of living, which are described as rising; 2) increasing experiences of mental ill-health in the population leading to unemployment and isolation; and 3) changes to benefit systems, particularly in terms of entitlement, increased sanctions, and claiming procedures. Specific changes such as the introduction of Universal Credit decrease the likelihood of individuals receiving sufficient and timely welfare support.

* 1. As well as challenges posed by low income and changes to welfare state provision, foodbank users in Nottingham frequently reported that personal circumstances such as relationship breakdown and job loss lead them to rely on state benefits. However, their accounts suggest that in recent years the safety net previously provided by the benefits system is no longer sufficient to assist them in avoiding the resulting food insecurity. Policy makers should engage with accounts of the lived experiences of UK citizens experiencing poverty in order to allow them to develop a welfare state that is responsive to citizens’ needs.
  2. Nottingham has been identified as having high rates of child poverty and distinctly low levels of disposable income. It can therefore be used as a reliable context within which to explore experiences of hardship and food insecurity. The experiences of foodbank users were similar across Nottingham in terms of their circumstances and the cited causes of their foodbank use. Indicators of hardship, such as foodbank use, should be compared across UK regions for greater insight into the effectiveness of the welfare system across the UK.
  3. Our interviews with foodbank volunteers also evidence the increase in foodbanks use over recent years and reflect the nature of the diversifying population attending foodbanks for emergency food aid, including individuals who are employed. Volunteers express a deep concern with the volume of individuals and families in their communities who are experiencing extreme food poverty and are unable to access healthy food.
  4. Our findings in Nottingham mirror the findings of large-scale national surveys on Trussell Trust user characteristics (Loopstra & Lalor, 2017) which identify the primary reasons for foodbank referral as (in order of magnitude): benefit changes, benefits delays, low income, and debt, and the Trussell Trust’s most recent records which cite ‘income not covering essential costs’, followed by ‘benefit delays’ and ‘benefit changes’ as being the primary reasons for referral to their foodbanks (Trussell Trust, 2019).
  5. Each of these contributing factors have persisted within the UK population over the last decade and have been exacerbated by austerity measures and changes to UK benefits system. As such this set of needs should be addressed if food insecurity is to be reduced, for example through investment in improvement to the delivery of benefits and a strengthening of the welfare safety net, healthcare, social prescribing, and helping community members into contracted, fairly-paid employment in order to ease pressure on the community voluntary sector and reduce the need for foodbank reliance.
  6. Due to the association between poverty and food insecurity, we support moves to collect foodbank use data nationwide as a dynamic indicator of experiences of extreme poverty in the United Kingdom. By recording the reasons for foodbank use at the point of food collection, it is also possible to identify the causes of poverty and the role of national trends, such as rising living costs, and national systems, such as the provision of benefits. This can be used to identify problems such as benefit delays and how they impact on food insecurity, and can be collected longitudinally across the UK to explore the impact of change and reform

1. *What are some of the key ways in which diet (including food insecurity) impacts on public health?*
   1. Our interviews with foodbank users revealed that around 60% of foodbank users were currently experiencing mental and physical ill-health. Many clients have a history of

chronic ill-health and have experience significant trauma. However, for others visiting the foodbank, experiences of extreme poverty and food insecurity are also identified as the cause of their ill-health due to lack of access to healthy food, the stress of experiencing extreme poverty, and the anxiety caused by the stigma of foodbank use itself. Food insecurity is therefore closely associated with poor mental health, which has a significant impact on the ability to work, subsequent poor physical health, and primary and secondary health care usage.

* 1. Our interviews also reveal that foodbank users’ experiences of extreme food poverty (typically experienced before foodbank attendance) can amount to going without eating for several days, eating very little, or eating only inexpensive/unhealthy food. These experiences also have a potential impact on physical health.
  2. Additionally, interviews with foodbank volunteers revealed that the food provided is limited to dried or tinned food items due to the donation or storage systems involved, therefore comprising a relatively unhealthy diet with limited fresh produce.
  3. As well as impacting directly on health, foodbank users indicated food insecurity was also associated with potential engagement in other risky behaviours such as accruing unmanageable debt, engaging in criminal behaviour, and suicide ideation at times when they felt ‘backed into a corner’ and considered using the foodbank as a last resort. These activities are described as being the alternative choices which those who cannot engage with a foodbank sometimes turn to, and are also described as activities foodbank users have had to engage in when food aid has not been available. Each of these activities constitutes a risk to public health and community safety. There needs to be sufficient engagement with regulators and services such as the Financial Conduct Authority, the NHS, and the Police regarding these risks and their relationship with poverty and hardship.

1. *How accessible is healthy food? What factors or barriers affect people’s ability to consume a healthy diet? Do these factors affect populations living in rural and urban areas differently?*
   1. As evidenced in our previous responses, access to health food is severely restricted for those experiencing food insecurity in the UK, typically due to issues with insufficient income, the provision and receipt of welfare, ill-health, and relationship breakdown. Where TT foodbanks are attended, the food received is limited due to the practicalities of food aid provision. Alternative providers of food aid in Nottingham (which can be considered typical

of major cities across the UK according to comparisons with TT data) such as charitable soup kitchens, community food banks or social eating projects may provide alternative choices of food but are solely dependent upon local volunteers and their resources.

* 1. Whilst our foodbank research did not focus on rural areas, we know from our research on the impact of social prescribing on community health (further details [here](https://doi.org/10.1177/1359105318814160)), that many residents of rural areas experience issues with social isolation due to transport limitations and a lack of community support suggesting that experiences of food insecurity may be particularly challenging in these contexts when social networks are impoverished.
  2. Our interviews with foodbank users revealed that experiences of stigma and fear of judgement constitute powerful barriers to the receipt of food aid forcing individuals to either engage with the stigma consciousness and experience shame and embarrassment or to reach stages of extreme food poverty in order to avoid using foodbanks. As stated above some foodbank users also consider and engage in alternative behaviours such as criminal activity or the accruement of debt. Given the relative familiarity of individuals living in smaller rural communities, it is possible that relative levels of stigma consciousness may be greater.

1. *What can be learnt from food banks and other charitable responses to hunger? What role should they play?*
   1. Our interviews revealed the pivotal role played by foodbank volunteers in stigma- reduction and successful food aid delivery in TT foodbanks. Volunteer interactions with foodbank users were reported as being surprisingly non-judgemental, humanising, and pleasant. This made foodbank users feel respected and ready to receive emergency food aid as needed, and they contrasted those experiences with those that they had within government services. Foodbank users reported that they received ‘more than food’ at TT foodbanks: they felt social supported, were given valuable advice on issues such as alcohol misuse and debt management, and were referred to further support services. These findings suggest that this humanising form of social interaction helps people deal with food insecurity and food poverty more effectively, helps them to access food without engaging in crime or debt, reduces the mental health difficulties associated with food aid receipt, and encourages them to return to the foodbank should they experience further food poverty.
   2. Our interviews with both foodbank users and foodbank volunteers include acknowledgement of the problems associated with reliance on food aid to solve issues

around food insecurity within UK communities. Many express fears that foodbanks will not be able to cope indefinitely with anticipated increases in demand and a sense that providing for those experiencing poverty is the place of the government and welfare system rather than volunteers and charitable organisations and initiatives. The data shared earlier detail the reasons for increasing foodbank referrals and food insecurity in the UK as being related to low incomes, rising living costs, and changes to the welfare system as well as personal experiences such as poor health. Where these causes are potentially open to change and improvement through government action, it would be appropriate for reform to take place if food insecurity is to be reduced and access to healthy food is to be increased.

## Recommendations

* 1. Our interviews with foodbank users in Nottingham show that they typically experience extreme poverty before visiting a foodbank. They cite rising costs of living, utility costs, low paid work, benefit delays and sanctions, long-term ill health (mental and physical), and lack of social support as the causes. Each of these contributing factors needs to be addressed through investment in healthcare, social prescribing, and helping community members into contracted, fairly paid employment in order to ease pressure on the community voluntary sector and reduce the need for foodbank reliance. Projects like Good Work Nottingham are beginning to explore how to provide good work for all in Nottingham, and we will be sharing our research on local social prescribing models in the next few months.
  2. Our research indicated that data on the prevalence of food insecurity should be collected nationwide as an indicator of experiences of extreme poverty and to ensure reform can be made so that all UK residents have access to healthy food. The use of foodbanks by UK citizens is a useful metric with which to measure food insecurity, and we call on the Government to track the number of foodbanks, frequency of visits, and volume of support given at these services. This data can be used longitudinally to monitor the impact of both reform and social trends.
  3. Our data suggest that there are increased levels of hardship in Nottingham including increasing experiences of mental ill health in the population leading to unemployment and isolation; and changes to benefit systems. Recording and collating foodbank users’ experiences of poverty and hardship can provide insights into the causes of poverty and hardship experiences. We call on the government to collect and monitor experiences of

poverty and hardship to ensure new welfare provision is built up from the lived experience of citizens who are most in need.

* 1. Evidence from foodbank users’ accounts in Nottingham suggest that delays, sanctions, inaccessibility of claim procedures, and reductions in entitlement are primary reasons for the hardship that leads to food insecurity and foodbank use. Any updated Welfare Service needs to ensure these concerns are addressed.
  2. We are asking for more in-depth engagement with regulators and services such as the Financial Conduct Authority, the NHS, and the Police regarding the risks faced by foodbank users and their relationship with poverty and hardship.
  3. We call for the welfare system to be re-designed to take into account the vulnerable nature of foodbank users. Our research reveals that many foodbank users are experiencing the effects of poor mental health and stigmatisation but that the delivery of food aid can be done in a humanising manner within communities along with the provision of valuable support and social contact.
  4. Whilst it is possible to draw on data collected within cities and towns by organisations such as the Trussell Trust, it is harder to monitor food insecurity, food aid, and the nature of the food delivered in rural areas. Investment should be made to allow food insecurity to be monitored in these areas in order to ensure community members who are isolated are identified and areas without food aid are recorded and supported accordingly.
  5. Dr Mhairi Bowe and Dr Juliet Wakefield are happy to speak to committee members confidentially about aspects or our research that cannot be made open to the public; they are also happy to present oral evidence to the committee or individual committee members.

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